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7-14-2014

## **ADA News - 07/14/2014**

American Dental Association, Publishing Division

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# ADA News

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

JULY 14, 2014

VOLUME 45 NO.13

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## BRIEFS

### Practice-building magazine included with this issue

The second edition of Dental Practice Success, a new ADA publication offering dentists expert advice on how to enhance their practices, is packaged with this issue of your ADA News.

Produced in cooperation with the ADA Center for Professional Success, this new,



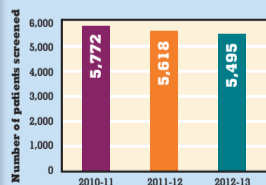
quarterly publication brings together well-known dental practice management counselors who serve up their best advice on a wide range of topics — from answering tough patient questions to

See *MAGAZINE*, Page 11

## JUST THE FACTS

### Patients screened

The average number of patients screened annually per U.S. dental school decreased between 2010-11 and 2012-13.



Source: ADA Health Policy Institute, hpi@ada.org, ext. 2568

# ADA, health groups urge MLB to ban tobacco use at ballparks

BY KIMBER SOLANA

The American Dental Association joined eight other major medical and public health organizations in urging Major League Baseball and the Major League Baseball Players Association to prohibit tobacco use

at ballparks and on camera, prompting a response from MLB Commissioner Bud Selig.

The organizations wrote a letter (posted on [tobaccofreekids.org](http://tobaccofreekids.org)) to MLBPA Executive Director Tony Clark and Mr. Selig follow-

**INSIDE** Dental student debt repayment options, Page 2

ing the death of baseball legend and Hall of Famer Tony Gwynn. He was 54.

“We are deeply saddened that his life was ended far too soon by cancer that he attributed to his longtime

See *TOBACCO*, Page 11

# Two schools, one race car GKAS travels to Kentucky Speedway



**Vrroom:** Brayden Peebles, 8, student at Williamstown Elementary School in Kentucky, won the chance to sit in the No. 16 3M Ford Fusion race car.

**Prize winners:** Students at Roberts Academy in Cincinnati smile with their toy cars modeled after the one NASCAR driver Greg Biffle drives.

BY KELLY SODERLUND

Cincinnati is a hilly city, so it made sense that students at Roberts Academy didn’t see the surprise awaiting them.

The nearly 130 students walked from their school building to the blacktop parking lot June 26 knowing they were going to learn about

**INSIDE** Conference focuses on dental education’s future, Page 8

oral health. But they didn’t know what was down the hill.

A trailer emblazoned with the 3M logo, NASCAR driver Greg Biffle’s name and No. 16 sat behind a stage, but it wasn’t until the students heard the loud roar of an engine that they knew what they were in for.

The students’ mouths opened wide and they covered their ears as the No. 16 3M Ford Fusion car burned up the hill into the parking lot. The children ran to get a close-

er look of the race car, in awe that something that loud and that fast was in their presence.

“Wow, that’s pretty cool, isn’t it kids?” said Wendy Venturini, Fox Sports host, who emceed the event. “That’s the car Greg Biffle is going to be racing this weekend at the Kentucky track not too far from here. Now, there’s another race we can win too but I need your help. That’s the race for good dental health. How many of you want to help me win?”

As part of the NASCAR race week at the Kentucky Speedway prior to the Quaker State 400 race June 28, the ADA’s Give Kids A

See *GKAS*, Page 12

# Five states share ADA technology

## Members first priority in Aptify rollout

BY JUDY JAKUSH

“Change is good” is how one state dental association member service director described its venture into Aptify, a new software that will replace outdated systems formerly used for membership records and other functions.

Aptify is a faster, more flexible software that allows the ADA to interface with states in an effort to provide better service to members at whatever point they connect with the Association — national, state or local. It replaces outdated software and systems the ADA had used for membership records as well as allowing the development of the [ADAcatalog.org](http://ADAcatalog.org) website.

Although still in the initial stages of the rollout, the Aptify association management software has been deployed in five states so far: Indiana, Minnesota, Nevada, New Hampshire and Virginia.

See *APTIFY*, Page 19

# Strategize student loan debt repayment through consolidation and refinancing

BY KIMBER SOLANA

When Dr. Edgar Radjabli, of Baltimore, graduated from dental school in 2010, he had eight different loans from six different lenders totaling about \$265,000.

Today, he has one bill to pay after consolidating and refinancing all his loans in November 2013 through Darien Rowayton Bank.

“It’s much easier to deal with!” said Dr. Radjabli. “I did it for simplicity.”

In addition, he estimates to save about \$75,000 in interest over the next 15 years.

For many dentists coming out of dental school, loan consolidation and refinancing may be options worthy of consideration as part of a repayment strategy.

The average dental student leaves school with \$221,000 in student loan debt, according to the ADA’s “Survey of Dental School Seniors, 2013” ([newdentistblog.ada.org](http://newdentistblog.ada.org)).

But like all major financial decisions, consolidation or refinancing comes with potential advantages and disadvantages.

## Consolidation vs. refinancing

First, while they’re often used interchangeably, there is a difference between consolidation and refinancing.

Federal loan consolidation combines multiple government-sponsored loans into just one loan. It simply takes the weighted average interest rate of the loans being combined.

When it comes to consolidating private loans, interest rates are not based on a weighted average of the existing loans’ rates. Instead, a private lender will typically use a borrower’s credit score and other financial information to provide a new interest rate on the consolidated loan.

“Essentially, if you’re consolidating loans with a private lender, you are also in fact refinancing those loans,” according to SoFi, a peer-to-peer lender based in San Francisco.

In other words, refinancing is when a borrower applies for a loan under new terms, and uses that loan to pay off one or more existing student loans. Unlike consolidation, refinancing is only available from private lenders.

Both options have their pros and cons.

## Consolidation advantages, disadvantages

One good reason to consolidate federal loans is convenience, said Paul S. Garrad, consultant for American Dental Education Association, senior advisor for Student Financial Services.

“One loan, one loan servicer, one payment, one place to file forms,” he said.

Consolidating federal loans also allows borrowers to convert former non-direct loans to direct loans. Only direct loans (Stafford, Grad PLUS and Federal Consolidation Loans borrowed through the federal government’s Direct Loan Program) are eligible for Public Service Loan Forgiveness.

Also, repayment terms may be extended to 30 years, which lowers monthly payments but adds to total repayment costs if it takes the full 30 years to repay.

“More than a few recent dental school graduates are not strong candidates for consolidation,” said Mr. Garrad said.

“This is partly because of the federal government’s actions over the past few years to ensure that all of a borrower’s federally owned loans are serviced by one loan servicer.”

Disadvantages in consolidating federal loans include a lengthy and cumbersome process (may take 60-90 days), slightly higher interest rate (interest rate on consolidation loans is a “weighted” rate of all loans being consolidated, rounded up an eighth of a percent then fixed for the life of the loan) and loss of grace periods on loans being consolidated if students consolidate too early.

## Refinancing advantages, disadvantages

Refinancing can help borrowers pay lower interest rates on their student loans thus saving thousands of dollars throughout the life of the loan, though it comes with some risks as well. Similar to taking out a mortgage, borrowers can choose between a fixed rate loan and a variable rate loan, or both.

Fixed rate loans typically have a higher rate than variable rate student loans but will remain the same over the life of the loan. Variable rate student loans generally are lower but may change, including the risk of going up, on a monthly, quarterly or annual basis.

See LOANS, Page 13

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## Registration open for dental sleep medicine CE course

Dentists and dental team members seeking to learn more about dental sleep medicine can register for an Aug. 8-9 continuing education course in Chicago at ADA Headquarters

Dr. Steve Carstensen, a diplomate of the American Academy of Dental Sleep Medicine, will lead the CE course Dental Sleep Medicine for the General Dental Team.

The first day covers an overview of sleep-



disordered breathing and what the dental team can do to have an impact on patient health. The course covers the basics of sleep, dental appliances, how to work with sleep physicians to raise awareness and touches on medical insurance interaction.

The second day includes a hands-on workshop where attendees will be given rationale behind choosing appliances for various types

of patients, experience taking records for making excellent appliances, see a demo of common modifications that address frequent patient complaints, see what to look for on sleep reports and take home a semi-custom temporary sleep appliance of their own.

Attendees receive 11 hours of CE credits.

The cost of the course is \$395 for members; \$495 nonmembers; \$195 per dental team member.

For more information or to register, visit ADA.org and search for "dental sleep medicine."

Attendees can register through Aug. 8. ■



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- Dr. Amy and Dr. Brandon Williams

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# VIEWPoint

## MyView

### From bungalow to big box?



Richard Valachovic, D.M.D.

**B**yond the hype and the inflammatory rhetoric, one fact is incontrovertible: more and more dentists are choosing to work for large group practices affiliated with what have come to be known as dental support organizations or DSOs.

You've heard the praise — guaranteed income, regular hours, few managerial headaches and a pathway to ownership — and you've heard the criticism — too much pressure to produce and loss of professional autonomy, sometimes leading to overtreatment and substandard care. Depending on your perspective, you may see the rise of firms that employ doz-

ens or even hundreds of dentists in large multisite practices as a positive development, both for people seeking access to affordable care and for highly indebted graduates who lack the means to establish practices of their own. Looked at from another angle, you may think that the introduction of business values and venture capital into the practice of dentistry may be harming the profession by undermining the dentist/patient relationship and compromising the quality of care.

In 1990, almost 93 percent of dentists chose to care for their patients in small private practices, according to American Dental Association survey data. (See 2012 Characteristics of Private Dental Practices online at [ADA.org/en/science-research/health-policy-institute/data-center/dental-practice](http://ADA.org/en/science-research/health-policy-institute/data-center/dental-practice).) By 2009, that number had dropped to 86 percent, and the percentage of employed dentists had more than doubled. That trend has reversed a bit in the ensuing years but seems likely to continue in the long run. New dental school graduates are three times more likely to seek employment in a large group practice than they were a decade ago, and as the competition for dental business increases, I suspect more dentists — both young and old — will find employment in a DSO an attractive option.

A parallel shift is visible among our physician colleagues. In late 2013, the American Medical Association released new data showing that while private practice in medicine remains strong, physician employment is on the rise. As of 2012, only 18 percent of physicians were in solo practices, down 6 percentage points over the previous five years, and the portion of physicians who were practice owners had decreased 8 percentage points over the same time frame. Meanwhile, nearly 30 percent of physicians worked either directly for a hospital or for a practice owned in whole or in part by a hospital, a major increase from an estimated 16 percent hospital-related employment rate in 2008.

As the Dr. Marcus Welbys of the world gradually disappear, it seems only logical to ask whether private practice dentistry will follow suit. Despite our professional differences, especially when it comes to the ways in which our patients pay for care, there seems little doubt that more dentists and physicians will find themselves employed in the decades ahead.

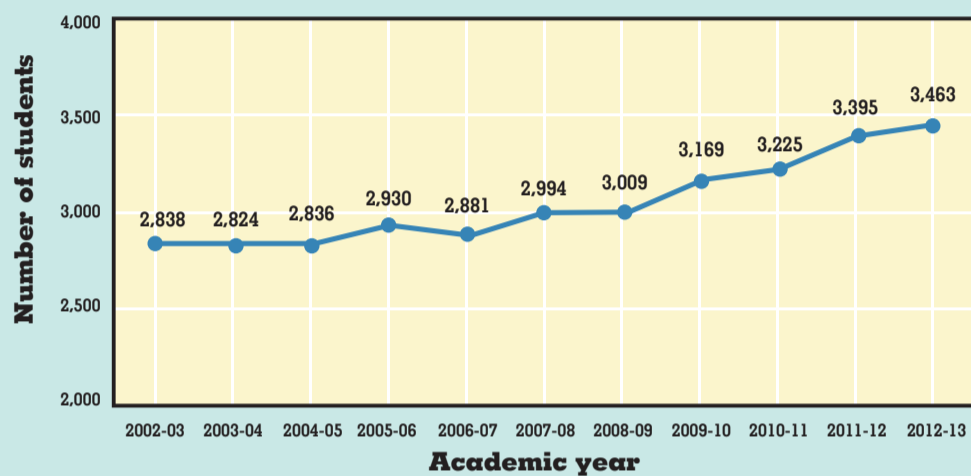
What does this trend mean for academic dentistry? At a minimum, we must ask ourselves these questions:

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## SNAPSHOTS OF AMERICAN DENTISTRY

### First-year enrollment in advanced dental education

**F**irst-year enrollment in advanced dental education programs has increased by 22 percent from the 2002-03 to the 2012-13 academic year.



Source: American Dental Association, Health Policy Institute, Surveys of Advanced Dental Education

## Letters

### Practice options

**T**hank you, Dr. Cushing, for sharing your viewpoint in the June 16 ADA News (“Dental Careers and Stress”). I would like to express my support and empathy for the situations you have faced.

Unfortunately, a large portion of our profession has dealt with or is currently dealing with the stress and challenges you described. Modern dentists are encountering a multitude of challenges, including keeping up with technology, increased costs, government regulation, debt and perhaps the biggest challenge — succeeding as both a business owner and practicing dentist. As you have experienced, the cost of being both often means neglecting everything else in your life. I struggled with this reality firsthand when I was practicing, and that is why I created Heartland Dental.

Dental support organizations like Heartland Dental offer support to alleviate these nonclinical, administrative responsibilities, so dentists can strictly focus on being a “dentist extraordinaire.” With this sup-

port, dentists can get out of debt, achieve an ideal work/life balance and, ultimately, practice on their terms.

Nearly 10,000 of your colleagues currently practice in DSO-supported offices, and that number continues to grow each day. Our

profession's approach can be changed for the benefit of dentists and patients alike — and we can do it right now.

*Rick Workman, D.M.D.  
Founder and chief executive officer, Heartland Dental Effingham, Illinois*

### Dental careers and stress

**D**r. Susan R. Cushing nailed it in her June 16 ADA News My View commentary (“Dental Careers and Stress”).

I worked so very hard to get into dental school and even harder to get out. Now the stress and pressure associated with maintaining a quality suburban private practice can often seem unrelenting.

Dr. Cushing verbalizes symptoms and emotions that many of us experience, but may never outwardly admit. Thank you for reminding us that there are resources available to help keep us healthy, too.

*Andrew L. Lieberman, D.M.D.  
Media, Pennsylvania*

profession is slowly beginning to acknowledge the daily realities of running a practice that overwhelm so many dentists.

Your letter will serve as a catalyst

### LETTERS Policy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to [ADANews@ada.org](mailto:ADANews@ada.org).

# MyView

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- Are we doing enough to prepare students for the shifts occurring in the business of dentistry?

- Should we be doing more to help our students evaluate their opportunities both as employees and as entrepreneurs?

In 2007, a group of potential employers of our future graduates formed an industry association, now known as the Association of Dental Support Organizations, which can help us understand this new practice model. According to the ADSO website (theadso.org), DSOs offer assistance with nonclinical functions, such as accounting, human resources, marketing and legal tasks, so that affiliated dentists can “focus on the delivery of high-quality, cost-effective dental care to their patients.”

DSOs also take advantage of the economies of scale that come with larger offices and multiple-practice chains, and they increase revenue by creating an in-house network of specialists rather than referring patients out. As I wrote last month, reimbursement rates for dental care are declining, and dentists report that their chairs more frequently sit empty. In this climate, DSOs’ efficient business model gives them a distinct economic advantage.

DSOs may also have an advantage in the marketplace for talent. Many in the current generation just starting in practice express a preference for employment as a lifestyle choice. Like their physician peers, they are less interested on average in taking on the responsibilities of establishing and managing a practice. By handling everything from negotiating leases to billing insurers, while providing a guaranteed and typically generous salary, DSOs offer many new graduates a very attractive pathway into practice.

At the 2014 ADEA Annual Session & Exhibition in San Antonio, researchers from the Columbia University College of Dental Medicine presented findings of a study they conducted to determine the advantages and disadvantages of working for a DSO. They gathered information from four DSOs and surveyed Columbia CDM graduates from the classes of 2000 through 2011 about their perceptions of these companies. Among the respondents, 23 percent were or had been employed by DSOs.

When asked which incentives they believed drew graduates to these practices, more than two-thirds of respondents selected guaranteed salary, freedom from the worries of practice management and opportunities to acquire experience and gain speed. When asked about the drawbacks of working for DSOs, graduates chose production pressure (including the use of quotas), an inability to provide patient-centered care and influence from corporate management toward more profitable procedures.

When the researchers broke down the responses between those who had and those who had not worked for DSOs, some notable differences emerged. For example, among those who had not worked for DSOs, 68 percent and 72 percent named concerns about treatment-planning autonomy and production quotas as potential drawbacks, whereas only 35 percent and 37 percent of those who had worked for DSOs expressed the same concerns.

Indeed, many of the Columbia CDM graduates had very positive things to say about their experience as employed dentists. They saw working for a DSO as a good first job that would help them gain speed and confidence and allow them to pay down loans and

accumulate capital. But just over a quarter of those who had tried DSOs stayed more than two years, suggesting that employment is seen by many as a stepping stone to joining or setting up a private practice down the line. Others who had worked for DSOs complained of high stress, profit-oriented decision-making and questionable ethical standards.

Much of the criticism lobbed at DSOs hinges on two issues:

- Whether these corporations truly limit their role to providing management support or whether they are in effect practicing dentistry by unduly influencing how licensed professionals treat their patients.

- Whether the investment of venture capital in some of these companies — and the

attendant expectation of high profit margins — creates incentives to put profits before the best interests of patients.

There is no doubt that some bad apples have cast an unwelcome spotlight on this practice sector by seeking to capitalize on the expansion of dental benefits under Medicaid. An investigation of five corporate dental chains by a U.S. Senate committee found evidence that some DSOs have failed to meet quality and compliance standards, providing unnecessary and sometimes painful treatment to children, often without consent, and overbilling Medicaid for these procedures. A number of states are also investigating DSOs (and individual dentists) for Medicaid fraud, and a few states have introduced or passed legislation in an ef-

fort to clarify how DSOs may operate in their jurisdictions.

Despite this scrutiny, the numbers of DSOs and their share of the dental market are growing. Although currently available ADA data does not distinguish DSOs from other large group practices, it does show that the number of dental firms with more than 10 offices increased from 157 in 1992 to 3,009 in 2007, and that the number of offices in each firm grew as well.

Is it any surprise that our traditional cottage industry is gradually giving way to trends that have been shaping the business of health care more generally? Indeed, while many in my

See MY VIEW, Page 6

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# ADAF sponsors awards at Intel fair

Los Angeles—The ADA Foundation sponsored the awards that three high school students received May 15 at the 2014 Intel International Science and Engineering Fair. The Foundation lauded the students' projects for relevance to oral health research.

Dr. Sotirios Tetradis, chair of the Section of Oral and Maxillofacial Radiology, and Dr. Tara L. Aghaloo, assistant dean for clinical

research, both at the University of California at Los Angeles School of Dentistry, served as competition judges for the ADAF's Special Award category.

Winners of the ADA Foundation's Special Awards are Terry Gwen Ni, Shraddha Rathod and Karishma Sunil Patel.

Student competitors qualify for 2014 Intel ISEF based on previously winning top prizes

in local, regional, state or national science fairs. The annual competition, a partnership between Society for Science & the Public and the Intel Foundation, awards a variety of prizes, including scholarships, summer internships, equipment grants and trips, to student winners in the ninth through 12th grades.

Ms. Ni, 15, a student at Boston Latin School, in Boston, won first place and \$2,000 for her research project, Development of In Vitro Multispecies Biofilms with Hydroxyapatite and Artificial Saliva.

Ms. Rathod, 18, a student at North Carolina School of Science and Mathematics, Durham, North Carolina, won the second prize of \$1,000 for her project, The Antimicrobial Efficacy of Nitric Oxide based on Release



Photo courtesy of Society for Science & the Public

**Proven winners:** Dr. Sotirios Tetradis joins ADAF-sponsored Special Award winners of the Intel ISEF 2014, including (from left) Shraddha Rathod, Karishma Sunil Patel and Terry Gwen Ni, and at the May 15 awards ceremony in Los Angeles.

Rate from Mesoporous Silica Nanoparticles on *A. actinomycetemcomitans* and *S. mutans*.

Ms. Patel, 14, a student at Grants High School, Grants, New Mexico, won the third award and \$500 for her project, Killed by Sweetness.

For more information, visit [societyforscience.org/isef](http://societyforscience.org/isef). For more information about the ADAF, visit the [adafoundation.org](http://adafoundation.org). ■

## “Being underinsured is not a risk I’m willing to take.”

– D.M.D Specialist, Fearless Kayaker



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## MyView

Continued from Page 5

baby boomer generation may treasure their independence and the 32-hour workweek, it is becoming increasingly difficult to make a strong economic case for the traditional solo practice, or to ignore the potential benefits large group practices could hold for consumers. The Federal Trade Commission, for example, urged the North Carolina legislature to reject a state bill that would have imposed restrictions on the business organization of dental practices on anticompetitive grounds, concluding that “When licensed dentists contract with DSOs to provide nonclinical services to their dental practices, DSOs appear to increase efficiency and support entry by new dental practices, which may lead to lower prices, expanded access to dental services, and greater choice for dental consumers.”

For the most part, associations representing practicing dentists neither encourage nor discourage dentists from signing on with practice-management firms. Our Association and our member schools have also remained largely silent on the issue, but it's time we educated ourselves on this growing sector of our profession, as our colleagues at Columbia CDM are striving to do.

DSOs are gaining a greater share of the dental marketplace, and they have become part of the face of the profession in many regions. How DSOs will reflect on our profession in the long run remains to be seen. Our future graduates will likely have a major influence on how these large group practices evolve and on whether they fulfill the vision articulated by ADSO or find themselves further mired in controversy. Perhaps it is time we put aside our preconceived notions about DSOs and make a conscious effort to prepare our students for the full-range of practice options that await them.

*Dr. Valachovic is president and CEO of the American Dental Education Association and president of the ADEAGies Foundation. His remarks, reprinted here with permission, originally appeared in the June issue of ADEA's Charting Progress newsletter.*

\*Semi-annual rates are effective as of 1/1/14 and include a 55% Premium Credit discount. The ADA's Premium Credit discount allows plan participants to benefit from favorable claim experience; discount is not guaranteed but re-evaluated annually. A 9% volume discount has been reflected in the premium shown, a discount of 11% is available with higher coverage amounts.

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# Follow Bob: Impressions, record keeping crucial in treatment

BY KIMBER SOLANA

*Editors note: This is the second in a unique series of ADA News articles following a patient's full-mouth reconstruction from A to Z. Installments will appear as treatment milestones are reached.*

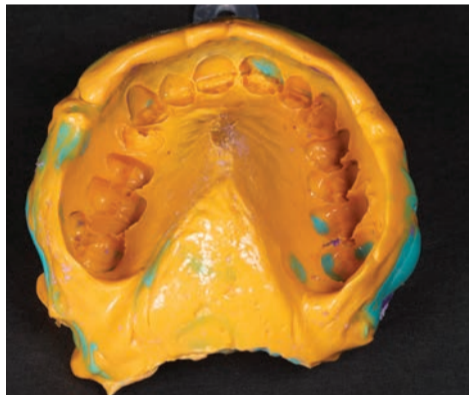
Robert "Bob" Hartman knew his teeth were worn down and broken — but it was something else when he saw a detailed model of his mouth and teeth.

"When I saw the final impression I was rather embarrassed to see what I had lived with for a long portion of my life," Bob said. "You just don't realize how bad they looked. No wonder I was afraid to smile."

Due to decay and bone loss from lack of proper care over the years, combined with a deteriorating tooth structure, the 62-year-old is in need of a full-mouth restoration. His jaw has also moved forward affecting his bite and the way he eats.

Led by Dr. Joseph Massad, of Tulsa, Oklahoma, and co-treated by Dr. David Little, of San Antonio, Bob will have immediate maxillary and mandibular dentures placed, with extractions of all of his teeth, appropriate bone reduction and placement of prosthesis.

It will not only ultimately correct his dental problems but also educate ADA members on the assessment and treatment of patients who need such an extensive treatment plan. Bob's case will be part of a continuing education online series where ADA members are able follow his treatment — from diagnosis to surgery — through courses to be posted on ADA CE Online.



**Colorful impressions:** Bob's impressions were made of polyvinyl siloxane impression material and by utilizing a special technique for accuracy. The impressions were done to make a determination of the pressures that affect the outer surface of any prosthesis.

The process is expected to take about 18 months, culminating in a three-hour Education in the Round course at the ADA 2015 — America's Dental Meeting in Washington, D.C., by Dr. Massad.

As part of the process, Bob returned to Dr. Massad's office three weeks after his January examinations to begin impressions and record making—a crucial part in Bob's overall treatment.

"It was extremely important that accurate impressions of both the teeth and the tissues, including the functional areas of all borders, be extremely accurate," Dr. Massad said. The creation of the prosthesis would be utilized in the implant placements. The impressions were made of polyvinyl siloxane impression material, utilizing a special technique for accuracy.

"The purpose for this procedure was to be assured that the new prosthesis would fit functionally within the confines of the facial oral cavity and reflect the muscles of facial expression and mastication, which would be in intimate contact with the prosthetic," Dr. Massad said. "This prosthetic will become the guideline for implant placement."

In addition, Dr. Massad said he "made vertical and horizontal records defining the patient's appropriate spacing and philological repeatable relationship."

Cameo impressions were also made of the surfaces between the cheeks and the labial/buccal surfaces of the teeth and tissues to determine whether or not the pressures in that area would allow repositioning in any of the teeth and tissue areas.

"This procedure is done in all cases to make

a determination of the pressures that affect the outer surface of any prosthesis," Dr. Massad said. "Several different replicas of teeth were tried over the patient's existing teeth in order

for the patient to visualize and have the choice of whether the teeth should be longer or shorter and determine the best midline position."

Once the prosthesis was completely fabricated, it was sent to Dr. Little to have the surgical guides made so that the teeth could be extract-

ed, and any necessary bone trimming would be performed prior to implant placement.

"Dr. Massad showed me my palate, my tongue, etc., and how everything fit together," Bob said of his record-making appointment. "It was really quite amazing."

These initial visits are featured in the first CE online session at ADACEonline.org. To view the first online course, search for the session titled "Treatment of a Failing Dentition with Prosthetic Driven Implant Considerations. A 4 Part Series Part I: Diagnosis and Prognosis of a Failing Dentition." ■

—solanak@ada.org



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## EDUCATION

# Stakeholders explore landmark study on dental education models and future

BY KIMBER SOLANA

About 40 stakeholders met June 19-20 at ADA Headquarters and worked on a landmark study on current dental education models and dental education's future.

Their goal: To more clearly define the questions that a comprehensive study on dental education should address and explore how the study could be conducted.

"When you embark upon these studies, one of the most important aspects is to figure out what the right questions are to ask. It's not so much as trying to come up with the answers at first but trying to come up with the right questions," said Dr. Cecile A. Feldman, chair of the Council on Dental Education and Licensure's Dental Education Committee and dean of Rutgers School of Dental Medicine, in welcoming the attendees.

"Without the right questions, we're not going to come to the right answers."

The meeting came in response to House of Delegates Resolution 56H-2013, which called for the ADA to collaborate with various



**Discussing education:** Dr. Thomas C. Hart, vice chair of the Council on Scientific Affairs, speaks during a group discussion on evaluating the long-term sustainability of dental schools.



**Stakeholders meet:** About 40 people attended the June 19-20 stakeholders meeting at ADA Headquarters to discuss a landmark study on current dental education models and dental education's future.

stakeholders, including dental educators, students, practicing dentists, health economists and other experts to define the scope and specific aims of a comprehensive study of current dental education models.

The resolution directed that the study should include four issues:

- Evaluation of the long-term sustainability of dental schools.
- Evaluation of the efficiency of the current dental school curricula and delivery methods.
- Analysis of the impact of student debt on dentistry as a career choice and subsequent practice choices.
- Determination of whether dental schools are meeting the appropriate level of scholarship to ensure that dentistry continues to be a learned profession.

"Right now, dentistry is still a viable and promising profession, but certain trends could change this luxury," said attendee Kristopher Mendoza, American Student Dental Association president. "Being proactive with a study of this magnitude may help us uncover the solutions to the future of dental education and en-

sure dentistry remains a respected profession."

To help identify the most critical questions for the study, extensive group discussions followed detailed presentations of each of the four issues during the two-day meeting.

"Dental education is remarkably complex," said Dr. Richard W. Valachovic, president and CEO of the American Dental Education Association. "The meeting helped other stakeholders appreciate the various institutional, regulatory, accreditation, research and many other factors that contribute to the costs and financing of educating dentists and residents."

Along with ASDA and ADEA, other participants included leaders from associations of specialties in dentistry, the American Association of Dental Research and the Joint Commission on National Dental Examinations. Deans and professors from the dental schools of Case Western Reserve University, University of Colorado Denver, University of Michigan, Virginia Commonwealth University and University of Texas Health Science Center at San Antonio were also in attendance.

"While CDEL membership includes repre-



**Dr. Dolan:** "We thought it would be important to engage stakeholders, including representatives of ASDA, new dentists, dental specialists and health policy experts, to fully consider the issues raised in Resolution 56H-2013."

sentatives of the dental education, licensure and practice communities, we thought it would be important to engage stakeholders, including representatives of ASDA, new dentists, dental specialists and health policy experts, to fully consider the issues raised in Resolution 56H-2013," said Dr. Teresa A. Dolan, CDEL chair.

The Dental Education Committee and CDEL will consider input from the meeting, and a report will be generated over the summer with recommendations back to the House of Delegates in October. ■

—solanak@ada.org

## Dental office managers to meet in San Diego

*San Diego*—Registration is open for the American Association of Dental Office Managers annual conference here Sept. 4-6.

The three-day conference at the Hilton San Diego Bayfront will allow participants to earn up to eight continuing education hours toward AADOM's Fellowship Program. The conference, which is geared toward dental office managers, practice administrators and anyone involved in the business end of a dental practice, has sold out in the past three years to both attendees and exhibitors.

"This conference offers a unique opportunity for dental office managers, dentists and dental business professionals to experience top-notch education as well as unparalleled networking opportunities," said Heather Colicchio, AADOM founder and president.

Presentations will cover risk management, team communications, leadership and insurance coding updates. Financial indicators and human resources will also receive special focus. Laurie Guest, customer service expert, is the keynote speaker.

Visit [dentalmanagersconference.com](http://dentalmanagersconference.com) to register. ■

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# Coalition efforts result in vote to continue fluoridation

BY STACIE CROZIER

*Traverse City, Michigan*—With only a few weeks to organize a campaign to convince its city commissioners of the value of continuing to fluoridate Traverse City's water, a broad-based coalition sprung into action.

Dentists and other health professionals, the state and local dental societies, the state oral health coalition and others worked together and were able to commission a survey, contact commissioners in support of fluoridation, hold a press conference, run an op-ed in the local newspaper and speak at the city commissioners' meeting on the day of the vote.

The city commissioners announced in early April in the local newspaper that they would be considering stopping fluoridation as a cost-cutting measure. On June 16, commissioners voted 5-1 to continue funding water fluoridation.



Dr. Mack

“With help from the Michigan Dental Association, the coalition set up a work group and got ready to go to battle,” said Dr. Marty Makowski, MDA president. Dr. Makowski is a pediatric dentist in Clinton Township, Michigan. “The campaign was very well-organized. We know that we can have all the facts, but the way they are organized is the key to success.”



Dr. Makowski

In May, nearby Boyne City's city commissioners voted 3-2 to discontinue fluoridating its water supply. About 60 miles northeast of Traverse City, Boyne City had been fluoridating for more than 40 years before the vote.

“We learned from Boyne City that we can't take anything for granted,” said Karlene Ketola, executive director of the Michigan Oral Health Coalition. “We were so surprised about the Boyne City decision. There's no such thing as a slam dunk anymore. You have to be ready for challenges.”

The MOHC quickly commissioned a survey of 300 Traverse City residents that included people from each commission district. A marketing and public opinion research company constructed the survey and was able to complete it in three days.

“We thought a survey would be a great way to reach people — to take the pulse of what

locals were really thinking,” Ms. Ketola said. “The antifluoridation group Fluoride Free Traverse City had a Facebook page so we wondered what residents were thinking about fluoridation. If you search Facebook, you can see that many communities have these antifluoridation groups. It's amazing.”

Survey results showed that nearly 60 percent of residents support community water fluoridation. Only 19 percent



of respondents supported the initiative to stop fluoridating. Most respondents also said they trust the ADA's stance on fluoridation (65 percent) and more than half said they trust the Centers for Disease Control and Prevention's views on fluoridation (53 percent).

“Last year, Traverse City upgraded its fluoridation system, yet the commissioners were going to consider stopping fluoridation to save a fraction of

what was spent on the new system. It didn't add up,” said Dr. Vince Mack, an MDA trustee and general dentist in Traverse City. “All of the coalition partners really worked together to organize the press conference, submit the op-ed to the local newspaper and to reach out to commissioners to advocate for fluoridation. We had 20 in the local dental society come to the meeting to speak as well as other coalition members. It was organized so we all addressed different issues, and in the end common sense prevailed.” ■

—croziers@ada.org



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## Vote tally: fluoride wins on Costco site

Did you vote in the Costco Connection fluoridation poll? Sixty-five percent of respondents who voted through June 18 said that community drinking water should be fluoridated. Results are posted online at [costcoconnection.com/connection/201407#pg23](http://costcoconnection.com/connection/201407#pg23). ■

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# Tobacco

*Continued from Page 1*

use of chewing tobacco,” the June 24 letter stated.

“Major League Baseball and the Players Association can honor Tony Gwynn’s memory by agreeing to a complete prohibition on tobacco use at ballparks and on camera. Our organizations urge you to do so without delay.”

The ADA, American Cancer Society, American Heart Association, American Lung Association, American Medical Association, Campaign for Tobacco-Free Kids, Legacy, Oral Health America and the Robert Wood Johnson Foundation signed the letter.

However, Mr. Selig, who responded to the groups’ letter on June 30, said that while MLB is doing everything possible to eliminate smokeless tobacco from baseball, its hands are tied from completely implementing a ban.

The health groups had said in their letter to MLB and the Players Association that the use of smokeless tobacco endangers the health of baseball players.

“It also sets a terrible example for the millions

of young people who watch baseball at the ballpark or on TV and often see players and managers using tobacco,” the letter said.

Mr. Selig said that in the last round of collective bargaining, MLB proposed a complete prohibition on the use and possession of smokeless tobacco.

“The regulation of the use of tobacco products by Major League players is a mandatory subject of collective bargaining with the Players Association,” he said in his response.

“Both the Players Association, and the players who attended the bargaining sessions, were firm in their view that the players would not agree to a ban on the use of smokeless tobacco because, as adults, they have the right to make their own choices,” he said.

However, the players were sensitive to the con-

cerns that visibly using smokeless tobacco during games sent the wrong message to the youth, Mr. Selig said.

In 2011, MLB and the Players Association agreed to impose limitations on where and when smokeless tobacco may be used or carried. Players, managers and coaches are prohibited from using smokeless tobacco during televised interviews and club appearances. They are also required to conceal tobacco products when fans are in the ballpark.

The health groups in their letter to MLB and the Players Association said the agreements “are not sufficient to eliminate smokeless tobacco use in public settings or to prevent more players from becoming addicted to these deadly products.”

In his response, Mr. Selig said that although

the Players Association does not have a legal obligation to bargain with MLB over the topic until the current collective bargaining agreement expires in December 2016, the union has agreed to meet MLB and determine whether the views of its membership have changed since 2011.

According to MouthHealthy.org, the ADA’s consumer website, chewing tobacco can harm a person’s health because it contains toxins, which can cause gum disease.

Other possible oral health impacts of tobacco products include: stained teeth and tongue; dulled sense of taste and smell; slow healing after a tooth extraction or other surgery; difficulties in correcting cosmetic dental problems; and oral cancer. ■

—solanak@ada.org

## HHS announces general dentistry training grants

Washington—The U.S. Department of Health and Human Services announced \$1.5 million in grants to support residencies in general dentistry with the Penobscot Community Health Center in Bangor, Maine (\$600,000); Mountain Area Health Education Center Inc., Asheville, North Carolina (\$300,000); and Yakima Valley Farm Workers Clinic, Yakima, Washington (\$600,000).

Visit ADA.org for information on community health centers, hhs.gov for the July 7 announcement and hrsa.gov for the list of awards to support dental and other primary care residency programs. ■

## Magazine

*Continued from Page 1*


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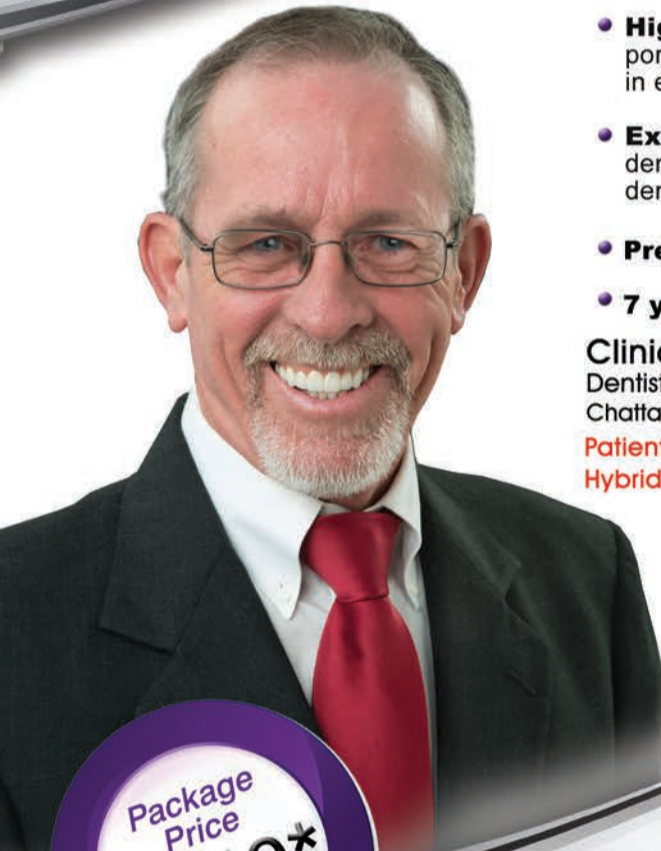
“We decided to package this summer issue of DPS with the ADA News to help attract membership attention to it,” said Michael D. Springer, ADA publisher and senior vice president for Business and Publishing. “DPS is a digital magazine — a benefit exclusive to ADA members — and all future issues will be distributed electronically, through email, to save on printing and distribution costs.”

Dr. Elizabeth “Betsy” Shapiro, senior manager of the Center for Professional Success, serves as an advisor to Publishing on DPS.

“This digital magazine complements what we are doing in the Center to help dentists improve their practices and achieve success in their profession,” she said. “We appreciate the efforts of our colleagues in Publishing to enhance the services we offer our members through the Center.” ■




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# GKAS

Continued from Page 1

Smile program and 3M Racing visited Roberts Academy in Cincinnati on June 26 and Williamstown Elementary School in Williamstown, Kentucky, on June 27 to educate students on good oral health and caries prevention.

"We're going to challenge you to a race you can win — one with no cavities and good check-ups at your dentist," Dr. Jeff Dalin, GKAS co-founder, told the students.

Dr. Dalin and Dr. Marie Callen, a pediatric dentist in Cincinnati, helped Ms. Venturini emcee the Roberts Academy event, with Dr. Callen translating everything into Spanish for the large international student population. Ms. Venturini was joined in Williamstown by Dr. W. Ken Rich, who practices in the town, Stephanie Mayfield Gibson, M.D., commissioner of the Kentucky

Department of Public Health, and Erin Hoben, chief policy advisor for the Department for Medicaid Services in Kentucky.

Dr. Mayfield Gibson spoke to the children about smoking and chewing tobacco, one of Kentucky's major health initiatives.

"We're here today to show our young people we care about them," said Dr. Mayfield Gibson, who is also the vice chair of the kyhealthnow oversight team — a statewide health initiative with a goal of reducing the percentage of children with untreated dental decay by 25 percent and increasing adult dental visits by 10 percent by 2019. "Kentucky sees mental, physical and oral health as just health."

The children also won prizes for answering questions about their oral health, got to meet and take photos with Dee-Bo, the 3M Pit Bull mascot, and received brushing tips from dental hygiene students from the University of Cincinnati, University of Kentucky and University of Louisville.

The goal of GKAS, 3M ESPE Dental, ADA Foundation, Henry Schein Inc., CareCredit, Church & Dwight, and Oral Health America is to use NASCAR racing and Greg Biffle to get children excited about their oral health. During the 2014 NASCAR season, GKAS is bringing the Brush with the Biff program to 11 racetracks. At the Kentucky Speedway June 28, race fans of all ages visited the 3M display booth and received Church & Dwight SpinBrushes and ToothTune toothbrushes.

Dr. Rich and his son, Dr. Jonathan, took some time to hand out dental care kits and spread the ADA's message of brushing for two minutes twice a day (2min2x.org) prior to the race.

"Tooth decay is totally preventable," Dr. W. Ken Rich said. "If we're constantly just filling teeth, we're on the wrong end of the disease spectrum. These educational events bring the drawing power of NASCAR. Kids love cars. Kids love race car drivers. We put them together to educate children about oral health."

The mission of educating children and race

fans on good oral health will continue in Bristol, Tennessee, Chicago and Phoenix surrounding NASCAR races. Through a grant from the ADA Foundation made possible by funding from CareCredit and a grant from Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry, students will have an opportunity to learn about Give Kids A Smile, Greg Biffle, 3M Racing and get smart dental tips that will improve their dental health, confidence, and ability to pay attention in school.

"Bringing the Give Kids A Smile program to Kentucky and Ohio helps create even more visibility and awareness for the Brush with the Biff education message," said John Stefanick, director of industry relations for the 3M ESPE Dental Division. "And, being able to visit two schools helps expand our efforts to help children win the race for good dental health."

For more smart dental tips, visit 2min2x.org, MouthHealthy.org and Facebook.com/GiveKidsASmile. ■

—soderlundk@ada.org



**Racing toward good oral health:** Students from Williamstown Elementary School in Williamstown, Kentucky, pose with Dee-Bo, the 3M Pit Bull mascot, June 27 as part of a Give Kids A Smile education event.

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## Great-West Financial invests in ADA charitable program

### MOM program needs volunteers in San Antonio during ADA 2014

BY STACIE CROZIER

San Antonio—Great-West Financial has donated \$25,000 in corporate funding to support the ADA Mission of Mercy charitable dental clinic planned for Oct. 12 at the Henry B. Gonzalez Convention Center.

The free one-day dental clinic, hosted by the ADA in cooperation with the ADA Foundation, the Texas Dental Association and the San Antonio District Dental Society, will serve up to 1,000 patients in need with comprehensive dental care services, from cleanings and exams to surgical and restorative treatments.

"August 2014 will mark the 80th anniversary of the business relationship between Great-West Financial and the ADA," said Jim Biesterfelt, vice president, Great-West Financial. "Having an opportunity to support a program as impactful and meaningful as the Mission of Mercy clinic seems like the perfect way to commemorate this extraordinary milestone. We wish the ADA continued success with its Mission of Mercy program."

The ADA and Great-West relationship dates back to 1934, when the ADA-sponsored Term Life Insurance Plan was first introduced as a benefit of ADA membership. Over the last 80 years the ADA member portfolio was expanded to include four additional plans and today the ADA Members Insurance Plans protect the lives and dental practices of nearly 147,200 dental student and dentist members and their families.

Several other companies and organizations to date have also committed to contribute funding, in-kind products, or both for the San Antonio MOM, including CareCredit, Church & Dwight, DEX-IS/Kavo Kerr, Freeman, Henry Schein

Cares, Lands' End, Premier Dental Products, P&G, the RK Group, The Greehey Family Foundation, San Antonio District Dental Society and Wells Fargo.

For more information, or to become a sponsor, contact Christa Martin at martin@ada.org.

At the inaugural ADA MOM event in New Orleans in 2013, volunteers provided more than \$387,000 in free dental care to 755 patients in need.

A total of 1,119 volunteers from 42 states were able to donate 2,835 procedures, including exams, X-rays, surgical procedures, restorations, cleanings, sealants, fluoride treatments, denture fabrication and repair, endodontic services and emergency care.

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the entire cost of the event, from transport and set-up of equipment; to materials, supplies and prescription medications; to meals and snacks for volunteers during the 12-hour clinic.

No government funding is used for MOM events.

A typical event costs nearly \$120,000 and organizing dental associations must raise the entire amount through donations and sponsorships in their communities.

"We want to thank Great-West Financial and all the other organizations

See MOM, Page 15

# Loans

Continued from Page 2

Dan Macklin, SoFi co-founder and vice president of business development, said by lowering the interest rates 1-3 percent, graduates can save thousands of dollars through the life of a loan.

However, as Dr. Radjabli found, there aren't many lenders that will include federal loans as part of a refinancing plan. Many financial institutions only refinance private loans.

By doing some online research, Dr. Radjabli said he learned of SoFi and DRB, opting for the latter.

Through DRB, Dr. Radjabli chose a variable rate student loan.

"I'm paying the same monthly payment but more of it is going to the principal balance," he said. "It really depends on the person and their personal financial situation. I felt that was the best option for me."

As for disadvantages, graduates who refinance federal student loans will lose many of the benefits that come with federal loans, such as loan forgiveness and income-based repayment programs.

**"Students and graduates should work with their financial aid office and take student loan counseling and spend time educating themselves to see what works best for them."**

If a dentist comes under hardship, he or she won't be able to apply to defer monthly payments. However, SoFi does have a forbearance program that is similar to that of the government.

### Weighing the options

Mr. Macklin said dental school graduates interested in refinancing but who need those federal benefits should wait, possibly up to a year, to make sure they're on stable financial ground. For graduates who don't need those federal benefits, he said, refinancing sooner is better than later.

"For every month you pay for the loan, you may be paying higher interest rates," said Mr. Macklin. "I think the main thing is that people should be aware that options are out there."

For Dr. Jenna Hatfield, of Lincoln, Nebraska, who will begin making monthly payments to her \$260,000 student loan in November, a simple consolidation of her federal loans was the way to go. Those federal benefits were important to her as she intends on doing an income-based repayment plan.

Her new interest rate will be the weighted average of her various loans, which come from the same lender.

"There's really not a black and white answer," she said. "Students and graduates should work with their financial aid office and take student loan counseling and spend time educating themselves to see what works best for them."

For more information on consolidation and refinancing, visit [adea.org](http://adea.org), click on "Current Students & Residents" under the Membership tab. Click on "Educational Debt Management Materials for Dental Students." Or visit the Center for Professional Success at [success.ada.org](http://success.ada.org) and search for "Thinking About Loan Consolidation," "Financial Calculators," and "Federal and State Loan Repayment Options."

And visit [ADA.org/en/education-careers/dental-student-resources](http://ADA.org/en/education-careers/dental-student-resources) and click on "Financial Planning Resources for Students and New Graduates." ■

—[solanak@ada.org](mailto:solanak@ada.org)

# Experts invited to comment on draft standards

The ADA Standards Committees seek professionals from all areas of interest to contribute their expertise to two new draft standards approved for circulation, review and comment.

The ADA has played a key role in the development of dental standards since 1928 and is an American National Standards Institute accredited standards developer.

The projects follow:

- Proposed ANSI/ADA Standard No. 131 Dental Computer-Aided Design/Com-



puter-Aided Machinery Machinable Zirconia Blanks specifies the requirements and test methods for partially s-

- Proposed ADA Technical Report No. 1069 SCDI Standard Terms, Definitions and Acronyms contains standard terms,

definitions and acronyms for dental informatics. The ADA Standards Committee on Dental Informatics developed the draft standard to provide a standardized informatics terminology for ADA informatics standards and technical reports.

For more information or to participate in any of the projects, call the ADA toll-free number, ext. 2506, or email [standards@ada.org](mailto:standards@ada.org).

To learn more about standards, visit [ADA.org/dentalstandards](http://ADA.org/dentalstandards). ■

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# QuickTakes

Summaries of ADA News stories published online

## Food and Drug Administration issues safety warning against prescribing lidocaine solution for teething pain

Oral viscous lidocaine solution is not approved to treat teething pain, and health care professionals should not prescribe the drug to treat infants and children with teething pain, warned the U.S. Food and Drug Administration June 26 in a drug safety communication.

The FDA now requires a Boxed Warning, its strongest warning, to be added to the drug label for oral viscous lidocaine 2 percent solution to highlight its advisory. In addition to the Boxed Warning, the agency requires revisions to the Warnings and Dosage and Administration section of the drug label to describe risk of severe adverse events and to include additional dosing instructions when the drug is prescribed for approved uses.

Too much viscous lidocaine given to infants or young children can result in seizures, severe brain injury and heart problems, and misuse has led to hospitalizations and deaths, the FDA warns.

View the complete story on ADA.org by searching the ADA News June 2014 archive. ■

## CDC anti-smoking campaign emphasizes perio outcomes

The Centers for Disease Control and Prevention launched a series of new anti-smoking ads July 7 highlighting real-life horror stories related to smoking. The 2014 Tips from Former Smokers campaign features people from many walks of life who share tales of how smoking has left them in some way debilitated.

The summer campaign is distinguished for the health conditions it emphasizes, including periodontal disease, that are not commonly associated with smoking. The other areas include premature births and HIV complications. The campaign also emphasizes cancer risks and outcomes.

The stories of campaign participants and former smokers Brett, 49, and Felicitia, 54, reflect the dental aspects of smoking.

View the complete story on ADA.org by searching the ADA News June 2014 archive. ■

## California funds state dental director and epidemiologist positions

The California governor and legislature approved funding a state dental director and an epidemiologist in the 2014-15 state budget.

The budget provides \$474,000 for the first year to assess oral health needs in the state, develop and manage a state oral health plan and apply for and manage federal and private grants to support oral health. The role will also include establishing prevention and oral health literacy projects and working to secure funding for prevention-focused oral health and essential disease prevention services, particularly for children.

View the complete story on ADA.org by searching the ADA News July 2014 archive. ■

# MOM

Continued from Page 12

that have already committed to making the ADA MOM in San Antonio a reality," said Dr. John P. Schmitz, an oral surgeon in Shavano Park, Texas, and local chair for the event. "And we encourage other organizations to become sponsors for this very worthy cause."

Organizers are also seeking volunteers for the event.

MOM volunteers serve many roles during a typical event, with dentists, dental hygienists and dental assistants generally providing triage services, diagnostics and treatment, including restorative and specialty care.

Other volunteers, including students, laboratory technicians and office specialists, provide support to help the MOM clinics run smoothly.

Spouses and family members older than 18 are also welcome to help with event registration, set-up/tear-down and other logistics.

"We encourage dental professionals and their families and friends coming to ADA 2014 — America's Dental Meeting to spend a few hours volunteering at the MOM," Dr. Schmitz said.

"Those who have already volunteered at a MOM event know that they receive far more than they give. It's a great experience that allows participants to give back to the

community that has welcomed us for the meeting."

At this time, the ADA asks that MOM volunteers keep event details private so attendance can be managed through local promotional efforts.

MOM participants do not need to be registered for the ADA 2014 — America's Dental Meeting to volunteer.

To learn more, including information for obtaining an out-of-state temporary charitable dental license, visit ADA.org/MOM.

Completed paperwork for the temporary license must be submitted no later than Aug. 1. ■

—croziers@ada.org

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### BruxZir and e.maxCAD: Superior Clinical Performance at 3+ Years

**Gordon's Clinical Bottom Line:** The TRAC research section of CR has been conducting a controlled clinical study of monolithic restorations for 3-1/2 years. These restorations are serving far better than anticipated. *This report contains an update on the well-documented positive TRAC Research results.*

#### TRAC Conclusions:

BruxZir and e.maxCAD full-contour crowns on molars have demonstrated clinical service superior to all other tooth-colored materials studied clinically by TRAC over 39 years. To date, their service record resembles that of cast metal. Clinical service over three plus years has begun to answer many critical clinical questions, but important questions remain on possibility of phase change of zirconia in 100% humidity of the oral cavity, glaze use, service life, and failure mode. Status reports will be forthcoming as answers to these and other pertinent questions emerge through this study.

#### AUTHORIZED BRUXZIR LABORATORY CITY STATE PHONE

Burdette Dental Lab Inc.	Birmingham	AL	800-624-5301
Capitol Dental Designs	Montgomery	AL	334-269-2700
Mobile Dental Design, Inc.**	Mobile	AL	251-634-2445
Oral Arts Dental Laboratories, Inc.**	Huntsville	AL	800-354-2075
Oral Arts of Mobile	Mobile	AL	800-327-4047
Parkway Dental Lab	Opelika	AL	800-239-3512
Scrimshire Dental Studio	Huntsville	AL	800-633-2912
Walker Dental Laboratory, Inc.	Decatur	AL	800-727-0705
Green Dental Laboratories, Inc.	Heber Springs	AR	800-247-1365
Continental Dental Laboratory	Phoenix	AZ	800-695-0155
Dentek Dental Laboratory, Inc.	Scottsdale	AZ	877-433-6835
Denticon	Nogales	AZ	800-284-7602
DW Dental Laboratory	Phoenix	AZ	602-973-2166
Lafayette Dental Lab	Phoenix	AZ	800-996-9482
Lakeview Dental Ceramics	Lake Havasu City	AZ	928-855-3388
New West Dental Ceramics**	Lake Havasu City	AZ	800-321-1614
Progressive Dental Services Laboratory	Phoenix	AZ	800-516-0789
A & M Dental Laboratories**	Santa Ana	CA	800-487-8051
Advanced Dental Technology**	Chula Vista	CA	619-656-9422
Atlas Dental	Gardena	CA	866-517-2233
BDL Prosthetics**	Irvine	CA	800-411-9723
Beverly Hills Dental Studio	Beverly Hills	CA	800-215-5544
Bigler Dental Ceramics**	Tustin	CA	714-832-9251
Continental Dental Laboratories	Torrance	CA	800-443-8048
Creative Porcelain	Oakland	CA	800-470-4085
Dental Masters Laboratory	Santa Rosa	CA	800-368-8482
Denton Dental Laboratory	Santa Ana	CA	714-426-2930
DigiLab Dental Laboratory	Santa Fe Springs	CA	562-229-0200
G & H Dental Arts, Inc.**	Torrance	CA	800-548-3384
Glidewell Laboratories**	Newport Beach	CA	800-854-7256
Hatzakortzian Dental Lab	Rialto	CA	909-562-0001
Hogan Dental Laboratory	Huntington Beach	CA	800-622-9592
Ikon Dental Design	San Leandro	CA	510-430-9659
Killian Dental Ceramics	Irvine	CA	800-317-7100
Mr. Crown Dental Studio	Santa Ana	CA	800-515-6926
Nash Dental Lab, Inc.	Temecula	CA	877-528-2522
NEO Milling Center**	Cerritos	CA	562-404-4048
Noel Laboratories, Inc.	San Luis Obispo	CA	800-575-4442
OD's Dental Lab	Santa Ana	CA	714-435-8083
Perfect Smile Dental Ceramics, Inc.	San Diego	CA	877-729-5282
Polaris Dental Laboratory**	Anaheim	CA	866-937-1563
Precision Ceramics Dental Laboratory**	Montclair	CA	800-223-6322
Riverside Dental Ceramics**	Riverside	CA	800-321-9943
Robertson Dental Lab	Lompoc	CA	800-585-3111
San Ramon Dental Lab	San Ramon	CA	800-834-4522
Solitaire Smile Dental Laboratory LLC	San Diego	CA	619-819-7526
Williams Dental Laboratory	Gilroy	CA	800-713-5390
World Lab U.S.A.	Irvine	CA	800-975-3522
Dahlin Dental Laboratory	Lakewood	CO	800-536-8241
Gnathodontics, Ltd.	Lakewood	CO	800-234-9515
Logic Dental Solutions	Lakewood	CO	303-933-9263
Mountain Springs Dental Laboratory	Colorado Springs	CO	719-576-3661
JP Dental Lab	Grand Junction	CO	970-243-2025
Zinser Dental Lab, Inc.	Westminster	CO	303-650-1994
Yankee Dental Arts Laboratory	Wethersfield	CT	800-447-3941
Dodd Dental Laboratories	New Castle	DE	800-441-9005
4 Points Dental Designs	Saint Petersburg	FL	727-329-8981
Carlos Ceramics Dental Lab	North Miami Beach	FL	305-940-4040
DigiTech Dental Restorations	Doral	FL	888-336-1301
DSG - Clearwater	Clearwater	FL	800-237-1723
GPS Dental Lab Inc.	Orlando	FL	877-287-5977
Gregson Dental Studio	The Villages	FL	352-561-4186
Knight Dental Group	Oldsmar	FL	800-359-2043
TLC Dental Laboratory	Orlando	FL	800-262-2547
Daniel Dental Laboratory	Macon	GA	478-997-0201

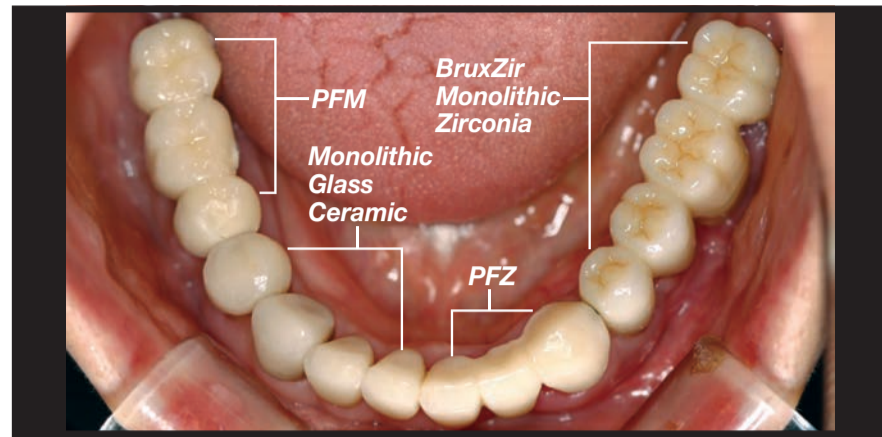
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Life Like Inc.	Kennesaw	GA	800-241-0632
New Image Dental Laboratory**	Morrow	GA	800-233-6785
Oral Arts Dental Lab Georgia	Chamblee	GA	800-229-7645
Ridge Craft Dental Laboratory	Lagrange	GA	800-516-0281
Seckler Crown Dental Lab	Atlanta	GA	770-804-1005
The Lab 2000, Inc.	Columbus	GA	800-239-3947
Vital Ceramics	Roswell	GA	770-992-8843
Eclipse Dental	Waterloo	IA	319-232-6020
Oral Arts Dental Lab Iowa	Dubuque	IA	800-747-3522
Eastside Crown & Bridge Inc.	Pocatello	ID	208-237-2525
McClure Dental Lab Design Inc	Meridian	ID	208-884-0636
Accudent Dental Laboratory	Lansing	IL	800-895-3565
Artistic Dental Studio, Inc.	Bolingbrook	IL	800-755-0412
Dental Arts Laboratories, Inc.	Peoria	IL	800-322-2213
Dental Arts Lincolnshire	Lincolnshire	IL	800-779-5089
Distinctive Dental Studio, Ltd.	Naperville	IL	800-552-7890
Kobler Enterprises Inc. Dental Laboratory	Mount Prospect	IL	847-788-1426
Prosthotech**	Sugar Grove	IL	630-466-8333
Quad City Dental Laboratory Inc.	Moline	IL	888-797-5707
Rockert Dental Studio	Wheaton	IL	800-665-1401
Vitality Dental Arts**	Elgin	IL	800-399-0705
Elite Dental Laboratory	Rochester	IN	574-223-4982
Image Dental Arts	Fort Wayne	IN	866-496-1160
Ito & Koby Dental Studio	Indianapolis	IN	800-288-6684
Lumident, Inc.	Indianapolis	IN	866-586-4336
Roy Dental Laboratory	New Albany	IN	877-769-3368
Heumann & Associates Dental Laboratory	Topeka	KS	800-255-2412
Heumann Dental Laboratory	Fairway	KS	800-888-1925
Myron's Dental Laboratory	Kansas City	KS	800-359-7111
Pearce-Turk Dental Laboratory	Wichita	KS	800-835-2776
Keller Dental Laboratory	Louisville	KY	800-292-1894
CDS Dental Studio**	Bossier City	LA	800-259-7775
Crown Dental Studio	Shreveport	LA	800-551-8157
Pfisterer-Auderer Dental Lab	Metairie	LA	800-288-8910
Arcari Dental Lab	Wakefield	MA	781-213-3434
Dental Studios of Western Massachusetts, Inc.	West Springfield	MA	413-787-9920
Northshore Dental Laboratories, Inc.	Lynn	MA	800-338-5850
Yankee Dental Arts Agawam Laboratory	Agawam	MA	800-732-2891
Aronovitch Dental Laboratory	Owings Mills	MD	800-441-6647
Eliason Dental Lab	Portland	ME	800-498-7881
Microdent Dental Laboratories	Gaithersburg	MD	301-519-0034
Nicols Laboratory Inc.	Hebron	MD	410-543-8264
Port City Dental Lab Inc.	Windham	ME	207-892-2386
Elite Dental Lab	Cockeysville	MD	410-667-7773
Artistic Dental Lab**	Allen Park	MI	800-437-3261
Coulter Dental Lab	Flint	MI	810-733-3310
D.H. Baker Dental Laboratory	Traverse City	MI	800-946-8880
Davis Dental Laboratory	Wyoming	MI	800-253-9227
Davison Dental Lab	Flint	MI	800-340-6971
Dental Art Laboratories	Lansing	MI	800-444-3744
K & M Dental Lab	Lansing	MI	517-394-1975
LaDouce Dental Lab	Saginaw	MI	989-799-0472
Nelson Dental Laboratory	Rochester Hills	MI	800-570-2131
Olson Dental Laboratory	Clinton Township	MI	800-482-3166
Spartan Dental Lab	Lansing	MI	800-678-2227
U.S. Dental Laboratories	Southfield	MI	248-557-8029
Xcel Dental Studio	Flint	MI	810-733-0909
Boos Dental Laboratory	Golden Valley	MN	800-333-2667
Custom Crown Craft	Alexandria	MN	800-568-5414
Dental Services Group	Minneapolis	MN	800-259-3717
Dimension Dental Design	Hastings	MN	888-793-3682
Excel Dental Studios Inc.	Minneapolis	MN	800-328-2568
Harrison Dental Studio	West St. Paul	MN	800-899-3264
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Webster Dental Laboratory	Saint Paul	MN	800-621-3350
Wornson-Polzin Dental Lab	North Mankato	MN	800-950-5079
Becker Dental Lab, Inc.	Herculaneum	MO	800-963-6691
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Keller Laboratories, Inc.**	Fenton	MO	800-325-3056
Mallow-Tru Dental Studio	Lee's Summit	MO	800-444-3685
Midwest Dental Laboratory	St. Louis	MO	800-325-8011
Stewart Dental Laboratories	Columbia	MO	866-724-5509
Verch Dental Ceramics	Ellisville	MO	888-868-3724
Oral Tech Dental Laboratory	Pearl	MS	800-321-6201
Western Dental Arts	Billings	MT	406-652-1652
Carolina Outsource Inc.	Charlotte	NC	704-814-0644
Drake Precision Dental Laboratory	Charlotte	NC	800-476-2771
Natural Ceramics Inc.	Fayetteville	NC	910-425-8296
Real Time Dental Lab	Rocky Mount	NC	877-830-4770
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Excel Berger Dental Laboratory	North Brunswick	NJ	800-438-3384
Laxmi Dental Lab USA Inc.	Iselin	NJ	732-372-4412
R&R Modeling	Maywood	NJ	201-546-8025
Ceratek Dental Laboratory	Roswell	NM	575-623-7533
Ideal Dental Laboratory	Albuquerque	NM	800-998-6684
Sterling Dental Lab Inc.	Las Cruces	NM	575-644-4485
Core 3D Centres, LLP	Las Vegas	NV	888-750-9204
Crown Dental Lab, LLC	Las Vegas	NV	702-432-4012
Las Vegas Dental Studio	Las Vegas	NV	800-455-1598
Las Vegas Digital Dental Solutions**	Las Vegas	NV	800-936-1848
Las Vegas Esthetics	Las Vegas	NV	800-711-6011
Americus - New York	Jamaica	NY	800-222-8980
Creo Dental	New York	NY	212-302-3860
Crown Biodigital Design Inc.	Harrison	NY	203-353-8688
DP/Mt. Vernon Dental Laboratory	Mt. Vernon	NY	800-431-1797
Elegant Dental Laboratories	Brooklyn	NY	877-335-5221
GP Dental Lab	Brooklyn	NY	718-339-4995
Sciubba Ceramic Laboratory	Albany	NY	518-339-9440
Smile Design Dental Laboratory	Port Washington	NY	516-472-0890
AccuTech Dental Lab	Westerville	OH	614-751-9888
Dresch/Tolson Dental Laboratory	Sylvania	OH	800-843-4110
Form & Function Laboratory	North Royalton	OH	800-423-8453
John Hagler, CDT	New Albany	OH	614-560-5667
New Era Dental Arts, LLC	Sylvania	OH	800-971-8201
Northwest Ceramics Inc.	Columbus	OH	614-451-9597
ROE Dental Laboratory	Garfield Heights	OH	216-663-2233
Salem Dental Laboratory	Cleveland	OH	800-747-5577
Simon DeChatlet Dental Laboratory	Miamisburg	OH	800-448-6684
Flud Dental Laboratory	Tulsa	OK	800-331-4650
Great Southwest Dental Laboratory	Oklahoma City	OK	800-777-1522
Imperial Crowns Dental Laboratory	Broken Arrow	OK	866-207-0858
International Dental Arts, Inc.	Tulsa	OK	800-741-0002
Applegate Dental Ceramics	Medford	OR	541-772-7729
Abel Dental Laboratory	Uniontown	PA	800-524-1106
Albensi Laboratories**	Irwin	PA	800-734-3064
DeLux Dental Laboratory	Reading	PA	800-541-5642
Dental Services Group of Pittsburgh	Pittsburgh	PA	800-322-7080
Innovative Dental Arts	North Huntingdon	PA	866-305-5434
Maverick Dental Laboratories	Export	PA	866-294-7444
Muth & Mumma Dental Laboratory	Harrisburg	PA	800-932-0584
Newtech Dental Laboratories	Lansdale	PA	866-635-5227

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Smile Renovation Studio	Kingston	PA	570-687-0049
Shu Dental Laboratory, Inc.	Morrisville	PA	800-929-9846
Thayer Dental Laboratory	Mechanicsburg	PA	800-382-1240
Young Dental Laboratory	Philadelphia	PA	866-888-1668
Windl Dental Laboratory	New Castle	PA	800-645-4576
Joe Fargione Dental Studio	Bluffton	SC	843-707-1042
Sherer Dental Laboratory	Rock Hill	SC	800-845-1116
Associated Dental Lab Inc.	Rapid City	SD	605-343-7437
Bauer Dental Studio	Mitchell	SD	800-952-3334
Dental Prosthetics Lab	Clarksville	TN	931-647-2917
Hermitage Dental Lab	Hermitage	TN	615-889-4949
Peterman Dental Laboratory	Nashville	TN	800-476-1670
Rogers' Dental Laboratories	Athens	TN	800-278-6046
Affordable Cosmetic Laboratories	Arlington	TX	860-258-0678
C & J Dental Lab	El Paso	TX	915-564-3800
Concert Dental Lab	Richardson	TX	800-449-3514
Crystal Dental Ceramics	Richardson	TX	972-680-1660
Dale Dental, Inc.**	Richardson	TX	888-438-3253
Dental Dynamics Laboratory Inc.	Arlington	TX	800-640-8112
Mascola Esthetics	San Antonio	TX	877-490-5533
MDA Studio, Inc.	Corpus Christi	TX	888-544-3307
Natural Arts Dental Laboratory	San Antonio	TX	800-322-6235
Oral Designs Dental Laboratory, Inc.**	San Antonio	TX	800-292-5516
PCB Dental Lab	Richardson	TX	972-671-3894
Rose Dental Laboratory	Houston	TX	281-565-3600
Stern Empire Dental Laboratory	Houston	TX	800-229-0214
Stern Reed Associates Dental Laboratory	Addison	TX	800-888-8341
Stern Tyler Dental Laboratory	Tyler	TX	800-926-1318
Accudent Dental Lab	West Jordan	UT	801-231-6161
Crown Laboratories Inc.	Sandy	UT	800-574-1911
Crystarr Dental Design	Salt Lake City	UT	800-343-2488
Epic Dental Studios**	American Fork	UT	801-756-1117
Evolution Dental Studio	Draper	UT	801-432-7446
Swift Lab	South Jordan	UT	866-505-9090
Treasure Dental Studio	Salt Lake City	UT	800-358-6444
Via Digital Solutions	Sandy	UT	888-484-6842
Art Dental Lab	Chantilly	VA	888-645-7541
Marine Dental Lab	Annandale	VA	703-256-3601
NexTek Dental Studios	Manassas	VA	800-678-7354
Quality Dental Lab - VA	Virginia Beach	VA	757-497-8211
The Point Dental Studio, LLC	West Point	VA	804-337-5477
Choice Dental Laboratory	Federal Way	WA	253-946-0903
Pacific Dental Arts	Olympia	WA	360-438-1882
Seabrook Dental Laboratory	Edmonds	WA	800-693-7487
Ziemek Aesthetic Dental Lab	Olympia	WA	866-943-6357
Gessler's Dental Laboratory	Tomahawk	WI	715-453-4383
Lord's Dental Studio	DePere	WI	800-821-0859
Nakoma Dental Laboratory	Lodi	WI	855-591-6975
Saber Dental Studio	Waukesha	WI	800-365-3210
Winnebago Dental Lab	Appleton	WI	920-735-1208
Midtown Dental Laboratory	Charleston	WV	800-992-3368
Standard Dental Laboratory	Clarksburg	WV	800-842-6265
Tincher/Butler Dental Laboratory	South Charleston	WV	800-225-4699

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# Aptify

Continued from Page 1

Anthony Ferreri, director of member services for the Nevada Dental Association, sees advantages in making the transition to Aptify from the Tripartite System software that connected Nevada to the ADA.

“I’m the first to admit that after attending Aptify training in Chicago, I was a little skeptical on how I would be able to use this immense system to service my members in a timely manner. But change is good!” he said.

He gave an example of how the faster system helped him meet a member’s need. “One of the dental schools in my state has an orthodontic program, and a requirement for that program is membership in the ADA,” he said. “With just a couple of clicks, I was able to generate a membership history for a student that needed to prove his continued membership in order to advance in his program. Because of Aptify, I was able to serve him and have him go back to his work within three minutes.”

In 2010, the House of Delegates approved a \$23 special assessment that paid for information technology infrastructure improvements, including Aptify.

ADA Eighth District Trustee Joseph F. Hagenbruch, who chairs the Board of Trustees Information Technology Committee, said he has witnessed the money put to use “that enhances service to member-dentists” during the past four years.

“We have leveraged that investment to ensure we can serve our members now and into the future and to do so in a way that can seamlessly include state and local participation,” he said.

Aptify offers modules that cover a variety of functions. New Hampshire is preparing to use the system to register attendees for their continuing education programs and their 2015 annual meeting. “This will save us an enormous amount of time and resources,” said Jim Williamson, executive director of the New Hampshire Dental Society.

Access to the national database means the states retrieve information that can help them quickly serve a dentist who has moved to their state, whether it’s in figuring out what their dues level is or what issues they are most interested in. “The case management module allows us to track trends among our members,” such as calls about specific regulatory issues, said Carmelo Cinqueonce, executive director of the Minnesota Dental Association.

“As more states employ Aptify case management, we will be better able to spot hot button issues occurring across the country,” he said.

The Indiana Dental Association started with Aptify in mid-June, said Doug Bush, IDA executive director, so their experience so far is limited, but he sees many advantages to come.

“Aptify will allow us to better track which members are contacting us, and the nature of their inquiries. It will aid us with follow-up, better assuring we meet member needs without allowing questions or requests to fall between the cracks. I think Aptify will anchor the Power of Three concept (ADA.org/powerofthree). The ADA, IDA and our local societies will be able to jointly view our contact with members and refer requests to the entity best equipped to respond. I’m looking forward to putting Aptify into practice.”

The VDA will use Aptify to streamline its 2015 membership renewal process. “This will allow members to renew their membership on the ADA website,” said Leslie Pinkston, VDA membership director. “Members will have an easier way to update address changes, make

dues payments, place orders, track CE, and receive current updates.”

The Virginia Dental Association was the second state to transition from the aging Tripartite System database to Aptify. “The entire ADA Aptify group has been a pleasure to work with,” said Ms. Pinkston. “It’s not only in their support for each state and component staff member, but in their enthusiasm and concern in ensuring the transition goes as well as possible for us as new Aptify users.”

The ADA is offering this system to dental societies with no cost for the following: technical infrastructure, Aptify software (unlimited user licensing) and data conversion from the Tripartite System.

“We certainly are still learning,” said



Dr. Hagenbruch

NHDS’s Mr. Williamson, “but the ADA is there to help us every step of the way. The ADA has the most resources to help us on the local level where we need and have the most contact with our members. We are very pleased that we went first, but I know that every

other state will get similar support.”

The ADA is encouraging dental societies to adopt Aptify, which fits in one of the Members First 2020 goals in the ADA’s 2015-2019 Strategic Plan, said Dr. Hagenbruch.

“That goal says ‘All levels of the ADA will have sufficient organizational capacity necessary to meet member needs.’ That’s what Aptify embodies,” he said.

He also wants to reassure members that the ADA is sensitive to their privacy and related preferences and has processes in place to address those issues.

For more information about Aptify, contact Peter Bradley (bradley@ada.org), director, Aptify Enterprise Solutions. ■

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