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BRIEFS

Honor World Oral Health Day on March 20

World Oral Health Day is celebrated globally every year on March 20 to highlight the importance of keeping your mouth healthy whether you are young or old.

This year's theme is "Live Mouth Smart."

Organized by the FDI World Dental Federation, World Oral



Health Day was launched in 2013 to raise awareness of maintaining good oral health and its significance in safeguarding general health and well-being. This is done through an international awareness campaign created and launched by the FDI, adapted and promoted locally by national dental associations in more than 140 countries worldwide.

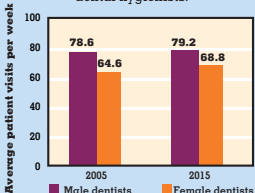
Henry Schein, Philips, Unilever and the Wrigley Oral Healthcare Program sponsor the observation, which offers the global dental profession a chance to take action in a worldwide effort to reduce tooth decay and organize programming and events under a single unifying message. In honor of World Oral Health Day, the ADA and ADA Foundation are collaborating to allocate more than 9,000

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JUST THE FACTS

Average number of patient visits by gender

In 2015, the difference of the average number of patients seen per week between male and female dentists was 10.4, less than the gap of 14 patient visits in 2005. Appointments include those by dental hygienists.



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

House Judiciary Committee passes Competitive Health Insurance Reform Act

BY JENNIFER GARVIN

Washington — The House Judiciary Committee on Feb. 28 unanimously passed H.R. 372, the Competitive Health Insurance Reform Act of 2017.

The Association strongly supports H.R. 372, which was introduced Jan. 10 by Rep. Paul Gosar,

INSIDE HPI analyzes dental earnings of specialists, Page 8

R-Ariz., a dentist and ADA member. The bill would authorize the Federal Trade Commission and the

Justice Department to "enforce the federal antitrust laws against health insurance companies engaged in anticompetitive conduct."

"Repealing the McCarran-Ferguson antitrust exemption for the business of health insurance will assist in Congress's larger goal of restoring competition to the health

care industry and reversing the trend of rising payments and market consolidation," said Bob Goodlatte, R-Va., chair, House Judiciary Committee, and Tom Marino, R-Pa., chair, Regulatory Reform, Commercial and Antitrust Law

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EPA denies petition to ban adding 'fluoridation chemicals' to water supplies

BY MICHELLE MANCHIR

The health benefits of fluoride include "having fewer cavities, less severe cavities, less need for fillings and removing teeth and less pain and suffering due to tooth decay," the U.S. Environmental Protection Agency said Feb. 17.

The statement came as part of a detailed, 50-page response to a petition from activist groups opposed to fluoridation, which sought a ban on what it called the "addition of fluoridation chemicals to water" because, among other listed reasons, "neurotoxicity is a hazard of fluoride exposure."

The ADA released a statement Feb. 27 applauding the petition denial, calling the decision "scientifically sound."

"It is always heartening when our government comes down on the side of sound science," said ADA President Gary L. Roberts in the statement. "Public health policy recommending community water fluoridation results from years of scientifically rigorous analysis of the amount of fluoride people receive



Cool runnings: Dr. Raj Patel runs a marathon in Union Glacier, Antarctica, on Jan. 23 as part of the World Marathon Challenge. Dr. Patel ran seven marathons in seven days on seven continents. See story, Page 14.

Association asks federal government to exempt dentists from Medicare Part D requirement

BY JENNIFER GARVIN

Washington — The ADA is asking Health and Human Services Secretary Tom Price to re-examine the Affordable Care Act's requirement that dentists and other providers who write prescriptions to Medicare beneficiaries with Part D coverage must be enrolled in

or opted-out of Medicare Part B prior to Jan. 1, 2019, in order for the prescription to be covered by the beneficiaries' Part D plans.

In a Feb. 27 letter to Secretary Price, ADA President Gary Roberts and Executive Director Kathleen T. O'Loughlin praised HHS for its efforts in preventing "fraud, waste

and abuse in Medicare," but urged the secretary to exclude dentists from the Part D provision, noting that the requirement "places an unnecessary burden on dentists and their Medicare eligible patients."

"As taxpayers, dentists are

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Photo courtesy of Mark Conlon

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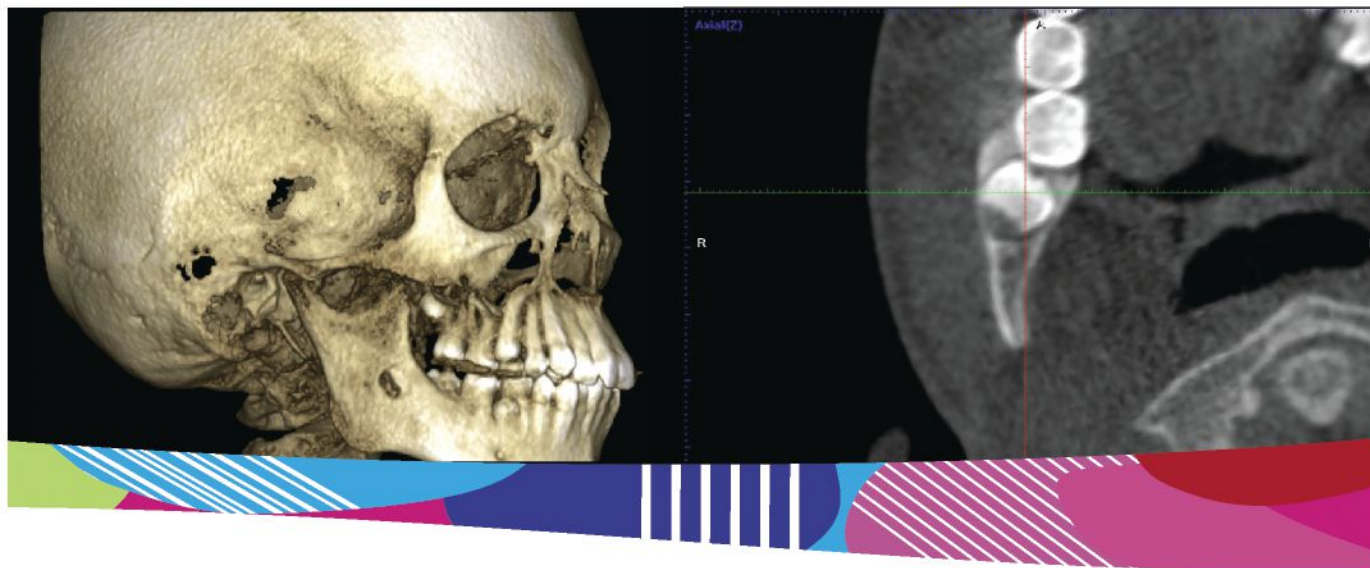


First patient: Robert Klaus, front, poses for a photo during the 2017 Oklahoma Mission of Mercy with, from left, Dr. Edmund Braly, Oklahoma Dental Association president; Dr. Trent Yadon, Oklahoma MOM chair; Captain Supertooth; and John Glad-den, Delta Dental of Oklahoma president and CEO. Mr. Klaus was the first patient during the Feb. 3 event, which donated more than \$1.3 million worth of free dental care. About 1,400 volunteers performed 10,165 dental procedures, including cleanings, fillings, extractions and anterior root canals, for 1,322 patients. The event, which is in its eighth year, is produced by the ODA, Oklahoma Dental Foundation and Delta Dental of Oklahoma's Oral Health Foundation.



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Mardi Gras grins

LSU, Wyoming among GKAS Institute events

BY KELLY SODERLUND

New Orleans — “Do y’all have king cake?”

Given the sparkly green, purple and yellow Mardi Gras decorations adorning the halls and clinic at the Louisiana State University School of Dentistry, the little girl’s question was a fair one. She was the first in line Feb. 10 at the dental school’s Give Kids A Smile event, where about 100 third-graders from McDonogh City Park Academy received oral health education, screenings and dental sealants with a parent’s permission.

The dental clinic was a flurry of activity as children moved from station to station while they waited to see the dental students, supervised by dental school faculty. Some children were outside playing football while others were entertained by a magician. Some crowded in front of a photo booth while others learned how to floss and brush properly with the help of stuffed animals.

Amid the chaos was a tall woman wearing a puffy, sequined purple, green and yellow bow. Hannah Boudreaux bounded from room to room, giving directions to the volunteers and speaking into a walkie-talkie from time to time to communicate with those not directly in front of her.

While LSU has had faculty-driven Give Kids A Smile events in the past, this year’s event, which was the largest the school has ever hosted, was coordinated by Ms. Boudreaux, a third-year dental student and graduate of the ADA Foundation’s Give Kids A Smile Community Leadership Development Institute. In October 2016, Ms. Boudreaux was one of 12 GKAS Ambassadors who attended the St. Louis program to learn how to initiate, expand or enhance a Give Kids A Smile program.

“Hannah Boudreaux has been willing to take the lead and get the student body and the faculty to step up and has had the most significant success this program has seen since its inception at LSU,” said Dr. Henry Gremillion, dean of the dental school.

In fact, 25 more children were treated at this year’s event than last year’s, making it an “extremely successful” event, according to Ms. Boudreaux.

“My expectations were surpassed with our volunteer base,” she said. “We had such great dental students and dental hygiene students as well as pre-dental students from the University of New Orleans and LSU. One thing I learned at the GKAS Institute was to try to take care of the volunteers so they return for future events. I made a big effort this year by giving them T-shirts to wear at the event and food for two days while they were training for the clinic. We can also attribute our success to the support of our dean, Dr. Gremillion, and the pediatric dentistry department.”

Ms. Boudreaux chaired meetings with her peers and dental school faculty leading up to the event; reached out to the local media for publicity; crafted a budget; and even convinced ADA President Gary Roberts, who hails from Shreveport, to attend.

“I have never been so proud to be from Louisiana,” Dr. Roberts told the dental students during a town hall meeting following the morning event.

The elementary school students were sent



GKAS Ambassador: Third-year dental student Hannah Boudreaux speaks to the dental and dental hygiene students who volunteered at the Give Kids A Smile event she coordinated after attending the GKAS Institute last fall.



Supervised learning: Fourth-year dental student Leon Flettrich examines 10-year-old Nakiya Coleman at the Louisiana State University School of Dentistry Give Kids A Smile event as third-year dental student Dimetry Cossich, right, documents.

home with a green, yellow or red card, depending on the outcome of their visit, Ms. Boudreaux said. A green card meant they were good to go; a yellow card signaled the dental students found a cavity or believed the child needed a dental cleaning; and a red card indicated the parents may want to take them to an urgent care clinic. Ms. Boudreaux had set up for the following morning to receive students who may be in pain or who need immediate attention.

Coordinating the event was a learning experience for Ms. Boudreaux but the morning was also a teaching opportunity for the rest of her peers, many of whom aspired to be pediatric dentists.

“This is a great opportunity for them to interact with children before they graduate and become dentists,” said Dr. Priyanshi Ritwik, a pediatric dentist and faculty member. “Some students may be more scared of the children



Thumbs up and big smiles: Dental students Austin O’Quinn, left, and Daniel Sharbono and dental hygiene students Rebecca Espey, middle, and Olivia Gallego, pose with 9-year-old Alex Hernandez after his exam Feb. 10.



Mardi Gras theme: ADA President Gary L. Roberts, who hails from Shreveport, La., stops by the photo booth at the LSU GKAS event Feb. 10. He poses with dental hygiene students, clockwise from bottom left, Alexis Bailey, Kristen Gekler, Sarah Bourgeois and Jenna Brignan.

than they are of them.”

It was also a lesson in serving a different sector of the population, given that many of the children who attend GKAS events come from low-income families.

“The event just reinforces the need to give back,” said Dr. Janice Townsend, chair of the department of pediatric dentistry at the dental school. “Give Kids A Smile is a yearly reminder about how important it is to give back to all children, no matter their economic status.”

“Instilling in our students the idea of giving back to those in need cannot be overstated,” Dr. Gremillion said.

Wyoming GKAS

Nearly 1,600 miles northwest, volunteer dentists and dental team members also gave back to children in need of oral health care. Keshia Brinkerhoff, Ms. Boudreaux’s classmate at the GKAS Institute, coordinated an event with 70 volunteers serving 115 children. The event provided oral hygiene instruction, nutritional counseling, prophylaxis, fluoride sealants, radiographs, exams, resin and amalgam restorations and extractions when necessary, said Ms. Brinkerhoff,

program coordinator, who works at Community Health Centers of Central Wyoming.

The GKAS program is especially important to Wyoming residents this year, Ms. Brinkerhoff said, because the Wyoming Department of Health eliminated its public oral health program as a result of state budget reductions, which means fewer low-income families with children will receive dental care. The opportunity to help children receive oral health care was the main reason Dr. T. Shaun Sutherland volunteered his time on a Saturday.

“I have been in practice for over 30 years, and I feel I should to give back to the community who has supported me all these years,” Dr. Sutherland said. “I believe every child should be provided the same opportunity of success. A healthy mouth is a part of this recipe for success. I get the satisfaction of knowing that I may have contributed — however infinitesimal — to the well-being of a child who may not have been able to receive dental treatment without GKAS.”

For more information on Give Kids A Smile, visit ADAFoundation.org/gkas. ■

—soderlundk@ada.org

Peyton Manning to speak at ADA 2017

BY DAVID BURGER

The ADA Distinguished Speaker Series will feature legendary quarterback Peyton Manning at ADA 2017 – America's Dental Meeting in Atlanta.

"Peyton Manning is one of the greatest athletes of our time," said Dr. Gary L. Roberts, ADA president, announcing Mr. Manning as speaker. "But not only is he a great athlete — he is also an amazing man whose life off the field defines sportsmanship and good character, from his support to the Peyton Manning Children's Hospital at St. Vincent in Indianapolis to his membership in the American Red Cross National Celebrity Cabinet. To hear him tell his story of perseverance, grit and success is a can't-miss opportunity for those who attend ADA 2017."

Mr. Manning will speak on Friday, Oct. 20 from 5:30-6:30 p.m. Attendees who participate in the Hall Happy Hour on Oct. 20 from 4-5 p.m. in the Exhibit Hall will receive access into the Distinguished Speaker Series before doors open to the general audience.

Mr. Manning and his wife, Ashley, established the PeyBack Foundation in 1999 to promote the future success of disadvantaged youth by assisting programs that provide leadership and growth opportunities for children at risk.

The PeyBack Foundation has provided more than \$12 million of impact to at-risk youth through its grants and programs since its inception.

The ADA Distinguished Speaker Series annually presents renowned personalities with notable careers and accomplishments. The Distinguished Speaker Series is presented by ACT Oral Care.

Preceding the Distinguished Speaker Series is the Opening General Session on Thursday, Oct. 19, from 7:15-9 a.m. Members from across the country will step on stage to share their personal stories of how they became a dentist and how their profession has allowed them to make an impact



Mr. Manning

on their practice, families and community.

The ADA Humanitarian and Distinguished Service Award recipients will be honored at the Opening General Session. Dr. Usa Bunnag, the 2017 Humanitarian Award Winner, is president and founder of Smiles on Wings, a charitable organization that has provided dental care, scholarships and mentoring in Thailand since 2003. The Distinguished Service Award recipient will be announced later this year.

The Opening General Session is presented by ACT Oral Care.

Registration for ADA 2017 opens May 10 at ADA.org/meeting. Those interested in the meeting can sign up to receive email notifications from the ADA at ADA.org/meeting/attendee-information. ■

ADA asks Congress to keep nondefense discretionary programs

BY JENNIFER GARVIN

Washington — The Association and more than 660 organizations are urging Congress to avoid making cuts to non-defense discretionary programs.

Nondefense discretionary — or NDD — programs include infrastructure and housing, veterans' services, education and job training, national parks, medical and scientific research, public health, safety and security. In the letter, the coalition stressed the need for legislators to avoid "making further reductions in these programs and work to replace the scheduled sequestration cuts through a package that is balanced — both in how such relief is paid for and how it is applied to defense and NDD programs."

In a Feb. 22 letter to the Senate and House appropriation committees, the coalition asked Congress to consider the following:

- "NDD programs support our economy, drive our global competitiveness, and help Americans lead healthy, productive lives." In fiscal year 2018, lawmakers should "continue to adhere to this 'parity principle' in fiscal policies, including a sequestration relief package."
- NDD programs have already been cut too much. "As a result of sequestration and other austerity measures enacted beginning in 2011, the cap on NDD funding in fiscal year 2017 is 13.4 percent below 2010 levels, adjusted for inflation. Without action to stop sequestration in 2018, NDD programs are projected to decline to 3.1 percent of the GDP — equal to the lowest level in more than 50 years."

- NDD cuts have consequences. "Deficit reduction measures enacted since 2010 have come overwhelmingly from spending cuts, with the ratio of spending cuts to revenue increases far beyond those recommended by bipartisan groups of experts. And there is bipartisan agreement that sequestration is bad policy and ultimately hurts our nation. Congress and the president must work together to protect NDD programs from further cuts and end sequestration."

Other dental organizations that signed onto the letter include the American Dental Education Association, American Association for Dental Research, Friends of National Institute of Dental and Craniofacial Research and Oral Health America. ■

—garvinj@ada.org

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Continued from Page 1

Subcommittee, in a statement.

On Feb. 16, the Association submitted written testimony to a House subcommittee hearing on Regulatory Reform, Commercial and Antitrust Law, asking for support of the bill. That was followed by the Organized Dentistry Coalition's Feb. 27 letter to House Judiciary Chair Bob Goodlatte, R-Va., and ranking member John Conyers, D-Mich., the Organized Dentistry Coalition urging the committee to cosponsor the legislation.

"The current debate regarding health

care reform requires serious consideration of any and all means to introduce competition and make health insurance affordable for all Americans," wrote the Association in its testimony. "An important step toward achieving these objectives is eliminating the outdated federal antitrust exemption that grants health insurers special status, and permits them to ignore the competitive rules that apply to every other U.S. business."

"The bill is narrowly drawn to apply only to the business of health insurance, including dental insurance, and would not affect the business of life insurance, property or casualty insurance, and many similar insurance areas," the coalition wrote. "Passage of H.R. 372 would help interject more competition

into the insurance marketplace by authorizing greater federal antitrust enforcement in instances where state regulators fail to act. When competition is not robust, consumers are more likely to face higher prices and less likely to benefit from innovation and variety in the marketplace."

During his testimony Rep. Gosar said, "Imagine what could exist when we put the patient first and demand that health insurance companies compete for their business. This market should be patient-centric, provide a variety of affordable, quality options and empower patient involvement and accountability."

To keep track of all the Association's insurance reform activities, visit ADA.org/McF. ■



Organized Dentistry Coalition supports eliminating FSA rule

BY JENNIFER GARVIN

Washington — The Association and members of the Organized Dentistry Coalition are asking Congress to support legislation calling for the repeal of the "use-it-or-lose-it" rule for flexible spending accounts, allowing consumers to build balances over several years.

The Responsible Additions and Increases to Sustain Employee Health Benefits Act of 2017 would also allow families to build balances over several years and would "significantly expand" the current FSA annual contribution cap from \$2,600 to \$5,000 and let families with more than two dependents save an additional \$500 a year for each additional dependent.

"As you know, flexible spending accounts allow consumers to set aside pretax dollars to pay for health care services and items that are not covered by insurance — such as vision and dental services, doctor copayments, prescription drugs, and medical supplies," the dental organizations wrote in letters to the Senate Committee on Finance and House Committee on Ways and Means. "FSAs allow families to efficiently save money for medical care, encourage active engagement in health care decision-making, and incentivize informed consumers of health care services."

Restricting families from carrying over balances in these savings accounts makes it "impossible for some families to save up for long-term medical needs," the coalition noted, and the \$2,600 cap restricts families from saving funds for more expensive medical costs and "unfairly restricts larger families' savings per person as compared to smaller families." ■

World

Continued from Page 1

Arm & Hammer Tooth Tunes Children's Toothbrushes in March to U.S.-based organizations working to improve oral health in underserved communities outside the U.S. This would not be possible without the generous donation of toothbrushes from Church & Dwight.

Those interested in honoring World Oral Health Day are encouraged to organize efforts on March 20 or within the month of March. Be sure to tag the American Dental Association or use the hashtag #WOHD17 in Twitter or Facebook posts. Downloadable materials are available at worldoralhealthday.com. ■

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Photo courtesy of Frank J. Milnar, DDS, AAACD

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Oral surgeons are ‘consistently’ highest earning specialists

BY JENNIFER GARVIN

Oral surgeons are consistently the highest earning dental specialists while periodontists are the lowest earning dental specialists, according to the ADA Health Policy Institute.

In a research brief posted Feb. 16, the institute analyzed the market trends of five dental specialists: oral surgeons, endodontists, orthodontists, periodontists and pediatric dentists. Other specialties were not included in the study due to lack of adequate data, HPI said.

In its analysis, HPI looked at the average

annual net income by specialty and found that oral surgeons were the highest earning specialists from 2000-15 followed by endodontists. It also found that from 2000-15, oral surgeons' earnings were highest in 2008 at \$568,968 and lowest in 2010 at \$399,171. By contrast, the other specialties had their highest earnings in the “years before the Great Recession” and their lowest earnings from 2011-15.

The brief also found:

- The average net income and busyness

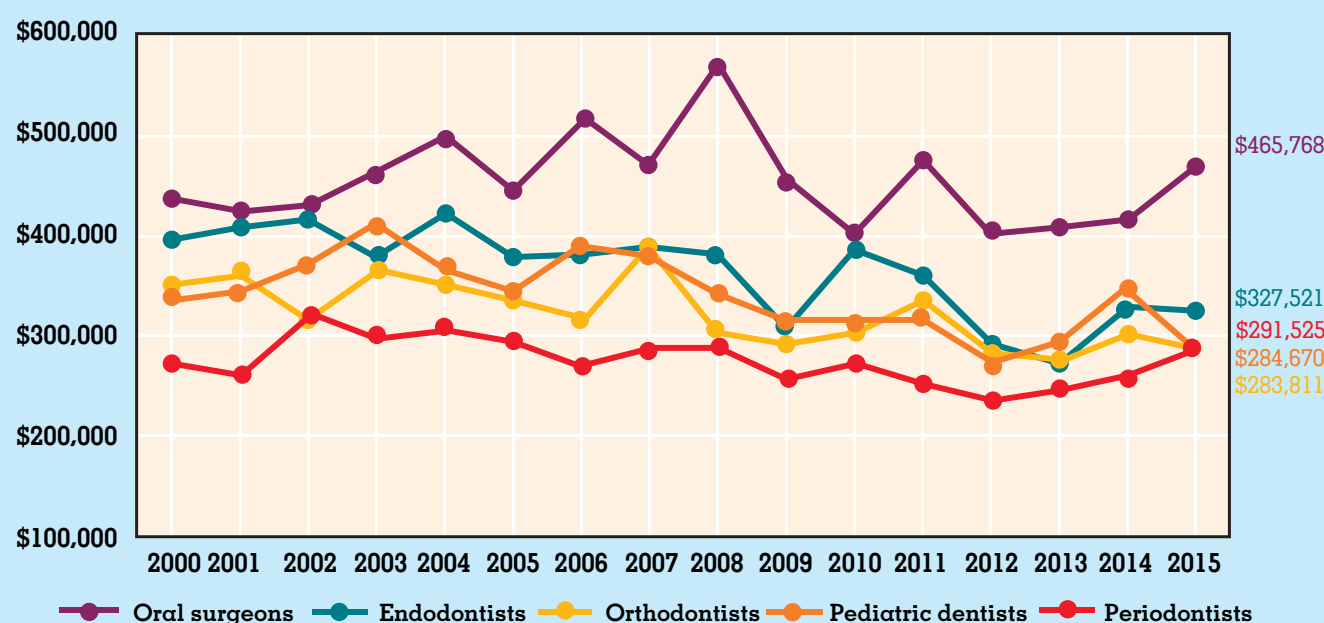
levels for dental specialists appear to have stabilized from 2010-13 and the 2014 and 2015 levels “further indicate incomes are rebounding from their Great Recession lows.”

- Orthodontists have the lowest self-reported busyness levels while oral surgeons have the highest self-reported busyness levels.

- A greater percentage of pediatric dentists work in dental service organizations while a lower percentage of periodontists work in DSO affiliated practices.

Read the full brief at ADA.org/HPI. ■

Average inflation-adjusted net income for select dental specialties, 2000-15



Source: ADA Health Policy Institute, “Survey of Dental Practice” data for 2000-15. **Notes:** Weighted to compensate for oversampling and nonresponsive bias. Incomes are adjusted using the Consumer Price Index for all items to represent 2015 dollars.

FDA: Some skin antiseptic product labels to get allergy warnings

Rare but serious allergic reactions have resulted from the use of skin antiseptic products containing chlorhexidine gluconate, the U.S. Food and Drug Administration said in a safety announcement Feb. 2.

The FDA said it is asking manufacturers of over-the-counter skin antiseptic products containing chlorhexidine gluconate to add a warning about this risk to the Drug Facts labels because, although rare, the number of reports of serious allergic reactions to these products has increased over the last several years.

Chlorhexidine gluconate is available in over-the-counter products to clean and prepare skin before surgery and before injections in order to help reduce bacteria that can potentially cause skin infections, according to the FDA.

Chlorhexidine gluconate is also available as a prescription mouthwash to treat gingivitis and as a prescription oral chip to treat periodontal disease. Allergy warnings already appear in the labels for these products.

For more information on this and other safety alerts related to dentistry, visit ADA.org/safetyalerts. ■

JAMA Pediatrics study raises questions about preventive dental care

BY MICHELLE MANCHIR

The conclusions of a Feb. 27 online article in JAMA Pediatrics on early preventive dental care for children may have raised more questions than the researchers answered, some dental experts say.

Researchers reported no evidence of a benefit of early preventive dental care for children under 2 enrolled in Medicaid in Alabama.

The investigation concluded that it was “surprising” that preventive dental care from dentists appears to increase caries-related treatment.

The article’s authors, Justin Blackburn, Ph.D.; Michael A. Morrissey, Ph.D.; and Bisakha Sen, Ph.D., pointed out the study’s limitations, including the lack of information on community water fluoridation and on oral health behaviors such as tooth brushing and the indirect benefits of preventive dental care, such as improved quality of life.

The ADA and the American Academy of Pediatric Dentistry reaffirmed “their strong support for early dental visits to prevent childhood tooth decay” in a statement released March 1.

“As the authors state, this study design did not allow for evaluation of factors such as a genetic predisposition, previous disease and environmental considerations such as diet, frequency of brushing and flossing, the use of fluoride toothpaste

and drinking fluoridated water, all of which are crucial in reducing the risk of cavities,” said Dr. Mia L. Geisinger, associate professor, department of periodontology, University of Alabama at Birmingham and member of the ADA Council on Scientific Affairs, in the statement.

“Furthermore, there is no evaluation to determine if untreated cavities are present in those individuals who did not seek dental care for restorative treatment, so the data are incomplete,” she said. “Because of this study’s limitations, we cannot make any definitive conclusions from the data provided and further research is necessary. This study highlights the need to invest in oral health research to address the epidemic levels of tooth decay in some populations of children.”

Added Dr. Paul Casamassimo, director of the American Academy of Pediatric Dentistry’s pediatric oral health research and policy center, in the statement, “Studies of this nature are important in advancing our knowledge about early childhood cavities and their prevention and treatment, but these findings are not definitive, and further study is critical, in view of other findings supportive of early care and the epidemic nature of early childhood cavities.”

The research article’s authors used data from 2008 to 2012 to compare Alabama children under 2 years old who received early preventive dental care from a dentist or primary care provider with similar children who did

not receive early preventive dental care.

They found that dentist-delivered preventive dental care was associated with an increase in the expected number of caries-related treatments, a higher rate of visits and higher annual dental expenditures.

In an editorial accompanying the research article, Drs. Peter Milgrom and Joana Cunha-Cruz wrote that while the investigation was “well executed” that “the most reasonable conclusion is that children with early tooth decay are identified early and subsequently are more likely to be referred for treatment at an earlier stage.”

“Children who ended up at the dentist at those early ages who got some preventive treatments probably needed the care,” Dr. Milgrom told the ADA News. “You can’t conclude that these early visits to the dentist either do or don’t prevent disease from these data.”

Dr. Milgrom, director of the Seattle-based Northwest Center to Reduce Oral Health Disparities and a professor of dental public health sciences at the University of Washington, and Dr. Cunha-Cruz, a research associate professor at the University of Washington School of Dentistry, noted in their editorial about the study some important unstudied variables, especially the provision and effectiveness of anticipatory guidance regarding the use of fluoridated toothpaste and the restriction of sugary food and drinks.

The ADA Science Institute posted a Sci-

ence in the News article in response to the research that notes while researchers used propensity score matching in analyzing the data, “this does not eliminate the chance that the children taken to see a dentist did not differ in some important way from the other children studied. One possibility is that they may have had more overt caries disease to begin with. This would partially explain their subsequently greater caries-related visits and expenses.”

The Science in the News analysis also said the article “strengthens the need for clinical trials to generate the data needed to determine best practices.”

The American Dental Association, American Academy of Pediatric Dentistry and American Academy of Pediatrics recommend children see a dentist at least once before they are a year old. The ADA policy is stated in Resolution 90H-2014.

To read the JAMA Pediatrics study and its accompanying editorial, visit jamanetwork.com/journals/jamapediatrics and search for the study title, “Outcomes Associated With Early Preventive Dental Care Among Medicaid-Enrolled Children in Alabama.”

To read the ADA and American Academy of Pediatric Dentistry’s full statement, visit ADA.org and look under the Press/Media tab. ■

—manchirm@ada.org

Florida Dental Association Foundation studies link between MOM and ER use

BY DAVID BURGER

In 2014, more than 163,000 Floridians visited the hospital emergency rooms for a dental issue, resulting in charges of more than \$234 million, according to the U.S. Health and Human Services Agency for Healthcare Research and Quality.

The question was clear to Dr. Andy Brown, secretary of the Florida Dental Association: "How can we get people out of the ERs?"

The answer is difficult. But the Florida Dental Association Foundation, supported by Henry Schein, has embarked on what its study's authors call a first-of-its-kind effort to investigate the impact a dental outreach program such as the Florida Mission of Mercy has on the community's emergency department use.

"Without data, we lack a complete understanding of the patients who visit our Florida Mission of Mercy events, their access to dental care outside of this event, their use of hospital emergency departments for dental problems and the effect of the Florida Mission of Mercy on emergency department utilization," said Dr. Jolene Paramore, first vice president of the Florida Dental Association and principal investigator of the Florida Mission of Mercy impact study.

The details of the study were unveiled during the Chicago Dental Society's Midwinter Dental Meeting Feb. 23 at McCormick Place, with a panel that included Drs. Brown and Paramore and Steve Kess, vice president, global professional relations for Henry Schein and founding president of Henry Schein's corporate social responsibility program Henry Schein Cares Foundation.

The study is underwritten by a research grant from Henry Schein Cares, with additional resources from the Shils Fund, Colgate, Riverside Hospital Foundation, Baptist Health Foundation and the FDA Foundation.

The two-year study began in September 2015 and focuses on the two-day Florida MOM dental clinic held in Jacksonville, Florida, in April 2016. The study aims to gather data about MOM attendees and to measure the effect of the charitable clinic on the subsequent use of local hospital emergency departments for dental care problems and corresponding charges.

As part of this study, more than 1,600 of the 2,800 patients who attended the Florida MOM event were surveyed about their oral health and dental care access. It was found that 27 percent of MOM patients had been to a hospital emergency department for their dental problems.

"The preliminary results of this study provide critical data that can help community health stakeholders across the country develop their own events for the maximum benefit not only of local stakeholders, but the medical community as well," Mr. Kess said. "The results of this study reinforce the benefits that can emerge when the oral health and medical communities are working with a shared vision."

The results of the study, with input from the five Jacksonville-area hospitals, will be available by early next year.

In the meantime, Dr. Brown said the FDA Foundation has sent guidelines, study protocols and questionnaires to MOM coordinators in 28 other states in hopes of encouraging them to conduct their own impact studies. Six of those coordinators will travel to Pensacola in April for the next Florida MOM to learn how the study was

developed and how to potentially conduct their own studies. ■

Collaboration: Steve Kess, vice president, global professional relations for Henry Schein, gestures at the podium during a panel discussion about a Florida Dental Association Foundation study at the Chicago Dental Society's Midwinter Dental Meeting Feb. 23 at McCormick Place. From left are the other panel members, Dr. Jolene Paramore, first vice president of the Florida Dental Association, and Dr. Andy Brown, secretary of the Florida Dental Association.



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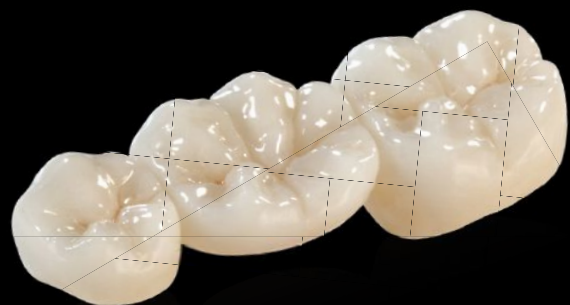


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6-Year Independent Clinical Study Results

Translucent Zirconias: Tooth Reduction and Chairside Adjustment Issues (Continued from page 1)

1. What we have learned about zirconia over the past 11 years (Continued)

B. Full-strength BruxZir zirconia formulation in molar crowns at 6 years of clinical service

1. Fracture at 6 years of full-strength BruxZir zirconia = 0%. The BruxZir cases received minimal tooth preparation (<1.0mm occlusal reduction with a slight chamfer margin), RMGI cementation, and subjects with bruxing/clenching habits.

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- Low biofilm retention

- Zero debonds at 6 years with simple wash/dry after try-in and RMGI cementation (*RelyX Luting Plus; 3M*)
- Esthetics adequate, but not excellent
- Excellent biocompatibility
- Receives some wear from all types of dental materials and from enamel; receives more wear than it delivers on opposing dentition (*per measurement and monitoring of wear facets over 3 years: Christensen, RP, et al, J Dent Res Vol #93(A): #186275, 2014.*)

3. Indications for full-strength BruxZir zirconia:

- Posterior tooth restoration
- When minimal tooth preparation is desired
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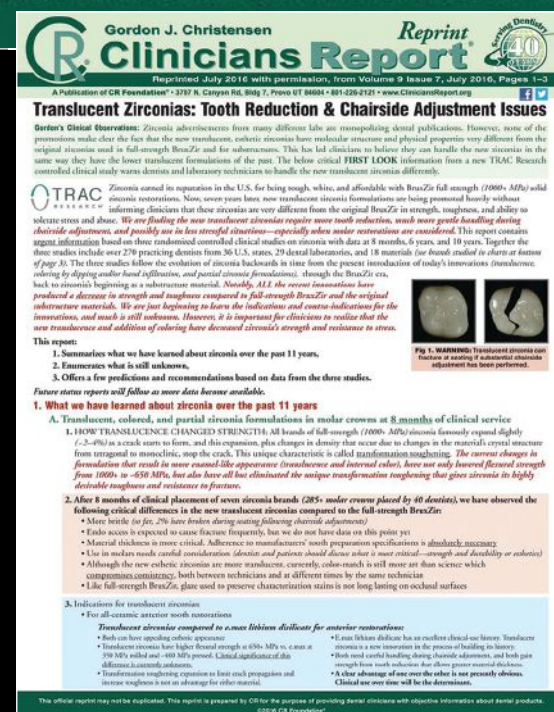
- Those engaged in accident prone activities, ie: athletes
- When maximum longevity is preferred over optimal esthetics
- Multi-unit all-ceramic restorations

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Dental Quality Alliance Conference set for May

BY DAVID BURGER

The nebulous term “quality improvement” shouldn’t scare off dentists from attending the upcoming Dental Quality Alliance Conference, as all are welcome, said Dr. Marie Schweinebraten, former ADA trustee and current DQA chair. “On a day-to-day basis,



Dr. Schweinebraten

we measure improvement every day, but [dentists] don’t call it that,” she said. “Quality measures provide a means to use tested ways to evaluate and improve your practice.”

ADA members interested in pursuing common goals of quality improvement are encouraged to attend the conference at the Association’s Chicago headquarters May 12-13.

The two-day conference, titled Collaboration in Quality Measurement for Improved Oral Health, is meant to educate dentists and other stakeholders in quality measurement and quality improvement through collaboration.

The conference’s objectives are to:

- Gain knowledge on the need for and the goals of measurement to support quality improvement in oral health care.

- Collaborate with key stakeholders and share experiences in oral-systemic health integration as a means of quality improvement.

- Explore strategies for successfully leading and influencing health care improvement through measurement in dentistry.

- Examine emerging trends in quality measurement and leadership across the dental care continuum.

“This is a unique chance to bring together different entities in dentistry interested in quality improvement,” said Dr. Schweinebraten.

Get the scoop on ADA-developed sealant guidelines

Dentists can hear directly from an author of ADA-developed sealant guidelines.

A live online event hosted by the ADA and recorded Feb. 22 that featured a guideline co-author, Dr. Margherita Fontana, is available online to watch on the ADA’s Facebook page under the “videos” tab.

Dr. Fontana, a professor in the department of cariology, restorative sciences and endodontics at the University of Michigan School of Dentistry, spoke with Dr. Suhail Mohiuddin, owner and general dentist of

a Chicago-based office, Dentologie, about the guideline.

The ADA Council on Scientific Affairs convened a panel of experts who, in collaboration with the American Academy of Pediatric Dentistry, developed an evidence-based systematic review and clinical practice guideline for the use of pit-and-fissure sealants.

In 2016, the guideline and its accompanying systematic review were published in The Journal of the American Dental Association. ■

Greater Cleveland Dental Society's Give Kids A Smile event brings special guest Moondog



GKAS fun: Case Western Reserve University School of Dental Medicine student Ali Azar playfully checks the oral cavity of Cleveland Cavalier mascot Moondog during the Greater Cleveland Dental Society’s Give Kids A Smile event Feb. 3. More than 30 volunteers and about 300 dental students saw nearly 300 children and provided exams, prophys, fluoride, sealants and radiographs. The Ronald McDonald Care Mobile was also present and provided restorative and emergency care to some children. The total treatment was valued at about \$70,000.

Dr. Allan Charles, a periodontist with California’s Pasadena Periodontal Associates, is a past attendee of the conference and said it was informative to learn how other health care professionals — not just dentists — approach the deliverance and measure of care. “It made me think about the quality of care in my practice, and it gave me a different perspective,” he said.

The DQA, established by the ADA in 2008, through a request from the Centers for Medicare and Medicaid Services, is comprised of multiple stakeholders from across the oral health community who are committed to the development of consensus-based quality measures. The mission of the DQA is to advance performance measurement as a means to improve oral health, patient care and safety through a consensus-building process.

For more information on the DQA and the conference, visit ADA.org/dqa. ■

— burgerd@ada.org

A.T. Still University names Dr. Trombly as dental school dean

Mesa, Ariz. — A.T. Still University-Arizona School of Dentistry and Oral Health announced Feb. 24 it named Dr. Robert M. Trombly as dean, effective July 1.

Dr. Trombly joined the dental school in 2015 as associate dean of clinical affairs. He succeeds Dr. Jack Dillenberg, the school’s inaugural dean.

“We look forward to Dr. Trombly continuing and expanding the wonderful educational and clinical accomplishments of our students, faculty and staff,” said ATSU President Craig Phelps in a news release.

Dr. Trombly received his dental degree from the University of Michigan in 1984 and earned a juris doctorate from the University of Denver School of Law in 1991. His career includes leadership roles at the University of Colorado School of Dental Medicine, Western University of Health Sciences College of Dental Medicine and the University of Detroit School of Dentistry.

“ATSU-ASDOH is a very special place for students, staff and faculty,” Dr. Trombly said in a news release. “Our admissions process identifies and attracts talented students who truly have the passion to be the heart of our profession.” ■

Samuel D. Harris grant deadline April 14

The application deadline for the 2017 ADA Foundation’s Samuel D. Harris Fund for Children’s Dental Health grant program is April 14.

The program awards competitive grants of up to \$5,000 each to nonprofit organizations and agencies that provide innovative and effective oral health instruction and motivation for caregivers of preschool-aged children.

Grants solely support prenatal and postnatal oral health instruction for parents and caregivers.

The ADA Foundation awarded 25 grants totaling nearly \$124,000 in 2015.

For application templates and information, visit ADAFoundation.org and click on the How To Apply tag, and select Education from the menu. ■

Oklahoma dentist runs 7 marathons in 7 days — on 7 continents

BY MICHELLE MANCHIR

If Dr. Raj Patel's completion of seven marathons in seven days doesn't impress you, maybe consider that each race took place on a different continent.

Or how about that, three days after his last race, he was back in his Tulsa, Oklahoma, dental office seeing patients.

Dr. Patel, 50, was one of 33 participants in the 2017 World Marathon Challenge, seasoned runners who ran 26.2 miles every day Jan. 23-29 in Sydney, Australia; Punta Arenas, Chile; Miami, Florida; Union Glacier, Antarctica; Madrid, Spain; Marrakech, Morocco; and Dubai, United Arab Emirates.

"There were some challenges," said Dr. Patel of the feat, noting the 90-plus degree weather in Dubai and Miami and the near constant dry mouth he experienced between races. "I figured this was a once-in-a-lifetime deal. So I sucked it up and went for it."

And not only did Dr. Patel finish all the races, he beat an American marathon record holder, Ryan Hall, in two of them, he said.

Dr. Patel, who was born in Zambia, Africa, but came to the U.S. in 1980 for college, has been in dental practice for 26 years, he said. He received his dental degree from the University of Oklahoma in 1992, and then in the late 1990s, he went back to school for a law degree, he said. It's during that time that he picked up running.

"I figured out that if I could keep a six-

mile-per-hour pace on the treadmill, I could keep myself awake to study cases," he said. "Anything slower, and I couldn't keep up with the reading."

But it wasn't until about six years ago that he started running competitively, he said, af-

ter a patient persuaded him to do a local half marathon. He finished better than he expected, he said, and decided to pursue marathons. He has run 92 marathons since 2011, including the seven in January, he said.

"It keeps me out of trouble," he joked of

his hobby, adding more seriously that running long distances gives him time to pray, listen to the Bible and meditate.

Dr. Patel said he found out about the World Marathon Challenge from a patient, and decided to give it go, despite suffer-

ing a knee injury in 2016. In a freak accident, a collapsed driver drove his car into Dr. Patel's dental office, bashing his knee. Dr. Patel said he endured physical therapy and aggressively trained to be ready for the serial marathons.

Runners in the World Marathon Challenge slept and ate mostly on airplanes between the races, Dr. Patel said. Once, they got to spend about four hours at a hotel to enjoy a proper shower.

After running, he said, "We just jumped on the plane. The whole key was to be well-rested, recover and be ready for the next one."

Several media outlets, including many in his hometown, have published and broadcast news stories about Dr. Patel's standout accomplishments.

He said many of his patients have commented on the news — with varying reactions.

"They're congratulating me — and still think it was a crazy thing to do," he said. "I'm just humbled because I got to do it." ■

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Dr. Patel



Almost there: Dr. Raj Patel competes in the sixth of seven marathons he did in seven days around the world. Here, he's photographed in Dubai, United Arab Emirates, on Jan. 28.

Indian dentist, student receives Dr. Ray Bowen Student Research Award

A master's degree dental student at the University of Alabama at Birmingham School of Dentistry is the winner of the 2017 Dr. Ray Bowen Student Research Award.

Dr. Prajakta Kulkarni, who earned a bachelor's of dental science degree at the Maharashtra University of Health Sciences in India, received the award, bestowed by the ADA Foundation in cooperation with the Academy of Operative Dentistry, for her research project "Bioactive Materials: Ion Release, Secondary Caries Depth and Elemental Analysis of Surrounding Tooth."

"I am honored to receive this prestigious award," said Dr. Kulkarni. "It is a privilege to be able to conduct research under accomplished faculty at the University of Alabama at Birmingham School of Dentistry. I look forward to this opportunity to further develop my research interests."

The biennial Dr. Ray Bowen Student Research Award is open to dental students at all levels who wish to undertake research relevant to contemporary operative dentistry. The award provides \$6,000 to the awardee to perform the proposed research and an additional \$1,000 to help defray the costs of presenting a table clinic based on the research proposal at the Academy of Operative Dentistry's scientific session. The student must have a research mentor who is a member of the Academy of Operative Dentistry at his/her institution to provide guidance and act as a co-investigator.

"This program is a perfect example of how research is becoming integrated into dental student education and helping to build a strong foundation for the future of dentistry," said Dr. William R. Calnon, ADA Foundation president and interim ex-



Dr. Kulkarni

ecutive director. "It encourages dental student research, which more and more post graduate programs are demanding. We are proud to partner with the Academy of Operative Dentistry to support and recognize dental stu-

dents engaged in this relevant oral health research."

Dr. Kulkarni's mentor is Dr. John O. Burgess, adjunct professor at the University of Alabama at Birmingham School of Dentistry.

"Dr. Kulkarni is an excellent graduate student with a strong 'can-do' attitude and an outstanding work ethic," said Dr. Burgess. "We feel that these developing bioactive materials may have the potential of reducing the caries attack on caries-prone individuals young and old, and feel very passionate about her research. This project has the potential to provide a foundation for evaluating the effectiveness of preventive materials used in dentistry and improving their development."

The award honors the nearly 60-year career of Dr. Ray Bowen, the inventor of resin composites and dentin adhesives and an internationally recognized authority on composite materials. Dr. Bowen is a former director of the Paffenbarger Research Center and is presently active as Distinguished Scientist at the ADA Foundation Volpe Research Center. ■

March JADA looks at phentolamine mesylate use after dental treatment

BY MICHELLE MANCHIR

Phentolamine mesylate is "well suited to reverse local anesthesia after routine dental procedures," according to research published in the March issue of The Journal of the American Dental Association.

German researchers conducted two studies in patients receiving a local anesthetic as part of their dental treatment. They investigated the time to recovery of normal sensation and function and the frequency of adverse events in the patients who received phentolamine mesylate versus those who did not. Researchers found that the use of phentolamine mesylate "substantially reduced the time to recovery of normal sensation and functions after local anesthesia in routine dental treatment."

The authors concluded that "the results confirm the effectiveness, safety and tolerability of phentolamine mesylate used in patients with routine dental conditions in Germany and that phentolamine mesylate augments the safety of dental treatments."

To read the entire article, visit JADA.ADA.org.

Other highlights of March JADA include commentaries addressing recent ADA guidelines on sedation and general anesthesia by dentists; an article about rates and predictors of exposure to *Legionella pneumophila* in the U.S. among dental practitioners; and a case report about the management of cannabis-induced periodontitis via resective surgical therapy.

Every month, JADA articles are published online at JADA.ADA.org in advance of print publication at JADA.ADA.org.

In addition to print and online, readers can also access, read, share and search JADA from their phone or tablets. ■



Registration open for correctional health care meeting

Dental professionals who want to learn more about health care for incarcerated populations — and earn continuing education credit — can register for the National Commission on Correctional Health Care's annual conference, scheduled for April 29-May 2 in Atlanta.

The conference offers more than 50 educational sessions on clinical, administrative and legal aspects of correctional health care. Scheduled sessions related to oral health will

cover electronic health records for dentistry and craniofacial pain management.

Participants can earn up to 26.5 hours of continuing education credit.

The National Commission on Correctional Health Care said more than 2 million adults and juveniles are currently incarcerated in the U.S. in jails, prisons and juvenile facilities.

For more information on the conference, or to register, visit ncchc.org/spring-conference. ■

Medicare

Continued from Page 1

also concerned about criminals masquerading as health care professionals or suppliers, submitting false or fraudulent billings to Medicare,” wrote Drs. Roberts and O’Loughlin. “However, the ADA is not aware of, nor has the Centers for Medicare & Medicaid Services demonstrated, high-billing levels associated with prescriptions written by dentists for Medicare eligible patients. Therefore, there appears to be little need for this requirement as it applies to dentists yet the administrative burden would be significant.”

Drs. Roberts and O’Loughlin also pointed out that since CMS already has access to the information needed to maintain program integrity through the dentists’ National Practitioner Identification numbers and adverse event reporting maintained through the National Practitioner Data Bank, any enforcement action affecting health care professionals that allegedly violate ethical prescribing practice “should remain within the state boards of pharmacy and the respective professional state licensing boards.”

CMS published a final rule in May 2014 and an interim final rule in May 2015 stating that prescribers must be enrolled in or opted-out of Medicare Part B prior in order for their written prescriptions to be covered under Part D. Previously CMS said that enforcement of this requirement would begin on Feb. 1, but last October said it also “recognizes the need to minimize the impact on the beneficiary population and ensure beneficiaries have access to the care they need.”

For information on all of the ADA’s advocacy efforts, visit ADA.org/advocacy. ■

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Fluoride

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from all sources.”

In denying the petition, the EPA said that the petitioners had “not set forth a scientifically defensible basis to conclude that any persons have suffered neurotoxic harm as a result of exposure to fluoride in the U.S. through the purposeful addition of fluoridation chemicals to drinking water or otherwise from fluoride exposure in the U.S.”

The EPA went on to state that the petition “ignores a number of basic data quality issues associated with the human studies associated with the human studies it relies upon.” The EPA also notes that it and other authoritative bodies had previously reviewed many of the studies cited by the petitioners as evidence and found significant limitations in using them to draw conclusions.

In laying out the efficacy of community water fluoridation in public health, the EPA stated “the benefits of community water fluoridation have been demonstrated to reduce dental caries, which is one of the most common childhood diseases and continues to be problematic in all age groups. Left untreated, decay can cause pain, school absences, difficulty concentrating, and poor appearance, all contributing to decreased quality of life and ability to succeed.”

The ADA has long supported community water fluoridation as a safe and effective way to combat tooth decay. For more information, visit ADA.org/fluoride. To read the documents associated with the petition and the EPA response, visit EPA.gov and search for “Support Documents for Fluoride Chemicals in Drinking Water Section 21 Petition.” ■

CareCredit acquires Citi Health Card portfolio

ADA members who use Citi Health Care for their patient financing will soon be moved over to CareCredit, endorsed by ADA Business Resources as the provider of patient financing for Association members.

CareCredit announced Feb. 21 it acquired the Citi Health Card portfolio, welcoming a host of health care professionals and expanding CareCredit’s national network of more than 200,000 health care providers and health-focused retail locations. The portfolio acquisition

includes more than 14,500 providers, including dentists and 110,000 current Citi Health Card consumer accounts, according to a news release. Terms of the agreement were not disclosed.

Dentists who use Citi Health Care will receive detailed information about the CareCredit program. In addition, CareCredit

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will work with participating providers to offer program orientation and training materials.

For more information on the acquisition, ADA members can call 1-800-603-0257. For more information on CareCredit, visit carecredit.com/dental. ■


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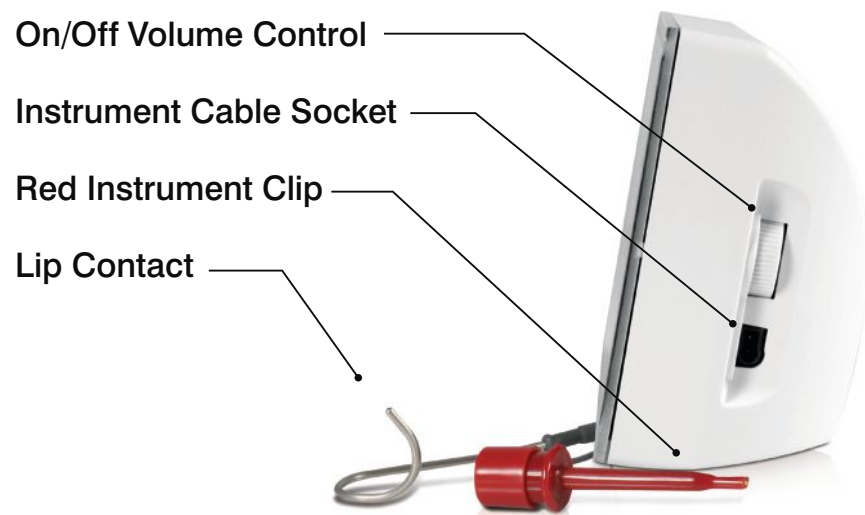


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