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ADANews

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BPA WORLDWIDE

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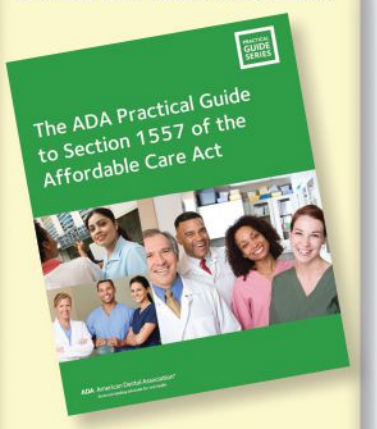
BRIEFS

New e-book helps dentists comply with discrimination rule

Dentists with practices that receive certain federal financial assistance might understandably remain confused about Section 1557 of the Affordable Care Act.

The ADA is helping those dentists with a new e-book, "The ADA Practical Guide to Section 1557 of the Affordable Care Act," which gives readers resources and tools to help them comply with the Sec. 1557 final rule.



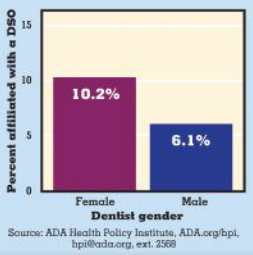
Sec. 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in health programs or activities by dental practices that receive federal financial assistance. Dental offices that receive federal funding through U.S. Department of Health and Human Services programs must comply with the

See E-BOOK, Page 6

JUST THE FACTS

DSO affiliation by gender

Female dentists are more likely to be affiliated with a dental service organization than male dentists.



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

EPA reinstates final rule on amalgam separators

BY JENNIFER GARVIN

Washington — The Environmental Protection Agency June 9 issued a final rule governing the management of dental amalgam discharges into sewer systems.

In December 2016, the EPA issued a final rule requiring most dental offices nationwide to install amalgam separators but withdrew the rule following the White House's Jan. 20 memorandum ordering federal agencies to freeze all new or pending regulations. The rule will be effective July 14 and compliance for most dentists will be July 14, 2020.

The ADA, which worked with the EPA for several years on the final rule, commended the agency for what it considers "a fair and reasonable approach to the management

See AMALGAM, Page 6

National ad campaign seeks to help prospective patients find ADA members

BY KIMBER SOLANA

In an effort to reach about 19.6 million prospective patients and connect them with ADA member dentists, the Association is set to launch a national digital advertising campaign July 10.

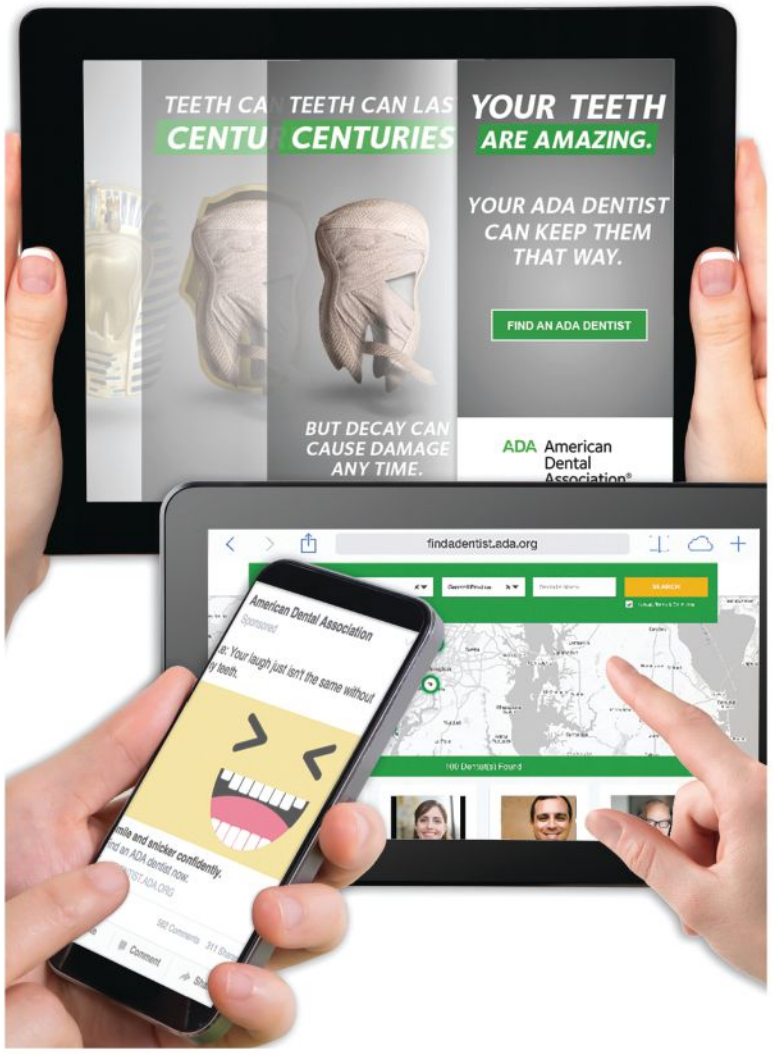
The digital strategy is estimated to garner about 218 million impressions and over 770,000 visits to FindaDentist.ADA.org — the ADA's online search tool that allows potential patients to easily find an ADA dentist in their area — through the end of the year.

The ad campaign is the latest phase of a planned $18 million, three-year initiative to drive utilization of dental services for ADA member dentists.

"This campaign is designed to help members fill chair time to help them succeed," said Dr. Joseph P. Crowley, ADA president-elect, who served as board liaison to the Council on Communications, which presented the House resolution that secured funding for this campaign. "Our strategic plan is named Members First 2020 and this is all about helping our practicing members build their businesses."

The ads will be a mix of display advertising, including animated banners, on websites, search engines and social media. Because the target audience understands the importance of taking care of their teeth, the messaging encourages consumers to schedule a checkup to

See CAMPAIGN, Page 19



See your dentist: The ADA is set to launch a national digital advertising campaign July 10 to reach 19.6 million prospective patients and connect them with ADA members. The online ads are a mix of display advertising, including animated banners, on websites, search engines and social media. Those who click on the ad will be sent to the Find-a-Dentist online search tool, which allows prospective patients to easily find an ADA member dentist.

Dentists' role in cancer prevention in spotlight at ADA 2017

BY MICHELLE MANCHIR

How do dental professionals fit in with oncologists, head and neck surgeons and other health professionals when it comes to helping prevent, recognize and manage oropharyngeal cancer?

Experts associated with the ADA, The University of Texas MD Anderson Cancer Center and the Centers for Disease Control and Prevention will help answer that question — and share the latest science and statistics related to the disease — at a symposium preceding ADA 2017 – America's Dental Meeting.

Working Together Against Oropharyngeal Cancer is scheduled for 11 a.m. to 5 p.m. on Oct. 18. Registration includes 4.5 hours of continuing education credits, a luncheon, a networking break and an all-access pass to ADA 2017 — America's Dental Meeting. To register, visit ADA.org/ADA17OralCancer.

Participants will get a look at an updated clinical practice guideline for potentially malignant disorders in the oral cavity completed

See CANCER, Page 4

‘Glamorous’ teeth whitening product earns ADA Seal

BY MICHELLE MANCHIR

Those looking for a whiter smile now have an ADA Seal-accepted option.

The ADA Council on Scientific Affairs in May accepted Crest 3D White Whitestrips Glamorous White based on the finding that the product is safe and has shown efficacy in whitening natural teeth when used according to the manufacturer’s instructions.

The strips are marketed as a way to “dial up your dazzling smile.” They mold to the shape of teeth and come off cleanly, according to the P&G Crest website, and are recommended by the company for use once a day for 30 minutes.

Crest 3D White Whitestrips Glamorous White is the first product to earn the ADA Seal in the Home-Use Tooth Bleaching Products category, for which the ADA Council on Scientific Affairs and its Seal subcommittee in 2016 developed “rigorous and reproducible requirements for both safety and efficacy,” said Dr. John Dmytryk, chair of the subcommittee.

“Crest 3D White Strips Glamorous White clearly met these requirements and were awarded the ADA Seal of Acceptance, assuring consumers that this product is both safe and effective for home-use tooth bleaching. It is likely that other products in this category will seek the ADA Seal of Acceptance,” he said.

Paul Sagel, P&G research fellow and Crest Whitestrips inventor, said in a statement to ADA News, “we want people to know that our whitening technology has been thoroughly vetted by a trusted third party for dental professionals and users alike. When it comes to whitening, there can be some misunderstanding around how effective and safe whitening treatments are to the user. We hope having the ADA Seal will provide users even more clarity and confidence in their whitening choice with Crest Whitestrips Glamorous White. We also hope that dental professionals and users appreciate the continued partnership with the American Dental Association in addition to third party safety and efficacy testing.”

To see the complete list of ADA Seal-accepted over-the-counter products, visit ADA.org/Seal. Dental professionals can also direct their patients to MouthHealthy.org, ADA’s consumer website, for evidence-based information about tooth whitening. ■

Commission seeks comments on proposed change in calculating CE time, credits

BY KIMBER SOLANA

The Commission for Continuing Education Provider Recognition is seeking comments through July 21 on a proposal to reduce the minimum length of CE courses and the increments in which how CE credits are awarded under the ADA Continuing Education Recognition Program.

Currently, the ADA CERP Standard XIV.3, which outlines the minimum length of continuing education activities, states that all CE activities must be a minimum of one hour.

The commission is proposing to reduce the minimum length of CE activities to 15 minutes, with credits to be awarded in increments of 0.25 credit hours.

The proposal is based on the growth of newer educational formats and methods for delivering continuing education, according to the commission. These formats include videos, podcasts and other online instructional materials used either as standalone activities or as part of a CE course.

All activities CERP providers designate for credit still need to meet the criteria outlined in the ADA CERP Standards, according to the commission. However, by reducing the minimum length requirement, CERP recognized providers would have a mechanism for awarding credits for formal CE activities delivered in shorter segments. Providers would also be able to issue credits that correspond more accurately to actual instruction time, such as activities than run 75 minutes.

In proposing the change, the commission said it acknowledges that CE regulations in some states may stipulate that credits must be reported in increments of half or whole hours. It is the responsibility of the individual dentist to report CE activities that satisfy local requirements.

Visit ADA.org/CCEPR to submit written comments through an online survey.

The commission will review feedback from the communities of interest at its October 2017 meeting.

For more information on the proposal, email Mary Borysewicz, CCEPR director, at borysewiczm@ada.org. ■

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PUBLISHER: Michael D. Springer
NEWS EDITOR: Judy Jakush
DEPUTY NEWS EDITOR: Kelly Soderlund
WASHINGTON EDITOR: Jennifer Garvin
SENIOR EDITORS: David Burger, Michelle Manchir, Kimber Solana
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PRODUCTION MANAGER: Rebecca Kiser
DIGITAL ADVERTISING SALES & SOLUTIONS: Amber Lignelli
SENIOR DIRECTOR, ADVERTISING & PRODUCTION: Gilbert Muñoz
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Education pioneers: Leaders involved in Community Dental Health Coordinator programs at higher education institutions around the country gathered at ADA Headquarters May 31-June 1 to discuss best practices and the efficacy and benefits of the CDHC position in dental clinics and offices. The ADA developed the program in 2006 to train dental team members to be patient advocates. By the end of summer, more than 100 students are expected to have graduated with CDHC certification. For more information about the program, visit ADA.org/CDHC.

Choose your own adventure when it comes to team building at meeting

BY DAVID BURGER

Atlanta — On your mark. Get set. Go.

A new team-building continuing education course at ADA 2017 – America's Dental Meeting offers dentists and members of their teams to bond during an experiential learning opportunity.

In the three-hour course, GeoTrek Team Building for the Dental Team (5113), teams will receive maps, clues and several on-the-go challenges. The dental team will need to work together to develop a strategy to locate the team's caches and achieve team goals. Set in Centennial Park in downtown Atlanta, teams will learn to use GPS units. Rebecca Tilley, managing director of Adventure Associates, will lead the course, which will be Thursday, Oct. 19 from 9:30 a.m.-12:30 p.m. A per-participant registration fee is required for anyone taking the course.

"GeoTrek Team Building is based on the sport of geo-caching which combines technology with some adventure and getting 'out of the box' type of education," said Dr. Douglas Wyckoff, ADA 2017 CE chair. "Participants will be out of the four walls of the classroom, which will bring the team-building concept into play. We are excited to offer this first-time opportunity to get continuing education in a different manner in which everyone is used to always getting."

Other educational programs at ADA 2017 designed to strengthen the team bond include six courses selected by the ADA's Council on Dental Practice to be featured as the team-building track. Combined, the six courses offer 14.5 hours of free CE. Courses in the 2017 CDP team-building track include:

• Understanding Dental Benefits, the CDT Code, and More (5316), Oct. 19, 9:30 a.m.-12:30 p.m., Drs. Christopher Bulnes and Steven Snyder, created in partnership with the ADA Council on Dental Benefit Programs.

• Stairway to Dental Heaven (5323), Oct. 19, 2-5 p.m., Dr. Mark Hyman.

• There's Nothing Illegal About Dentists Billing Medical Plans (6313), Oct. 20, 8-11 a.m., Dr. Olya Zahrebelny.

• Everything You Need to Know to Start E-Prescribing (6802), Oct. 20, 2:30-4 p.m., Drs. Craig Ratner and Kenneth Aschheim, created in partnership with the Council on Dental Practice.

• Fitness and Function in Dentistry (7500), Oct. 21, 9:45-10:45 a.m., Timothy Caruso and David Pleva.

• Charismatic Dentistry: Making Your Practice Magnetic (7318), Oct. 21, 2-5 p.m., New and Emerging Speaker Kendall Norton.

Along with the dental team track courses above, there are CE courses for dental assistants and dental hygienists. For more information, visit ADA.org/en/meeting/continuing-education/dental-team.

"Special thought went into presenting programs with track options," Dr. Wyckoff said. "This gives registrants from certain areas of dentistry to focus on their specialty, should that be dental hygiene, dental assisting, dental sleep medicine, hot topics, Council on Advocacy for Access and Prevention or the entire dental team-building track." ■

—burgerd@ada.org

Cadavers part of continuing education options at ADA 2017

BY DAVID BURGER

Atlanta — ADA 2017 – America's Dental Meeting will play host to six cadaver workshops in Atlanta in October that will provide dentists the opportunity to apply their skills beyond the theoretical.


Dr. Wyckoff

"Our cadaver continuing education is second-to-none," said Dr. Douglas Wyckoff, 2017 ADA CE chair.

"We continue to provide these workshops from the pre-session through Saturday. In these workshops, participants will have the ability to learn from the top-notch instructors that everyone wants to learn from.

"These workshops are always a sell-out and I would encourage those interested to sign up early. The learning opportunity provided in these workshops is hard to match anywhere, and we have them all in one place for participants to enjoy."

The continuing education workshops are:

• Anatomy of the Masticatory System: Clinical Application and Dissection (4201), Oct. 18, 8 a.m.-5 p.m., Dr. Henry A. Gremillion.

• Cadaver Sx Course: Periodontal Flap and Crown Lengthening Surgeries (5250), Oct. 19, 9:30 a.m.-12:30 p.m., Drs. Jon B. Suzuki, Ph.D., and Kevin Suzuki.

• Site Preparation Grafting for Dental Implants (5231), Oct. 19, 2-5 p.m., Dr. Peter Shatz.

• Cut to the Chase: Cadaver Dissection for Local Anesthesia (6216), Oct. 20, 8-11 a.m., Drs. Alan W. Budenz and Mel Hawkins.

• Hands-On Implant Placement and Bone Grafting on Cadavers (6232), Oct. 20, 1-4 p.m., Drs. John C. Minichetti and Matthew R. Young.

• Dissection of the TMJ and Related Structures (7216), Oct. 21, 8:30 a.m.-4:30 p.m., Dr. Terry T. Tanaka.

"I am so excited that we are able to offer such a robust continuing education venue for ADA 2017," Dr. Wyckoff said.

"A tremendous amount of time and work went into finding all of these excellent speakers from across the nation and abroad."

Registration for ADA 2017 is open.

To learn more about the ADA annual meeting, which runs Oct. 19-23 in Atlanta, or to register, visit ADA.org/meeting. ■

— burgerd@ada.org

Social media win sends student to Atlanta


Mr. Patel

The ADA wrapped up an April social media contest by announcing the winner: Akash Patel, a student member of the Association who wrote about his inspirations at the UCLA School of Dentistry.

The contest invited entrants to submit stories of inspiration and an accompanying photo on the Association's Facebook site. Visitors to the website were asked to vote on which they liked the most. The contest concluded April 30.

Mr. Patel's winning entry was:

"My dental school, UCLA School of Dentistry, is my everyday source of inspiration. It is the people and the environment at the school which are really motivating. I am a foreign trained dentist from India, pursuing my D.D.S. here at UCLA. Although my dental school in India, Dharmsinh Desai University, has laid a pretty good foundation of dentistry in me, UCLA has something new to teach me every day. I am getting trained under some of the renowned faculty members whose textbooks I used to read and learn back home. The work and achievements of the faculty and my classmates always inspire me to level up my work and to find ways to excel in the dental profession."

"My dental school, UCLA School of Dentistry, is my everyday source of inspiration. It is the people and the environment at the school which are really motivating ... The work and achievements of the faculty always inspire me."

From 55 entries, Mr. Patel won with 1,253 votes. Dr. Chris Chuong, a Florida pediatric dentist, was a close second with 1,170 votes.

Mr. Patel wins a round-trip flight, five-night hotel stay and registration to ADA 2017 – America's Dental Meeting in Atlanta this October.

Registration is now open for ADA 2017 at ADA.org/meeting. ■

Cancer

Continued from Page 1

this year by a panel of ADA member volunteers and staff from the ADA Center for Evidence-Based Dentistry. The guideline is slated to be published as the cover story of the October issue of The Journal of the American Dental Association.

"As oral health care professionals we simply must continue learning about oral cancer trends and appropriate management," said Dr. Lauren Patton, member of the guideline panel and a professor and the chair of the department dental ecology at the University of North Carolina School of Dentistry. "Oropharyngeal cancer is a potentially deadly disease if not detected early and brings significant dental morbidity to patients without our active participation in their care before, during, and after surgery, radiation therapy, or chemoradiation, is completed."

The symposium is a result of a collaboration announced earlier this year between the ADA and MD Anderson. Symposium presenters include physicians and dentists associated with the ADA and the cancer center.

"I'm excited to be able to meet with the dental community and work toward educating dentists more broadly about the human papillomavirus," said Erich Sturgis, M.D., a symposium presenter and professor in the department of head and neck surgery and department of epidemiology at MD Anderson. "While cigarette smoking is the overwhelming cause of oral cavity (mouth) cancers, HPV is now the leading cause of oropharyngeal (throat) cancers. The rates of HPV-related oropharyngeal cancers are rising at epidemic proportions in this country, although many of these cases could be prevented by a safe and effective vaccine given in childhood. Greater awareness may also provide an opportunity for earlier diagnosis of these cancers."

In addition to Dr. Sturgis, symposium presenters include Lois Ramondetta, M.D., professor in the department of gynecologic oncology and reproductive medicine at MD Anderson and chief of the division of gynecologic oncology at the Lyndon B. Johnson Hospital in Houston, Texas; Dr. Theresa Hofstede, associate professor in the department of head and neck surgery at MD Anderson; Melinda Wharton, M.D., director of the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention; Dr. Mark Lingen, professor in the department of pathology at the University of Chicago Medicine; Dr. Marcelo Araujo, vice president of the ADA Science Institute; Dr. Dave Preble, vice president of the ADA Practice Institute; Katherine Hutcheson, Ph.D., associate professor in the section of speech pathology and audiology in the department of head and neck surgery at MD Anderson; and Neil Gross, M.D., associate professor at the department of head and neck surgery at MD Anderson.

For more information or to register, go online to ADA.org/ADA17OralCancer. ■

ADA resource helps dentists navigate regulatory environment

BY DAVID BURGER

A new user-friendly resource launched by the ADA Council on Dental Practice is designed to make it easier for dentists to become more knowledgeable about key federal regulations and help keep their practices in regulatory compliance.

This new online resource, Managing the Regulatory Environment, includes overviews of six federal agencies — the U.S. Centers for Disease Control and Prevention; Occupational Safety and Health Administration; Centers for Medicaid and Medicare Services; Drug Enforcement Agency; Environmental Protection Agency; and Department of Health and Human Services' Office for Civil Rights — that enact and enforce many regulations that apply to the practice of dentistry. It is the latest module in the Guidelines for Practice Success series, which is available on the ADA Center for Professional Success website, Success.ADA.org.

The module is designed to help dentists learn more about many of the regulations they must adhere to, including those related to exposure control, OSHA, the Health Insurance Portability and Accountability Act, medical waste disposal, business associates and more.

"Many practicing dentists report that knowing all of the applicable regulations and guidelines is one of the most challenging aspects of running a dental practice," said Dr. Terry G. O'Toole, chair of the Council on Dental Practice. "Dentists and their teams must comply with regulations issued by multiple agencies at the national, state and local levels. Staying up-to-date requires constant vigilance. While it may seem time-consuming, remaining current on regulatory requirements is critical as it safeguards our patients, the members of our dental teams, our practices and the environment."

"It's important for dentists to keep in mind that regulations can and do change and that any resource, including this one, presents information that may need to be updated as laws, rules, regulations and enforcement priorities shift," said Dr. Craig Ratner, vice chair of the council. "This is especially true now, as the new presidential administration has expressed interest in revising the regulatory landscape. The Council on Dental Practice plans to monitor the content and update it when activity at the federal level results in significant changes. The council sees this as one of the key benefits to this program."

In addition to recapping each agency's relationship to the dental practice, Managing the Regulatory Environment includes a number of downloadable checklists and tip sheets created specifically for this module. Members of the Council on Dental Practice and a cohort of dental consultants knowledgeable about different aspects of regulatory compliance helped to develop the module.

Managing the Regulatory Environment is available as a member benefit and can be accessed at ADA.org/GPS and by logging into the ADA Center for Professional Success at Success.ADA.org.

Additional resources available through the Guidelines for Practice Success series include modules on Managing Marketing, Managing the Dental Team, Managing Patients and Managing Finances. Each resource is available free online to members by searching ADA.org/GPS, and print editions may be ordered through the ADA Catalog.

The print version of Managing the Regulatory Environment will be available from the ADA Catalog in early July. To help dentists comply with federal HIPAA and OSHA regulations, the ADA Catalog also offers the HIPAA and OSHA Compliance Kits. For details, visit adacatalog.org or call 1-800-947-4746. Use promo code 17127 before July 31 to save 15 percent on all ADA Catalog products. ■

—burgerd@ada.org

Want access to practice resources?

Log on to JADA.ADA.org/JADAplus, where The Journal of the American Dental Association gives members access to the latest clinical research, continuing education opportunities and practice management tips under the JADA+ Content tab. This digest of practical resources includes Clinical Scans, JADA CE and ADA CE Online, Dental Practice Success, Oral Health Topics, Professional Product Review and Specialty Scans. ■

Amalgam

Continued from Page 1

of dental amalgam waste."

"The ADA shares the EPA's goal of ensuring that dental amalgam waste is captured so that it may be recycled," said ADA President Gary L. Roberts in a statement. "We believe this new rule — which is a federal standard — is preferable to a patchwork of rules and regulations across various states and localities."

The rule includes reasonable exemptions, a phase-in period for existing dental offices and considerations for dental practices that have already installed the devices. As of July 14, 2017, new dental offices which discharge dental amalgam must comply immediately with the standards in this rule.

The final rule closely follows the ADA's best management practices and incorporates three: requiring use of separators; prohibiting providers from flushing waste amalgam, such as from traps or filters, down a drain; and prohibiting the use of bleach or chlorine-containing cleaners that may lead to the dissolution of solid mercury when cleaning chairside traps and vacuum lines. The new rule also meets the nine principles established by the ADA House of Delegates as a condition for ADA support for a national rule.

Additional highlights of the rule include:

- Dentists who practice in oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics and prosthodontics are exempt from the rule.
- Dentists who do not place amalgam and only remove amalgam in unplanned or emergency situations (estimated at less than 5 percent of removals) are also exempt.
- Mobile dental units are exempt.
- Dentists who already have separators are grandfathered for 10 years.

Although less than 1 percent of mercury released to the environment from man-made sources comes from dentistry, the ADA has encouraged dental offices to follow its Best Management Practices for Amalgam Waste to help reduce discharges of used amalgam into dental office wastewater. In 2009, the Association amended its best management practices to include the use of amalgam separators that comply with ANSI/ADA Standard 108 for Amalgam Separators, which takes into consideration the standards developed by the International Organization for Standardization, a worldwide federation of national standards bodies.

The ADA will develop practical resources to aid member dentists with questions they may have regarding compliance. In addition, ADA Business Resources has partnered with HealthFirst, a vendor that offers ADA member dentists special pricing on an amalgam separator device that will meet the federal regulatory requirements along with recycling services.

For more information, visit ADA.org/RecycleAmalgam. Visit FederalRegister.gov to read an unofficial version of the final rule. ■

Dental faculty loan repayment applications due by July 17

Washington — The Health Resources and Services Administration, Bureau of Health Workforce, Division of Medicine and Dentistry, is accepting applications for the 2017 Dental Faculty Loan Repayment Program through July 17.

The purpose of the program is to increase the number of dental and dental hygiene faculty in the workforce. According to HRSA, preference will be given to pediatric dentists who supervise residents at dental training institutions that provide clinical services in dental clinics located in dental schools, hospitals or community-based affiliated sites.

For more information, visit the HRSA Health Workforce website, HRSA.gov. ■

E-book

Continued from Page 1

Section 1557 final rule.

The Sec. 1557 final rule, which went into effect in 2016, requires that notices of nondiscrimination be posted in the office, on websites and on significant publications and communications. Taglines in the top 15 non-English languages spoken in the state must also be posted, indicating that free language-assistance services are available for individuals with limited English proficiency.

A dental practice is covered by the Sec. 1557 final rule if it receives reimbursement under Medicaid, the Children's Health Insurance Program or "meaningful use" payments under the Medicare and Medicaid Electronic Health Records Incentive Program. In addition, the final rule applies to a dental practice that receives reimbursement under Medicare Advantage (Medicare Part C), whether the plan reimburses the dentist or the patient.

The e-book guides dentists through elements of the compliance process and provides a sample notice of nondiscrimination, as well as the ADA sample tagline targeted for dentistry.

The e-book (P587T) is $29.95 for ADA members, and $44.90 retail. Readers can save 15 percent on this and all ADA Catalog products with promo code 17130 until July 31. To order, visit adacatalog.org or call 1-800-947-4746.

The ADA has provided resources to members on complying with Section 1557 online. Find out more at ADA.org/1557. ■

ADA, others ask Senate to prioritize oral health

BY JENNIFER GARVIN

Washington — The ADA and 44 health organizations are urging U.S. Senate members to protect access to oral health coverage for all Americans as the legislators examine ways to reform the nation's health care delivery and financing systems.

"Our organizations are committed to ensuring that families have access to comprehensive, affordable health coverage, including oral health coverage," the stakeholders wrote in a June 9 letter to Senate Finance Committee Chair Orrin Hatch, R-Utah, and Ranking Member Ron Wyden, D-Ore., and Senate Budget Committee Chair Mike Enzi, R-Wyo., and Ranking Member Bernie Sanders, D-Vt.

"Medicaid, our nation's safety-net health insurance program, currently provides vital coverage to over 70 million Americans, including 37 million children," they said. "In addition, newly established standards for private dental plans and mechanisms to increase their affordability have improved the private dental insurance market for consumers.

"Poor oral health has long-term effects on an individual's life. Tooth decay remains the most chronic condition among children and adolescents, impacting school performance and attendance. Because it is a progressive, chronic condition, the oral health problems that impact children continue on into adulthood impacting employability, military readiness and overall health status."

Untreated dental disease has a "significant economic impact" on the nation's health care system, the stakeholders noted, citing a study by the American Journal of Public Health that found 4 million Americans visited hospital emergency rooms for dental-related problems between 2008 and 2010 which cost $2.7 billion. They also noted that the ADA Health Policy Institute found that in 2014 emergency room visits for dental conditions occurred every 14 seconds and cost approximately $863 per visit compared with an average dental office visit of $240.20.

The stakeholders stressed that "Medicaid program's importance to Americans' oral health cannot be overstated," pointing out that since 2000, the percentage of children without dental coverage has been cut in half and some 5.4 million adults have gained access to dental benefits as part of the Medicaid expansion, citing HPI research.

"As public insurance has reached greater numbers of children, the rate of untreated decay has fallen among low-income kids and research shows emergency department visits for dental related issues decreased for the first time since the early 2000s between 2012 and 2013, with the largest declines among children and young adults," the stakeholders said. "And it is recent improvements to public and private oral health plans that have led to these improvements."

The establishment of Medicaid and Early Periodic, Screening, Diagnostic and Treatment programs has "ensured that poor children with public insurance have access to dental care that is comparable to the services available to more affluent children with private insurance," they said. "Dental care utilization among publicly insured children has steadily increased over the past decade even as increasing numbers of children enroll. To that end, we are concerned that proposed fundamental changes to Medicaid funding could put the nation's overall oral health at risk."

While it supports "state flexibility and innovation," the stakeholders said they believe states should "follow statutory guidelines when designing their Medicaid benefit programs because without such guidelines, care can and may be reduced or eliminated entirely," noting that historically, state legislatures have eliminated adult dental benefits in Medicaid when required to reduce their budgets.

They also shared concerns that any changes to current legislation could affect the private dental market as well.

"We are concerned that proposed changes to private dental plan offerings and private health insurance financing could undo these improvements," the stakeholders said. "Proposals that waive benefit standards for private insurance packages will put at risk the availability of comprehensive oral health coverage currently offered to children, while significant changes to affordability mechanisms like tax credits and cost-sharing reductions will make it more difficult for families to purchase the coverage their children need.

"Additionally, all individuals, regardless of age, should be made better aware of what dental plan offerings are available and the affordability measures in place to help them purchase those plans."

In conclusion, the stakeholders urged Senate members to "resist the elimination" of oral health services for families enrolled in private insurance plans and "consider policies and guidance that would make dental services more accessible to all citizens, regardless of income or insurance type."

"Coverage impacts the ability of individuals to access care in the most appropriate, cost-effective setting, and our organizations believe that drastic funding cuts and structural changes to the oral health system will undermine the gains that families have made in accessing dental care and ultimately be detrimental to the entire health care system. We encourage you and your colleagues to utilize our organizations as resources and look forward to working with you to ensure that our nation's children and low-income, working families can continue to benefit from measurable improvements in oral health care and access to dental coverage." ■

ADA supports centralized credentialing system for Indian Health Services

BY JENNIFER GARVIN

Washington — The ADA strongly supports a centralized system to credential licensed health care professionals interested in providing services at Indian Health Services facilities, ADA President-elect Joseph P. Crowley told the Senate Committee on Indian Affairs during his June 13 testimony.

The medical credentialing system provision is part of Senate bill 1250, the Restoring Accountability in the Indian Health Service Act of 2017. The bill calls for IHS to implement an agency-wide centralized credentialing system to credential licensed health care professionals who seek to provide health care services at any IHS facility.

After meeting with current and former IHS officials, private sector dentists and state dental associations who have had experience with the credentialing process at various IHS facilities, Dr. Crowley told legislators that the ADA believes a centralized credentialing system would benefit both practitioners and the IHS.

Right now, the credentialing process for dentists takes "eight to 12 hours of staff time and costs the program about $1,000 per applicant," and can also be an intimidating process for many applicants, said Dr. Crowley during his testimony. He shared a 2012 example from the South Dakota Dental Association, which recruited IHS volunteers only to find that out of 70 applicants, only two ultimately became credentialed to volunteer. This prompted the dental organization to partner instead with a private charity organization that was not subject to the same credentialing constraints as those placed on federal facilities.

Packed room: Spectators filled the June 13 Senate Committee on Indian Affairs hearing on Capitol Hill.

Dr. Crowley testified that many other federal agencies, including all five branches of the U.S. military, use the Centralized Credentials & Quality Assurance System, a web-based worldwide credentialing, privileging, risk management, and adverse actions application that supports medical personnel readiness. The ADA president-elect also noted that the IHS itself has prioritized improving the credentialing process when it made quality improvement an agency priority last year.

In improving the oral health in tribal communities, the ADA is currently supporting the implementation of a 10 Year Health and Wellness Plan, which includes oral health and is designed to reduce oral disease by 50 percent among the Navajo tribal communities. The Navajo Nation is the largest reservation in the United States.

Centralizing the credentialing process and having more dentists available will enable greater community outreach, community education, and preventive services and will complement the ADA's efforts with the Community Dental Health Coordinator program, which by the end of 2017 will have over 100 graduates working in 21 states.

Follow all of the ADA advocacy efforts at ADA.org/Advocacy. ■

—garvinj@ada.org

Credentialing: ADA President-elect Joseph P. Crowley takes a moment before his June 13 testimony on behalf of the ADA's support of a centralized credentialing system for licensed health care professionals interested in volunteering at Indian Health Services facilities.

Public health advocates spout off on fluoridation in 3 communities

BY MICHELLE MANCHIR

Around the country, dentists and oral health advocates are helping educate their communities about the safety and benefits of community water fluoridation as voters and local leadership make decisions about the public health issue.

Here are summaries of three votes that occurred in April and May related to water fluoridation:

Lynnfield, Massachusetts

A year after Lynnfield Center Water District ratepayers opted to cease water fluoridation, residents took up the question again in April and decided to reinstate the public health measure.

Voters attending an annual district meeting said yes 51-14 to authorize the local water commissioner superintendent to reinstate fluoridation and not reconsider the issue for another five years. By a voice vote, they also said "yes" to an article approving funding for costs associated with reinstating fluoridation, according to Dr. Rob Wilson, a local dentist familiar with the matter.

The vote came after a grassroots campaign of locals became concerned about the vote in 2016 that stopped water fluoridation. Dr. Wilson's wife, Erika, helped lead the effort to educate others about the safety and benefits of water fluoridation.

"Those who spoke felt passionately about the topic and shared their personal experiences," said Ms. Wilson. "One gentlemen spoke about the extreme amount of dental work he has received due to growing up in a community where the water was not fluoridated and how he doesn't want that for his children and grandchildren."

Ms. Wilson said she and three other local moms, two of whom are dentists, encouraged fellow residents to speak with local health care professionals and check with reputable sources for facts on fluoridation, including the ADA and the Centers for Disease Control and Prevention.

"After doing much research, I was surprised at all of the misinformation out there," said Ms. Wilson. "Getting information from a trustworthy health care professional or reputable source is so important with the internet and social media bombarding everyone with opinion pieces."

The Lynnfield Center Water District serves more than 2,600 homes, businesses and public buildings, according to its website.

Family for fluoridation: Erika Wilson, back right in denim jacket, helped lead an effort to educate community members about the safety and benefits of water fluoridation in Lynnfield, Mass., before town members voted on the issue. Her husband, Dr. Rob Wilson, is a local dentist. The couple has three children, Sofia, Madison, and Cole, who are pictured with the family dog, Scooter.

Sudbury, Massachusetts

Sudbury Water District voters rejected a resident's request to stop fluoridating the town's water at a May annual meeting.

Dr. Ann Kirk, a retired dentist in Sudbury, said about a two-thirds majority voted to maintain water fluoridation.

"There were many people understanding the benefits of water fluoridation," said Dr. Kirk, who for many years helped run a program in local public schools educating children on proper brushing techniques and other oral health education. Today, her two sons and daughter-in-law continue the school program and dental practice she started.

"Dentists want to get involved in this kind of local issue because it is a major public health issue and it has a tremendous impact on the dental health of the community," said Dr. Kirk about fluoridation. "It is our responsibility to care for those people who need us — and fluoride in the drinking water has a longstanding record of simplicity and results. It protects people without their constant awareness and is a healthful, inexpensive and a gift to some people who cannot afford to have care."

Middletown, Maryland

The burgess and commissioners voted May 8 to no longer fluoridate this town of about 4,500. The decision was made largely because of the town's anticipated costs of capital construction, which would have been about $90,000 with yearly maintenance costs of about $23,000 per year, according to town documents and a local newspaper, The Frederick News-Post.

For more information about fluoride and water fluoridation, visit ADA.org/fluoride. ■

In a family of dentists, country artist Lauren Duski finds her voice

BY KIMBER SOLANA

Gaylord, Mich. — Dr. Edward Duski still remembers about three years ago when his daughter, Lauren, had a choice: follow in her parents' footsteps and start applying for dental school or move to Nashville and pursue a career in music.

Lauren chose music.

"Obviously, she found in herself that this was the right choice for her," Dr. Duski said. "We couldn't be more proud. Being proud is an understatement."

After a few years of work, her career appears to be full steam ahead. Lauren Duski, 25, recently finished runner-up in the latest season of the television show, "The Voice." Her debut single "Déjà vu," which she wrote and performed on the show, is already on Billboard's "Hot 100" chart.

Since the May 23 finale, Ms. Duski is back in Nashville working — and taking advantage of the momentum. Back in her small northern Michigan community, her parents are still trying to get back to some normalcy at home and at their practice.

"The experience was pretty surreal," said Dr. Janis Duski. "We've used that word quite a bit. But we would look at each other and ask, 'Are we really here? Is that our kid? How did we do this?'"

From an early age

Drs. Edward and Janis Duski met as classmates at the University of Michigan School of Dentistry. They married, opened a practice and have been practicing together for 25 years.

Their daughter was a constant presence at their dental office, even doing some administrative work during summer break from school.

"There are photos of me with my mom as a kid, pretending and wanting to work on a patient," Lauren Duski said. "Looking back, I was there all the time. That practice always felt like my second home."

Lauren started singing as soon as she could talk.

"As a mom, I knew from a very young age that [music] was her calling," said Dr. Janis Duski.

"My piano teacher came up to my mom and told her, 'You know, Lauren can actually sing on pitch,'" Lauren recalled.

When she was 9 years old, they gave Lauren her first guitar.

"She would be in her room during the many snowstorms and snow days playing her guitar," Dr. Edward Duski said.

It was also around this time that mom and daughter traveled around Michigan as Lauren Duski performed, opening for touring country acts. But as to where Lauren's musical talents came from, both parents have no answer.

"We are not musical at all," Dr. Janis Duski said. "It's a family mystery. Ed and I joke that we don't have other talents. We practice dentistry and that's about it."

The Duskis celebrated their practice's 25th anniversary in March.

"That celebration got overshadowed a little," Dr. Edward Duski said.

Pursuing opportunities

However, by the time Lauren Duski was in college, she lost some of the drive to perform. She was majoring in biopsychology, neuroscience and cognition at the University of Michigan — on the fast track to become a dentist like her parents. Her younger brother is also pursuing dentistry.

"Dental school was the plan until my junior year of college," she said.

She had an opportunity to open for an artist when she looked out to the audience.

"I remember going on stage and I just said, 'This is it,'" Ms. Duski said.

Ms. Duski said she wanted to go to dental school because she saw how her parents, over the years, have helped and affected people's lives.

"I wanted to help people," she said. "But it hit me that I can also help people outside of dentistry. I've been singing my whole life and I saw how a song can resonate with people."

Ms. Duski told her parents of her decision and their response caught her a little by surprise.

"My mom said, 'It's about time,'" Ms. Duski said. "She wanted it to come out of my mouth."

"We told her, 'We'll support you,'" Dr. Janis Duski said when Lauren made her decision. They wanted their daughter to give music a shot for a few years.

After graduating from the University of Michigan, Lauren Duski moved to Chicago where she connected with a couple of people from the music industry.

"They basically convinced me that if I wanted to be a country artist, I had to move to Nashville," she said. "One week later, I was there."

Lauren Duski spent most of her time in Nashville singing, songwriting, networking and performing. To support herself, she worked as a full-time caretaker to a friend who had amyotrophic lateral sclerosis (ALS).

"She was laying the groundwork," Dr. Janis Duski said. "She would play a few songs here and there, hoping someone in the industry was there to hear it."

Last year, Dr. Janis Duski said, her daughter called with some news.

"I was at the office when she called and said 'I got an opportunity to audition for "The Voice"',' Dr. Duski said. "She didn't even know if it was legit."

It was.

On the episode that aired in February, Drs. Janis and Edward Duski stood backstage watching their daughter perform Jewel's song "You Were Meant For Me" during the blind auditions.

It only took 17 seconds for judge/coach Adam Levine of Maroon 5 to turn his chair around, causing the Duskis to hug and high-five host Carson Daly in excitement. Blake Shelton and Gwen Stefani quickly followed. In the end, Lauren Duski chose the country singer, Blake Shelton, to be her coach.

Taking the stage: Lauren Duski (left) poses with her parents, Drs. Janis and Edward Duski, in Universal City, Calif., during her audition for the TV show "The Voice." Ms. Duski finished runner-up in the May 23 finale.

"I thought I had my nerves under control until Adam turned," Lauren Duski said. "That's when it hit me. I'm really doing this."

Community support

Week after week, Lauren Duski made it through the next round.

"On Mondays, it was tough to practice because we were so nervous," Dr. Janis Duski said, laughing.

Except for Lauren's blind audition, and later the finale, the Duskis watched their daughter perform only on television. And they weren't alone. Their staff and patients, many of whom have met Lauren, followed the competition.

"Our staff and patients are our family," said Dr. Edward Duski. "To see their support, and the support at a community level in Gaylord, and then at a national level and in social media — it's amazing."

Lauren Duski is back to work in Nashville.

She played some shows June 10 during the CMA Music Festival — along with country music heavy hitters.

"It's wonderful to be back in Nashville," she said. "With ["The Voice"], I was in this bubble, so you sometimes forget that there's this other world out there."

Lauren, who signed with talent agency William Morris Agency, is also back to work, recording new music and songs she's written over the years. She plans to hit the road, release some music and work on her first record.

"Whether that's with a label or independently, you only get one first record," she said. "So I want to take my time and make sure it's perfect."

When that record does come, Lauren Duski can rely on the support from her family and community back in Gaylord.

She's taken her small northern Michigan community for a ride, Dr. Edward Duski said.

"And I think this ride is just going to continue," he said. "We're just excited where this is going to go." ■

Legacy: The University of Pennsylvania School of Dental Medicine held a celebration May 12 for the new Edward & Shirley Shils Clinic. From left, Marion Bergman, M.D.; Stanley M. Bergman, chairman of the board and CEO of Henry Schein, Inc.; Nancy Shils, daughter of Dr. Edward Shils and Shirley Shils; and Dr. Denis Kinane, dean of the University of Pennsylvania School of Dental Medicine, cut the ribbon. The 55-chair clinic is part of a $37 million, two-year renovation of the school's Evans Building. The clinic, which is a general restorative teaching clinic that allows dental students to see more patients, is named after Dr. Shils, who served on the school's board from 2002-04 and served as executive director of the Dental Manufacturers of America and the Dental Dealers of America for about 50 years.

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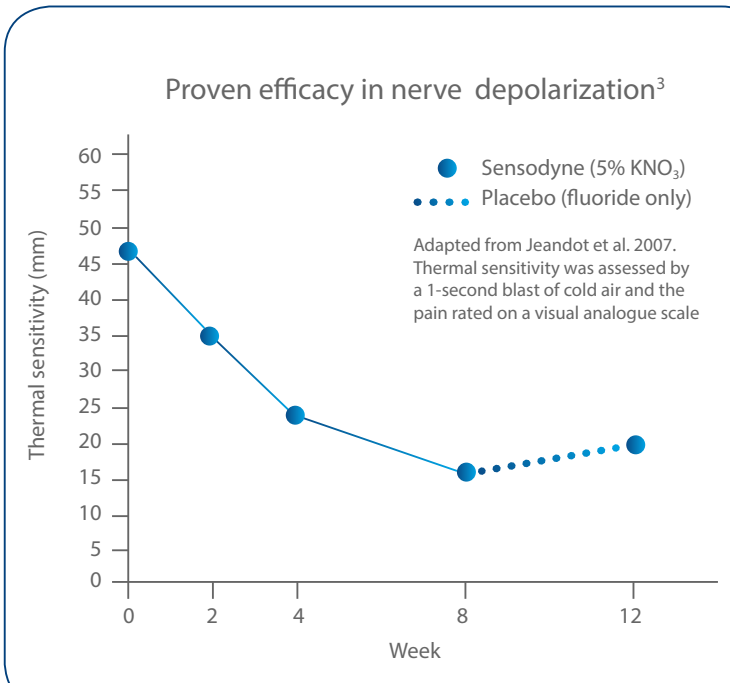

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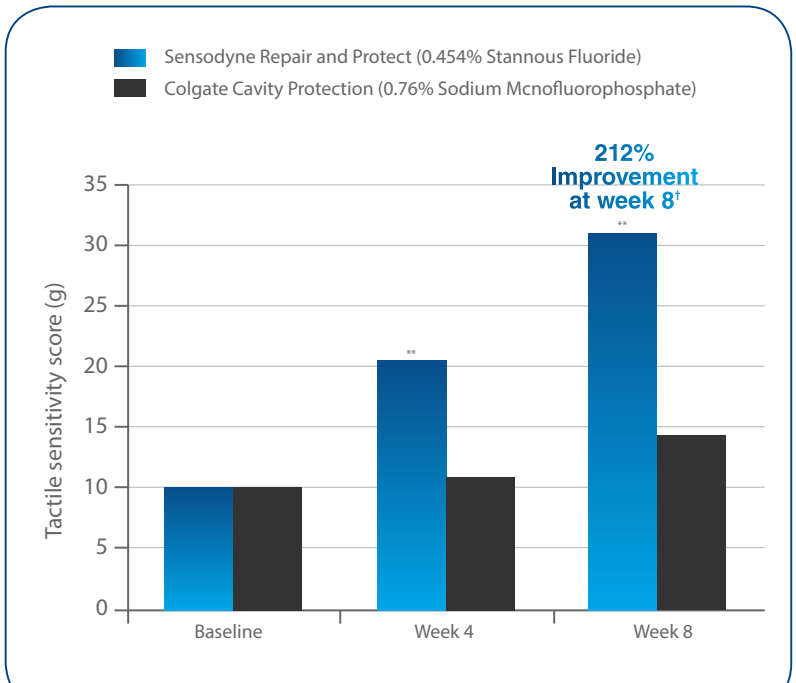

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References: 1. GSK Data on File, RH02026. **2.** GSK data on file, Weinman Schnee Morais, Inc. Research 2015. **3.** Jeandot J et al. Clinc (French) 2007; 28: 379-384. **4.** GSK Data on File. Clinical study RH01685, 2013. **5.** GSK Data on File, Sensitive Teeth and Attitude study, 2008. **6.** Strassler ITE et al. Dentin Hypersensitivity. Inside Dentistry and Dentin Hypersensitivity, AEGIS 2008.

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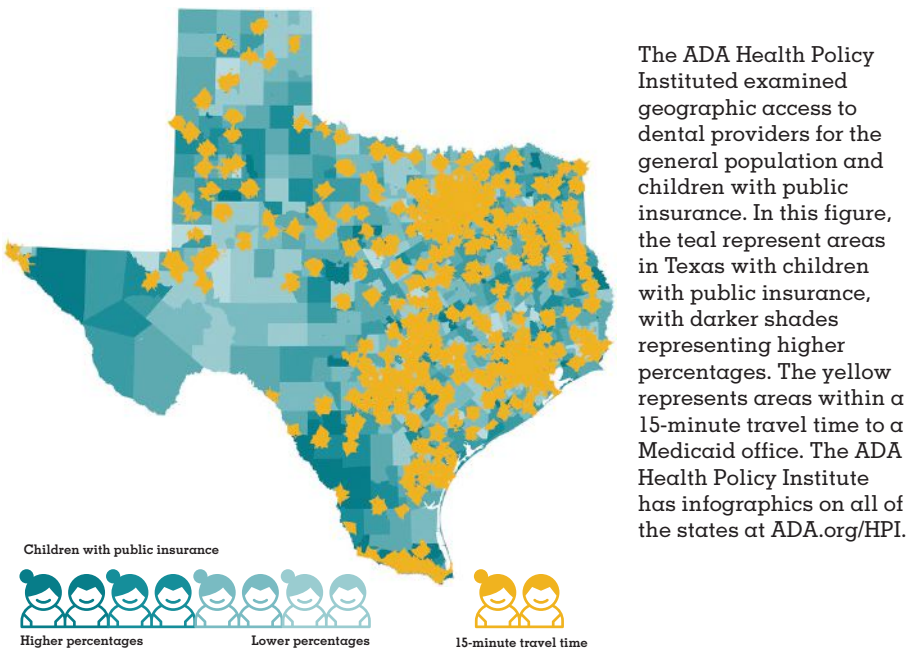
New state-level approach measures dental care access



The ADA Health Policy Instituted examined geographic access to dental providers for the general population and children with public insurance. In this figure, the teal represent areas in Texas with children with public insurance, with darker shades representing higher percentages. The yellow represents areas within a 15-minute travel time to a Medicaid office. The ADA Health Policy Institute has infographics on all of the states at ADA.org/HPI.

Source: American Dental Association, ADA Health Policy Institute Infographic. Available at ADA.org/hpi.

BY JENNIFER GARVIN

The ADA Health Policy Institute has developed a new approach to measuring geographic access to dental care at the state level. The state-by-state analysis geolocates dental providers and looks at each individual state's Medicaid and general population separately to help identify areas with insufficient access.

During a May 31 webinar, Measuring What Matters — A New Way of Measuring Geographic Access to Dental Care Services, Marko Vujicic, Ph.D., chief economist and vice president of the ADA Health Policy Insitute, led a discussion on the new methodology, which he hopes will assist federal and state policymakers on addressing oral health and access issues.

"This new research shows that, nationwide, the majority of publicly insured children live within 15 minutes of a Medicaid dentist and in some states it's as high as 99 percent," Dr. Vujicic said. "Moreover, when it comes to why people avoid going to the dentist, not being able to find one is pretty far down the list. We hope that this innovative, peer-reviewed research — the result of two years of work — presents a very practical, data-driven way policymakers can assess access to dental care in their states."

The webinar also showed how common methods of assessing access to dental care providers have significant shortcomings.

On the provider side, the new methodology is based on a newly constructed dentist office database from the ADA's master file and other sources. It then maps every location where at least one dentist participates in Medicaid or CHIP, including FQHCs and dental school clinics, adjusting for full-time equivalency based on age and multiple locations.

On the population side, the new methodology maps the general population as well as children with public health insurance using U.S. Census data.

Then, the geoanalysis creates 5-, 15- and 30-minute travel times around the population and dental offices, calculating distances based on street network data, and measuring the density of dentists relative to population.

The webinar, which included Dr. Jayanth Kumar, state dental director for the California Department of Public Health, and Marty Milkovic, Director of Care Coordination & Outreach, Connecticut Dental Health Partnership, is available here along with access to the presentation's Powerpoint slides.

Visit ADA.org/HPI and select the desired state on the map to view the HPI Geographic Access to Dental Care report. ■

Through PBHS, optimized online presence raises perio practice's profile

Editor's note: This is the seventh in a series of articles about Internet marketing that feature interviews with ADA members to describe how PBHS, the website and marketing services provider endorsed by ADA Business Resources, helps dentists address today's marketing challenges.

In marketing his Santa Ana, California-based dental practice, Dr. James Mata's approach has gone from "let your fingers do the walking" to let Googlebots do the crawling.

PBHS, the website and marketing services provider endorsed by ADA Business Resources, helped Dr. Mata to smooth the way between the analog world of phone directory ads and the digital realm of the internet. "We were spending a lot of money on Yellow Pages," Dr. Mata recalled. "The web presence came into being, and I didn't know what to do." But PBHS did.

They offered Dr. Mata an array of possibilities for his business, a four-chair periodontal practice that has served the Orange County, California, area for some 30 years. Dr. Mata found relief in partnering with PBHS to establish his practice on the Internet, and he hasn't looked back since.

"I actually started with PBHS from day one, and they kind of held my hand going into websites," he said.

He began with a very basic website plan and has evolved its features as his practice's needs changed. What attracted him initially was the turnkey ease of PBHS' packages.

"I didn't have to reinvent the wheel when putting up the website," Dr. Mata said. "They had educational; content specifically geared for periodontists. It was easy and not expensive to have them help me set up a website that was instantly very professional looking."

PBHS offers the latitude necessary to tailor sites to a specific practice, Dr. Mata found.

"That made it feel like it was mine, [that] it wasn't just one platform," he said. "You get to customize your website, its content and make it feel like it's your own. And then, as time progressed and the more I wanted it to be useful, the more I realized I can't just have a website."

He had regarded his website as a resource where he could direct people seeking basic information about his practice — or where he could be discovered if someone searched specifically for him. But, for his next website rotation in 2014, five years after launching, Dr. Mata decided he needed to beef up search engine optimization efforts through PBHS and focus on new patient acquisition.

"I didn't really care at first if I was on the first page or the last page [of search results]," he says. "The more I found out about it, the more I realized that I really do need search engine optimization."

Choosing more robust search engine optimization has meant a boon in business for Dr. Mata's practice. "It made a lot of difference in that when people look for a periodontist, I'm on the first page. It has gradually gotten higher and higher on Google search."

Being a dental specialist, Dr. Mata ordinarily acquires new patients through referrals from general dentists — to the tune of 90 percent of his business. His ramped-up SEO efforts have meant new patients come in as a direct result of having found him through the power of his website and the key words associated with it.

"We put on our site 'specializing in pinhole technique' and there is a huge amount of interest out there," he says. "So, they find our practice, that we're doing this procedure. And people come in without being referred from their general dentist, just from our search engine optimization that has us as pinhole technique specialists."

PBHS offers monthly reports breaking down traffic to Dr. Mata's website. In one year-over-year snapshot through late February, for instance, Google Analytics showed that he'd experienced a 60 percent spike in organic traffic and his conversion rate was up 240 percent. He ranked at No. 1 for the key words "dental implants" and "chap pinhole technique" in Santa Ana.

Excellent numbers though his reports may show, Dr. Mata says his truest litmus test is asking new patients how they came to him.

"The patients who come in without a general dentist, they'll say, 'Oh, I saw you. I saw your website. I saw that you're doing this pinhole technique and I just made an appointment. I don't have a general dentist,'" Dr. Mata said. "So, that's really how I know."

ADA members receive a $500 discount on a website design package. For a complimentary analysis of your current branding and online presence, call PBHS at 1-855-WEB-4ADA or visit pbhs.com. ■

Correction

A picture that accompanied the story "From Ceramics to Caries" in the May 15 ADA News misidentified one of the dentists. The correct caption should read: **Meeting of minds:** Dentist members from across the country gather at the first annual ACE Panel Reception at ADA 2016 in Denver, where they learned about the ADA Clinical Evaluators Panel and networked with fellow opinion leaders. From left are, Drs. Teresa Yagi, John Dominici, William Simon and Joseph DeLapa. ■

Gift of health: A young boy in Nicaragua smiles after receiving an Arm & Hammer Tooth Tunes toothbrush in May. In honor of World Oral Health Day on March 20, the ADA and ADA Foundation donated 9,600 Arm & Hammer Tooth Tunes toothbrushes to 28 U.S.-based volunteer organizations who provide oral health care services in 73 countries worldwide. The donation was made possible through the support of Church & Dwight, an American manufacturer of household products best known for its Arm & Hammer brand. Some of the toothbrushes were distributed in Nicaragua during a May service project conducted by Dental Care International, led by Dr. Dawn McClellan. "Most of the kids we treated had never seen a dentist before and this was their first toothbrush," Dr. McClellan said. "We used some of the toothbrushes in our Las Vegas clinic, some in this Nicaragua project, and we have some packed to take to Sri Lanka with us in July."

Serving older adults in the dental chair

BY MICHELLE MANCHIR

Dr. Steve Shuman's students at the University of Minnesota School of Dentistry might recognize a familiar refrain from their professor who teaches about oral health for older adults.

"I tell the dental students, with few exceptions, 'You're all going to be geriatric dentists whether you like it or not," said Dr. Shuman, an associate professor in the university's department of primary dental care who also oversees the school's Oral Health Services for Older Adults Program.

With older adults keeping their natural teeth longer and 10,000 baby boomers turning 65 every day, said Dr. Shuman, dentists must consider the needs and challenges facing this demographic and how to deliver appropriate oral health care to them.

With this need in mind, The Gerontological Society of America — an interdisciplinary organization of more than 5,500 professionals working in aging research, education and practice — launched last year its first oral health initiative titled Oral Health: An Essential Element of Healthy Aging. Dr. Shuman is serving as the chair of the society's oral health workgroup. The initiative is supported by GlaxoSmithKline Consumer Healthcare.

The essential goal of the initiative, said Karen Tracy, The Gerontological Society of America's director of strategic alliances and communications, is to foster "oral health champions across all disciplines."

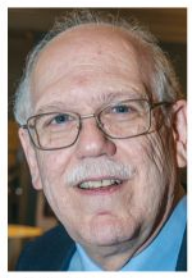
"We will identify solutions and collaborate with other stakeholders to improve the oral health care of older adults," said Ms. Tracy. "The Gerontological Society of America will promote improved oral and general health and quality of life outcomes in older adults by focusing all members of the health care team — for example, medicine, dentistry, nursing, pharmacy, social work and other professions — on whole-person, interprofessional care that recognizes the inherent connection between oral and systemic health. We also want to ensure that this approach is valued in the health care system."

One of the key objectives, Dr. Shuman said, is to compile and organize resources for health care professionals. He pointed to The Gerontological Society of America's oral health website, Geron.org/OralHealth, where dental professionals can find references and reports related to best practices, statistics and trends associated with oral health in an older adult population.

The work group's first publication, "What's Hot: Oral Health: An Essential Element of Healthy Aging" was released in March. Later this year, the group is expected to post on the website a whitepaper discussing potential solutions to improving oral health in older populations. The information will be based on The Gerontological Society of America's national forum on oral health and aging that occurred in March in Washington, D.C., which included participation by Dr. Kathleen T. O'Loughlin, ADA executive director, and also representatives from the National Institutes of Health and the Centers for Disease Control and Prevention, among other groups.

Collaboration among all health professionals is a key component of the initiative, Dr. Shuman said. Many older patients can present challenges because of special needs, disabilities or complicated medication regimens, demanding a more integrated approach among health care providers to provide the best care, he said.

"Thoughtful input on oral health-related concerns shouldn't just be coming from dentists and the dental team but also physicians, pharmacists and nurses and other professionals," said Dr. Shuman, who added that oral health literacy and teaching good oral health home-care to patients also comes into play.



Dr. Shuman

Citing a quotation from a former U.S. surgeon general, Dr. Shuman said, "You can't be healthy without good oral health."

For more information about GSA's initiative and for resources related to care for older adults, visit Geron.org/OralHealth. To get involved with the workgroup or with The Gerontological Society of America, contact Ms. Tracy by email at ktracy@geron.org

The ADA's online continuing education course, Dentistry in Long-term Care: Creating Pathways to Success, can help dental professionals expand their practice to nursing homes, assisted living facilities and senior centers. For more information, visit ADA.org and search for "long-term care course."

The ADA National Elder Care Advisory Committee, one of five advisory committees that offer technical assistance and guidance on geriatrics and special needs to the ADA Council on Advocacy for Access and Prevention, meets annually to address disparities in oral health, access to care, new oral health science and oral health benefits for older adults in Medicare and Medicaid. For more information about the committee's work, email Dr. Steve Geiermann, senior manager of community oral health infrastructure and capacity for the ADA Council on Advocacy for Access and Prevention, at geiermanns@ada.org. ■

—manchirm@ada.org

JADA+ Clinical Scans

Clinicians, academicians, and researchers are deluged with information from a multitude of sources—some more trustworthy than others. Even reliable databases for information on biomedical topics, such as PubMed run by the US National Library of Medicine post an abstract or an article about dentistry almost every 20 minutes. It is very difficult to not only keep up with the most up-to-date information in dentistry, but also to be able to assess the scientific rigor of the information.

Contributors to the JADA+ Clinical Scans select published articles that are of interest to oral health care professionals, provide a brief overview of the article's content, and offer a scientific- and evidence-based assessment of the published research.

This review does not in any way substitute for professional advice and should not be regarded as clinical guidance. As always, any evidence should be carefully considered by clinician and patient to ensure that in their views, all potentially desirable consequences outweigh all potentially undesirable consequences.

Oral surgery

Submucosal dexamethasone reduces pain, swelling, and trismus after impacted third-molar extraction

Romina Brignardello-Petersen, DDS, MSc, PhD

DOI: http://dx.doi.org/10.1016/j.adaj.2017.02.048

Mojsa IM, Pokrowiecki R, Lipczynski K, Czerwonka D, Szczeklik K, Zaleska M. Effect of submucosal dexamethasone injection on postoperative pain, oedema, and trismus following mandibular third molar surgery: a prospective, randomized, double-blind clinical trial. Int J Oral Maxillofac Surg. 2017;46(4):524-530. http://dx.doi.org/10.1016/j.ijom.2016.11.006.

Clinical relevance. The main clinical concerns of patients undergoing third-molar extraction are postoperative pain, swelling, and trismus. Oral health care professionals performing extractions look for strategies to decrease these complications.

Study summary. The researchers conducted this randomized clinical trial to determine the effectiveness of submucosal dexamethasone before or after surgery in reducing pain, swelling, and trismus in patients undergoing impacted third-molar extractions,* as part of an orthodontic treatment plan. The researchers recruited 90 participants†† and assigned them to receive either submucosal dexamethasone before or after surgery or a placebo.‡ Participants who received dexamethasone after the surgery had a mean pain score ranging from 0 through 1 on a 0 through 10 scale, with higher scores representing more pain; participants who received preoperative dexamethasone had a mean pain score ranging from 1 through 3; and patients who received placebo had a mean pain score ranging from 1 through 4.§ Participants who received the placebo had statistically significant more swelling (up to 3 days after surgery) and trismus (up to 7 days after surgery) than participants who received dexamethasone before or after surgery. However, there were no statistical differences in swelling and trismus between participants who received dexamethasone before or after the surgery. No infections or adverse events were reported.

Strengths and limitations. This randomized clinical trial had a low risk of bias. The random allocation of patients to the groups and scheduled blinding were performed appropriately. This resulted in groups that were balanced regarding prognostic factors that could have influenced the outcomes at the beginning of the study. The participants and the clinicians performing the procedures and measuring the outcomes were blinded, making it likely that the prognostic balance was maintained. There were no losses to follow-up. Therefore, we are confident that the observed differences between the groups were due to the intervention. One limitation is how the results were reported. Researchers used graphs to show the results, and it was hard to make conclusions about the actual differences between groups and to determine whether such differences were not only statistically significant but also important to patients. In addition, to make the results more applicable to clinical practice, the swelling and trismus measurements could have been supplemented with the patients' perspectives.

* Inclusion criteria were participants with a partially or totally impacted third molar with no inflammation around the tooth.

† 64.4% female; median age, 23.5 years, range 18 to 42 years.

‡ Group 1: 1 milliliter of dexamethasone (4 milligrams per mL) 15 minutes before the surgery plus 1 mL of placebo 15 minutes after the surgery; group 2: 1 mL of the placebo 15 minutes before the surgery plus 1 mL of dexamethasone 15 minutes after the surgery; group 3: 1 mL of the placebo 15 minutes before plus 1 mL of the placebo 15 minutes after the surgery.

§ Differences between postoperative dexamethasone and the other groups were statistically significant, and the differences between preoperative dexamethasone and placebo were not. Pain was measured up to 24 hours. ■

Periodontics

Probiotics as adjuvant to scaling and root planing seem to improve periodontal parameters after 3 months of treatment

Romina Brignardello-Petersen, DDS, MSc, PhD

DOI: http://dx.doi.org/10.1016/j.adaj.2016.12.008

Martin-Cabezas R, Davideau JL, Tenenbaum H, Huck O. Clinical efficacy of probiotics as an adjunctive therapy to non-surgical periodontal treatment of chronic periodontitis: a systematic review and meta-analysis. J Clin Periodontol. 2016;43:520-530. http://dx.doi.org/10.1111/jcpe.12545.

Clinical relevance. The high prevalence and adverse consequences of chronic periodontitis make it a condition that dentists need to address every day. Although scaling and root planing (SRP) is the established treatment, clinicians are always looking for ways to improve their results.

Study summary. The authors conducted a systematic review (SR) to assess the effects of probiotics as an adjuvant treatment to SRP in patients with chronic periodontitis and no systemic diseases. The authors searched for randomized clinical trials (RCTs) comparing SRP and probiotics versus SRP alone in 3 electronic databases and periodontal journals up through July 2015. They included 4 trials that were conducted between 2010 and 2015, followed patients from 42 days up to 1 year, included 30 to 40 patients, and had low risk of bias. The authors performed a meta-analysis using the data closest to 3 months of follow-up. Participants who underwent SRP and received probiotics had a larger pocket depth reduction,* a larger clinical attachment level gain,† and a larger percentage of bleeding on probing sites reduction‡ than patients who received SRP alone. Gingival and plaque indexes were also better when probiotics were used with SRP. Two RCTs measured the need for surgery or persistent pockets and reported statistically significant differences that favored probiotics.

Strengths and limitations. This SR studied probiotics, an intervention that has shown to be promising in many medical areas. The authors performed a high-quality systematic review that addressed an explicit and focused question and appropriately chose studies and processed the data. The included RCTs had low risk of bias, consistent results, and precise pooled estimates, which increased our confidence in the results. We cannot ignore, however, the possibility of a "small study effect,"§ and we can only hope that the investigators of future RCTs confirm these results. The main limitation of this study was that although pocket depth and clinical attachment level are important to dentists, they are not meaningful outcomes to patients. In addition, the clinical significance of some of the statistical differences still needs to be determined.¶ Finally, the outcomes were reported only up to 3 months, which may diminish the applicability of these results to clinical practice.

* Mean difference, 0.46 millimeters; 95% confidence interval (CI), –0.02 to 0.95; n = 3 studies, 100 patients.

† Mean difference, 0.42 mm; 95% CI, 0.16 to 0.68; n = 3 studies, 100 patients.

‡ Mean difference, 14.66%; 95% CI, 4.03 to 24.49; n = 3 studies, 100 patients.

§ Studies with a small sample size tend to show results more favorable to the intervention than larger studies.

¶ The magnitude of the effects (less than 1 mm difference) was smaller than the potential measurement error. ■

General dentistry

A new mouthwash with low concentrations of chlorhexidine seems to reduce intraoral halitosis and volatile sulfur compounds in patients after 12 hours of use

Romina Brignardello-Petersen, DDS, MSc, PhD

DOI: http://dx.doi.org/10.1016/j.adaj.2016.11.030

Seemann R, Filippi A, Michaelis S, Lauterbach S, John HD, Huismann J. Duration of effect of the mouthwash CB12 for the treatment of intra-oral halitosis: a double-blind, randomised, controlled trial. J Breath Res. 2016;10(3):036002 http://dx.doi.org/10.1088/1752-7155/10/3/036002.

Clinical relevance. Intraoral halitosis (IOH) responds to treatment with mouthwashes containing chlorhexidine, cetyl pyridinium, and zinc. Long-term use of high concentrations of chlorhexidine is associated with adverse effects, which means it is not a good option as a long-term treatment. Researchers are exploring new mouthwash compositions to treat the nearly 30% of patients affected by IOH.

Study summary. Researchers conducted a randomized clinical trial to determine the effects of an active mouthwash containing zinc acetate (0.3%) and a low concentration of chlorhexidine (0.025%). They included 34 adults* with an organoleptic score (OLS) of 2 or greater. OLS is a bad odor measure that ranges from 0 to 5, in which 0 suggests "no odor" and 5 indicates "very strong odor." Researchers assigned participants to receive the active mouthwash and a water mouthwash (placebo) either first or second. On average, the placebo mouthwash did not reduce the OLS 12 hours after the treatment,† but on average the active mouthwash decreased the OLS from 3 to 2.5.‡ A second rinse after the 12-hour interval decreased the OLS by 0.1 in the active mouthwash group and 0.4 in the placebo group. Volatile sulfur compounds (VSC) showed a statistically significant reduction 12 hours after using the active mouthwash compared with using the placebo mouthwash. No serious adverse events were reported, although headaches were reported by 4 participants after using either the active mouthwash or the placebo mouthwash. One patient had a site reaction, and another had dysgeusia after using the active mouthwash.

Strengths and limitations. Researchers excluded participants whose IOH could have been caused by other conditions such as periodontal disease. Although there were no details concerning how patients were randomized and how this was concealed, the use of the crossover design in which all patients receive both treatments reduced the risk of bias associated with these issues. Blinding of the patients, the trained outcome assessors, and the data analysis was optimal. With regards to the applicability of this study, researchers measured breath odor, which is an outcome that is important to patients. Surrogate outcomes, such as the VSC level, have been shown to correlate with breath odor. A potential limitation of this study was the low correlation between the OLS and VSC, which made us less confident of the bad odor measurements. Finally, the fact that the treatment was administered under the researchers' supervision in a highly controlled environment (for example, smoking and diet were controlled the day of the study) and the assessment of the outcomes after only 12 hours may have decreased the applicability of the study to real-life scenarios.

* 50% male; mean age, 44.2 years.

† Mean, 2.8 (standard deviation, 0.7).

‡ Mean difference, –0.5; 95% confidence interval, –0.1 to –0.9.■

Disclosure. Dr. Brignardello-Petersen did not report any disclosures.

Talking to your Patients about PREVENTIVE ORAL HEALTH

It's our biggest job as dentists to ensure our patients' oral health. But it can also be our biggest challenge. In the four- to six-month stretches between appointments, it can be difficult to keep patients motivated to maintain their oral health; and while we cover preventive oral care in our appointments, details about flossing daily and rinsing frequently fade from memory. Patients hear what we say and know what they need to do, but life gets in the way and oral care falls short. It happens.

Help make oral care a part of your patients' everyday experience by talking to them about simple self-care methods they may not be aware of – like chewing sugarfree gum after a meal. A conversation about the oral health benefits of chewing sugarfree gum will also naturally flow into a wider conversation about patients' oral care regimens, motivating them to think about it more between visits, while also helping them understand effective oral health measures.

The American Dental Association (ADA) endorses several sugarfree gum brands for their preventive oral care benefits, and this year, Wrigley's sugarfree gums celebrate 10 years of carrying the ADA Seal. Here are some key benefits of chewing sugarfree gum to help your patients maintain their oral health, in addition to their usual daily oral care regimen:

- **Cleans teeth on-the-go, helping remove plaque and debris.** When a toothbrush is unavailable, chewing sugarfree gum is a helpful alternative to reduce the amount of debris in the mouth after a meal.

- **Increases salivary protection by increasing saliva.** Saliva is so important, not only for lubricating our teeth and oral environment, but also for our overall health. It contains important substances, such as antibacterial, antifungal and antimicrobial components, enzymes and electrolytes for digestion, immunity, tooth restoration and oral hydration (8,9). Increasing salivary flow can also help reduce the symptoms of xerostomia (4) – a condition causing extreme dryness of the mouth, and which may be a contributing factor to dental decay (3,4). Chewing sugarfree gum helps stimulate saliva flow, which can be beneficial for all patients – and especially those with xerostomia.

- **Maintains a healthy oral pH.** Chewing sugarfree gum helps neutralize plaque acids and increase the pH of the oral environment, by increasing bicarbonate ions in the saliva. Since teeth begin to demineralize with a pH below 5.5, boosting the mouth's pH helps protect against dental decay (1,5,6).

- **Helps maintain tooth mineralization.** The saliva produced from chewing gum is both protective and restorative. Acid attacks on the tooth occur when the pH is below 5.5. Chewing sugarfree gum will increase the volume of saliva, thus decreasing the amount of plaque acids present in the oral cavity, which may start the demineralization process on teeth. Additionally, this increase in saliva offers an increase in calcium and phosphate ions available for remineralization (6,7).

- **May reduce caries incidence.** By the mechanical action of chewing gum and the bactericidal characteristics of increased saliva, sugarfree gum reduces the quantity of plaque, as well as the acid-forming ability of plaque. Chewing gum after meals will give a faster oral clearance of debris as well as increase the pH to a more neutral territory (1,2,7,10,11,12,13).

Make it easy for your patients to keep up with their preventive oral care by talking to them about simple, easy-to-implement habits like chewing sugarfree gum. This change, along with other small steps in their everyday oral care regimens, can help add up to huge changes in their overall dental health.

Sheri B. Doniger, DDS is a leading dental clinician, author, international educator, and consultant who currently practices dentistry in Lincolnwood, IL. Dr. Doniger is an avid researcher, frequently contributing to an array of dental publications on a variety of topics. She works with the Wrigley Oral Healthcare Program. All opinions and facts gathered are her own. Please free to contact Dr. Doniger at **www.donigerdental.com**.

WRIGLEY Oral Healthcare Program

1. Fröhlich S, Maiwald HJ, Flowerdew G (1992) Effect of gum chewing on the pH of dental plaque. J Clin Dent 3: 75-8 **2.** Wennerholm K, Arends J, Birkhed D, Ruben J, Emilson CG, Dijkman AG (1984) Effect of xylitol and sorbitol in chewing-gums on mutans streptococci, plaque pH and mineral loss of enamel. Caries Res 28: 48-54 **3.** Mortazavi, H., Baharvand, M., Movahhedian. A., Mohammadi, M., Khodadoustan, A. Xerostomia Due to Systemic Disease: A Review of 20 Conditions and Mechanisms. Ann Med Health Sci Res. 2014 Jul-Aug; 4(4): 503–510. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4160670/ **4.** Villa, A., Connell, C.L., Abati, S. Diagnosis and Management of Xerostomia and Hyposalivation. Ther Clin Risk Manag. 2015; 11: 45–51. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4278738/ **5.** Dawes C1. What is the critical pH and why does a tooth dissolve in acid? J Can Dent Assoc. 2003 Dec;69(11):722-4. https://www.ncbi.nlm.nih.gov/pubmed/14653937 **6.** Kashket S1, Yaskell T, Lopez LR. Prevention of sucrose-induced demineralization of tooth enamel by chewing sorbitol gum. J Dent Res. 1992 Dec;71(12):1895-900. **7.** Manning RH, Edgar WM (1992) Salivary stimulation by chewing gum and its role in the remineralization of caries-like lesions in human enamel in situ. J Clin Dent 3: 71-4 **8.** A Symposium on the Endogenous Benefits of Saliva in Oral Health. March 21, 1989. LSU School of Dentistry, New Orleans, LA. Compend Suppl. 1989;(13):S448-S488. **9.** Diaz-Arnold AM, Marek CA. The impact of saliva on patient care: a literature review. J Prosthet Dent. 2002;88:337-343. **10.** Creanor SL, Strang R, Gilmouur WH, Foye RH, Brown J, Geddes DAM, Hall AF (1992) The effect of chewing gum use on in situ enamel lesion remineralization. J Dent Res 71: 1895-1900 **11.** Assev S, Vegarud G, Rölla G (1980) Growth inhibition of Streptococcus mutans strain OMZ 176 by xylitol. Acta Pathol Microbiol Scand Sect B 88: 61-6 **12.** Steffen M, Soraya C L, Veerasamy Y, Ana C B, and Vanessa C Sugar free chewing gum and dental caries—A systematic review J Appl Oral Sci. 2007 Apr; 15(2): 83–88. **13.** Szöke J, Bánóczy J, Proskin HM. Effect of after-meal sucrose-free gum-chewing on clinical caries. J Dent Res. 2001 Aug;80(8):1725-9.

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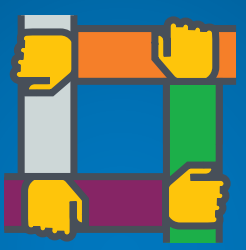

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ADA-endorsed student loan program rebrands as Laurel Road

BY KIMBER SOLANA

Darien Rowayton Bank — the student loan refinancing program endorsed by the ADA — announced June 15 that its online lending division inclusive of its student loan refinancing program is now officially called Laurel Road.

The rebrand includes a new logo, visual identity and website. Although the online lending division is rebranding under a new name, terms of ADA members' loans will remain the same, and the lender of ADA members' loans will continue to be DRB.

Borrowers will receive student loan statements from MOHELA, a student loan service, for Laurel Road starting June 15, and its new website, LaurelRoad.com, is live. Completed student loan application and applications for new lending products can now be found on LaurelRoad.com.

According to letters the company sent to borrowers, the new name is more reflective of the company's growing customer base, evolving product set and recent technology advancements.

"The name embodies both the journey (i.e. 'Road') it takes for our customers to achieve their life goals and the inherent satisfaction once those goals are earned," according to a Laurel Road FAQ.

In 2015, the ADA announced the endorsement of DRB's student loan refinancing program, which allowed ADA members an opportunity to refinance existing federal and private loans at a lower rate. As with other Laurel Road product offerings, ADA members receive an extra 0.25 percent discount on their student loan refinancing rate as long as they maintain their membership. As of December 2016, the typical ADA member saves nearly $33,000 over the life of their loan after refinancing with DRB.

laurel/road
A Division of Darien Rowayton Bank

In addition, the ADA announced earlier this year that students going into any one of the nine ADA-recognized specialties and general practice residencies are able to refinance their entire student loan portfolio as soon as they are matched to a residency program. For ADA members who qualify and regardless of how much is refinanced, their payment will be only $100 per month throughout training. Rates for the Resident Student Loan Refinancing program range from 4.48 percent to 6.95 percent, including an extra discount for those that set up autopay.

For more information on Laurel Road and student loan refinancing, visit LaurelRoad.com/ADA. For information on ADA debt resources, visit ADA.org/mydebt. ■

—solanak@ada.org

Help Association develop standards, technical reports

All interested dental professionals can help develop standards and technical reports related to electronic dental technologies as part of the ADA Standards Committee on Dental Informatics.

The committee will hold its next meetings Oct. 16-18 in Atlanta, preceding ADA 2017 – America's Dental Meeting. The standards committee meetings are open to anyone and there will be a member orientation for new participants.

The Standards Committee on Dental Informatics' working groups, which meet Oct. 16-17, develop the standards and technical reports. The full committee meets Oct. 18.

For more information on the ADA Standards Committee on Dental Informatics meetings, contact Paul Bralower at 1-800-621-8099, ext. 4129, or by email at bralowerp@ada.org. For hotel and registration information, contact Marilyn Ward at 1-800-621-8099, ext. 2506, or by email at wardm@ada.org.

The ADA is accredited by the American National Standards Institute to develop American National Standards for products and information technology used by the dental profession and consumers.

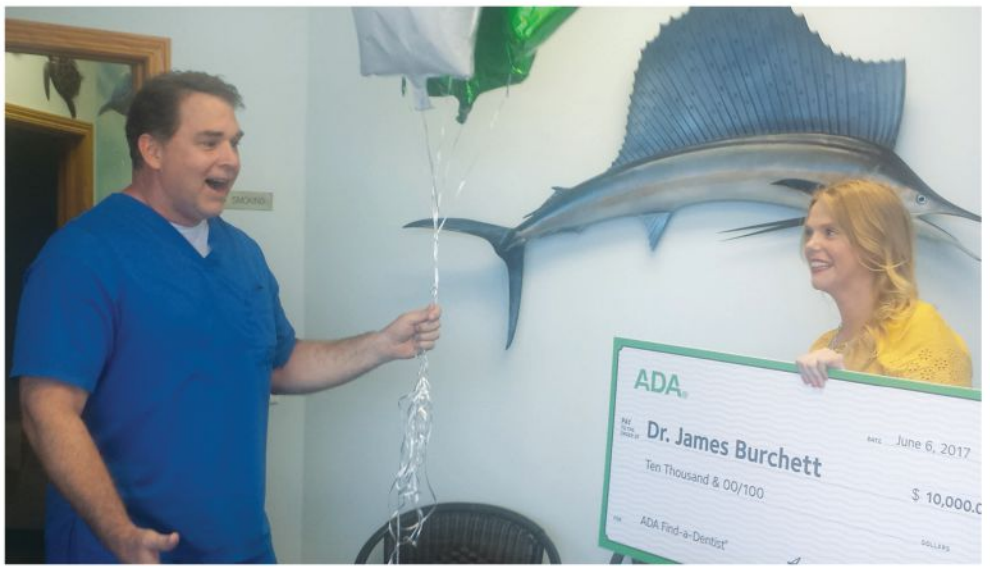
Currently there are more than 90 national standards and more are under development. ■

‘It takes longer to fix a cup of coffee’

Pediatric dentist wins $10,000 in Find-a-Dentist sweepstakes

BY KIMBER SOLANA

O’Fallon, Mo. — The first thing that went through Dr. Jim Burchett’s mind when he saw the balloons and oversize check for $10,000 was that it was a big joke set up by a friend.



Surprise: Dr. Jim Burchett (left) reacts as he learns that he won the sweepstakes that encouraged ADA members to complete their Find-a-Dentist online profile. Staff members from the ADA and the Greater St. Louis Dental Society surprised him with the announcement June 6. Nikki Sprehe, Greater St. Louis Dental Society communications and registration director, presented him with a giant check for $10,000. “These things don’t happen to me,” Dr. Burchett said.

“These things don’t happen to me,” Dr. Burchett said. “When it finally began to sink in, I knew it had to be a huge surprise blessing from God.”

Dr. Burchett, a pediatric dentist, was selected in the sweepstakes that encouraged ADA members to fill out their Find-a-Dentist online profile by May 1. Staff members from the ADA and the Greater St. Louis Dental Society surprised him with the announcement in June. As winner, Dr. Burchett had a choice between a free one year lease of a Mercedes Benz C class sedan or a Mercedes Benz GLC sport utility vehicle for a year or to receive a cash reward of $10,000.

For Dr. Burchett, the choice wasn’t easy.

“It’s a good problem to have,” said Dr. Burchett, who ultimately chose the cash.

Dr. Burchett was among 5,332 dentists who completed their profile by the deadline. His profile includes his photo, contact information, practice website, hours of operation, payment options, insurance information and practice description.

“We inspire, educate and assist the people in our community to optimize their children’s oral health,” Dr. Burchett said in his profile. “We take our time getting to know your child and create a safe, fun environment as we join your child on their dental journey.

On April 3, the Association launched the Find-a-Dentist online search tool aimed to help prospective patients connect with local ADA members. The Association is encouraging ADA member dentists to fill out their Find-a-Dentist online profile, which takes five minutes, on average, to complete.

ADA member dentists with completed profiles, especially those with photos, are prioritized in the online tool’s search results.

“Honestly, it takes longer to fix a cup of a coffee than it does to register,” Dr. Burchett said. “People need to know where they can go to find great care. This is an important resource for ADA members to utilize — a great way to unite patients with dentists who care.”

To update your Find-a-Dentist profile, log in to your MyADA page, ADA.org/MyADA, using your member ID number and password. For more information or assistance, contact the ADA Member Service Center. For more resources to help market a practice, visit ADA.org/findadentist. ■

—solanak@ada.org

Patient finds Cincinnati dentist through Find-a-Dentist

BY KIMBER SOLANA

Cincinnati — It only took Dr. Ruchi Khetarpal about two minutes to complete her Find-a-Dentist online profile. And it only took about two weeks for a new patient to find her.

"It was really easy," Dr. Khetarpal said. "It's something simple that all ADA members can do."

In an effort to make it easier for prospective patients to find and connect with an ADA member dentist, the ADA launched the Find-a-Dentist online search tool early this year. Completed profiles with photos are prioritized in the online tool's search results.

Dr. Khetarpal said she logged on to her MyADA page in mid-March, filled out her information and uploaded a headshot photo. Her profile includes a link to her practice's website, contact information, payment options, insurance information and practice description.

Two weeks later, a patient walked into her private practice. While making small talk with the patient at the front desk following the appointment, Dr. Khetarpal said, she learned the patient found her through the Find-a-Dentist online search tool.

"She was looking for someone with a diverse background and female," Dr. Khetarpal said. "[The patient] told me she was very particular with who she sees and somehow found me through the ADA website during her research."

Dr. Khetarpal, who graduated from dental school 10 years ago, mainly relies on online marketing — from her practice's website and social media pages to online review websites — to make sure prospective patients can find her.

Dr. Khetarpal

The ADA Find-a-Dentist online search tool is now another way to do that.

"The ADA is my advocate," she said. "And I think it's great that they're helping its members reach more patients. It only takes a few minutes and the return of that time can be something worthwhile."

To update your Find-a-Dentist profile, log in to your MyADA page, ADA.org/MyADA, using your member ID number and password. For more information or assistance, contact the ADA Member Service Center. ■

—solanak@ada.org

Campaign

Continued from Page 1

preserve their oral health. One animated ad shows a tooth, like a bullet, flying through a walnut.

"Your teeth can bite with 200 pounds of force," the banner ad says. "But they can't stop cavities on their own. Your teeth are amazing. Your dentist can keep them away."

Those who click on the ad will be sent to the Find-a-Dentist online search tool.

The ADA House of Delegates approved the initiative at its October 2016 meeting following a comprehensive eight-month study conducted by the Division of Integrated Marketing and Communications and the Health Policy Institute to identify the ideal consumers for the campaign.

Health Policy Institute data show that ADA members have the capacity to see more patients. Based on audience research and technology, they developed a digital strategy to target about 19.6 million potential patients for ADA member dentists. These prospective patients, according to the audience research, have the means and believe in the importance of dental visits but for some reason are not following through with regular dental check-ups.

"The purpose of this campaign is to motivate patients to visit ADA member dentists," said Dr. Gary L. Roberts, ADA president. "It's a huge benefit for members, especially those with availability in their schedules. More patients receiving oral health care, and busier dentists, is a win-win."

Since February, the ADA has encouraged its members to fill out their Find-a-Dentist profiles, complete with a photo, practice information, office hours and dental benefit acceptance.

The online tool allows prospective patients to easily find an ADA member dentist based on distance and dental insurance coverage, and it allows patients to contact the practice via email or phone and make appointments. ADA member dentists with completed profiles with photos are prioritized in the online tool's search results.

"I urge our members to take advantage of this member benefit by updating their profiles," said Dr. Crowley. "Already we've gotten great responses from potential patients who have used the tool."

To update your Find-a-Dentist profile, log in to your MyADA page, ADA.org/MyADA, using your member ID number and password. For more information or assistance, contact the ADA Member Service Center. For more information on the campaign and for resources to help market a practice, visit ADA.org/findadentist. ■

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