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OCTOBER 2, 2017

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BRIEFS

Get ready for Give Kids A Smile 2018

The ADA Foundation is reminding Give Kids A Smile program coordinators to register their events by Nov. 6 to be eligible to receive donated product kits.

Give Kids A Smile celebrates its 15th anniversary in 2017, and program coordinators can visit ADAFoundation.org/GKAS to sign up their programs for 2018 and check out resources.



The Henry Schein Dental product treatment kit includes gloves, patient bibs, gauze pads,

prophy angles, prophy paste, fluoride varnish, dental sealants and more.

The Colgate consumer dental product kit includes toothbrush, toothpaste, oral health education card and GKAS bag.

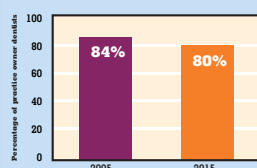
Through the ADA Foundation's Give Kids A Smile program, launched nationally by the ADA in 2003, more than 5.5 million underserved children have received free oral health services. In 2017, these free services were provided by more than 30,000

See GKAS, Page 27

JUST THE FACTS

Practice ownership

Over a 10-year period, dentistry saw a decline in practice ownership. The percentage of dentists who are private practice owners dropped from 84 percent in 2005 to 80 percent in 2015.



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

ADA urges Senate to prioritize oral health care in ACA reform

BY JENNIFER GARVIN

Washington — The ADA and American Academy of Pediatric Dentistry are urging U.S. senators 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.

In a Sept. 18 letter to Majority Leader Mitch McConnell, R-Ky., Minority Leader Charles Schumer, D-N.Y., and Finance Chair Orrin Hatch, R-Utah, and Ranking Member Ron Wyden, D-Ore, the two as-

sociations said they believe that some of the provisions in proposed legislation by Senators Lindsay Graham, R-S.C., and Bill Cassidy, R-La., would be "detrimental to Medicaid programs and the vulnerable Americans who rely on them for health care and

coverage." On Sept. 26, Senate Republicans pulled the bill.

"Medicaid, our nation's safety-net health insurance program, currently provides vital coverage to

See REFORM, Page 6



New dentists: The ADA is seeking to recognize 10 new dentists who are making a difference in clinical research and education, practice excellence, philanthropy, leadership and advocacy. Winners will receive a \$1,000 gift card and be recognized in various ADA publications and channels. Nominations are due Dec. 31. See story, Page 15.

Association develops guideline for evaluating potentially malignant disorders in oral cavity

BY MICHELLE MANCHIR

All adult dental patients should receive an intraoral and extraoral conventional visual and tactile examination when visiting their dentists, according to ADA-developed recommendations published in the October issue of The Journal of the American Dental Association.

The clinical recommendation is one of six stated in the "Evidence-Based Clinical Practice Guideline

for the Evaluation of Potentially Malignant Disorders in the Oral Cavity." The guideline offers clinicians an overview about the potential use of adjuncts as triage tools for the evaluation of lesions, including potentially malignant disorders, in the oral cavity.

Other key takeaways of the guideline, available to read online, include:

See GUIDELINE, Page 22

A conversation with the president-elect

Dr. Joe Crowley's core values are close to home

'Treat people as you would want to be treated'

How many people are lucky enough to love the place they've called home since they were born? Lucky enough to grow up knowing the neighbors because they shopped at your dad's store and later, knowing them as their dentist — and finding that

being called "Joey" by patients who've watched you grow up made perfect sense.

"I am uniquely 100 percent Cincinnati," says Dr. Joe Crowley when describing himself and lovingly describing his home neighborhood of Monfort Heights. He had one ma-

ior life excursion away from Cincinnati — to The Ohio State University in Columbus — returning home after dental school there. "I still live in the community. I participate in that community, in its activities; I

See CONVERSATION, Page 12



Dr. Crowley: He will be installed Oct. 23 as the 154th ADA president.

Photo by Michelle Ka To, Organic Handshots

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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

EDITORIAL NEWS ASSISTANT: Matt Carey

TECHNOLOGY MANAGER: Paul Gorski

GRAPHIC DESIGN & PRODUCTION: GERALYN NOVOTNY

COORDINATOR, DIGITAL AD & DESIGN: LIZ GRACE

PRODUCTION MANAGER: Rebecca Kiser

DIGITAL ADVERTISING SALES & SOLUTIONS:

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SENIOR DIRECTOR, ADVERTISING & PRODUCTION: Gilbert Muñoz

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Classifieds - Russell Johns & Associates, Kim Ridgeway, Senior Media Sales Associate, 5020 W. Linebaugh Avenue, #210, Tampa, FL 33624, 1-877-394-1388 phone, kridgeway@russelljohns.com

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Center for Professional Success resources target identity theft

BY DAVID BURGER

In the wake of the Equifax breach, the ADA Center for Professional Success has provided information for dentists if they discover their personal information has been compromised, even if they're not completely sure it was misused.

In September, Equifax announced a cybersecurity breach where criminals accessed about 143 million U.S. Equifax consumers' personal data. Social Security numbers, birth dates, addresses, and, in some cases, driver's license numbers were also accessed.

In addition, Equifax reported that at least 209,000 consumers' credit card information

was taken in the attack. Residents in the United Kingdom and Canada were also affected.



ADA
Center for
Professional
Success™

The Center has a guide that includes the contact information for the three credit reporting companies, Equifax, Experian and

TransUnion. It also details the different forms of identity theft.

Dentists can learn more about identity theft at ADA.org/IdentityTheft, which includes a free booklet, "Protecting Yourself from Identity Theft: Steps You Can Take When Your Personal Information Has Been Compromised."

This resource is based on information available from the Federal Trade Commission, Internal Revenue Service and Social Security Administration.

These pages are available to ADA members only. ■

—burgerd@ada.org

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VIEWPoint

MyView

Presenting Action for Dental Health



Cheryl Watson-Lowry, D.D.S.

It was during my first year on the Council on Advocacy for Access and Prevention in 2013 that the Action for Dental Health was launched at a press conference in Washington, D.C.

At that time, the initiatives of the Action for Dental Health were very topical. Community water fluoridation; the Medicaid program; ER referral; medical/dental collaboration; elder care; and the Community Dental Health Coordinator program were certainly newsworthy projects.

I remember hearing about the initiatives and thinking how important they were, not

only to underserved populations, but to the ADA members in the continuing effort of showing how we care for the public.

When Rep. Robin Kelly, D-Ill., introduced the Action for Dental Health bill this year after working with the ADA Washington office, it seemed to be great timing to seek to amend the Public Health Service Act to improve essential oral health care for low-income and other underserved individuals by breaking down barriers to care.

Having been in practice long enough to know that there are many barriers to care, there is one that I believe is the most imperative to address — the education of patients regarding prevention. So when I received the call from Rep. Kelly's office to testify before a subcommittee in our nation's capital about the initiatives, I was excited about being able to shine a light on that portion of this very important bill.

Thanks to the Washington office and council staff, I felt prepared to testify, although the prospect of speaking before a congressional subcommittee was a bit daunting.

The process is very structured with a specific number of minutes to read a prepared statement. The potential to get questions — any kind of dental question — from any of the subcommittee members can be a little intimidating. After all, I have seen my share of congressional hearings on television.

As I flew to Washington for my testimony with my son Bill Jr., who is in law school, a number of thoughts crossed my mind. What if the "time's up" red light came on before I finished reading the prepared statement? Or what if one of the congressmen decided to use their time to make negative statements about ADA efforts to help improve the public's oral health? I knew I would then feel compelled to use my time to defend our efforts.

The morning arrived.

Jennifer Fisher, ADA congressional lobbyist, asked that I meet her at the ADA headquarters before heading to Capitol Hill. Along with Mike Graham, ADA senior vice president for government affairs, we reviewed the procedures that they expected for the testimony.

From there, we taxied over to Capitol Hill. After passing through Capitol security, we headed to the subcommittee hearing room. There we met Rep. Kelly and several members of her staff. She told me that they were there to support me and my testimony of the Action for Dental Health bill.

I was then seated at a long conference table along with three other people there to testify regarding their perspective bills. After we each read our

See MY VIEW, Page 5

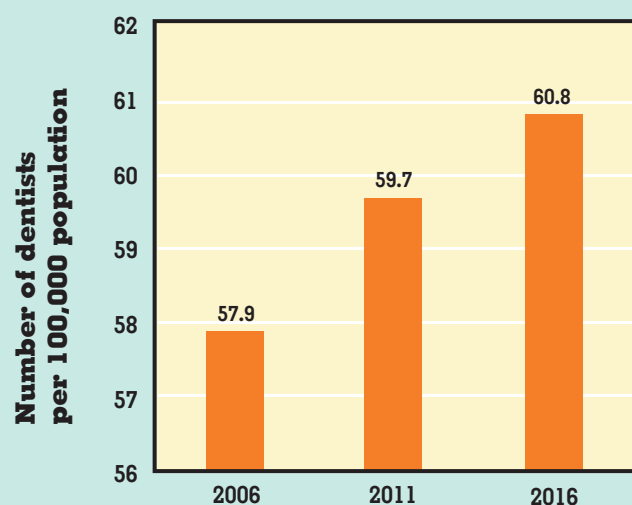
LETTERSPolicy

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SNAPSHOTS OF AMERICAN DENTISTRY

Supply of dentists

The number of dentists per 100,000 population who reported working in dentistry was 60.8 in 2016, a net increase of 5 percent since 2006. Dentists working in dentistry include those working as private practitioners; dental school faculty or staff; graduate students/interns/residents; hospital staff dentists; in the armed forces; local or state government; other federal services; and other health or dental organizations.



Source: American Dental Association, ADA Health Policy Institute, "Supply of Dentists in the U.S.: 2001-2016." Available at ADA.org/en/science-research/health-policy-institute/data-center/supply-of-dentists.

Letters

Aspen Dental response

Thank you for the opportunity to respond to the Aug. 21 ADA News My View, "They Should Know Better," by Dr. Matthew J. Messina.

While I can understand that the new Aspen Dental advertising campaign has caught the attention of many in the dental profession, I'd like to provide some additional insight to my fellow ADA members into how and why this TV campaign was created.

The patient perception that dentistry is expensive is not a new one. This shows up in pop culture, social media and traditional media with regular frequency. In fact, just this past summer alone, several high-profile articles and reports have been published in widely read and widely shared news outlets about the cost of dentistry being a major barrier to everyday Americans getting the care they need, even when those everyday Americans have stable employment.¹⁻⁴

These news stories detail the lengths to which these hard-working patients must go to find care they can afford, including waiting in long lines to be seen at free community dental clinics and, incredibly, leaving the country to seek care. These are simply small snapshots of a widespread need for patients to

have more flexible and affordable dentistry options. Like it or not, our profession must acknowledge this reality for many, many Americans overtly if we are to help improve care in this country. To suggest this reality is a mere public perception issue inflamed by a TV advertising campaign demonstrates how far we as a profession still have to go.



The ADA's own research shows that 150 million Americans did not visit a dentist last year, and our research shows that 25 percent of Aspen Dental patients have not seen the dentist in more than five years, and one in 10 patients have not seen a dentist in a decade or more.

Knowing this, our team spoke with real consumers from across the nation

to gain an even better understanding of why they have avoided the dentist even when their need for care was great. This deep consumer research illustrates that for this cohort, many barriers to care exist including lack of trust, cost, fear, physical pain and shame. We also learned that the best way to break down those barriers and shift these potential patients to a place of even considering making an appointment is to acknowledge these truths, their truths, head-on in advertising. While emphasizing traditional dentistry messages of taking good care of teeth and investing in good oral health has benefits for many people including children who are just forming their oral health habits and those groups of patients who traditionally have fewer barriers to care, this particular cohort of hard-working Americans is not persuaded by these messages. For this group, traditional dentistry messages are another example of dental professionals and the industry at large being yet again tone-deaf to their needs, emotions and life situation. And, for many, the state of their oral health is too far gone, and the physical pain is too great for traditional messages to be even remotely helpful.

The new Aspen Dental advertising campaign was born from this

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Letters

Continued from Page 4

deep, real-person, consumer understanding and research. And when viewed objectively, rather than intensifying negative perceptions of dentists, the campaign aims to do the exact opposite. The dentist in the TV spots is portrayed as calm, approachable, helpful, caring, knowledgeable and resourceful. Our testing shows that for many people, this helps to humanize dentists overall rather than keeping dentists on a pedestal, elevated and apart from the patients they serve. Most importantly, this humanization of dentists, when combined with a clear acknowledgement of real-life barriers to care, is a compelling message to this group of potential patients — and often results in a patient taking the step to make an appointment. We fully expect that sometimes they choose to make an appointment with an Aspen Dental dentist, and sometimes they call a traditional private practice. Either way, this message is compelling patients to take a very important first step towards getting the care they need.

The new TV advertising is just one way Aspen Dental dentists are reaching patients who have major barriers to care. Aspen Dental dentists know that for some patients, any financial cost for care is too much of a burden to bear. This is why the Aspen Dental Health Mouth Movement was created in 2014. Since this program's inception, Aspen Dental dentists and dental professional teams across the country have donated more than \$10 million in free dentistry to thousands of our nation's veterans who are not covered by dental insurance. These numbers grow each and every week as the Aspen Dental Mouth Mobile criss-crosses our country,

enabling local Aspen Dental dentists and teams to see and treat the heroes who live and work in their communities. And June 24 marked the fourth year of Aspen Dental's Day of Service — with the vast majority of Aspen Dental offices across the nation closing for regular business and instead opening for a full day of free dental care and treatment for U.S. veteran patients.

As a longtime member of the ADA, I believe that the ADA can and should play a role in breaking down barriers to care for patients. I believe a strong ADA is in the best interest of both the dental profession and the patients we serve. But there are headwinds for the organization that are cause for concern, perhaps the largest of which is the declining percentage of dentists who are ADA members. This may be due in part

to whether or not dental service organization-supported dentists feel welcome, supported or even relevant to the ADA — despite the fact that we have all been through the same training and hold the same credentials from the same institutions as nondental service organization-affiliated colleagues. Again, as a longtime ADA member, I believe that a strong ADA is in the best long-term interests of our profession. But knowing that an ever-increasing percentage of new dental school graduates are selecting a dental service organization-affiliated career path, the frequently expressed sentiment that the ADA is not relevant is troubling to me, and it should be to the ADA and its membership as well.

There is much work to do — together — to address our nation's oral health crisis.

Arwinder Judge, D.D.S.
Chief clinical officer
Aspen Dental Management, Inc.

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4. "America's Dental Crisis: Thousands Cross into One Mexican City for Treatment" NBC Nightly News 06 August 2017.

MyView

Continued from Page 4

opening statements, the subcommittee chair gave a statement and opened the floor up to the congressional members for questions. They each had five minutes, which included their statements, their questions to any or all of us seated in the hot seats and our answers. After fielding questions from the group for almost two hours, I felt that I was able to impress upon them the importance of this bill to the American public.

After it was all over, my reflections included some key observations. First, I am grateful and honored to have been able to have such an exciting experience. Secondly and most importantly, elected officials need to hear our story so we can sincerely deliver a message. They hear so many sides of so many issues that when we come face to face with any congressional members, it is important to be prepared and have a few critical points for them to understand an elevator speech.

Throughout the year, you may receive invitations to fundraisers for your elected officials or be included in their newsletters or emails. Try to get to their events to get acquainted with them and their staff members. Let them know that you are an ADA member. Keep in mind that you are seen by them as an expert on dental issues. You never know — maybe you'll get a call to testify before a congressional subcommittee and find yourself on C-SPAN. ■

Dr. Watson-Lowry is the secretary of the Chicago Dental Society and will become president-elect in November. She is also a former member of the ADA Council on Advocacy for Access and Prevention.



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GOVERNMENT

ADA president urges support for Action for Dental Health bill

BY MICHELLE MANCHIR

ADA President Gary L. Roberts urged members of Congress to support the Action for Dental Health Act of 2017 in a Sept. 18 letter that highlights the importance a single component of the bill: community water fluoridation.

Calling water fluoridation “one of the key prevention initiatives” in the American Dental Association’s Action for Dental Health campaign, Dr. Roberts wrote, “The ADA urges you not to let fluoridation skeptics jeopardize the progress the country has made in prevent-

ing tooth decay, especially among children. Before fluoridation, the typical schoolchild developed three to four new cavities each year. In some communities, people considered the loss all of one’s teeth before old age as normal. Today, many people simply do not have that type of decay burden—thanks in large part to the role fluoridation plays in preventing decay.”

The Action for Dental Health Act of 2017, or H.R. 2422, was introduced by Rep. Robin Kelly, D-Ill., and Rep. Mike Simpson, R-

Idaho, and calls for Congress to authorize additional oral health promotion and disease prevention programs. In July, the House Energy and Commerce Committee unanimously gave it the green light. The bill will next go before the full House of Representatives.

The bill would “authorize additional funds for the Department of Health and Human Services to support volunteer oral health promotion and disease prevention programs, including community water fluoridation initiatives,” Dr. Roberts wrote in the letter, which

was sent to members of Congress’ chiefs of staff and health legislative assistants.

Noting that water fluoridation was named one of 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention, Dr. Roberts wrote, “Please show your support for fluoridation as the single most effective public health measure to prevent tooth decay, particularly in underserved communities, by ignoring the skeptics and supporting initiatives like those that would receive support from H.R. 2422.” ■

Reform

Continued from Page 1

over 70 million Americans, including 37 million children,” wrote ADA President Gary L. Roberts and AAPD President James D. Nickman. “In addition, newly established standards for private dental plans and mechanisms to increase their affordability have improved the private dental insurance market for consumers.”

Drs. Roberts and Nickman noted that dental services are an essential part of the Early Periodic, Screening, Diagnostic and Treatment program and that states develop dental periodicity schedules for their programs to ensure poor children with public insurance have access to dental care that is comparable to the services available to children with private insurance.

“The Medicaid program’s importance to Americans’ oral health cannot be overstated,” they wrote.

The ADA and AAPD also highlighted the economic impact of untreated dental disease, citing ADA Health Policy Institute research that found in 2014 emergency room visits for a dental condition occurred every 14 seconds in the United States, costing approximately \$863 a visit compared with an average dental office visit cost of \$240.

The two associations said that while they support state flexibility and innovation, states should follow statutory guidelines when designing their Medicaid benefit programs because “without such guidelines, care can and may be reduced or eliminated entirely. This was clear under the Children’s Health Insurance Program prior to the enactment of the Children’s Health Insurance Program Reauthorization Act of 2009, when states had the ability to limit or eliminate dental benefits for enrolled children and great variation existed across states.”

Finally, ADA and AAPD reminded the senators that state legislatures have “historically eliminated adult dental benefits in Medicaid” when required to reduce their budgets because adult dental benefits is often seen as an “optional benefit” for states to provide.

“We believe that the coverage requirements and guidelines currently in place for states help ensure Medicaid provides necessary and appropriate care for children and would advocate for stronger guidance regarding coverage of adult dental services rather than increased flexibility that may chip away at the significant oral health progress that has been made among publicly insured individuals,” Drs. Roberts and Nickman wrote.

The letter concluded with ADA and AAPD urging the Senate to “reject the proposed changes to Medicaid funding and seek alternatives that will ensure continuity of coverage and continued access to oral health services for the most vulnerable Americans.”

Follow all of the ADA’s advocacy efforts in health care reform at ADA.org/Advocacy. ■

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Reference: 1. Fine DH, Sreenivasan PK, McKiernan M, et al. *J Clin Periodontol*. 2012;39:1056-1064.

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ADA opposes legislation that could undermine state dental boards

BY JENNIFER GARVIN

Washington — The ADA is opposing legislation that purports to restore antitrust immunity for professional boards because it would have an adverse effect on the ability of state professional boards to regulate in the public interest.

According to bill language, the “Restoring Board Immunity Act of 2017,” H.R. 3446, seeks to “help states combat abuse of occupational licensing laws” as well as to promote competition, encourage innovation, protect consumers and “restore antitrust immunity to state occupational boards” believed to have

existed prior to 2015. That was the year the U.S. Supreme Court ruled that state professional boards could be exempt from antitrust laws if the state provided active supervision for those actions.

In a letter to Subcommittee on Regulatory Reform, Commercial and Antitrust Law Chair Tom Marino, R-Penn., and Ranking Member David Cicilline, D-R.I., the ADA thanked the legislators for recognizing the need for antitrust immunity in state occupational boards, but said it could not support the bill as “currently written” because the bill would, in fact, undermine the ability of state

professional boards to regulate.

“A review of the bill demonstrates that its true primary purpose is to address a perceived ‘abuse of occupational licensing laws by economic incumbents’ by potentially eliminating the very occupational boards it purports to protect,” wrote ADA President Gary L. Roberts and Executive Director Kathleen T. O’Loughlin. “Before immunity is even a possibility under this legislation, the state must adopt a policy of using ‘less restrictive alternatives to occupational licensure,’ without any distinction among the various occupations and professions for which licensure is currently required.”

According to the bill, Drs. Roberts and O’Loughlin noted, occupational licensure, even for such professions as medicine and dentistry, must be the exception, and only in instances where the less restrictive alternatives are inadequate to protect the public.

“The effect of this bureaucratic regimen is to formalize the requirements for immunity set forth in N.C. Dental, but in a manner that is more burdensome and complex,” wrote Drs. Roberts and O’Loughlin. N.C. Dental refers to the 2015 U.S. Supreme Court case that ruled in favor of the Federal Trade Commission’s claim that the North Carolina Board

“A review of the bill demonstrates that its true primary purpose is to address a perceived ‘abuse of occupational licensing laws by economic incumbents’ by potentially eliminating the very occupational boards it purports to protect.”

of Dental Examiners violated federal antitrust laws by engaging in unfair competition in the market for teeth-whitening services in North Carolina.

They also noted that in order for H.R. 3446 to achieve its objectives, the bill relies “totally on the willingness of the states to adopt the policies” despite the fact that the requirements imposed are “so substantial that no state is likely ever to attempt to meet them.”

“Moreover,” Drs. Roberts and O’Loughlin concluded, “the bill is unduly complicated and ambiguous, the immunity that it purports to confer appears to be illusory, and its apparent effect would be to minimize or eliminate occupational licensure. That goal would be better served by taking on the issue in a more direct, considered and, transparent manner. This is not, in our view, legislation that provides real benefit to members of the health care community or to the public in general.”

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ADA, AAPD urge Congress to reauthorize CHIP in letter

Washington — The ADA and the American Academy of Pediatric Dentistry are urging Congress to reauthorize the Children’s Health Insurance Program before the Sept. 30 deadline to ensure “continued and seamless access to oral health care for our nation’s children.”

In a letter to Senate Committee on Finance Chair Orrin Hatch, R-Utah, and Ranking Member Ron Wyden, D-Ore., the ADA and AAPD applauded the committee’s efforts to examine the

See CHIP, Page 9

ADA to Senate: Consider tax reform legislation to assist dentists, patients

BY JENNIFER GARVIN

Washington — The ADA has reached out to the Senate Committee on Finance and asked legislators to consider specific tax reform priorities — including higher education incentives and the use of pretax dollars for health care — that would assist dentists and their patients.

During the committee's Sept. 19 hearing on business tax reform, the legislators listened to testimonies and examined ways to create a "healthier economic environment" with Sen. Orrin Hatch, R-Utah, chair, Senate Committee on Finance, not-

ing in his opening remarks that the committee is "the starting point for any tax reform legislation that is considered in the Senate."

In a Sept. 15 letter to Sen. Hatch and Ranking Member Ron Wyden, D-Oregon, ADA President Gary L. Roberts and Executive Director Kathleen T. O'Loughlin thanked the senators for their efforts "to improve our current tax system" and considering the Association's priorities.

"For the most part, dental offices are small businesses," wrote Drs. Roberts and O'Loughlin. "Some are organized as pass-

through entities or S corporations, others as C corporations. For this reason, our interests straddle both the business and individual portions of

the tax code."

As it did in a similar letter in July, the Association once again provided brief overviews of four tax policy matters important to ADA

members and dental patients:

- Higher education incentives: "Dentists just starting a practice today are saddled with an average of \$261,149 of student loan debt. ADA encourages lawmakers to consider measures that would help relieve this significant debt load when considering options for streamlining the current patchwork of higher education tax incentives."

- Use of pretax dollars for health care: "ADA supports expansion and increasing flexibility of health saving accounts and

See TAX REFORM, Page 10

CHIP

Continued from Page 8

future of the program. The two associations also said they were encouraged by the results of the Sept. 7 hearing, "CHIP: The Path Forward," when the committee announced a bipartisan effort to craft CHIP reauthorization legislation.

The two associations also stressed that tooth decay remains the most chronic condition among children and adolescents and that poor oral health can have "serious long-term effects."

"Because it is a progressive, chronic condition, a child's oral health problems continue on into adulthood impacting employability, military readiness and overall health status," wrote Dr. Kathleen T. O'Loughlin, ADA executive director, and Dr. John Rutkauskas, chief executive officer, AAPD.

Drs. O'Loughlin and Rutkauskas also highlighted the economic impact of untreated dental disease, citing ADA Health Policy Institute research that found in 2014 emergency room visits for a dental condition occurred every 14 seconds in the United States, costing approximately \$863 a visit compared with an average dental office visit cost of \$240.

They also cited a study from the American Journal of Public Health that found untreated dental disease has a "significant economic impact" on the nation's health care system, noting that between 2008 and 2010, 4 million Americans went to the emergency room for dental-related problems at a cost of \$2.7 billion dollars.

The good news is that the percentage of children without dental coverage has been cut in half since 2000, according to HPI, and ER visits for dental-related issues have decreased for the first time in over 10 years.

"These improvements have been driven by recent improvements to public and private oral health plans," Drs. O'Loughlin and Rutkauskas said.

The letter also pointed out that while the ADA and AAPD support state flexibility and innovation, they believe states should follow statutory guidelines when designing their CHIP benefit programs and urged Congress to maintain the Children's Health Insurance Program Reauthorization Act of 2009. They noted that prior to 2009, states had the ability to limit or eliminate dental benefits for enrolled children and "programs varied widely, and children suffered as a result."

Drs. O'Loughlin and Rutkauskas concluded by urging legislators to "utilize our organizations as a resource."

"We look forward to working with you to ensure that our nation's children can continue to benefit from measurable improvements in oral health care and access to dental coverage."

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"Our interests straddle both the business and individual portions of the tax code."



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Volunteers serve hundreds, donate \$760K in care at Maryland MOM

College Park, Md. — The 2017 Mid-Maryland Mission of Mercy & Health Equity Festival took place Sept. 8 and Sept. 10.

This year's Mission of Mercy event provided about \$760,000 in donated dental care, including more than 2,000 dental procedures, organizers said.

More than 1,000 volunteers treated 858 patients with services ranging from cleanings and restorations to extractions, root

canals, crowns and partial dentures.

In addition to dental care, patients also received medical services that included health screenings, flu shots, education and counseling.

The event was a joint collaboration between the University of Maryland School of Public Health's Center for Health Equity, Maryland State Dental Association and Catholic Charities of the Archdiocese of Washington. ■



Busy event: An overhead shot of the Xfinity Center in College Park, Md., where the Mid-Maryland Mission of Mercy & Health Equity Festival was held Sept. 8 and 10.

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Volunteers: Drs. Jenny Rhee and Andrew Horn are all smiles during the Mid-Maryland Mission of Mercy.

Tax Reform

Continued from Page 9

flexible spending accounts, as well as preservation of the current tax exclusions for employer-provided medical and dental plans. Specifically, the Association supports returning the FSA limits to the pre-Affordable Care Act level of \$5,000 and continuation of the index to inflation provision." The letter said FSA reimbursement is now limited to \$2,500.

- Cash accounting: "ADA supports the continued use of the cash method of accounting for small businesses, including pass-through entities and professional service corporations. The cash method of accounting is a simpler, fairer system for dentists who often must wait a significant amount of time before being reimbursed by insurance companies."

- Pass-through entities: "As Congress looks to reduce the tax rate on C corporations, ADA encourages you also to consider a rate reduction for S corporations or pass-through entities that are taxed at the individual rate." Class C corporations' profits are taxed separately from its owners under Subchapter C of the Internal Revenue Code, according to the Internal Revenue Service. In an S corporation, the profits are taxed based on personal returns.

During the hearing, Sen. Pat Toomey, R-Penn., observed that allowing companies to use the cash method of accounting could also "align their cash flow better with their tax obligations" and Ranking Member Wyden noted that President Donald Trump's "plan to create a special pass-through business income rate" would mostly benefit the "top 1 percent" of the population.

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

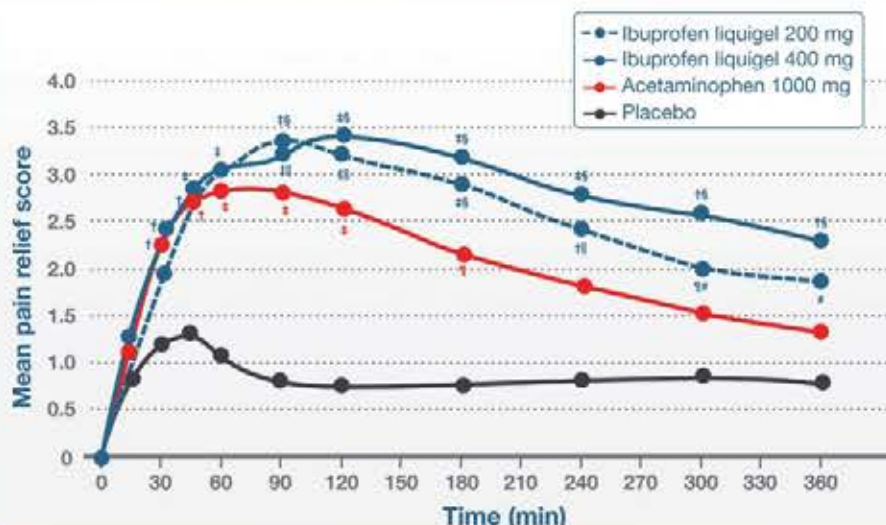
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Adapted from Hersh et al.¹

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⁴P<.01 vs acetaminophen 1000 mg; ⁵P<.05 vs placebo; ⁶P<.05 vs acetaminophen 1000 mg.



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*Among OTC analgesics.

References: 1. Hersh EV, Levin LM, Cooper SA, et al. Ibuprofen liquigel for oral surgery pain. *Clin Ther*. 2000;22(11):1306-1318. 2. Bjarnason I. Ibuprofen and gastrointestinal safety: a dose-duration-dependent phenomenon. *J R Soc Med*. 2007;100(suppl 48):11-14. 3. Rainsford KD, Roberts SC, Brown S. Ibuprofen and paracetamol: relative safety in non-prescription dosages. *J Pharm Pharmacol*. 1997;49(4):345-376. 4. Rainsford KD. Ibuprofen: pharmacology, efficacy and safety. *Inflammopharmacology*. 2009;17(6):275-342. 5. McGettigan P, Henry D. Cardiovascular risk with non-steroidal anti-inflammatory drugs: systematic review of population-based controlled observational studies. *PLoS Med*. 2011;8(9):e1001098. doi:10.1371/journal.pmed.1001098.

Conversation

Continued from Page 1

go to church with the people I work with; I attend functions with them, and it's never felt unnatural to me."

Dr. Crowley will become the 154th president of the American Dental Association on Oct. 23 when he is installed before the House of Delegates during the 2017 ADA annual meeting in Atlanta. With his years as a volunteer in organized dentistry (state and local leadership, 7th District trustee, ADA president-elect) he knows that combining dental practice and Association activities demands time and more time, hard work and commitment. It also demands energy, which he radiates when talking on any subject, such as the life lessons he learned as a child.

"My family were hard-working people. My mom was primarily a stay-at-home mom, but also helped out at the family grocery store. Her father and my dad were partners in the business. As children, especially my older sister and I, we worked at the store," he recalls. There were also times when he wasn't eager to be there, like Saturdays at 6 a.m. when he was supposed to have a day off and his dad came in to let him know he was a last-minute sub for an employee.

"Being the child of the boss, it got a little tough, but it really gave me a core set of values," he said. It also led him to dentistry. His father worked long hours in spite of health issues related to Type 1 diabetes. "His vision was for us to be college graduates. It was one of my dad's and mom's dreams for us. My dad picked out dentistry for me. And it stuck in my mind."

Dr. Crowley said his father painted a picture of dentistry as being a profession where you had the best of every world: you could own your own business, be a professional, but still have time for your family.

"My dad came from the perspective of working 14, 15, 16 hours a day and he viewed medicine in that same light. He saw dentistry as a profession where you could control your own destiny."

His father's words stayed with him, and his relationship with his family dentist, Dr. Norbert Ranz, was a further influence. "He was just a dynamic man: well-rounded, a people person and an excellent dentist." Dr. Ranz, now age 90, advised him "to just treat people as you would want to be treated, one of the good old rules," and success would come. "That means you're fair, you're honest, you talk with people, you engage them, and then you be the best you can be at dentistry," he said, saying the advice has held true in his life since he started his practice in 1976.

He finds dentistry a profession that is uniquely challenging and misunderstood: "I



President-elect: Before being chosen as ADA president-elect in 2016, Dr. Joseph P. Crowley served four years as trustee of the ADA's 7th District. He also served as chair of the ADA Council on Government Affairs, the ADA Audit Committee and a member of the American Dental Political Action Committee Board of Directors.

don't think anyone outside of the profession knows how hard it is to be a dentist. Physically it's a tough job; emotionally it's a very tough job because of what we do. There aren't very many professions that violate people's personal spaces like we do in dentistry, and it takes a unique person to do it."

Dentists challenge patients through physical proximity, and that is stressful for both patient and dentist. "I don't think we sometimes get credit for the role we play in helping people do what's good for them," the president-elect said. "Fear is still one of the reasons that people don't come to the dentist. We've improved treatment in so many ways, but people can still be fearful. You still hear the jabs: if somebody wants to do a comic take on a very uncomfortable situation, they say, 'It's like getting a root canal.' In my 41 years as a dentist, the improvements in our profession supporting our ability to deliver quality care are incomparable. The intention of providing good care to patients has not changed, but the availability of new techniques and materials has made tremendous outcomes possible."

Dr. Crowley and his wife, Pauletta, have three adult, married children (son Joe and wife Karyn Crowley; daughter Colleen and husband Andy Wagner; and son Kevin and wife Jenna Crowley) and seven grandchildren. "I've been asked, 'What are you going to do when you leave this thing?' There's a sudden

cutoff of activity after you stop being ADA president, but being able to watch my children and their families grow, to be able to participate, that is the best and coolest job in the world."

And he's ready for that transition, having sold his practice to another dentist, Dr. Andrew Bartish. Like Dr. Crowley, he's a neighborhood resident, and Dr. Crowley sees history repeating itself. "He walked in and 60 percent of the people remembered him as a little kid." While he has stayed on during transition with an employment contract, Dr. Crowley said most of his time is spent on ADA business.

His duties as president-elect and soon, president, mean that his golfing and motorcycle riding days are memories, at least for the time being. "My whole life changed dramatically as I got more deeply involved in dentistry. I would have to say my No. 1

hobby is organized dentistry, because hobbies are things that are for time away from your main job, and my main job was clinical dentistry. There's a 2000 Harley Heritage Softail with 11,000 miles on it that may just be for sale, because I'm not sure I'll be riding it again."

Before being chosen as ADA president-elect in 2016, Dr. Crowley served four years as trustee of the ADA's 7th District. He was also formerly chair of the ADA Council on Government Affairs, chair of the ADA Audit Committee and a member of the American Dental Political Action Committee Board of Directors. He is a past president of the Ohio Dental Association and the Cincinnati Dental Society. He is a member of the American College of Dentists, International College of Dentists, Ohio State University College of Dentistry Alumni Advisory Board, L.D. Pankey Institute Alumni Association, Pierre Fauchard Academy and the Academy of General Dentistry. His many awards include the Ohio Dental Association Distinguished Dentist Award, the ODA Achievement Award, the Cincinnati Dental Society Meritorious Service Award and the Ohio Pierre Fauchard Distinguished Dentist Award. He graduated from The Ohio State University College of Dentistry in 1976.

Dr. Crowley was interviewed by Judy Jakush, ADA News editor, during the summer. Part 1 of the Q&A follows here.

ADA News: What got you interested in

organized dentistry?

Dr. Crowley: In my era, when you came out of school it was an expectation; you just joined the American Dental Association. Someone asked if I was coming to a Cincinnati Dental Society meeting. I went. I started with a study group in my community. There'd be 250 member dentists at a monthly meeting of the CDS. I was friends with a patient who at that time was in the political scene in Cincinnati and became mayor, and I was asked if I could bring him to a dental society event. I was not involved on any committees. From there, it became just one little thing at a time. I never planned on being president. It was never my dream to be here, but it's certainly my dream to do my job well.

ADA News: What is your best memory of dental school, and what's your worst?

Dr. Crowley: I really don't have a bad memory. Was there a highlight? I think being able to give the speech as president of my class at graduation was probably a highlight, and being able to go back to Ohio State and do that again has been a highlight. One of the best things I do now is going to dental schools and meeting our future. Faculty and student engagement is strong, and we have a strong relationship with the American Student Dental Association. I believe we have a lot to offer to new dentists, but I think they have a lot to offer us too.

ADA News: The majority of students at over half of the country's dental schools don't practice in the same state where they were educated — something that has changed since you were in dental school, Dr. Crowley. How is the ADA helping dentists with the licensure process? What should they expect from the Dental Licensure Objective Structured Clinical Examination (DLOSCE) initiative? Its aim is to create a national exam that state boards of dentistry could use to assess a dental licensure candidate's entry-level knowledge, skills and competency without the use of live patients.

Dr. Crowley: We have studied this, and there is data to support the DLOSCE concept. This is something used in other professions and in dentistry in Canada. There are many issues surrounding the current use of live patients in the exam process. Our challenge is to develop something that proves to be valid and reliable and which can show that an individual has all the skills to be a licensed dentist. We will then offer it to the legislative and licensing bodies for adoption. We are putting resources into developing this exam, which is a lofty goal for us but also a very reachable one.

Part 2 of the interview will appear in the Oct. 16 ADA News. ■

—jakushj@ada.org

Oct. 26 webinar will focus on exceeding patients' expectations

BY DAVID BURGER

Some dentists find certain nonclinical aspects of dentistry less rewarding than delivering actual patient care. Given the choice, they might prefer performing even the most basic procedures instead of completing paperwork, booking appointments and collecting payments.

Yet, those basic activities are critical elements in ensuring that each patient has a positive experience every time he or she visits your practice.

Through an upcoming webinar, *Is Your Practice Exceeding Patient Expectations? How to Manage Patients for Success*, participants can gain a better understanding of each person's role in providing patients with

memorable care.

"It's important for every member of the practice team to recognize that they have an effect on each patient's experience," said Dr. Terry G. O'Toole, chair of the ADA Council on Dental Practice. "Every contact has the potential to be special, and every interaction can demonstrate the practice's commitment to delivering exceptional service to every patient, every time."

The webinar, sponsored by the ADA Council on Dental Practice, is scheduled for Oct. 26 from noon to 1 p.m. Central Daylight Time. Participants will earn one hour of continuing education for the program.

Topics covered in the program include recognizing how proper patient management procedures can make the practice a happier

place for patients and for the dentist and the team; implementing techniques and protocols to enhance patient care; and motivating everyone on the team to improve patient management and enhance the patient experience.

Register for the webinar at ADA.org/managingwebinar.

This program is the second in a series of webinars based on different modules of the ADA's Guidelines for Practice Success, a series of practice management resources available free online to members at ADA.org/gps.

The webinar will be presented by Dr. William van Dyk, who practices general dentistry in San Pablo, CA, and teaches in the department of Dental Practice at the Arthur A. Dugoni School of Dentistry. Dr. van Dyk

has lectured on practice management issues since 1985. He served on the ADA Council on Dental Practice and was instrumental in the development of the ADA Success Seminar Series that has been giving dental students real life information on the business of dental practice for more than 30 years.

Additional online resources available through the Guidelines for Practice Success series include modules on Managing Marketing, Managing the Dental Team, Managing the Regulatory Environment 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. ■

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Greater Houston Dental Society creates diversity committee, shares lessons learned

BY KIMBER SOLANA

Houston — Considering that Houston is one of the most diverse cities in the country, it caught Dr. Victor Rodriguez by surprise to learn that the Greater Houston Dental Society did not have its own diversity committee.

The local dental society has about 1,600 members, with about 35 percent of whom belong to a minority group.

“It was surprising to me that we didn’t have [a diversity committee],” he said. “But after we looked around the country, we realized there weren’t very many diversity committees at the state and local levels.”

When Dr. Rodriguez became president in 2016, he sought to change that.

In September, the Greater Houston Dental Society Diversity Committee celebrated its one-year anniversary.

However, starting the committee wasn’t always easy. It’s for this reason that Dr. Michelle Aguilos Thompson, a member of the Institute for Diversity in Leadership 2016-17 class who helped organize Greater Houston Dental Society’s diversity committee, is using the experience to help guide other local and state dental organizations in starting their own.

Setting goals

One of the first people he asked to join the committee was Dr. Thompson, who had just been accepted to the ADA Institute for Diversity in Leadership.

“I really didn’t know what to do,” Dr. Rodriguez said. “But I knew I needed the right people to answer the important questions: What are our goals? What is our mission?”

During the Institute’s program year, class members develop leadership skills and execute a personal leadership project that addresses an issue or challenge in his or her community, organization or the profession.

“[Dr. Rodriguez] called me and asked me to make this (forming the diversity committee) my project,” she said.

The first meeting involved five people.

“We had to lay out our plan and set our goals,” Dr. Thompson said.

The main goal for the Greater Houston Dental Society Diversity Committee is to help increase the membership with diverse members, said Dr. Rodriguez.

“We had to look at our dental society and some of the statistics were not very nice,” he said.

The dental society only had 34 percent market share of minority dentists.

“That means we have about 1,000 potential dentists who are minorities but only a third of them are members,” he said. “That to me was just not good. That was an alarming statistic.”

To engage more minority dentists, the committee has organized several meet-and-greets, inviting dentists to its general meetings that include continuing education speakers. On Oct. 27, the committee is also hosting a lunch-and-learn for minority dental students to share their professional experiences.

The group’s second goal is to reach out to the minority dental groups in Houston.

While Greater Houston Dental Society didn’t have a diversity committee, Houston is home to minority dental groups, including the Houston Asian American Dental Society and Houston Hispanic Dental Association.

“We want to bring some of the leaders from these other groups to our committee and have some representation,” Dr. Rodriguez said. “We want to have a dialogue and figure out a way to work together.”

The committee welcomed members from the various dental groups in Houston at social event in May. About 60 dentists attended.

The third goal of the committee is to create cultural awareness and sensitivity in the Greater Houston Dental Society. Through articles and events, the committee seeks to engage the dental society’s members and share stories and discuss issues involving diversity.

“Minority dentists face different challenges,” Dr. Rodriguez said. “We have different languages, different cultures, dialects. Some are first-generation immigrants and some the first to be born in America. These are stories that are important to tell.”

Guiding others

The committee, which is currently a subcommittee of the Greater Houston Dental Society board, hopes to become a standalone committee by the end of the year or early next year. Today, the committee has about 15 members working on the three main goals first set in that



Diversity: From left, Drs. Akbar Ebrahimi, Gargi Mukherji, Victor Rodriguez, Michelle Aguilos Thompson and Maryam Tabrizi pose for photo during a Greater Houston Dental Society Diversity Committee event held May 25 in Houston. The Diversity Committee Fiesta event was one of the first social gatherings organized by the Diversity Committee, which Dr. Rodriguez, as GHDS president in 2016, helped create with the assistance of Dr. Thompson, a graduate of the ADA Institute for Diversity in Leadership.



Fiesta: Houston-area dentists and staff from the Greater Houston Dental Society pose for a photo during the May 25 Diversity Committee Fiesta, a social event organized by the GHDS Diversity Committee. About 60 dentists attended the celebration which welcomed members from the various dental groups in Houston.

initial meeting.

However, challenges in outreach and recruitment remain. It’s for this reason that Dr. Thompson modified her Institute for Diversity in Leadership project.

“In the beginning, my goal was just to form the committee,” she said. “But I knew immediately that this committee was going to be formed with or without me. I wanted another challenge.”

Dr. Thompson decided to meticulously document Greater Houston Dental Society’s efforts and actions in organizing their diversity committee, from setting the stage for diversity and including and starting conversations on the topic to taking action and sustaining the group’s work.

“I’m creating a guide so whoever is interested in

creating a diversity committee can pick it up and get started,” she said.

Understanding that local and state dental groups vary in demographics and processes, Dr. Thompson said the guide can be modified and will be constantly changing. One of Dr. Thompson’s Institute classmates is already using the guide to start a diversity committee in Dallas, she said.

“The profession is becoming more diverse, especially the number of women,” Dr. Thompson said. “If we don’t have a way to attract diverse members and develop them as leaders, we’re going to face the challenge of having leaders who aren’t reflective of the general members.”

Dental societies interested in starting a diversity committee can email Dr. Thompson at michelle.aguilos@gmail.com. ■

New dentist nominees sought for ADA 10 Under 10 Awards

BY KIMBER SOLANA

Do you know of new dentists making an impact in their community?

The American Dental Association is seeking nominations through Dec. 31 to recognize 10 new dentists who are demonstrating excellence in their work and inspiring others.

Winners of the inaugural ADA 10 Under 10 Awards will receive a \$1,000 gift card and be recognized in various ADA publications and channels, including the ADA News and the New Dentist Now blog. The ADA New Dentist Committee will choose and announce the winners in early 2018.

"The 10 Under 10 Award is an excellent way to illustrate the value of new dentists in the ADA and highlight their significant contributions to dentistry," said Dr. Emily Ishkanian, New Dentist Committee chair.

Nominations are sought of new dentists who are making a difference in:

- Science/research/education: A dentist who has made substantial contributions to advancing clinical topics by leading, organizing or participating in clinical research or scientifically focused efforts or who significantly impacts students through education and mentorship.
- Practice excellence: A dentist who doesn't

settle for the status quo and has implemented an innovative or more effective way to improve patients' experience, market or grow their practice or manage their dental team. Their practice methods serve as an inspiration to other dentists.

- Philanthropy: A dentist who has made a difference in the lives of others (in dentistry or otherwise), either by volunteering, leading

a philanthropic effort or using their skills to help those in need.

- Leadership: A dentist who serves in leadership, either within or outside dentistry, and has used that position to improve a dental association, another organization or their community at large.

- Advocacy: A dentist who takes a leadership role in advocacy initiatives or legislative

activity on behalf of dentists and oral health initiatives.

"New dentists contribute because we are civic-minded and have a strong sense of community both locally and globally," said Dr. Ishkanian. "And through our efforts, our hope is that we leave that same imprint on another new dentist. We pass along the ADA pride, what it means to be an active member, to show that new dentists can make positive changes."

Nominees have to be active ADA members who graduated between the years 2008 and 2017. Self-nominations are permitted.

For more information or to nominate a new dentist, visit ADA.org/10under10. ■

—solanak@ada.org

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NYU dental research receives \$13.3M to study caries prevention

New York — New York University College of Dentistry announced Sept. 20 it received a \$13.3 million funding award from the Patient-Centered Outcomes Research Institute to study caries prevention and its impact on students' quality of life and school performance.

Led by Dr. Richard Niederman and Ryan Richard Ruff, Ph.D., a research team will conduct a five-year study comparing the effectiveness of two school-based, caries-prevention techniques — a "simple" treatment of topical silver and fluoride and a "complex" treatment of traditional sealants and fluoride.

In the study, the researchers will compare caries prevention programs in 60 high-need elementary schools in the Bronx that serve low-income, Hispanic/Latino families. Schools will be selected at random to receive either the "simple" or "complex" treatments.

All children will receive the same preventive dental care twice each year. The researchers will then assess untreated cavities, quality of life and student achievement to compare the outcomes of both treatments.

More than half of U.S. elementary school-age children have dental caries, and more than 20 percent have untreated cavities, according to the news release. The prevalence of caries in the Bronx is almost twice the national average. In addition, children with dental caries and associated toothaches face multiple disadvantages, including reduced quality of life, school absences, difficulty paying attention in school and lower standardized test scores. ■



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'The science mattered': Officials resume fluoridation in New Mexico

BY MICHELLE MANCHIR

Albuquerque, N.M. — With input from the dental community, water officials here voted 5-2 on Sept. 20 to resume water fluoridation for the utility's 606,000 water users.

The vote amended the utility's budget to authorize \$250,000 for fluoridation equipment to supplement the local water to optimum levels recommended by the federal government, according to the Albuquerque Bernalillo County Water Utility Authority's website.

The Albuquerque area received fluoridated water from 1972 until 2011, when local officials "suspended the practice pending issuance

of new federal recommendations on optimal fluoride levels," according to the website. It never resumed after the U.S. Department of Health and Human Services' announcement regarding fluoride levels in April of 2015, but, after the September vote, it is expected to resume within six to eight months.

The vote came after months of debate and public comment that included testimony from public health advocates, including dentists, who helped inform residents and water utility board members about water fluoridation's safety and benefits.

Dr. Mary Rose Twohig, president of the

Albuquerque District Dental Society, said its members were involved in writing letters to board members, encouraging their patients to sign a petition in support of water fluoridation and speaking during public comment time at public meetings.

"When it came down to it, the endorsement of the ADA, American Medical Association, the U.S. Centers for Disease Control and Prevention and many of the large organizations that support fluoride helped convince the board members that it was the correct choice," said Dr. Twohig. "The science mattered."

Dr. Tom Schripsema, executive director of

the New Mexico Dental Association, said he met with water utility board members personally and also attended public meetings to show support for the public health measure.

"We're gratified that the water authority has returned to this best practice," he said. "So many in our area face significant financial barriers to receiving the dental care they need and preventing dental disease through optimal fluoridation will boost the entire community's oral health."

For more information about the ADA's endorsement of water fluoridation, visit ADA.org/fluoride. ■

ADA responds to study suggesting link between low IQ and fluoride

BY MICHELLE MANCHIR

The ADA on Sept. 19 issued a response to a study published online the same day that suggested an association between higher prenatal fluoride exposure and lower IQ scores.

For the study, researchers examined 299 mother-child pairs in Mexico, including their general cognitive indexes and IQ analyses, and concluded that "higher prenatal fluoride exposure, in the general range of exposures reported for other general population samples of pregnant women and nonpregnant adults, was associated with lower scores on tests of cognitive function in the offspring at age 4 and 6-12 years."

The findings, however, are not applicable to the U.S., according to the ADA's news release, which also noted that the Association "continues to endorse fluoridation of public water as the most effective public health measure to prevent tooth decay."

In responding to the study's conclusions, the ADA noted that the intake of fluoride in Mexico "is significantly different from the U.S.," because fluoride is added to salt and because fluoride naturally exists in varying degrees in community water. In the U.S., fluoride is not added to salt and is only added to water "in cases where the natural occurrence of fluoride is lower than the recommended level to prevent tooth decay," the ADA said.

Furthermore, it is unknown how the subjects of the study ingested fluoride — whether through salt, water, or both — so "no conclusions can be drawn regarding the effects of community water fluoridation in the U.S."

The study, Prenatal Fluoride Exposure and Cognitive Outcomes in Children at 4 and 6-12 Years of Age in Mexico, was published in Environmental Health Perspectives.

The ADA endorses community water fluoridation as safe and effective for preventing tooth decay based on 70 years of scientific research. To see scientific evidence and other information about fluoridation, visit ADA.org/fluoride. ■

—manchirm@ada.org



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Council Theater selections include convenient CE

Atlanta — Dentists, students and team members can learn about subjects ranging from the CDT Code to nutrition at ADA council-sponsored courses in the ADA Council Theater during ADA 2017 – America's Dental Meeting.

All of the courses, located at Booth 1305 in the Exhibit Hall, are free and offer varying levels of continuing education credit.

The schedule is:

- Ethical Consideration in Patient Selection: ADA Code Guidance (5800), Oct. 19, 9:45-11:45 a.m., Drs. Gary Herman and James Smith, created in partnership with the ADA Council on Ethics, Bylaws and Judicial Affairs.



Dr. Rubinstein



Dr. Aschheim

- 5 Key Messages for Patients About Nutrition and Oral Health (5801), Oct. 19, 1-2 p.m., Sharon Clough and Margaret Connor,

created in partnership with the ADA Council on Advocacy for Access and Prevention.

- Transitioning from Practice to Dental Education (5802), Oct. 19, 3-5 p.m., Drs. Gerald Glickman, Brad Potter and John Williams, created in partnership with the ADA Council on Dental Education and Licensure.

- Strategies to Communicate Effectively with Your Patients (6800), Oct. 20, 9:45-11:45 a.m., Dr. Jonathan Shenkin, Alice Horowitz, Ph.D, Ms. Clough, created in partnership with the ADA Council on Advocacy for Access and Prevention.

- CDT Code Open Forum: Annual Main-

tenance Concepts and Processes (6801), Oct. 20, 1-2 p.m., Drs. Christopher Bulnes and Steven Snyder, created in partnership with the ADA Council on Dental Benefit Programs.

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

- Tobacco, Nicotine Addiction and Your Patients (7801), Oct. 21, 1-3 p.m., Dr. Nevin Zablotsky and Ms. Clough, created in partnership with the ADA Council on Advocacy for Access and Prevention. ■



October 19-23
Atlanta

Exhibit Hall to offer hands-on experiences

BY DAVID BURGER

Atlanta — The Exhibit Hall is where attendees of ADA 2017 – America's Dental Meeting can test and buy new products, interact with vendors and attend free continuing education.

Dentists and other guests will be able to test out the latest products on the market and ask questions of the experts. With thousands of instruments and services from industry vendors, all can touch, feel and compare while receiving discounts on items.

There is incentive to take advantage of the discounts. ADA members who make purchases of \$3,500 or more in the Exhibit Hall are eligible to receive free registration to next year's annual meeting in Hawaii by participating in the Incentive Buying Program. Pick up an envelope in the Registration Area.

The Exhibit Hall is also the place to explore CE, with the opportunity to earn up to six hours of CE per day through areas such as the Technology Experience, Live-Patient CAD/CAM stage, the Design Studio, the Wellness Studio and the ADA Council Theater.

The hours the Exhibit Hall are:

- Oct. 19, 9 a.m.-5:30 p.m.
- Oct. 20, 9 a.m.-5 p.m.
- Oct. 21, 9 a.m.-3 p.m.

On Oct. 20, the Hall Happy Hour is from 4-5 p.m. This is a chance to enjoy mingling with exhibitors and colleagues in a relaxed setting. Plus, Hall Happy Hour guests will receive early access to hear football legend Peyton Manning speak during the Distinguished Speaker Series. ■

—burgerd@ada.org

Help Atlanta family violence victims during ADA 2017

BY MICHELLE MANCHIR

Atlanta — Two local philanthropic organizations will benefit thanks to the Alliance of the American Dental Association's service project at ADA 2017 – America's Dental Meeting, and ADA members are invited to join in the effort.

The Alliance will coordinate with the Head 2 Toe Project, which supports local nonprofits, by collecting and packaging 1,500 kits with oral health care and other necessities. Alliance members will distribute the kits to the International Women's House, which provides supportive services for women and children who are victims of family violence, sexual abuse and human trafficking, and to Covenant House Georgia, which serves homeless and trafficked youth by providing safe, accessible housing and other services.

Henry Schein Cares has provided the

Alliance with oral health care items, but the group will accept other donations, such as hats, gloves, socks, packages of underwear, scarves and gift cards, during ADA 2017. A donation bin is available until 11 a.m. Oct. 20 at the Atlanta Hilton Hotel, Room 308.

ADA members and those interested in joining the Alliance are invited to the Alliance's Dental Health Education Luncheon at 12:30 p.m. on Oct. 20 at the Atlanta Hilton Hotel, where attendees will package the kits.

For more information about the Head 2 Toe project or the Alliance, contact Lissette Zuknick or Kelsey Bulnes at info@allianceada.org or by calling 1-813-540-2154. A complete list of items being collected for the project is available at AllianceADA.org/head-2-toe-project. ■

—manchirm@ada.org

Technology Experience is no virtual reality at ADA 2017 — it is real reality

Whether you are a tech geek or not, there is a lot to check out at The Technology Experience area at the ADA annual meeting.

The Technology Experience area includes the Tech Bar, Cellerant Best of Class Showcase and continuing education.

Get hands-on demonstrations and product information led by top dental technology experts in the Cellerant Best of Class Product Showcase. Bring your own device and ask questions at the Tech Bar, learn how to create your own website at the Tinker Zone and experience virtual and augmented reality right on the show floor.

The opportunities for free continuing education at the Technology Experience area are:

- Tips and Tricks to Maximize Your Use of Google (5600), Oct. 19, 9:30-10:30 a.m., Dahlia El Gazzar.
- Digital Workflow 101: A Basic Primer on Digital Dentistry Workflows (5601), Oct. 19, 10:30-11:30 a.m., Dr. Marty Jablow.
- Five Tips Every Dentist Needs to Know About Yelp (5602), Oct. 19, 1-1:45 p.m., John Carroll.

- Acquiring Patients and Managing Your Marketing in the Digital Realm (6600), Oct. 20, 9:30-10:30 a.m., Paul Intlekofer.

- Using Your Online Reputation to Grow Your Practice (6601), Oct. 20, 11-11:45 a.m., Mr. Carroll.

- Dental Tech (6602), Oct. 20, 12:30-1:30 p.m., Dr. John Flucke.

- Overview of Social Networks (6603), Oct. 20, 2-2:45 p.m., Ms. El Gazzar.

- Breakthrough Online Marketing — Best Practices for New Patient Growth (6604), Oct. 20, 3:30-4:30 p.m., Ian McNickle.

- Dental Tech (7600), Oct. 21, 9:30-10:30 a.m., Dr. Parag Kachalia.

- Dental Tech (7601), Oct. 21, 11 a.m.-noon, Dr. Paul Feuerstein.

- Ransomware, Malware and Other Nasty Viruses (7602), Oct. 21, 12:45-1:45 p.m., Dr. Jablow.

The Tech Bar will host hands-on ses-

sions where participants are asked to bring their own devices. All sessions are eligible for 0.5 CE hours. The schedule is:

- Tech and Solutions: Note Taking and Capturing Data — Speech and Handwriting Recognition (5603), Oct. 19, 11:50 a.m.-12:20 p.m.

- Not-to-Miss Trends in Technology (5604), Oct. 19, 2-2:30 p.m., and Saturday, 11:50 a.m.-12:20 p.m. (7603).

- Simple Websites in 3 ... 2 ... 1 ... (6605), Oct. 20, 11:50 a.m.-12:20 p.m., and Oct. 21, 2-2:30 p.m. (7604).

- Demystifying Cyber Security (6606), Oct. 20, 2:50-3:20 p.m.

Coming to ADA 2017 from The Best of Class winners are:

- 3Shape for 3Shape TRIOS.
- Ultradent Products, Inc. for Gemini 810 + 980 diode laser, and VALO and VALO Grand.
- Bien-Air Dental for Tornado.
- DEXIS for DEXIS CariVu.
- Simplifeye.
- LED Dental for VELscope Vx.
- MMG Fusion.
- Q-Optics Platform.
- Orascope for Ease-In-Shields, Omni-Optic and Spark.
- Shofu Dental for EyeSpecial C-II.
- WEO Media.
- DentLight for FUSION 5.

In addition, winning companies will have their products presented by Drs. Jablow, Flucke, Kachalia and Feuerstein — four prominent leaders in technology. Guests will be able to learn what makes the Cellerant Best of Class winners excel above the rest through hands-on demonstrations and product information led by these top dental technology experts in the Cellerant Best of Class Product Showcase. These sessions will take place throughout the show hours in the Level 2 foyer of Building B outside Room 209. For a full schedule, visit the ADA 2017 mobile app. To download the app, simply search "ADA 2017" in your app store. To register for the meeting, visit ADA.org/meeting. ■

ADA House of Delegates to vote on dental specialty recognition process

Resolution seeks to establish new commission to oversee requests

BY KIMBER SOLANA

In an effort to reduce potential or perceived bias and conflict of interest in the decision-making process for recognizing dental specialties, the ADA Board of Trustees submitted a proposal to the 2017 House of Delegates to establish a new commission to oversee the process.

Res. 30-2017 calls for an amendment to the ADA Bylaws, and the Board's report outlines draft rules for the proposed creation of the ADA National Commission on Recognition for Dental Specialties and Certifying Boards. A two-thirds majority vote of the House is required to amend the bylaws.

"If we don't get the specialty recognition process out of the politically charged atmosphere of the House of Delegates, no one will ever come to the ADA for specialty recognition again," said Dr. Gary L. Roberts, ADA president. "I want to make sure that the ADA's criteria and process for determining recognized specialties remains the gold standard. This commission will assure that."

"I want to make sure that the ADA's criteria and process for determining recognized specialties remains the gold standard. This commission will assure that."

The establishment of the new commission will enhance the specialty recognition program that sets requirements designed to help dentists excel throughout their careers and the public ascertain the importance of educated and board certified dental specialists, according to the Board's report.

Currently, the ADA House of Delegates determine the recognition of dental specialties, organizations and certifying boards. According to the report, the current process carries financial and reputational risks.

The Board report accompanying the resolution states that "while the process will be grounded in the existing ADA Requirements for the Recognition of Dental Specialties and national Certifying Boards for Dental Specialists as approved by the ADA House of Delegates, the decision to grant or deny recognition to a dental specialty must rest with a new commission."

The Board's decision to explore a new commission was made after it charged the Task Force on Specialty and Specialty Certifying Board Recognition to evaluate the process and criteria by which specialties and specialty certifying boards are recognized.

The Board and task force created a list of principles that guided them in developing a proposal to revise the process. These principles included:

- The process must be grounded in objective standards that protect the public, nurture the art and science of dentistry and improve the quality of care.
- The process must serve to reduce poten-

tial bias or conflicts of interest, or the perception of bias or conflicts of interest, in the decision-making process.

- The process must include multiple steps, including provisions for appeal.

- The process must be operationally similar to the Commission on Continuing Education Provider Recognition, Commission on Dental Accreditation and Joint Commission on National Dental Examinations.

The creation of the ADA National Commission on Recognition of Dental Specialties and Certifying Boards can accomplish those principles and others, according to the proposal. ■

—solanak@ada.org



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Florida dentist gets bird's-eye view of Irma's devastation on the Keys

BY KIMBER SOLANA

Lakeland, Fla. — Dr. Charles Llano has flown over areas hit by hurricanes before, but what Hurricane Irma left behind still seemed unbelievable.

"All the color was gone," he said. "Everything was gray. There was no green. All the foliage was stripped. And many of the houses were just gone."

Dr. Llano had a bird's-eye view of the devastation caused by Hurricane Irma, which made landfall Sept. 10 in Florida and caused massive flooding and power outage and knocked down trees and homes.

Dr. Llano was flying a Piper Lance P-32 single-engine aircraft to Summerland Key, Florida, carrying bottled water, tarps and meals ready to eat and delivering them to one of the islands in the Florida Keys hardest hit by the storm.

He was one of about two dozen pilots volunteering with AERObridge, an all-volunteer group that organizes and coordinates relief missions using donated aircraft.

A dentist who practices in Lakeland, Florida, Dr. Llano is also a private pilot, logging more than 3,000 hours of flight since learning how to fly in 1984. When a group of his friends who are also pilots discussed volunteering to fly over supplies to those stranded in the Keys, Dr. Llano didn't hesitate to contribute.

"As soon as my power and communication lines were back up, I signed up," he said. He logged on Sept. 12, and the next day he was delivering water and food in the Keys, landing on private airports coordinated through AERObridge to unload the supplies.

He flew to Summerland Key for three days until the roads were cleared enough to allow trucks through to deliver larger amounts of food, water and supplies.

Dr. Llano, who has a second home in Summerland Key that survived the hurricane, said people continue to clean up and assess the damage. As of Sept. 21, despite not having water and electricity, his friends and family in Summerland Key are doing well, he said.

Dr. Llano is no stranger to helping those in need. After receiving his dental degree in



Volunteers: Dr. Charles Llano, second from right, pose for a photo with a group of volunteers from Southeastern University who loaded his Piper Lance P-32 single-engine aircraft with water, food and supplies. Dr. Llano, a private pilot, was among a group of volunteer pilots who flew to the Florida Keys to deliver the supplies to those affected by Hurricane Irma.



Water and supplies: Water, ready-to-eat meals, batteries, tarps and diapers were among the supplies Dr. Charles Llano, a private pilot and dentist, volunteered to deliver for three days to Summerland Key, one of the islands in the Florida Keys hardest hit by Hurricane Irma.

1974, he worked as a dentist for four years with the U.S. Public Health Service, providing care for migrant workers and their families in Florida.

"I think I'm pretty hardened with what I've seen in my life," said Dr. Llano, 70. "But seeing people come together to help each other, it affects you emotionally. They don't need to be there, but they're there to help anyway."

Dentists in Florida affected by Hurricane Irma are encouraged to apply for both the ADA Foundation's Emergency Disaster Grant Program and the Florida Dental Association Foundation's Disaster Relief Grant Program.

ADA Foundation applications will be forwarded to the Florida Dental Association with the applicant's consent, streamlining the application process. Each organization provides financial assistance for immediate personal needs such as food, water, clothing, emergency shelter and medications.

The ADA Foundation provides up to \$2,000 in immediate financial assistance. FDA Foundation grants may not exceed \$1,500 per dentist.

Drew Eason, Florida Dental Association executive director, said the Florida Dental Association has received about 30 relief grant applications. Dentists affected by a disaster have up to 60 days to apply for an ADA Foundation Emergency Disaster Assistance Grant.

To apply or to donate, visit adafoundation.org and floridadental.org, or contact the ADA Foundation at 1-312-440-2547 or adaf@ada.org. ■

—solanak@ada.org

'Invaluable' symposium gives dentists a look at their role in cancer prevention

BY MICHELLE MANCHIR

Dr. Alice Boghosian's patients routinely get a head and neck exam when they visit her office for cleanings or treatment.

A Park Ridge, Illinois, dentist and a clinical instructor at the University of Illinois at Chicago College of Dentistry, Dr. Boghosian said checking for signs of oral cancers and making a referral when appropriate has always been a part of her practice protocol.

But the issue never hit home more than about four years ago, when her close friend, a fellow dentist, was diagnosed with HPV-associated oropharyngeal cancer.

Because of her friend's diagnosis, "I had the chance to observe the entire disease from start to finish."

She said the experience underscored the "huge role" dentists can play not only in screening for the disease, but also in its management.

To help other dental professionals understand how they fit in with oncologists, head and neck surgeons and other health professionals when it comes to helping patients



Dr. Boghosian

with oropharyngeal cancer, experts from the ADA, the University of Texas MD Anderson Cancer Center, University of Chicago Medicine and the Centers for Disease Control and Prevention will speak 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 5 hours of continuing education credits, a luncheon, a networking break and an all-access pass to ADA 2017 – America's Dental Meeting. To ensure all those who are interested can attend and be part of the conversation, the ADA in September reduced the registration fee to \$175 for all participants. To register, visit ADA.org/ADA17OralCancer.

Dr. Boghosian, who said her friend is now free of cancer, said the symposium "could be invaluable" as a way for dental professionals to get the latest science, research and statistics on oropharyngeal cancer and learn how to be part of prevention and treatment solutions.

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.

The topic is especially relevant, Dr. Boghosian said, because HPV-related oropharyngeal cancers are rising in the U.S. at "epidemic proportions." According to the Centers for Disease Control and Prevention, HPV is thought to cause 70 percent of oropharyngeal cancers in the U.S. This topic will be covered at the symposium by Erich Sturgis, M.D., a professor in the department of head and neck surgery and department of epidemiology at MD Anderson.

Other topics covered include the HPV

vaccination; cervical cancer; emerging treatments of oropharyngeal cancer and their long-term impact; and two sessions on the dentist's role.

The symposium will wrap up with a survivors panel, which includes Sandra Wexler, an oropharyngeal cancer survivor from Houston who credits her dentist with saving her life after a head and neck screening during a routine checkup.

Dr. Boghosian said the symposium could be a meaningful way for dentists to be introduced to this subject and get the insight she gleaned through witnessing her friend's cancer experience, such as how to comfort patients enduring harsh side effects of treatment and help them manage the disease successfully.

"Yes, you want to eliminate the cancer, but you'd like to keep your teeth while you're doing it," she said. "Dentists play a critical role in that."

For more information on the symposium or to register, visit ADA.org/ADA17OralCancer. ■

ADA Foundation distinguishes GKAS award recipients

Hawaii dentist and Premier CEO to receive Smile Champion Award

BY MATT CAREY

The president of the Hawaii Dental Association's Young Dentist Group and the head of Premier Dental Products Co. are the recipients of the ADA Foundation's Smile Champion Awards for Give Kids A Smile, the Foundation announced in September.

Dr. Scott Morita will receive the 2017 Jeffrey Dalin, D.D.S. GKAS Volunteer Award and Julie Charlestein will get the 2017 Steven W. Kess GKAS Corporate Volunteer Award. They will receive their awards at the Give Kids A Smile Volunteer Recognition Reception Oct. 19 during ADA 2017 in Atlanta.

Dr. Morita earned his doctorate in dental surgery at the Herman Ostrow School of Dentistry of University of Southern California. He also has a master's degree in craniofacial biology and a certificate in orthodontics.

Dr. Morita organized the first Give Kids A Smile Hawaii event in 2014. Since then, the program has developed into a yearly education program at public elementary schools that has reached more than 3,000 children. The program also hosts a large event day at Makahiki Dental Clinic in Honolulu, where 350 children receive free cleanings, exams, and fluoride treatments. Dr. Morita was also instrumental in the

establishment of the Hawaii Dental Association Foundation. The nonprofit 501(c)3 foundation will encompass GKAS Hawaii.

"We have worked on raising public awareness by arranging for proclamations to be signed by the governor of Hawaii and the mayor of Honolulu, and the state senate, recognizing February as Give Kids A Smile Hawaii Month," said Dr. Morita.

Ms. Charlestein is the president and CEO of Premier Dental Products Company, a business

started by her great-grandfather in 1913. Ms. Charlestein also serves on the board of overseers for the University of Pennsylvania School of Dental Medicine and the dean's advisory council at Temple University Maurice H. Kornberg School of Dentistry.

"GKAS is a program of the utmost importance whose mission Premier fully supports," said Ms. Charlestein. "We are so fortunate to be able to develop meaningful innovations that deliver better oral health to the children that

GKAS touches. Engrained in Premier's culture is the importance of community involvement and the recognition that all are deserving."

Since 2012, the ADA Foundation's Smile Champion Awards for Give Kids A Smile have recognized outstanding volunteer and corporate efforts to strengthen and expand the Give Kids A Smile program. To learn more about this and other ADA Foundation programs, visit ADAFoundation.org. ■

—careym@ada.org



Dr. Morita



Ms. Charlestein

ments. Dr. Morita was also instrumental in the

HPI course tackles health care landscape

Atlanta — To help dentists learn how health care reform will impact dental care, the ADA Health Policy Institute will host The Shifting Health Care Landscape and Your Practice (5811, 6811) during ADA 2017.

Marko Vujicic, Ph.D., ADA chief economist and vice president, HPI, will lead the no-fee course Oct. 19, from 12:15-12:45 p.m., and Oct. 20, from 12:15-12:45 p.m.

"The dental care market is going to go through major changes in terms of supply and demand," Dr. Vujicic said. "Health care reform, despite what dentists may think, will impact this. You need to be up to speed on the big market trends."

To register for the Oct. 19 course (5811) or the Oct. 20 course (6811), visit ADA.org/meeting.

ADA 2017 – America's Dental Meeting runs Oct. 19-23 in Atlanta. To register or learn more, visit ADA.org/meeting. ■

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DENTAL

Maryland dentist focuses on dentistry's role in diabetes awareness

BY MICHELLE MANCHIR

Baltimore — As a person with Type 1 diabetes, Dr. Gary Hack wears an insulin pump and a continuous glucose monitor at all times to manage the condition he's had for 30 years.

"I understand how hard it is to deal with this disease," he said.

As a professor at the University of Maryland School of Dentistry, he's working to ensure future dentists can appropriately assist patients affected by the disease.

Through a pilot program launched in 2014, all second-year dental students learn how to measure the blood glucose levels of university dental clinic patients, when appropriate, by using a blood glucose meter, or glucometer. The test is offered to patients who have diabetes risk factors such as obesity or a family history of the disease. Students refer patients with high blood glucose levels to medical colleagues at the university or to their primary care providers. The program is supported by the Maryland Office of Oral Health, which provided the glucometers.

Many of the students see the instruction as a crucial part of their dental education.

"Diabetes is a public health epidemic that requires all health care professionals to be on board," said Alexandra Fitzgerald, president of the dental school's chapter of the

American Student Dental Association.

Since the pilot program launched in 2014, Dr. Hack said, the importance of dentists' awareness of diabetes has only increased.

"Every year, the numbers go up for this condition," he said. "The evidence that there's an association between gum disease and diabetes continues to increase and the number of people suffering goes up."

Indeed, nearly half of all Americans have diabetes, or are at high risk for developing the condition (prediabetes), according to data from the CDC. Of the 86 million people with prediabetes, about 90 percent of them don't know they have it, according to the CDC.

The ADA currently has no policy related to diabetes screenings, though it does offer an online CE course and information for dentists about oral diseases and conditions related to diabetes. Dr. Jerry Brown, a retired clinical dentist who has diabetes and was the first health professional with a dental degree to earn board certification as a Certified Diabetes Educator from the National Certification Board for Diabetes, leads the course. To access the course, visit ADACEonline.org and search for the course title, Diabetes Mellitus and the Dental Professional.

The ADA Science Institute has compiled information about diabetes on its Oral

Health Topics website. Visit ADA.org and search for "Oral Health Topics" and click on "D" to find the diabetes page.

Furthermore, earlier this year, the Code Maintenance Committee for the ADA Code on Dental Procedures and Nomenclature approved a code to report a chairside glucose screening procedure. "D0411 HbA1c in-office point of service testing" is the new code in CDT 2018. It covers finger-stick random capillary HbA1c glucose testing. Hemoglobin A1c, or HbA1c for short, is a measure of the amount of hemoglobin that is glycosylated — meaning that it has glucose attached. It provides an indication of circulating levels of glucose over the previous three months.

The ADA's guide to D0411 is available online at the ADA's Coding Education page, ADA.org/cdt by clicking on "Coding Education" on the left-hand side. It includes information about how this chairside screening procedure aids in obtaining objective data that can be given to the patient's physician through a referral, and helps the dentist determine possible effects on treatment plans.

Dr. Hack said the new D0411 code might not be enough to motivate dentists to incorporate screening into their day-to-day practices, especially considering the high price

of HbA1c devices. Because of that, he is working on submitting a request for a code to cover a procedure that uses glucometers, which are less expensive.

Dr. Hack's efforts regarding dental professionals and diabetes don't stop there. He also serves as a consultant to the American Diabetes Association, which earlier this year for the first time included "Screening in Dental Practices" in its Standards of Medical Care in Diabetes 2017 document.

It states, "Because periodontal disease is associated with diabetes, the utility of chairside screening and referral to primary care as a means to improve the diagnosis of prediabetes and diabetes has been explored...with one study estimating that (30 percent of patients 30 and older) seen in general dental practices had dysglycemia. Further research is needed to demonstrate the feasibility, effectiveness and cost-effectiveness of screening in this setting."

For Dr. Hack, screening for diabetes in at-risk dental patients can't come soon enough, though he emphasizes that diagnosing diabetes is "outside of our scope of practice, but screening and referring when appropriate is absolutely needed now."

"Dentists can play a critical role in mitigating the spread of this disease," he said. ■

—manchirm@ada.org

Guideline

Continued from Page 1

- When examining their patients, dentists need to distinguish among mouths with no lesions, mouths with seemingly innocuous lesions, and mouths with lesions suspected to be potentially malignant or malignant and act accordingly.

- For lesions suspected to be malignant, an immediate biopsy of the lesion or referral to a specialist is recommended.



Dr. Lingen

- The guideline does not recommend the use of salivary or light-based adjuncts for evaluating lesions for malignancy.

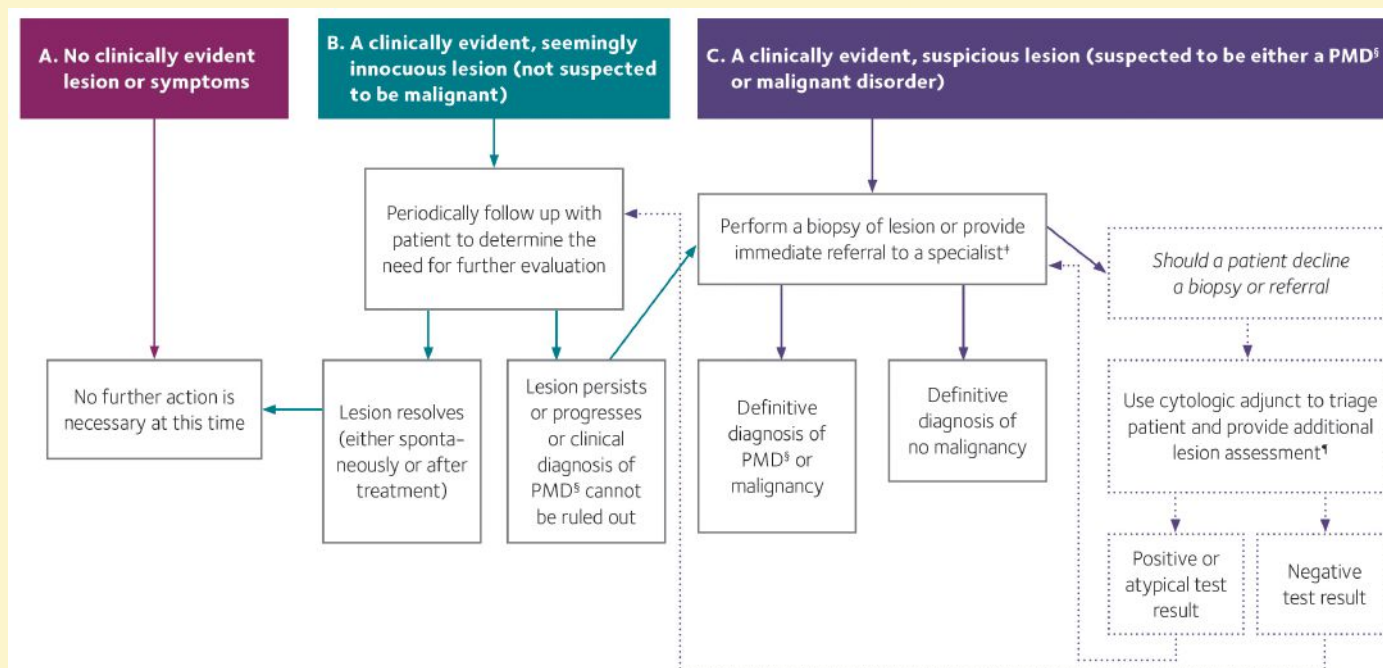
The guideline comes after an expert panel convened by the ADA Council on Scientific Affairs and the Center for Evidence-Based Dentistry conducted a systematic review of the best available evidence. The article in the October issue of JADA includes an easy-to-follow summary of the guideline's recommendations in a pathway that depicts how dentists should proceed with each of the clinical scenarios mentioned in the first bullet point above.

A Chairside Guide is also available in JADA as an easy reference for clinicians, said Dr. Mark Lingen, Ph.D., chair of the guideline's expert panel and an oral and maxillofacial pathologist and professor of pathology at the University of Chicago Pritzker School of Medicine.

"This guideline is the result of a collaborative effort between ADA staff and experts in oral cancer for the expressed use and benefit of the ADA membership

Clinical pathway for the evaluation of potentially malignant disorders in the oral cavity

Clinicians* should obtain or update patient history† and perform an intraoral and extraoral conventional visual and tactile examination in all adult patients. If during initial, routine or emergency examinations, a patient has:



* "Clinician" refers to general dentists, specialists, and hygienists.

† Along with evaluation of lesions, clinicians should take a comprehensive history that considers signs and symptoms of disease. Symptoms could include globus sensation, unexplained ear or oropharyngeal pain, and hoarseness.

‡ Specialists have advanced training in oral and maxillofacial surgery, oral and maxillofacial pathology, oral medicine, periodontology, and otolaryngology – head and neck surgery (ENT).

§ "PMD" refers to potentially malignant disorder.

¶ If cytologic adjunct is used, downstream consequences of true-positive, false-positive, true-negative, and false-negative test results should be considered. In particular, clinicians need to periodically monitor patients who test negative for the target condition via cytologic testing to minimize the downstream consequences of a potential false-negative result (that is, to avoid a delayed definitive diagnosis or treatment).

Source: "Evidence-based Clinical Practice Guideline for the Evaluation of Potentially Malignant Disorders in the Oral Cavity: A Report of the American Dental Association"

and, most importantly, the patients we are charged with caring for," said Dr. Lingen.

This guideline serves as an update of the ADA's 2010 recommendations on screening for oral squamous cell carcinomas.

The article laying out the guideline is the

cover story of the October issue of JADA and is available online at JADA.ADA.org.

Dr. Lingen will present the guideline's recommendations during a talk, ADA Clinical Practice Guidelines on the Evaluation of Oral Cancer (6809), on the ADA

Science Institute Stage at ADA 2017 – America's Dental Meeting at 8 a.m. on Oct. 20.

For more information, visit ADA.org/meeting. ■

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Tooth erosion new topic for ADA Catalog brochure

BY DAVID BURGER

What's eating you? Or, rather, what's eating your teeth?

The ADA released a new brochure in September, highlighting the need for crucial patient education on tooth erosion.

The ADA also revised 20 brochures the same month, including the ADA's most popular brochure, Periodontal Disease: Don't Wait Until It Hurts (W121).

The brochure on tooth erosion comes on the heels of an announcement from the ADA Council on Scientific Affairs that they created a new ADA Seal of Acceptance category on the topic, recognizing that there may be over-the-counter products that can help prevent or

Brochures targeted to parents mention the new juice guideline from American Academy of Pediatrics — no juice of any kind for children under 12 months; avoid or use very sparingly after the first year.

The overhauled Periodontal Disease brochure, for example, uses up-to-date images and plain language to review every aspect of periodontal disease — from prevention to treatment. The 12-panel brochure also includes updated illustrations of probing, scaling and root planing and periodontal surgery, along with bone loss X-rays and stages of periodontal disease photos. The brochure teaches patients that early treatment is key to preventing tooth loss.

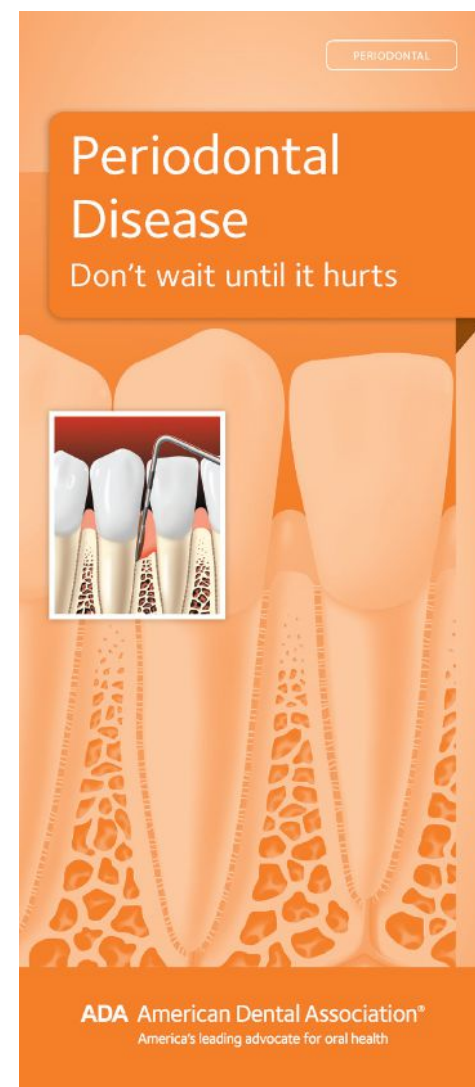


reduce enamel erosion from dietary acids.

This new brochure topic, outlined in Tooth Erosion: The Harmful Effects of Acid (W301), explains why acid is a major cause of tooth erosion and covers how erosion can occur from acidic drinks like soda, acid reflux/gastroesophageal reflux disease (GERD), eating disorders and dry mouth. The eight-panel brochure also reviews what can happen to teeth if erosion is left unchecked, using real cases to illustrate what it looks like and the damage it can cause. It also explains the ways that erosion can be managed and prevented.

The ADA updated 20 existing brochures. Patient education brochures from the ADA Catalog are revised every three years to ensure accuracy.

The retooled brochures include many new or updated clinical images and more reader-friendly language to ensure patients understand recommendations from their dentists.



Among the 20 brochures just revised are:

- Scaling and Root Planing: A Treatment for Gum Disease (W613).
- Dental Implants: Are They an Option for You? (W234).
- Dental Sealants: Protecting Teeth, Preventing Decay (W291).
- Root Canal Therapy Can Save Your Tooth (W117).
- Periodontal Maintenance: Stay on Top of Gum Disease (W263).
- Why Doesn't My Insurance Pay for This? (W265).

Many of the brochures are also available in Spanish and/or can be personalized with the practice's contact information.

Readers can save 15 percent on brochures and all ADA Catalog products (including CDT 2018) with promo code 17153 until Nov. 30. To order, visit ADAcatalog.org or call 1-800-947-4746. ■

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ADA commends CVS in battling opioid epidemic

CVS Health launches company-wide boost in fight against opioid use, misuse

BY DAVID BURGER
Woonsocket, R.I. — The ADA applauded retail pharmacy and health care organization CVS Health’s Sept. 21 announcement that it is boosting its company-wide initiatives supporting safe drug disposal, utilization management of pain medications and funding for treatment and recovery programs, according to a CVS news release.

“The misuse and abuse of opioids is a public health crisis we have to work together to solve,” said Dr. Gary L. Roberts, ADA president, in the release. “As prescribers of opioid pain medications, dentists can help keep these drugs from becoming a source of harm for patients, and the American Dental Association is absolutely committed to working with our fellow health organizations to promote the appropriate use and disposal of controlled substances. The ADA will do everything we can to help end this national emergency.”

The company’s increased efforts are a result of the country’s escalating opioid crisis, said Larry J. Merlo, president and CEO of CVS Health, in the release. “As America’s front door to health care with a presence in nearly 10,000 communities across the country, we see firsthand the

impact of the alarming and rapidly growing epidemic of opioid addiction and misuse,” he said. “Today we are announcing an expansion of our enterprise initiatives to fight the opioid abuse epidemic.”

Mr. Merlo added, “Without a doubt, addressing our nation’s opioid crisis calls for a multipronged effort involving many health care stakeholders, from doctors, dentists and pharmaceutical companies to pharmacies and government officials.”

As of Feb. 1, 2018, outlined in the release, CVS Caremark — CVS Health’s prescription benefit management subsidiary — will roll out an enhanced opioid utilization management approach for all commercial, health plan, employer and Medicaid clients unless the client chooses to opt out. This program will include limiting to seven days the supply of opioids dispensed for certain acute prescriptions for patients who are new to therapy; limiting the daily dosage of opioids dispensed based on the strength of the opioid; and requiring the use of immediate-release formulations of opioids before extended-release opioids are dispensed.

CVS pharmacies will also strengthen counseling for patients filling an opioid prescription with a safe opioid use education program highlighting opioid safety and the dangers of

addiction, the release said. This clinical program will educate patients about the guidelines for opioid prescribing published by the Centers for Disease Control and Prevention. Pharmacists will counsel patients about the risk of dependence and addiction tied to duration of opioid use, the importance of keeping medications secure in the home and methods of proper disposal.

In addition to limiting opioid dispensing, CVS Health will be expanding its Medication Disposal for Safer Communities Program to a total of 1,550 kiosks, including 750 additional disposal units in pharmacies across the country with locations in Florida, Massachusetts, North Carolina, Pennsylvania, South Carolina and the District of Columbia this fall. CVS Health has previously donated more than 800 medication disposal units to local police departments in 43 states.

The CVS Health Foundation also committed \$2 million to its investments in mitigating prescription drug abuse with support for federally qualified community health centers to increase access to medication-assisted treatment and other recovery services, the release said.

Continuing the ADA’s commitment to ending the opioid epidemic, Dr. Roberts noted President Donald Trump’s statement

identifying opioid abuse as a national emergency Aug. 10. Building upon the recommendations of a July 31 interim report from the President’s Commission on Combating Drug Addiction and the Opioid Crisis, President Trump instructed his administration to use all appropriate emergency and other authorities to respond to the crisis caused by the opioid epidemic.

In the interim report, the commission reported that between 1999 and 2015, more than 560,000 Americans died from drug overdoses. In 2015, nearly two-thirds of drug overdoses were linked to opioids such as Percocet, OxyContin, heroin, and fentanyl. Since 1999, the number of opioid overdoses in America has quadrupled, according to the CDC, the commission reported.

“The ADA Practical Guide to Substance Use Disorders and Safe Prescribing,” is available. Readers can save 15 percent on this book and all ADA Catalog products (including CDT 2018) with promo code 17154 until Nov. 17. To order, visit ADACatalog.org or call 1-800-947-4746.

For more information about what these organizations are doing to battle the epidemic, visit cvshealth.com and ADA.org/opioids. ■

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American Association of Oral and Maxillofacial Surgeons joins project to reduce opioid abuse

BY DAVID BURGER
Parsippany, N.J. — The American Association of Oral and Maxillofacial Surgeons joined a research project in September with Pacira Pharmaceuticals and Aetna in a national program aimed at reducing the amount of opioids prescribed to patients undergoing third molar extractions.

The goal is to reduce the number of opioid tablets prescribed by at least 50 percent through the use of Pacira’s EXPAREL to provide nonopioid postsurgical pain control, said Dave Stack, chairman and CEO of Pacira, in an ADA News interview.

Aetna will reimburse oral surgeons enrolled in the program for their use of EXPAREL in impacted third molar extractions cases performed once the surgeons have completed training on use of the product.

“In light of our nation’s opioid epidemic, the American Association of Oral and Maxillofacial Surgeons is committed to the safe and responsible prescribing of opioids for acute and postsurgical pain control,” said Dr. Douglas W. Fain, the association’s president, in a news release. “We are pleased to see additional support for the use of non-opioid options like EXPAREL to provide oral surgery patients with long-lasting postsurgical pain control while reducing their need for high volumes of opioids.”

Mr. Stack said several oral surgeons who are part of the association were early adopters of EXPAREL and saw the impact it had on their prescribing practices. “When

they shared their experiences and patient feedback with their peers across the organization, it became clear there was a real opportunity to work together to address an unmet need for patients,” Mr. Stack said.

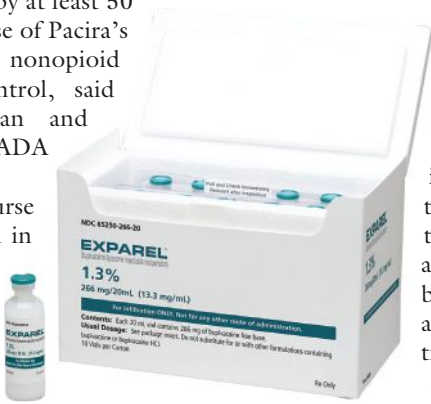
Mr. Stack continued: “Pacira and the association both recognize the importance of reducing patient exposure to opioids after surgery, especially in light of the national epidemic we are facing. This is particularly significant for individuals undergoing third molar extraction surgery, as many of these patients are young adults who have never been exposed to opioids and may be more susceptible to misuse or abuse.”

Aetna is identifying and enrolling between 200-500 oral surgeons within their network in the demonstration project.

Following a successful demonstration of opioid prescription reduction among those individuals, Mr. Stack said the companies involved have hopes to expand the use of EXPAREL to other oral surgeons. Selected surgeons will be contacted by Aetna and Pacira.

EXPAREL, indicated for single-dose infiltration into the surgical site to produce postsurgical analgesia, was launched in the U.S. in 2012.

For more information about what the ADA is doing to battle the epidemic, visit ADA.org/opioids. Additional resources can be found on the ADA Center for Professional Success and in the ADA Catalog. ■



New Dentist Conference opportunity to network during ADA 2017

BY DAVID BURGER

Atlanta — When North Carolina dentist Dr. Kristin Kaelke Miller says that one of the highlights of the New Dentist Conference is the networking, she means it.

“Well, at the meeting last year in Denver, I met someone at my 16th District lunch table that led me to get my awesome new job out of it,” Dr. Miller said. “An associate was there from a practice that was two minutes from where I live. The practice was somewhat new, but I don’t know if I would have found out about them as quickly if we hadn’t sat down and started talking that day. They were looking for someone with my background and experience, and the timing was perfect. Networking doesn’t get much better than that for me.”

Dr. Miller, a member of the class of 2011 of the University of Missouri-Kansas City School of Dentistry, has been going to the New Dentist Conference since 2014, with plans to attend the Atlanta conference.

The New Dentist Committee chair at the North Carolina Dental Society, Dr. Miller said there are many reasons why she makes it a point to be a part of each year’s New Dentist Conference. “I love going to see old friends

and faces and network with other like-minded dentists, new and old,” she said. “I catch up with old classmates from my dental school in Kansas City, but I get to see a lot of new dentist friends that live all across North Carolina, too. Even though we’re in the same state and all fairly involved in organized dentistry, I don’t regularly see them, so it’s fun to be able to hang out and relax together. I get a lot of opportunity to do continuing education near me, so the continuing education, social events and food are a bonus.”

Louisiana-based Dr. Raymond Jarvis, who graduated from the Louisiana State University

School of Dentistry in 2010, is one of two national New Dentist Committee members that work with the ADA to organize and plan the New Dentist Conference. Dr. Jarvis first attended the conference last year, and said he is a strong advocate for new dentists to come to Atlanta.

“One tough part about being a dentist is that we work in our practices by ourselves or with a small group of other dentists day in and day out,” Dr. Jarvis said. “The New Dentist Conference gives us a chance to interact with other new dentists from around the country to share and learn about our successes and failures. It can be very freeing to learn that we all share simi-

lar experiences of learning to manage the daily goings on of a dental practice, supporting our student debt, juggling work and family life, et cetera. On top of that, we have an amazing line up of inspirational speakers and CE courses as part of the New Dentist Conference.”

He added: “We really have put in a lot of work in to make this an amazing conference. I am looking forward to seeing many new dentists at the conference. I hope that everyone takes full advantage of everything the New Dentist Conference and the ADA Meeting has to offer.”

Learn more about the annual meeting at ADA.org/meeting. ■



Making new memories: Drs. Kristin Kaelke Miller and Scott Driver, best friends from dental school, reunite in Denver while attending the 2016 New Dentist Conference.

GKAS

Continued from Page 1

dental team members, 8,000 of whom are dentists. GKAS would not be possible without the continued support of national sponsors Henry Schein, Colgate and KaVo Kerr.

Each year, Give Kids A Smile is celebrated nationally on the first Friday in February. GKAS events do not have to take place in February. Many GKAS events take place throughout the year, such as GKAS back-to-school events that take place in August. GKAS events are intended as touch points for children who do not receive dental care. The ultimate goal is to establish a dental home for these children and continuity of care, according to the ADA Foundation website.

Coordinators can visit ADAFoundation.org/GKAS to view the Give Kids A Smile Increasing Continuity of Care webinar, which was presented May 30. The webinar covers strategies for increasing continuity of dental care for kids in need. Topics include how to conduct outreach to families and recruit children who are uninsured, and how program coordinators can refer families to apply for coverage. The website also includes the GKAS Toolbox for program planning guides, sample forms, letters and other materials.

Dentists with questions about Give Kids A Smile can email gkas@ada.org. ■

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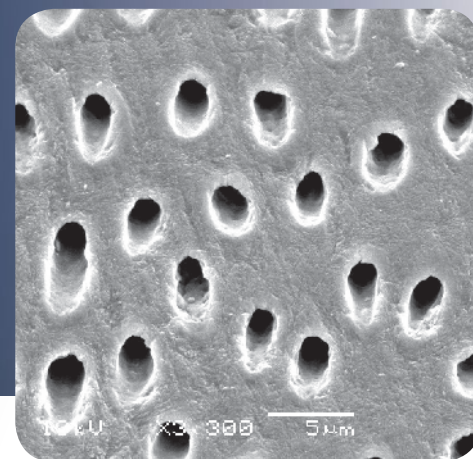
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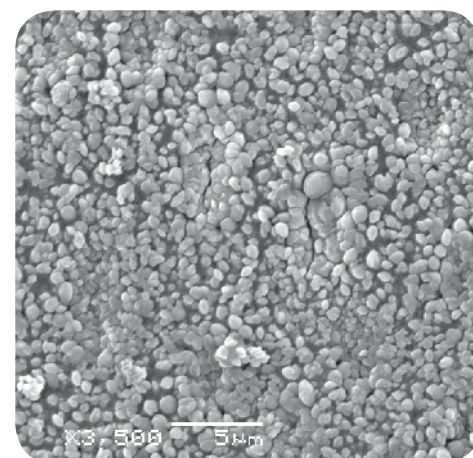
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