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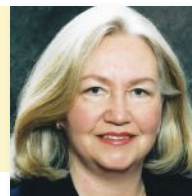
Decoding Dental Benefits
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Joseph P. Crowley, DDS
ADA President
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ADA News

NOVEMBER 20, 2017

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VOLUME 48 NO.21



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BRIEFS

Association seeks treasurer candidates

Members interested in running for ADA treasurer can visit ADA.org to find the information necessary to file for candidacy.

The ADA has posted a link to the Treasurer's Curriculum Vitae Form in the members-only section of ADA.org on the House of Delegates page.

The deadline for filing is



June 21, 2018.

The current ADA treasurer is Dr. Ronald P. Lemmo, whose second three-year term will end at ADA 2018 – America's Dental Meeting in Honolulu.

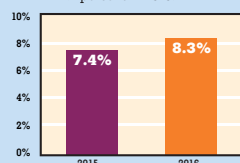
Per ADA Bylaws, the treasurer may hold the office for two consecutive three-year terms.

Members interested in applying should email Diane Ward, senior manager of strategic planning and special projects, with any questions at wardd@ada.org. ■

JUST THE FACTS

Dental service organization affiliation

In 2016, an estimated 8.3 percent of dentists in the U.S. were affiliated with dental service organizations, compared to 7.4 percent in 2015.



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

ADA to Congress: Provide fair, equal treatment for dental practices in tax bill

BY JENNIFER GARVIN

Washington — As Congress works to finalize tax reform legislation, the ADA is requesting the tax treatment of S Corporations in the current House bill be extended to all dental practices which are organized as pass-through entities or S Corporations.

In Nov. 8 letters to the Senate Finance Committee and House Ways and Means Committee, the ADA urged legislators to “reconsider a business tax issue that impacts our members.”

S corporations pass corporate income, losses, deductions and credits through to their shareholders for

federal tax purposes, according to the Internal Revenue Service. This enables shareholders to be taxed at their individual income tax rates and to avoid double taxation on the corporate income.

The provision in the current House bill that is intended to provide relief for S Corporations does

not apply to entities designated as personal services, such as dental offices.

“Because of this distinction, the ADA is concerned that affected dental practices are not receiving fair and equal treatment of their

See TAX BILL, Page 7

House of Delegates approves commission to recognize specialties in dentistry



Cards up: Members of the 2017 ADA House of Delegates vote in Atlanta.

BY KIMBER SOLANA

Atlanta — In an effort to reduce potential or perceived bias and conflict of interest in the decision-making process for recognizing dental specialties, the ADA 2017 House of Delegates voted Oct. 23 to establish a new commission to oversee the process.

Resolution 30H-2017 called for an amendment to the ADA Bylaws, and creates the ADA National Commission on Recognition for Dental Specialties and Certifying Boards.

Following the House of Delegates decision, the ADA Board of Trustees in December is expected to consider nominations and make appointments for the ADA's nine general dentist appointees to the new commission. The ADA is also requesting that the sponsoring organizations of the nine recognized specialties make their appointments. The new commission is expected to hold its first meeting in 2018, likely in spring or summer.

The establishment of the new commission will enhance the specialty recognition program that sets

ADA discourages DIY orthodontics

BY DAVID BURGER

Atlanta — The ADA “strongly discourages” the practice of do-it-yourself orthodontics because of the potential for harm to patients, according to a new policy passed by the 2017 ADA House of Delegates.

“Patients are being inundated with direct marketing campaigns encouraging them to initiate and manage their own orthodontic treatment. These campaigns are operating in multiple media outlets, including online, billboards and television ads,” said Dr. Craig Ratner, chair of the ADA Council on Dental Practice.

Dr. Ratner continued: “This year's ADA House of Delegates recognized the need for the ADA, as America's leading advocate for oral health, to take steps to educate patients about the potential pitfalls of self-managed orthodontic treatment. This new policy supports the importance of dentists being in charge of diagnosing and treating patients to ensure the safe delivery of appropriate care.”

The Michigan Dental Association transmitted Resolution 50H-2017 to the House. The state society's executive director and CEO, Karen Burgess, told ADA News that members brought the topic to the association's attention. Some research found that there was no policy addressing the issue.

The resolution states that the Association “believes that supervision by a licensed dentist is necessary for all phase of orthodontic treatment including oral examinations,

See SPECIALTY, Page 21

See ORTHODONTICS, Page 8

ADA outlines efforts to address opioid crisis

BY KIMBER SOLANA

The ADA outlined its efforts to curb the widespread misuse and abuse of prescription opioid pain relievers in a letter sent Nov. 6 to Chicago, Cook County and DuPage County officials.

"Like you, we are alarmed by the severity of opioid misuse and abuse in the United States, and we recognize that we can all do more to keep opioid pain medications from becoming a source of harm," ADA President Joseph P. Crowley and Execu-

tive Director Kathleen T. O'Loughlin said in the letter. "Dentistry continues to make progress on this issue."

The message was in response to a letter city and county officials sent Oct. 27 asking what the ADA and other health care-related groups are doing to address prescription opioid abuse. The letter, which was also sent to the Chicago-based American Medical Association and American Pharmacists Association in Washington, called for the groups to adopt a policy limiting

opioid prescribing to no more than seven days for acute pain.

In Cook County, there were at least 1,091 deaths due to opioid overdose in 2016, a 69 percent increase from the year before, according to the letter signed by Chicago Mayor Rahm Emanuel, DuPage County Board Chairman Dan Cronin and Cook County Board of Commissioners President Toni Preckwinkle.

"DuPage County, meanwhile, had over 200 opioid deaths in 2015, and then in

2016 saw a 100 percent increase in deaths from fentanyl alone and a 370 percent increase in deaths from fentanyl mixed with heroin," the officials' letter said. "Opioid deaths are now plaguing cities, suburbs and rural areas alike."

Drs. Crowley and O'Loughlin responded by highlighting the ADA's efforts in recognizing the severity of opioid misuse and abuse, and the strides it has made in educating dentist members about how they can help mitigate the crisis.

In 2016, then-ADA president Carol Gomez Summerhays published an open message urging dentists to take several actions to prevent opioid abuse by their patients. These steps included being more judicious in their opioid prescribing when less aggressive treatments are indicated and to also make sure patients leave their offices knowing about their abuse potential and how to safely secure, monitor and discard their unused medications at home.

In addition, the ADA updated its clinical guidelines for managing dental pain, especially for patients who are at risk for drug overdose and/or addiction and encouraging dentists to consider using non-narcotic medications as a first-line pain therapy.

"Like you, we are alarmed by the severity of opioid misuse and abuse in the United States, and we recognize that we can all do more to keep opioid pain medications from becoming a source of harm. Dentistry continues to make progress on this issue."

The ADA also has offered free online continuing education on safe and effective opioid prescribing since 2012. The Association also developed "The ADA Practical Guide to Substance Use Disorders and Safe Prescribing." The clinical reference manual includes techniques dentists can use to manage pain for patients who may be at risk for substance dependence.

In October, the ADA submitted comments urging the Senate Committee on Health, Education, Labor and Pensions and House Committee on Energy and Commerce to better distinguish pain management in dentistry from pain management in medicine, specifically when it comes to managing acute pain versus chronic pain.

Drs. Crowley and O'Loughlin also noted the efforts of the Illinois State Dental Society and the Chicago Dental Society, which have engaged their members in a number of local educational activities and outreach.

The ADA letter invited the elected officials to visit the ADA Headquarters to identify evidence-based and common sense strategies that can be implemented locally to end the crisis.

In the meantime, the ADA letter said, the ADA will continue raising professional awareness about prescription opioid abuse and offering resources to promote more judicious prescribing of prescription pain relievers.

"Rest assured, we will do everything in our power to address this problem," Drs. Crowley and O'Loughlin said. ■

—solanak@ada.org

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December webinar to help dentists collect what they produce

The ADA Council on Dental Practice is sponsoring a one-hour program, GPS Managing Finances Webinar: How to Collect What You Produce, on Dec. 7 to assist dentists in making sound business decisions when helping patients finance treatment.

"Running a successful dental practice requires dentists to be more than a master of clinical work," says Dr. Julia K. Mikell, a member of the Council on Dental Practice and chair of its subcommittee on the Guidelines for Practice Success. "The dentist must also be an informed and smart business owner who understands the importance of tracking expenses, maximizing revenue and

minimizing risk."

The webinar is scheduled for noon-1 p.m. Central Standard Time. The presenter is Cathy Jameson, Ph.D., founder of Jameson Management, an international dental management and marketing firm.

**Dr. Mikell**

This program is the third in a series of webinars based on content from the ADA Guidelines for Practice Success modules. This webinar recaps some of the information available in the GPS module on Managing

Finances. That resource offers tips on overseeing the revenue and expenses in a dental practice, including handling patient financing options; resolving credit card disputes; budgeting for rent and mortgage; managing payroll; taxes and more. It also offers information about different dental benefit plans, including indemnity, managed care, capitation and government-funded programs such as Medicaid and Medicare.

One hour of continuing education credit is offered to participants who complete at least 45 minutes of the program.

Register for the free webinar at <https://cc.readytalk.com/r/14g5fe1w7gnj&com>. ■

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VIEWPoint

MyView

I don't belong here



Steve Chan, D.D.S.

It was hard getting started. I went to a private school, so I was deeply in debt when I finished. Doing three more years of post-grad training, seemingly, just delayed finding a job where I could support my family.

But despite being in a recession where the big industry in town just closed; despite double digit interest rates to borrow money; despite the prospects of getting associateships within a 40-mile radius drying up; and despite intense hostile competition in town for a new dentist, it was time for us to start a practice.

We were starting from scratch. We didn't know anyone in the area. The local dental society seemed like a good place to start meeting people — especially as a new specialist in town.

I looked forward to my first dental society dinner meeting. I came early. I walked into the room. I saw someone that I met recently for lunch. Specialists do that kind of thing. He was pleasant and smiled. Then he turned and continued talking to a group of people he was with.

I wandered around the room a few times. It seemed there weren't too many seats not saved or taken. I found a seat at a back table. I introduced myself. People to the left of me turned and continued their conversation. People to the right were talking about their kids' soccer game.

I didn't know anyone else in that room. I read those flyers at the table from the vendors sponsoring the dinner again and again. I felt like that room was getting bigger and bigger. Maybe I should just go home. I could be home playing with my kids. I don't belong here.

Maybe if I volunteered with the dental society, I could meet a few people. I volunteered to help for what I found out was an almost dead dental health poster contest. But it was a chance to meet the merchants in the community. I had a lot of time on my hands. It was a chance to meet other dentists for reasons more than Steve Chan trying to get referrals.

That poster contest caught the attention of some of the leaders of the dental society. They asked me to serve on the board.

A leadership conference was coming up in the state capitol. But I was starting my practice from scratch. I had to see if I could afford to go. I made \$600 that week. I made enough to pay my rent.

All I would need to make is another \$600 to pay my dental assistant. There were two weeks more in the month. I still had to make enough to pay my school and practice loan payments for that month.

I was going to take a chance and go to this leadership conference.

I would get a chance to meet some important people: people whom I read about. I was going to learn the secrets of leadership.

The headliner speaker came to the podium and opened with,

"I don't know why the young people aren't joining us. It can't be the money."

The color just rushed out of my face.

I was only three years out of my graduate program. There were no dues reductions for new grads back then. The dues were \$1,000. They wanted it up front.

My school loan repayment just ramped up. My monthly loan payments now included repayment of the principal as well as the interest. I had two young kids. I couldn't find another associateship. What I owed each month was barely what I made.

See MY VIEW, Page 5

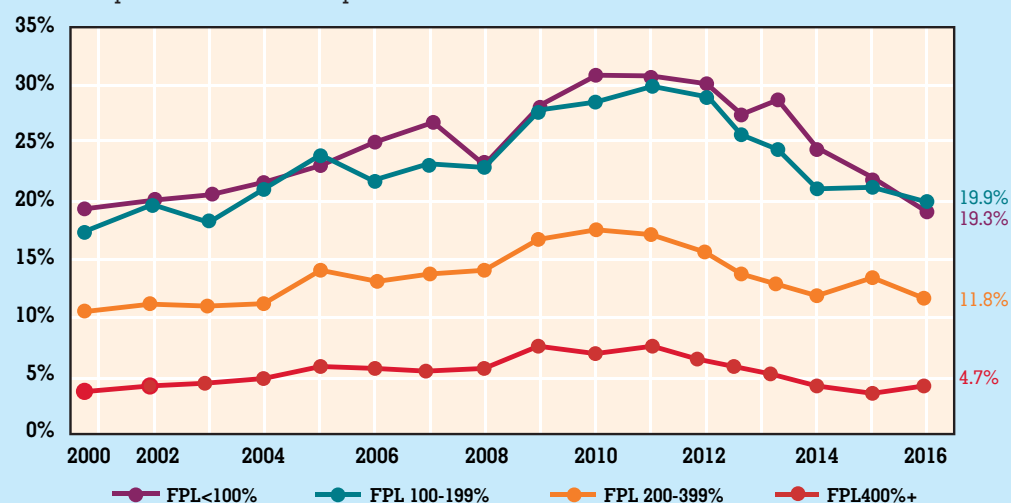
LETTERSPolicy

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SNAPSHOTS OF AMERICAN DENTISTRY

Cost as a barrier to dental care

In 2016, cost barriers to dental care were down for most household income groups. The lowest income group — an income of 100 percent below the federal poverty level — has seen a particularly dramatic reduction in the past few years, going from 30.9 percent in 2010 to 19.3 percent in 2016.



Source: ADA Health Policy Institute, Cost Barriers to Dental Care in the U.S. Available from: ADA.org/en/science-research/health-policy-institute/publications/infographics.

Letters

Evolution and decay

Kudos to Dr. Mark Koday on his Viewpoint column, "Access: Only One Part of the Solution," in the Oct. 16 ADA News. His conclusion that despite the manpower and money the current system is failing to solve, the access to care problem is correct. My research with anthropologists has led me to conclude that this approach will never work because we are looking at decay through the wrong paradigm.

Every first-year dental student is shown a Venn diagram with three interlocking circles. One is labeled teeth, another bacteria and the third sugars and starches. Where they interlock is labeled decay. The model, or treadmill, that Dr. Koday has spent his career on is about outreach, education and prevention. Sealants, brushing and fluoride only attack two of the circles. An understanding of evolutionary biology is the key to opening the door that will collapse the third circle, the one with sugars and starches.

Homo sapiens have walked this planet for about 250,000 years. Decay was infrequent until we started farming and eating grain products about 12,000 years ago. Humans have been making tools for longer than we have

existed as a species, yet no one invented a toothbrush until about 3,000 years ago. Why? They did not need them. They were eating a species-appropriate diet. Today, we do not. No other animal eating its proper diet gets decay. We would not either.

We must examine this paradigm that evolution has given us. The human daily obligate need for carbohydrates is exactly zero. You have

the treadmill of more dental schools, more clinics, more public funding and more failure. A cynic might even call the current model of dentistry self-serving. To move forward, we need to look back on human evolution and examine what we are adapted to eat and promote that as a profession. That is how we solve access to care. That is how we bring costs down. That is how we win.

John A. Sorrentino, D.M.D.
Hopewell Junction, New York

Access solutions

Dr. Mark Koday hits it out of the ballpark with his comments in his My View, "Access: Only One Part of the Solution," which was published in the Oct. 16 ADA News. His comments are directed at those who suggest that access to care is the cause of so much decay. Unfortunately, lack of home care, not access to care, is the problem. Face it: Americans are lazy. They don't clean their teeth well. So much of the professional care I provide is prevented with two to three minutes of brushing, flossing and picking per day. Prevention is cheap by comparison to treatment.

David W. Urban, D.D.S.
Falls Church, Virginia



MyView

Continued from Page 4

I was sinking deeper into the chair. \$1,000 in dues was not a big deal for people in that room. I was very, very embarrassed. I'm not even in the same class of people in that room.

I started to get up and leave. Maybe I could go back to the office and wait for a call for a patient to come in. Maybe I should go home. I don't belong here.

I went to my first state House of Delegates meeting. People came from all over the whole state. This would be like going to Congress. There were lofty speeches and eloquent people giving passionate pleas. I wish I could talk like those people.

One night, there was a big gala. People were dressed up. One ticket was more expensive than what my wife and I spent for the both of us when we treated ourselves. No one else from our dental society was going. But here was a chance to meet some famous people. It seemed to be the right thing to do.

It looked like most of the tables were reserved with the names of different dental societies. Other tables had people who were on the same state councils or committees. They were waving at others coming in that room, saving seats for them. They looked like they were old friends.

As the event got started, we looked for our table. We circled around nearly twice. There it was in the very back of the room. The stage seemed miles away. My wife and I sat down.

There were eight other place settings. There were eight other empty seats at that table. We sat there for a very, very long time. No one else came to sit at our table. This big gala was about to start. The stage was far, far away.

We looked at each other. Maybe we should just go home. We don't belong here.

The state trustee for our county saw us. You could tell he was pretty important. People kept coming up to him to talk to him. They came to him one right after another. Even the famous people in that room came up to him.

He and his wife came over to our big dark empty table. His wife must have been pretty important. She was the chairperson of something called a reference committee. She was at another table with her committee members near the front stage. People kept coming up to talk to her too.

They left their reserved tables at the front of the ballroom. They left their friends and other famous people in the state. You had to be pretty important to sit in the front of the room.

They came and sat with us.

This was the third turning point in my professional life.

It was the third time where I almost quit.

Our path in this profession would have been different.

They reached out and touched our lives. It was a powerful lesson in leadership.

Maybe it's not just about an exhibit hall where you can see rows and rows of the latest new toys for the office and pick up a few freebies.

Maybe it's not just about getting malpractice insurance.

Maybe it's not just about getting continuing education credits.

Maybe it's not just about fighting insurance companies.

Maybe it's not just about standing our ground with the government.

Maybe it's more than that.

Dr. Steve Chan is the immediate past president of the American College of Dentists; past president of the California Dental Association; founder of the CDA Foundation, and past president of the California Society of Pediatric Dentists.

University of Washington names interim dental school dean

Seattle — The University of Washington announced Oct. 31 that Dr. James Johnson is serving interim dean of the School of Dentistry.

Dr. Johnson, who has chaired the school's department of endodontics since 2003, takes over from Dr. Joel Berg, who has led the school since 2012.

"Dr. Johnson has led his department with distinction, and we are truly fortunate that he has agreed to take on this leadership role in the School of Dentistry," said Jerry Baldasty, University of Washington provost and

executive vice president, in a news release.

Dr. Johnson earned his dental degree from Northwestern University Dental School and served as a dental officer in the U.S. Air Force. He practiced privately in Colorado before returning to Northwestern to earn a certificate in endodontics and a master's degree in 1985. He then returned to active duty in the Navy.

Prior to coming to the University of Washington, Dr. Johnson served as a captain in the U.S. Navy Dental Corps. He chaired the endodontics department and directed

the advanced specialty education program in endodontics at the Naval Postgraduate Dental School.

Dr. Johnson's research and academic interests include surgical and nonsurgical endodontics, pulpal and periradicular biology and pathology, and instrumentation of the root canal system. He has published numerous scientific papers, and has lectured in the United States and Europe.

Dr. Berg will continue to be active in the dental school, where he is a professor in the department of pediatric dentistry. ■

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GOVERNMENT

ADA supports removing Part D requirement

BY JENNIFER GARVIN

Washington — The ADA said Nov. 1 that it is “pleased” to support the Protecting Seniors Access to Proper Care Act of 2017, legislation that supports removing the mandate for dentists — and other providers who are low prescribers and do not participate in Medicare — requiring they be enrolled in or opted-out of Medicare Part B in order for their written prescriptions to be covered under Medicare Part D.

In a letter to House Committee on Ways and Means Chair Kevin Brady, R-Texas, and Ranking Member Richard Neal, D-Mass., ADA President Joseph P. Crowley and Executive Director Kathleen T. O’Loughlin said that if the mandate is not removed, “many seniors will not have access to the dental care they pay for in their Medicare Advantage plan from the dentists of their choice or the prescription coverage they are promised when they enroll in Part D.”

The Protecting Seniors Access to Proper Care Act of 2017, H.R. 4169, was introduced by Rep. Kenny Marchant, R-Texas. In addition to the committee letter, the Association also thanked Rep. Marchant in an Oct. 31 letter.

The ADA reminded legislators that under Section 6405(c) of the Affordable Care Act, the Centers for Medicare and Medicaid Services was provided the discretion to require all health care professionals who prescribe to Part D beneficiaries to enroll in or opt out of Medicare Part B, including those providers who do not receive reimbursements from Medicare. By enrolling, Drs. Crowley and O’Loughlin noted, “dentists agree to the rules, regulations, and guidelines of Medicare” and “must open their practices up to the government for audits, while not taking reimbursements from the program.” For dentists who elect to opt out of Medicare, they forfeit their ability to participate in Medicare Advantage plans.

“In short, under the current CMS rule, there are no good options for dentists and their patients,” Drs. Crowley and O’Loughlin said.

Additionally, the ADA stressed that there are no “legitimate fraud enforcement requirements that necessitate the inclusion of den-

tists who do not participate in Medicare” under the CMS rule.

“State licensing boards grant the authority to practice and they maintain records on the identities of licensed dentists in good standing within each state,” Drs. Crowley and O’Loughlin said. “The boards are, and will continue to be, the main investigative and disciplining body for prescribing authority.”

The Association has advocated for the removal of the mandate since it was introduced by the Centers for Medicare and Medicaid Services in 2014. On Nov. 13, the ADA asked CMS to re-examine the Medicare Part D enrollment requirement for dentists and other health care professionals who do not submit claims for reimbursement to Medicare based on the fact

that CMS currently has access to the information needed to maintain program integrity through the practitioners’ National Practitioner Identification, as verified by a recent report published by the HHS Office of the Inspector General.

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

—garvinj@ada.org

Tax bill

Continued from Page 1

business income,” wrote ADA President Joseph P. Crowley and Executive Director Kathleen T. O’Loughlin, noting that most dental offices are small businesses and as many as 53 percent of those practices are structured or organized as pass-through entities or S Corporations.

“The dental industry in the United States is both a revenue producer and job creator,” Drs. Crowley and O’Loughlin wrote. “One dental office contributes an estimated \$1.7 million dollars annually to the economy. The industry overall contributes to numerous sectors, from trade and manufacturing, to real estate and utilities.

“In any given year, it is estimated that the dental industry has an economic impact of \$272 billion,” they concluded, citing research from the ADA Health Policy Institute. “Our dental office S Corporations are key ‘main street’ businesses and should be treated as such under any proposal to revise S Corporation tax rates.”

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Orthodontics

Continued from Page 1

periodontal examinations, radiographic examinations, study models of scans of the mouth, treatment planning and prescriptions, periodic progress assessments and final assessments with stabilizing measures.”

The American Association of Orthodontists was not involved in the creation of the resolution but has been cautioning consumers about the dangers of DIY orthodontics in the past year.

In a survey conducted among its members, according to a news release on the AAO web-

site, the AAO reported that nearly 13 percent of its member orthodontists are seeing patients who have tried do-it-yourself teeth straightening, with some of those attempts causing irreparable damage.

In response, the AAO issued a “consumer alert” on the home page of its website, stating: “The American Association of Orthodontists is urging consumers to beware of Internet videos and websites which encourage people to try and straighten their own teeth. Moving teeth is a medical procedure and needs personal supervision by an orthodontist. Please be wary of any suggestions to move teeth with rubber bands, dental floss or other objects ordered on the Internet. Moving teeth without a thorough examination of

the overall health of the teeth and gums could result in the permanent loss of teeth, which may result in expensive and lifelong dental problems. Orthodontists receive two to three years of specialized education beyond dental school and are specialists in straightening teeth and aligning the bite.”

Kevin Dillard, AAO general counsel, told the ADA News that the AAO has filed complaints with dental boards and attorneys general in 36 states regarding companies providing aligners through an online service. In addition, he said, at least three dental boards — in Alaska, California and West Virginia — have opened investigations into one of the companies, SmileDirectClub. In August, Alaska’s board voted to ask the state’s licens-

ing division to send a cease-and-desist letter barring SmileDirectClub from selling there, Mr. Dillard said.

Mr. Dillard said the complaints allege that SmileDirectClub is violating laws that exist to protect the public. The AAO complaints argue that these companies are performing medical work that many state laws reserve for licensed professionals, such as taking bite casts and delivering dental appliances to patients.

Some of the businesses, such as SmileDirectClub, contend that they function as a marketing company for dentists, connecting them to customers, Mr. Dillard said. He said that claim is difficult to accept. Part of their marketing, he said, is that people can skip going to the dentist.

On Oct. 26, attorneys for SmileDirectClub filed suit against the Michigan Dental Association in the U.S. District Court for the Western District of Michigan for “false light” and “trade libel” with regard to an August 2017 article published by the MDA in the Journal of the Michigan Dental Association.

SmileDirectClub did not respond to attempts to reach it by ADA News, but in a SmileDirectClub news release, Alex Fenkell, SmileDirectClub co-founder, said, “The inaccuracies and misrepresentations in the MDA article are egregious. We’re committed to fighting back against this type of anti-competitive activity because we believe

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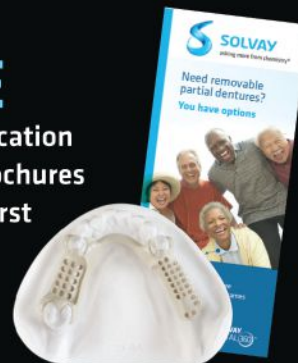
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“The American Association of Orthodontists is urging consumers to beware of Internet videos and websites which encourage people to try and straighten their own teeth. Moving teeth is a medical procedure and needs personal supervision by an orthodontist.”

people deserve an accessible and affordable option for obtaining a better and healthier smile.”

In the same release, co-founder Jordan Katzman added, “The medical industry has been here before. Products like hearing aids, contact lenses, and dialysis supplies faced resistance at first too. We are confident in our product, as well as our process and independent providers, and will not let the opposition keep us from providing more accessible and affordable services.”

“The Michigan Dental Association is dedicated to upholding the highest standards of practice for the residents of Michigan so that they receive the best oral care in compliance with the laws of the state of Michigan,” the MDA said in its official statement. “MDA denies the allegations contained in the complaint filed by SmileDirectClub, and in that company’s recent press release. The MDA sent a letter to SmileDirectClub seeking information to confirm it was complying with the Michigan laws governing dental practice when providing services to patients in the state. SmileDirectClub’s response failed to support its representations that it was in compliance with Michigan law. The article published in the August MDA Journal simply informed MDA members of these facts. The MDA stands by the accuracy of the article. The claims made by SmileDirectClub are without merit. If served with the complaint, MDA will vigorously defend itself in court.” ■

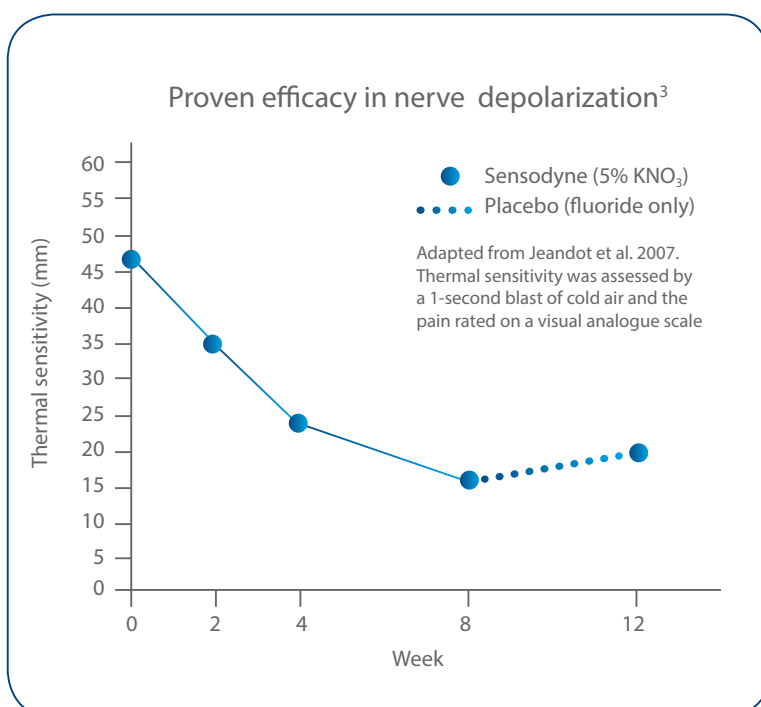
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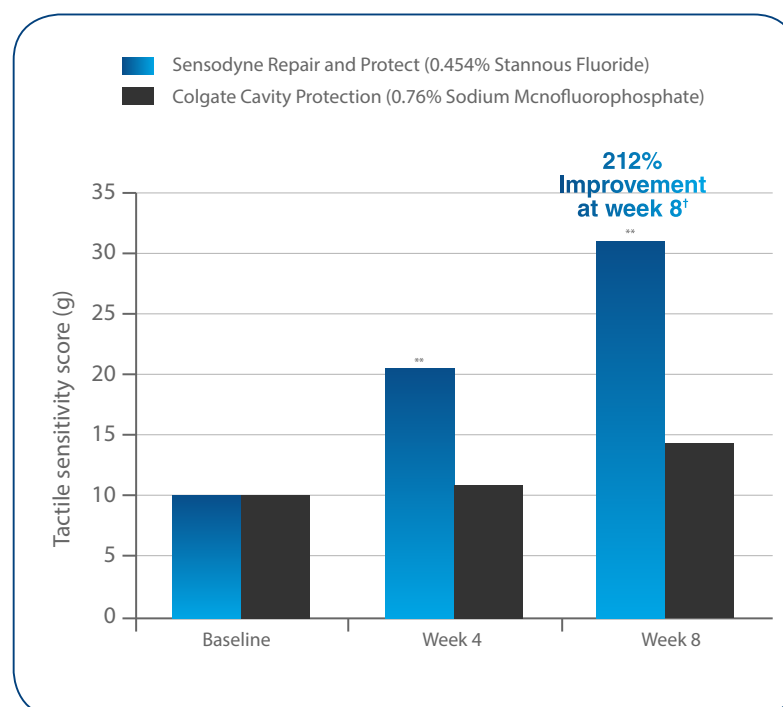
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Decoding Dental Benefits: Top 5 concerns of dentists

BY DAVID BURGER

Editor's note: This is the second in a series featuring answers and solutions for dentists when it comes to the world of dental benefits and plans. The series is intended to help untangle many of the issues that can potentially befuddle dentists and their teams so that they can focus more of their time on patient care.

Dentists have many concerns when it comes to their patients' dental plans, benefits and third-party payers.

Among them are pre-authorizations, delays in processing claims, claim denials, refund requests and the lack of assignment of benefits to non-participating dentists.

Staff of the ADA Center for Dental Benefits, Coding and Quality within the Practice Institute continually receive and address a variety of dental claim submission and adjudication questions from member dentists and practice staff. While many times there are unique concerns, there are often similar questions — which the staff is happy to answer.

The Center for Dental Benefits, Coding and Quality staff has come up with a list of the top five concerns of dentists when it comes to dental benefits, based on calls received from dentists and their staff.

What follows is a brief description of the top five concerns, along with some resources that member dentists can turn to for further help in those areas. Many of the resources are located at the ADA's one-stop shop on dental benefits, the newly revamped ADA.org/dentalbenefits, part of the ADA Center for Professional Success.



The top five concerns, in no particular order, are:

- **Provider contract issues.** If a dentist has contracted with a third-party payer, he or she may have agreed to abide by the carrier's processing policies. Often dentists may not be aware of these policies and procedures, and sometimes, the payer may not release detailed information related to the carrier's policies and procedures until the dentist becomes a participating provider. This, of course, may make it difficult for the dentist to have a clear understanding of his or her contractual obligations. The ADA Contract Analysis Service was created in 1987 and is a part of the ADA Division of Legal Affairs. The service is available free of charge to members who request a review through their constituent dental society. For more information on the service, visit ADA.org/contractanalysis, and for more information on contractual clauses visit ADA.org/dentalplans.

- **Claim rejection.** Many questions have centered around four CDT codes that frequently prompt claim denials: D4341 and D4342 for periodontal scaling and root planing; D4910 for periodontal maintenance; and D2950 for core buildups, including any pins. The Council on Dental Benefit Programs, recognizing the need to further educate dentists and dental offices on the proper way to handle and respond to claim rejections from third-party payers, has developed a written policy for members called Responding to Claim Rejection at ADA.org/claimrejections. "I know that many dental offices do not take the time to appeal denied claims, and

that's unfortunate," said Dr. Steve Snyder, the council's chair. "My recommendation is that if you have a claim that you think should be paid, take the time to teach your staff on how to file a proper appeal. It's an easy task, and the ADA has information on how to file a proper appeal (at ADA.org/dbfaq). You'll be helping your patients get the benefits for which they've been paying. In fact, the Center for Professional Success offers a plethora of valuable information that the council has developed to help dental offices cope with the many aspects of dental benefits issues reported to the ADA by member dentists."

- **The related trio of bundling, downcoding and the least expensive alternative treatment clause.** Bundling is defined by the ADA as the systematic combining of distinct dental procedures by third-party payers that results in a reduced benefit for the patient. Downcoding is defined by the ADA as a practice of third-party payers in which the benefit code has been changed to a less complex (i.e., lower-cost) procedure than was reported except where delineated in contract agreements. And the least expensive alternative treatment clause — also known as LEAT — is a type of cost containment measure used by many third-party payers when there are multiple viable options of treatment available for a specific condition, but the plan will only pay for the least expensive treatment alternative. "In these cases, it is also appropriate to appeal the benefit decision if you think the claim has not been properly adjudicated," said Dr. Brett Kessler, chair of the council's Dental Benefit Information Subcommittee. "You should consider including the following documentation when sending the carrier a written request to reconsider the claim: a narrative description providing as much information as possible, including radiographs, clinical photographs, charting and/or study models." For more information, visit Responding to Claim Rejections, mentioned previously.

- **Coordination of benefits.** The ADA policy is based on the premise that the patient should get the maximum allowable benefit from each plan. In total, the benefit should be more than that offered by any of the plans individually but not such that the patient receives more than the total charges for the dental services received. "Increasingly, the

ADA receives calls from dentists who want to know which plan is primary and want to know why the secondary carrier refused to pay or paid very little," said Dr. Snyder. "Calls on coordination of benefits are some of the most frequent calls staff at the ADA receive on dental benefits issues." For more information, visit "ADA Guidance on Coordination of Benefits" at ADA.org/coordination.

- **Electronic fund transfers.** The switch to electronic reimbursement by some third-party payers has prompted the ADA Practice Institute to study how easily dentists could make the change in their offices. "The ADA recognizes that electronic funds transfer, though, is on the road to becoming the preferred payment method of the future," said Dr. Mark Mihaló, chair of the council's Subcommittee on Coding and Transactions. A white paper based on a study of dentists making the change to electronic fund transfer payments is expected to be released in December, and the ADA News will report the results to help dentists make the eventual switch. In the meantime, the ADA has a recorded webinar on electronic fund transfers — addressing the how, the why and the myths — available at ADA.org/EFTwebinar. "For those members whose practices are not equipped to handle electronic fund transfers, or do not wish to accept payment via debit card, we have ensured that individual dentists may opt out and continue to receive paper checks for their claim reimbursements," said Dr. Mihaló.

Staff from the Center for Dental Benefits, Coding and Quality can help dentists with their insurance-related problems, questions and concerns. Staff can be reached at 1-800-621-8099.

If dentists wish to alert the ADA to a concern, they can complete the downloadable form on ADA.org titled Third-Party Payer Complaint Form, which gives dental offices the opportunity to provide the ADA information on the problems experienced with third-party payers. The Council on Dental Benefit Programs developed the form to track industry trends and facilitate discussions with individual insurance carriers and benefit plan providers.

If dentists have a concern or question they would like addressed in a future issue of the ADA News, they can contact dentalbenefits@ada.org. ■

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ADA offering January BIG IDEA conference in Las Vegas

BY DAVID BURGER

Las Vegas — Dentists wanting to learn more about group practice, or expand or enhance an existing group practice, should consider attending BIG IDEA 2018: Discovering Group Practice.

The conference, sponsored by the ADA Council on Dental Practice, will be held Jan. 31, 2018, at Bally's Las Vegas Hotel and Casino, before the American Academy of Dental Group Practice's Expo '18 at the same location from Jan. 31 to Feb. 3.

The agenda for BIG IDEA 2018: Discovering Group Practice includes sessions that will share best practices for leading, managing and practicing in a successful group dental practice. Speakers and topics include Allen Schiff on Growth Strategies; Dr. Roger Levin on How to Use Key Performance Indicators; Teresa Duncan on Integrating Systems; and ADA attorneys Jeffrey Fraum and Cathryn Albrecht on Think Like a Lawyer. Attendees can earn five hours of CE credits.

The BIG IDEA program will close with a panel discussion that features four dentists — Drs. Brent Barta, John Gulon, Duc Ho and Stacey Van Scoyoc — who will recap their own personal journeys to discovering group practice.

Dr. Barta, who practices in Indiana, is the principal owner of a group practice that consists of 10 dentists and includes specialty practices in orthodontics, periodontics, pediatric dentistry, endodontics and oral surgery. He is the American Academy of Dental Group Practice secretary-treasurer.

Dr. Gulon is president and CEO of Park Dental Group, which has 45 locations and 142 practicing dentists in Minnesota and Wisconsin.

The Texas-based Dr. Ho is a partner in Welch Dental Group which has four full-

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time general dentists and 13 full-time hygienists. Dr. Ho is a new appointee to the ADA Council on Dental Practice.

Dr. Van Scoyoc and her husband operate Bloomington Family Dental, a general dental practice in Bloomington, Illinois. She is

See BIG IDEA, Page 20

Whiston Award winners show leadership skills in dentistry

BY MATT CAREY

The ADA Foundation in October announced that three dentists have received the 2017 Dr. David Whiston Leadership Awards.

Drs. Emily Ishkanian and Shih-Yen Paul Hsiao received the Dr. David Whiston Leadership Award, and Dr. Daniel Ramirez received the Henry Schein Cares Dr. David Whiston Leadership Award. Each winner will receive \$5,000 used to cover costs to attend an American Management Association leadership training program.

The Foundation created the awards in 2014 to honor Dr. Whiston, who served as ADA president from 1997-98, ADA trustee from 1992-96 and president of the Foundation board of directors from 2010-14. The award is meant to recognize dentists who have demonstrated strong leadership skills that can be used to improve the oral health of the public in the years ahead, with Dr. Whiston's career as an example.

Currently practicing in Belmont, California, Dr. Ramirez received his dental degree from the University of California at San Francisco School of Dentistry in 2016. He also serves as the dental director for Coastal Health Alliance, a nonprofit that provides federally qualified health centers for low-income patients.

"This award will provide the guidance necessary to harness my potential and maximize my ability to advance public oral health through organized dentistry," said Dr. Ramirez.

Dr. Ishkanian is based in Las Vegas and attended the University of Nevada Las Vegas School of Dental Medicine. She is also the out-



Dr. Hsiao



Dr. Ishkanian



Dr. Ramirez

going chair of the ADA New Dentist Committee. For her seminar, Dr. Ishkanian will attend the "7 Habits of Highly Effective People."

Dr. Hsiao also graduated from the University of California at San Francisco School of Dentistry. He currently practices in Fresno, California, while also serving as a judicial council board member of the California Dental Association. Dr. Hsiao will be taking the course "The Voice of Leadership: How Leaders Inspire, Influence

and Achieve Results."

Dr. Hsiao hopes to improve overall oral health is his community through leadership and management skills. "My leadership skills allow me to better serve my community since I am involved in many organizations at many different levels. I know that I have a lot to learn, but through the learning process I hope to apply and refine the leadership skills I acquire over time."

To learn more about the grant programs offered by the ADA Foundation or to make a donation, visit ADAFoundation.org. ■

North Carolina Ph.D. candidate, dentist receives research award

Chapel Hill, N.C. — The ADA Foundation announced that Dr. Kevin Byrd received the ADA Foundation Crest and Oral-B Promising Research Award for his research on oral soft tissue growth, patterning and regeneration.

The ADA Foundation and Procter & Gamble launched the award in 2017 to promote and recognize excellence in oral health research that advances preventive dentistry. Dr. Byrd, a Ph.D. candidate in oral and craniofacial biomedicine at the University of North Carolina at Chapel Hill, will receive \$5,000 to attend a scientific conference to further his knowledge and/or to present findings.

Dr. Byrd is a clinician/scientist who works in a UNC lab in the department of pathology and laboratory medicine and is currently interested in how resident stem cells are able to regenerate oral soft tissues despite constant challenges from microbes, toxins and injury.

"Awards like the ADA Foundation Crest and Oral-B Promising Research Award are vital to my career because it is necessary to get this work out to the wider community at conferences across disciplines," Dr. Byrd wrote in his application. "I believe that the future of advanced precision care in any clinical practice is at the center of basic science, clinical practice and informatics."

For more information on this award and others, visit ADAFoundation.org. ■

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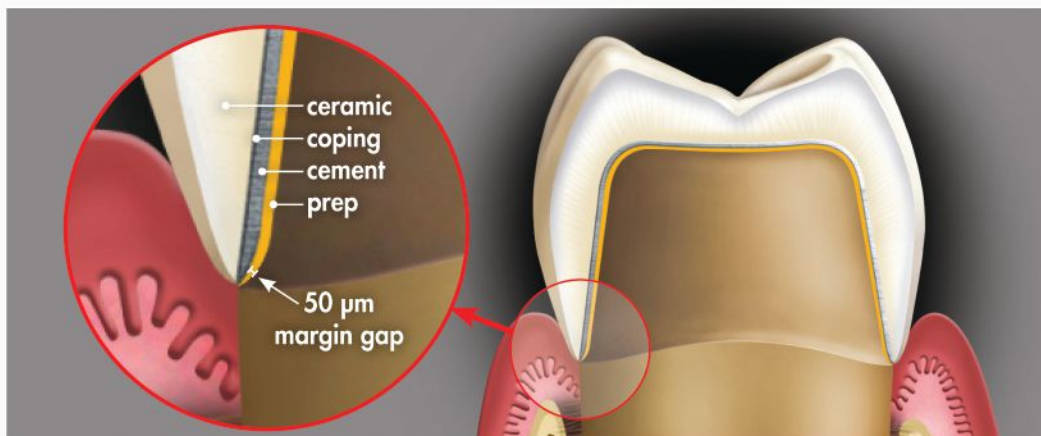
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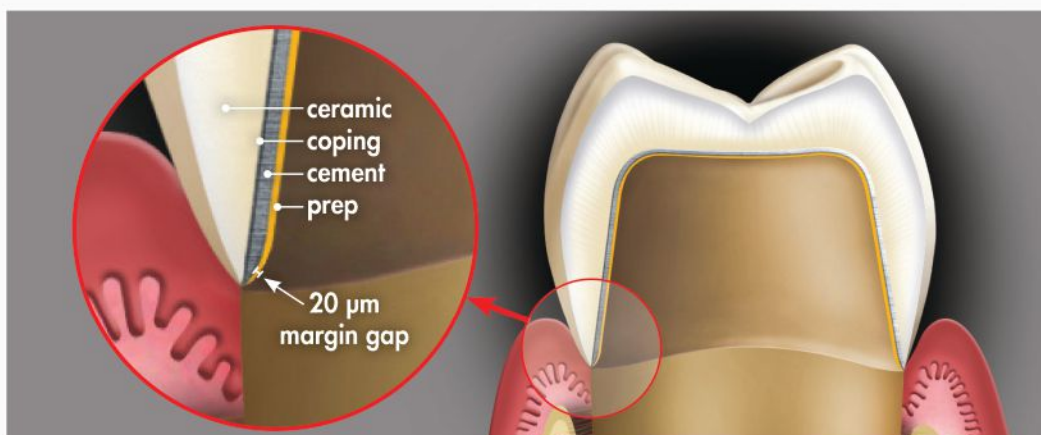


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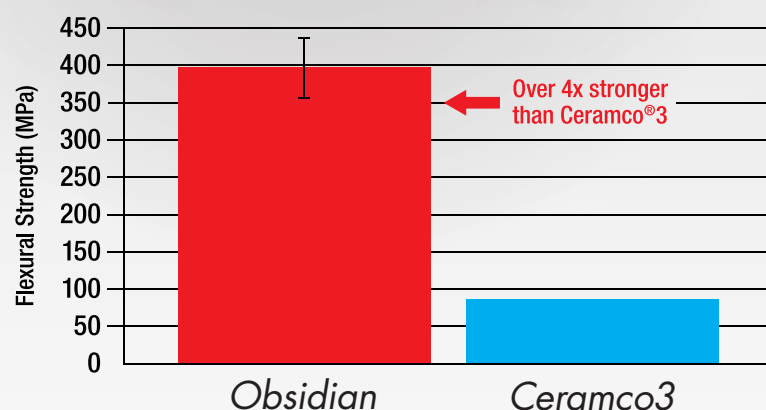
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Research reveals disparities in HPV-associated cancer survivorship

Ongoing ADA, MD Anderson collaboration aims to increase HPV vaccine use

BY MICHELLE MANCHIR

HPV vaccination and improved access to cancer screenings and treatment may reduce disparities by sex, race and age when it comes to surviving HPV-associated cancers, according to an article published in a peer-reviewed journal of the American Cancer Society.

HPV causes most cases of cervical cancer, but it can also cause cancer in the vagina, vulva, penis, anus and oropharynx, which is the base of the tongue, the tonsils and the back of the throat, according to the article, "Five-Year Survival For Human Papillomavirus-Associated Cancer Sites," which was published online in November in *CANCER*.

Five-year relative survival was consistently higher among white people than black people for all HPV-associated cancers and all age groups, investigators at the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion found in their research.

Furthermore, older people with HPV-associated cancers tended to die sooner after diag-

noses than younger people, and men with an HPV-associated cancer of the anus were likely to die sooner than women with the same cancer. They also found that the overall oropharyngeal squamous cell carcinoma five-year relative survival rate was 51 percent — among the lowest for the HPV-associated cancers included in the study.

"This new study shows that race, sex and age can make a difference in surviving HPV-associated cancers," said coauthor Mona Saraiya, M.D., in a news release about the article.

Getting the HPV vaccine when recommended at age 11 or 12 is a way people can avoid getting an HPV-related cancer, said Dr. Saraiya.

Earlier this year, the ADA and the University of Texas MD Anderson Cancer Center announced a collaboration to focus on increasing HPV vaccinations and tobacco cessation for oral cancer prevention.

In October, the groups hosted Working Together Against Oropharyngeal Cancer, a symposium where the HPV vaccine and prevention strategies were discussed. To review

presentations from the event, visit ADA.org/ADA17OralCancer.

The ADA has other informational resources for dentists related to oropharyngeal cancer, including an Oral Health Topics page, prepared by the ADA Science Institute, and a continuing education course that addresses common questions and answers about HPV transmission and HPV-related oropharyngeal cancer.

Dentists can also refer their patients to ADA's consumer website, MouthHealthy.org, for information about HPV and oral cancers. ■

Cavity-prevention techniques focus for researchers with NIH grant

New York University College of Dentistry researchers will study cavity prevention and cost effectiveness in school-based dental programs in New Hampshire, according to an October news release from the university.

The \$3.6 million, five-year grant is from The National Institute on Minority Health and Health Disparities, which is part of the National Institutes for Health. It will fund a statewide program in six rural New Hampshire counties providing dental care to approximately 12,000 children, from preschool to sixth grade, in over 40 schools, according to the release.

The study will compare the effectiveness of two cavity-prevention techniques, topical silver and fluoride; and traditional sealants and fluoride.

For the study, all children will receive the same preventive dental care twice each year. The researchers will assess oral health to compare the outcomes of both treatments.

"In the short term, this trial will improve the health of New Hampshire children. In the long term, our findings can inform New Hampshire and U.S. policy planning to reduce oral health disparities through the creation of a cost effective, evidenced-based, and school-based cavity prevention model," said Ryan Richard Ruff, Ph.D., assistant professor of epidemiology & health promotion at NYU Dentistry, who will colead the study with Dr. Richard Niederman.

The same research team also received funding to compare cavity prevention techniques in urban elementary schools. The five-year study, funded by the Patient-Centered Outcomes Research Institute, focuses on high-need elementary schools in the Bronx that serve largely Hispanic/Latino communities. ■



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New Jersey dentist builds legacy in helping uninsured



BY KIMBER SOLANA

Editor's note: This is the third in a series featuring graduates of the ADA Institute for Diversity in Leadership and how these dental leaders continue to affect their communities.

Bloomfield, N.J. — It was during her day off when Dr. Nicole McGrath was called in to her office for an emergency. When she arrived, a 5-year-old girl leapt into her arms.

"I could not identify her at the moment because she was not my regular patient," said Dr. McGrath, who quickly realized she met the patient a few months ago at a local Head Start program in Montclair, New Jersey.

"I provided an oral educational workshop for her and her classmates months ago and sent them off with brochures, toothbrushes and my office information," she said.

The patient had large swelling in the lower right side of her mouth, which turned out to be an abscess. The girl had the abscess for three months but her mother couldn't find a dentist to provide emergency care for her, Dr. McGrath said. The girl's mother found Dr. McGrath and called her office.

"It was so beguiling to know that they could not seek appropriate care," she said. "She had Medicaid. I provided the recommended care and told her guardian, 'Don't worry about money. Just bring her back after the antibiotic regimen is completed so we can extract the tooth.'"

That night in 2007, Dr. McGrath said, KinderSmile Foundation was born.

Ten years later, the nonprofit, which is dedicated to ensure uninsured and underserved children in New Jersey receive needed dental care, has seen more than 13,000 children, donating more than \$2.6 million in dental services. Along with children, the nonprofit also provides care and training to pregnant women and new mothers. And in 2016, KinderSmile Foundation opened the doors of its Community Oral Health Center, a dental home for children in four New Jersey counties.

However, Dr. McGrath said, KinderSmile Foundation has found success and expanded its reach by utilizing a common feature



Dental home: Dr. Nicole McGrath poses for a photo with her 5-year-old patient, Samaya Campbell-Simmons at the KinderSmile Foundation's Community Oral Health Center, a dental home to underserved and uninsured children in Bloomfield, N.J. The center opened in 2016, about nine years after Dr. McGrath created the KinderSmile Foundation nonprofit in 2007.

throughout its programs: education.

"We can't treat our way out of this problem," Dr. McGrath said. "We really focus on education, prevention and intervention. We found that increases in dental education results in decreases in dental disease."

Focusing on the mission

A graduate of the University of Maryland dental school, Dr. McGrath completed her residency program at the University of Medicine and Dentistry of New Jersey in Newark, New Jersey.

In 2010, three years after founding KinderSmile Foundation, Dr. McGrath became one of 12 members of that year's class the ADA Institute for Diversity in Leadership, a program designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles within the profession and their communities.

As part of the ADA Institute for Diversity in Leadership, participants are tasked with developing and executing a personal leadership project that addresses an issue or challenge in his or her community, organization or the profession. Institute participants receive help from ADA staff and work with leading educators from Northwestern University's Kellogg

School of Management and Duke University's Fuqua School of Business.

Dr. McGrath said she wanted to utilize what she learned from the Institute to expand and improve KinderSmile Foundation to help make sure uninsured and underserved children receive the dental care they need.

It was only six months after KinderSmile Foundation became a 501 (c)(3) when Dr. McGrath read the Washington Post story of Deamonte Driver, a 12-year-old boy who died because bacteria from an abscess had spread to his brain.

The boy and his family lacked insurance and that dentists who accept Medicaid were difficult to find, according to the article.

"A routine, \$80 extraction might have saved him," The Washington Post article said.

The tragic story, Dr. McGrath said, hardened her resolve to ensure KinderSmile Foundation becomes a success.

One of the main things Dr. McGrath said she learned from the Institute was to be focused on your mission and what you're trying to accomplish.

"The Institute really helped catapult, revitalize and confirm my passion for building KinderSmile Foundation to where we are now today," she said. "Today, we have so many stories of saving lives," she said.

Pillar in the community

In 10 years, Dr. McGrath said, KinderSmile Foundation has become a pillar in addressing oral care disparity in New Jersey.

KinderSmile Foundation accomplishes its goals through three main programs.

The Community Service Learning Program offers mentorship and guidance to high school/college students who learn leadership skills through internships at the foundation. Participants help teach children oral hygiene at the KinderSmile Community Oral Health Center and volunteer at local health fairs and community events, including participating in the ADA's Give Kids A Smile day.

The KinderSmile Perinatal Health & Wellness Program provides pregnant women and new mothers dental examinations and oral health education, which includes learning about the impact of maternal health on a developing fetus, effects of early childhood caries and how to use a baby bottle and sippy cup. New mothers who complete the program's oral health curriculum earn one year of free dental care at the KinderSmile Community Oral Health Center.

The third aspect of KinderSmile Foundation is its Oral Health Program, which provides preventative and diagnostic dental services and oral health education to children and families. These services include oral exams and topical fluoride treatment during on-site visits to early childhood programs; pre- and postnatal women in the New Jersey communities of Montclair, Orange and East Orange; three day care centers in Montclair; and several elementary schools — in areas where there are no community water fluoridation, according to Dr. McGrath.

And last year, the nonprofit opened the doors of its KinderSmile Community Oral Health Center.

"The biggest change or growth [in 10 years] is the opening of our well-needed dental home," Dr. McGrath said. "We now have a permanent dental home to provide quality comprehensive treatment to the uninsured and underserved."

To learn more about the KinderSmile Foundation, visit kindersmile.org. For more information on the ADA Institute for Diversity in Leadership, which now admits dentists each year with all expenses covered by the ADA, Henry Schein Cares and Crest + Oral-B, visit ADA.org/diversityinstitute. ■

Dentists can help spot early signs of eating disorders

BY JENNIFER GARVIN

Washington — When it comes to the early detection of eating disorders, dentists are in a unique position for spotting the early warning signs and referring patients to the proper behavioral health professionals.

This was part of the conversation during the Nov. 1 briefing, *Waiting on Cures: The role of Health Professionals in Early Detection of Eating Disorders*, in the Russell Senate Building on Capitol Hill. Dr. Richard W. Gesker, spoke on behalf of the ADA at the event, which was hosted by the Eating Disorders Coalition. The goal of briefing was to explain to legislators the value of health care providers identifying eating disorders early as well as the need for implementing the 21st Century Cures Act by the U.S. Department of Health and Human Services.

"Dentistry isn't just about changing lives, today we are speaking about saving lives," said Dr. Gesker, who is the chief dental officer at Mary's Center, a federally qualified



Dental role: Dr. Richard Gesker talks about the role dentists can play in helping patients with eating disorders during a Nov. 1 briefing in Washington.

health center that provides dental, medical and behavioral health services at multiple locations in Washington, D.C., and Maryland.

For dentists who suspect they have a patient with an eating disorder, Dr. Richard Gesker and Dr. Jessica Yoo, also of Mary's

Center, underscored the importance of making sure the patient is comfortable talking about the patient's condition and urged providers to consider all risk factors — from the social, demographic and psychiatric perspective — when making their assessment. They also stressed the need to help patients find behavioral health homes for treatment.

During his presentation, Dr. Gesker explained how certain changes in the mouth, including stains to tooth enamel and receding gums, can be key early warning signs a patient has an eating disorder. Other signs include reduced salivary secretions, dry mouth and gland enlargement.

One audience member inquired about tooth erosion and wondered if dentists could tell the difference between stains from purging or those from other sources such as citrus.

"The pH of a lemon is much less than the pH of the stomach, which is almost equivalent to battery acid. However, lemon pH

can also be damaging to the tooth enamel," he answered. "You can't trick your dentist if they're well trained."

The panel was moderated by Bryn Austin, ScD., president, Eating Disorders Coalition. In addition to Dr. Gesker, speakers were Jessica Luzier, Ph.D., clinical director, West Virginia University Disordered Eating Center; Alexis Duncan, Ph.D., associate professor of public health, Washington University's Brown School; and Gail Schoenbach, a patient in recovery and Eating Disorders Coalition board member who also serves as the executive director of FREED — For Recovery and the Elimination of Eating Disorders — and the Start To Advocate Today Foundation.

In October, 65 members of the U.S. Senate and House of Representatives sent bipartisan letters of support to the Center for Disease Control urging the agency to include eating disorders surveillance questions within the CDC's national surveillance systems. ■

ADA resolution calls for peer-to-peer Medicaid audits

Association encourages dentists with similar educational backgrounds to conduct audits

BY MICHELLE MANCHIR

Atlanta — Dentists willing to serve patients who are eligible for Medicaid benefits should have fewer bureaucratic hurdles.

This was guiding principle of the ADA Council on Advocacy for Access and Prevention's Medicaid Providers Advisory Committee, which oversaw the October passage of a resolution addressing Medicaid audits during the 2017 House of Delegates meeting in Atlanta, said Dr. Sidney Whitman, committee chair and a New Jersey pediatric dentist.

The resolution, 33H-2017, states that the ADA encourages all state dental associations to work with their respective state Medicaid agencies to ensure that Medicaid dental audits are conducted by dentists who have similar educational backgrounds and credentials as the dentists being audited. It also calls for the dental auditors to be licensed within the state in which the audit is being conducted, as there are specific regulations and circumstances that make each state unique. Medicaid audits can be conducted by a variety of different people, some of whom are not dentists, said Dr. Whitman. In some cases, dentists audit other dentists who are trained in different specialties, he said.

"It makes no sense for an oral surgeon to evaluate root planing and scaling by a periodontist," he said. "In fairness to all involved, with the goal of providing services that are cost ef-



Dr. Whitman

ficient, a dentist in the same discipline has a better understanding of the variety of procedures that are necessary in certain instances and when a procedure is most prudent."

Furthermore, having an auditor with a license in the same state means the auditor is more likely to better understand the needs of the commu-

nity and the Medicaid system in the state, Dr. Whitman said.

The 2017 resolution builds on a 2015 resolution the ADA House of Delegates passed calling for state dental associations to work with their state Medicaid agency in hiring a chief Medicaid dental officer who is a member of organized dentistry. The 2015 resolution, 85H-2015, also encouraged state dental associations to actively participate in the establishment or continuation of an existing Medicaid dental advisory

committee that is recognized by the state Medicaid agency as the professional body to provide recommendations on Medicaid dental issues.

These actions have helped some states improve the oral health of Medicaid-eligible individuals, said Dr. Whitman.

"Our goal is to serve this population," Dr. Whitman said. "We are trying to remove the impediments to providing quality care for those willing to serve." ■

—manchirm@ada.org

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Office for Civil Rights issues opioids guidance for providers

Washington — The Health and Human Services Office for Civil Rights has issued guidance for health care providers about what personal health information they are allowed to share with family members, friends and legal personal representatives if a patient is in crisis and incapacitated, such as during an opioid overdose.

In an Oct. 27 news release, the agency said current regulations from the Health Insurance Portability and Accountability Act of 1996 allow health care providers to share information with a patient's loved ones in certain emergency or dangerous situations. This includes informing persons in a position to prevent or lessen a serious and imminent threat to a patient's health or safety.

OCR also said that it is important to note that state or other federal privacy laws may also apply and HIPAA does not interfere with state laws or medical ethics rules that are more protective of patient privacy.

"HHS is bringing all of the resources our department has to bear in order to address this crisis," said Acting HHS Secretary Eric D. Hargan.

For more information, visit HHS.gov. ■

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PPR examines fluoride release, offers clinical guidance

BY MICHELLE MANCHIR

Dentists who want to know more about using fluoride varnish or silver diamine fluoride as a way to treat or prevent caries can find clinical guidance and other insights in an issue of ADA Professional Product Review released in November.

For the report, available at ADA.org/PPR, researchers from the ADA Science Institute and University of Michigan compared the re-

lease, consisting of an initial burst of fluoride followed by a sharp decline. An average of 30 percent of total fluoride released over the four hours was released within the first 10 minutes, and those levels dropped steeply before leveling out after an hour. Authors also found that, due to its less viscous nature, all of the fluoride in silver diamine fluoride was available within the first 10 minutes of application.

For more details on the study and to read the full report, visit ADA.org/PPR.

The issue also includes a Caries Corner article, written by a team of dentist authors led

by ADA Council on Scientific Affairs member Dr. Margherita Fontana, a dentist with a Ph.D.

The authors write about clinical indications for both fluoride varnish and silver diamine fluoride; discuss potential treatment selection factors; address common misconceptions and questions about silver diamine fluoride; and mention CDT codes and insurance coverage when it comes to the treatments.

Finally, for dental professionals wondering how their colleagues use professional-use fluoride products, the issue of PPR includes an ADA Clinical Evaluators, or ACE, panel

report, reflecting the responses of 350 U.S. practicing dentists who participate in the ADA Clinical Evaluators Panel. Dentists were asked about their frequency of fluoride varnish and silver diamine fluoride use and the purpose for it.

All ADA members are invited to be part of the ADA Clinical Evaluators Panel. Through participation, which includes completing brief monthly surveys, they will contribute to scientific reports developed by the ADA Science Institute. For more information or to join the panel, visit ADA.org/ACE. ■

ADA Professional Product Review

A Service Provided by the Council on Scientific Affairs for the members of ADA

November 2017
Updated
Scientifically Sound,
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Fluoride Varnish and Silver Diamine Fluoride: Fluoride Release Analysis and Clinical Guidance

Introduction

Fluoride varnishes were created to extend the delivery time of fluoride and increase its uptake by the enamel. However, fluoride uptake might not be the principal mechanism of action of existing fluoride products, and the focus shifted to the formation of calcium fluoride-like compounds (CaF₂). The CaF₂ crystals will precipitate onto the tooth surface blocking the dentin tubules, decreasing the dentin sensitivity. In parallel, the CaF₂ crystals formed in the enamel and within plaque, will act as reservoirs for slow fluoride delivery for weeks, preventing demineralization and enhancing remineralization. The benefit of fluoride varnishes is based on the gel-adherent consistency, associated to a concentration of 5% NaF (22,800 ppm of fluoride), favoring the overall formation of CaF₂ overtime.

Recently, a new topical fluoride product was introduced into the U.S. market. Silver diamine fluoride (SDF) is approved for the treatment of dentin sensitivity, and has been used to arrest caries progression in cavitated caries lesions. The chemical formulation indicates a high concentration of 5% fluoride, combined with 24-27% of silver (Ag) and 75-11% of ammonia (NH₃). The Ag will create a protective layer blocking the dentin tubules, decreasing the discomfort associated to dentin sensitivity. In addition, Ag is a well known antimicrobial agent that, when combined with the remineralization properties of fluoride, will create a solid surface once applied to a cavitated caries lesion that is able to withstand the oral environment without the need for restorative procedures.

The mechanism of action of topical fluoride products is directly related to fluoride release rates, modulated by the unique formulations available. The working group on fluoride varnishes of the American Dental Association Standards Committee on Dental Products (ADA SCDP) is evaluating different methodologies that could support the development

of an International Standard. This Professional Product Review contains a laboratory report evaluating the sustained fluoride release of fluoride varnishes from 10 to 240 minute time points. The analysis was done at the University of Michigan, in parallel with the American Dental Association (ADA) laboratories. The agreement between the results from the two laboratories was evaluated to verify the reliability of the methodology selected. Due to the fluid nature of the SDF, a different process was used to evaluate the release of fluoride from 10 to 240 minute time points.

ACE Panel Survey and Clinical Guidance

To better understand how ADA members are using and selecting topical fluoride products, a study was conducted with the American Dental Association Clinical Evaluators (ACE) panel. Over 350 ACE panel members completed a survey, providing a unique opportunity to hear directly from practicing dentists about their preferences. The findings of this survey can be found on page 4 of this issue. To consolidate the information from the laboratory and ACE panel reports, a group of researchers from different universities in the U.S. were invited to share important recommendations on the use of fluoride varnishes and SDF. The goal is to provide ADA members cutting-edge scientific results gathered by world-wide renowned clinician scientists that will ultimately benefit the patient.

lease of fluoride from six different varnishes using a method developed by the University of Michigan School of Dentistry. Silver diamine fluoride was also tested at the ADA Laboratories using a similar method, which measured fluoride release into artificial saliva at different time points, starting at 10 minute and ending at four hours.

While the amounts of fluoride released varied across the tested brands, researchers found that all varnishes showed a similar pattern of

Preview period for Physician Compare extended to Dec. 1

Maxillofacial and oral surgeons enrolled in Medicare are able to preview their 2016 performance data as it will appear on the Centers for Medicare and Medicaid Services' Physician Compare on profile pages in December.

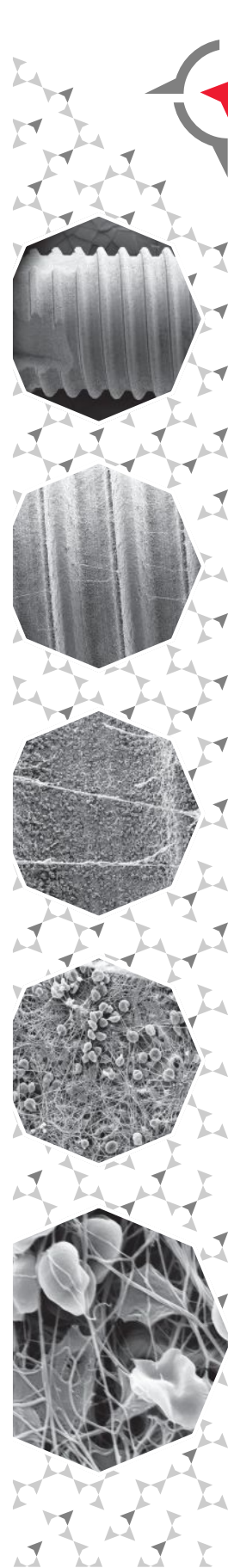
Due to a technical error, the preview period has been extended from Nov. 17 to Dec. 1 at 8 p.m. EST.

Physician Compare is intended to help patients find and compare physicians and other clinicians enrolled in Medicare. CMS, part of the Department of Health and Human Services, created Physician Compare in December 2010 as required by the Affordable Care Act.

To access the secure preview site, visit the Provider Quality Information Portal at <https://qnpapp.qualitynet.org/pqrs/home.html>.

More information is available by searching for "Physician Compare Initiative" at CMS.gov.

Health care providers with questions about Physician Compare, public reporting or the preview should contact PhysicianCompare@Westat.com. ■



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¹ Karl, M. and Albrektsson, T. Clinical performance of dental implants with a moderately rough (TiUnite) surface: a meta-analysis of prospective clinical studies. Int J Oral Maxillofac Implants. 2017;32(4):717-734.

² Of 106 studies, 47 reported biological complications. Of these 47 papers, 19 reported cases of peri-implantitis in 5.2% of patients (64/1229). The authors postulated that, if peri-implantitis did not occur in studies where it was not explicitly reported, its prevalence would be 1.36%.

Details of regression analysis can be found in the full publication.

Visit nobelbiocare.com/tiunite



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Helping patients quit tobacco

West Virginia University treatment training program receives accreditation

BY KIMBER SOLANA

Morgantown, W.V. — It was 1999 when Dr. Susan Morgan read a study in the Journal of the American Dental Association where about 59 percent of patients surveyed said that dental professionals should offer tobacco cessation services.

In that same study, she added, 61.5 percent of dentists thought patients did not expect such services.

"There was a disconnect," said Dr. Morgan, clinical professor at the West Virginia University School of Dentistry.

That study, she said, inspired the creation of the school's tobacco treatment training program.

The program's goal: to help dental students, dentists and other health care providers help their patients quit using tobacco, in a state where West Virginia Department of Health and Human Resources say more than 4,240 people died between 2009 and 2013 due to diseases and complications developed from smoking.

"The number one risk factor for periodontal disease is smoking, and tobacco is the number one link to oral cancer," said Dr. Morgan, who has been working since 2000 to



Clinic work: Dr. Susan Morgan (left) collaborates with West Virginia University School of Dentistry students Mannhu Iglesias and Andrew Marra after a morning of work in the student clinic. Dr. Morgan will lead the School of Dentistry and Office of Interprofessional Education tobacco treatment specialist training program.

prepare dentists to help patients end dependency on nicotine.

The West Virginia University dental school announced Oct. 6 — about 17 years after the program began — that it is now one of 18 education and health institutions to receive accreditation from the Council for Tobacco Treatment Training Programs to implement a certified, multi-faceted program to stop tobacco use and reduce instances of oral cancer.

Working in cooperation with the Robert C. Byrd Health Sciences Center Office of

Interprofessional Education, the WVU tobacco treatment training program also involves faculty, staff and students from West Virginia University's Schools of Pharmacy, Public Health, Nursing and Medicine. Others involved in the training program include those from the School of Social Work, Blanchette Rockefeller Neurosciences Institute and the Cancer Institute.

"We're a small rural state, with high tobacco use rates," Dr. Morgan said. "We're never going to be able to compete with the advertising of the tobacco industry. Where we can compete is when health care providers work together as a group to address the problem."

As dentists, she said, the training program teaches dental students and professionals better

ways to approach their patients regarding reducing their tobacco use or how to quit.

"Dentists don't always know how to approach someone who wants to quit," she said. "This program is designed to show how they can do that. It gives the provider more confidence when working with the patient."

For example, a dentist can reiterate that the patient may have mentioned that he or she had interest in quitting smoking.

"The dentist can ask, 'On a scale of one to 10, can you tell me how important it is for you to quit?'" Dr. Morgan said. "Have the patient share his or her reason and personalize it. From there, you can lead and help them."

Part of the training program also includes addressing U.S. Food and Drug Administration-approved medications that can help patients quit tobacco use.

"The program teaches participants evidence-based means of treatment that are known to work," Dr. Morgan said.

In 2016, according to the United Health Foundation's America's Health Rankings annual report, more than a quarter of West Virginia's adults — 25.7 percent — smoke, ranking the state 49th in the country. With those numbers, the West Virginia Dental Association can only applaud the training program's potential for helping patients quit tobacco use.

"It's been a stigma that as a state we've been saddled with for a number of years," said Richard Stevens, WVDA executive director. "We've taken steps to encourage our residents to avoid the use of tobacco, so we are supportive of the work our dental school is doing." ■

Delegates in Atlanta affirm programs without dues increase

BY JUDY JAKUSH

Atlanta — ADA member dues for 2018 will remain at \$532, the same rate as in 2017, following action Oct. 23 in the House of Delegates.

The House adopted a 2018 budget of nearly \$130.9 million in expenditures, with continued support from reserves of an ongoing digital campaign focused on connecting prospective patients with dentists.

"The message I really want to emphasize is that we continue to concentrate our resources on the things we do best," said ADA President Joseph P. Crowley after the House concluded. "I want us to use our resources in the most positive way we can, supporting a vision for the future of our profession and its part in the overall health of people."

ADA President-elect Jeffrey M. Cole said Dr. Crowley's speech to the House sent a positive message of inclusivity of membership across all demographics and practice models.

"The tenor of the House was very positive this year," he said. "I also think the budget process went very smoothly," he said.

ADA Treasurer Ronald P. Lemmo agreed that the budget process was very much on target. "Our planning efforts are paying off with increased accuracy in our budgeting. As we continue to become accurate and efficient, we build consensus between the House and the Board ensuring our resources are focused on helping our members succeed."

The ongoing digital campaign, "Drive Utilization of Dental Services for ADA Members" which includes an updated Find-a-Dentist tool on ADA.org, will enter its second year in 2018. In Res. 32H-2017, the House urged the Board to continue to use funds from reserves to pay for the second year of the three-year \$18 million campaign.

Ongoing coverage of 2017 House of Delegates actions appears in the ADA News online and in print. ■

Leave your mark at the ADA House in Washington, D.C.

BY MICHELLE MANCHIR

Washington — Earlier this year, the ADA opened the doors to the ADA House in the heart of D.C.'s Capitol Hill district. Now the ADA is inviting members to make their own mark on the property by purchasing personalized bricks.

The double paver bricks, which will be laid on the front or back patio of the house, depending on participation level, will feature personalized engravings of up to six lines of text, with 20 characters per line (including spaces and punctuation.)

Back patio bricks cost \$500 while front patio bricks are going for \$1,000.

Money raised from this campaign will be reinvested into the ADA House for future renovations and upkeep.

To see brick inscription examples or to place a brick order, visit fundraisingbrick.com/ADA.

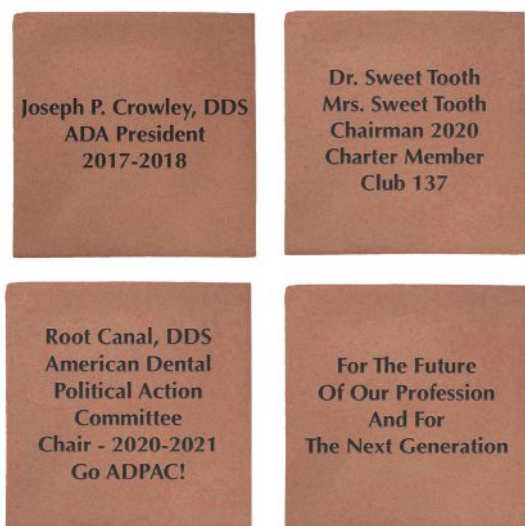
For questions regarding the engraved brick campaign, email Sarah Milligan, director, American Dental Political Action Committee and political

affairs at milligans@ada.org.

The ADA celebrated the grand opening of the ADA House, at 137 C St. SE, as a way to make it easier for representatives or their staff to attend events or meet with dentist constituents.

For information about visiting the ADA House, call the ADA's Washington office at 1-202-898-2400. ■

—manchirm@ada.org



A strong foundation: The engraved brick campaign allows ADA members to leave their mark at the ADA House in Washington, D.C. Here are some examples of brick inscriptions.

BIG IDEA

Continued from Page 10

vice chair of the ADA Council on Dental Practice.

Dentists and practice administrators planning to attend BIG IDEA 2018 are welcome to extend their stay and attend the American Academy of Dental Group Practice Dental Group Expo '18; those registering as a first-time AADGP attendees will be reimbursed \$150 by the academy, which is the cost to attend the ADA conference.

The upcoming meeting represents the first

time that the ADA has sponsored a conference in collaboration with the American Academy of Dental Group Practice. According to Robert Hankin, Ph.D., a former ADA employee who serves as AADGP's administrative manager, programming at the expo is designed to provide dentists with business education and management information.

Dr. Dave Preble, vice president of the ADA Practice Institute, will discuss Dental Trends — Driving a Paradigm Shift during the AADGP 2018 Dental Group Expo.

Visit ADA.org/BIGIDEA2018 for conference specifics and information on how to register. While registration is open until the event, the meeting's housing block closes on Dec. 30. ■

Michigan, others receive NIDCR grants to study kids' risk of caries

Bethesda, Md. — The University of Michigan School of Dentistry is a recipient of two National Institute of Dental and Craniofacial Research grants totaling \$18.3 million to expand research into predicting caries risk in young children and assessing the efficacy of silver diamine fluoride.

Both studies will be led by Dr. Margherita Fontana, a professor of cariology, restorative sciences and endodontics at Michigan.

The study, "Predicting Caries Risk in Underserved Children, from Toddlers to the School-Age Years, in Primary Healthcare Settings," expands the age range from 4 years to 8 years for assessing which children are at risk of developing caries, Michigan said in a Sept. 22 news release.

The school said the study "will develop a practical and easily-scored caries risk tool for use in primary medical healthcare settings to identify children at high risk of caries, then follow their progress over time" with the hope that it will lead to "cost-effective preventive and referral strategies."

The \$8.7 million grant spans five years and also includes researchers from the University of Iowa, Indiana University, Duke University, Nationwide Children's Hospital in Ohio, George Mason University and the University of North Carolina.

In the second grant, NIDCR awarded \$9.6 million over four years to Michigan and researchers from the University of Iowa, New York University, Indiana University, University of Otago in New Zealand, University of Hong Kong and University of Baltimore to study the effectiveness of silver diamine fluoride in stopping the progression of cavities in young children.

The study will follow more than 1,000 children, ages 2-5 years, who will receive silver diamine fluoride twice at six-month intervals. The researchers will monitor the children's cavity progression and also test whether [silver diamine fluoride] can "profoundly improve oral health by arresting lesions, reducing pain, improving quality of life, and significantly reducing costs, all contributing to substantial reductions in disparities in caries," Dr. Fontana said. ■



Caries studies: Researchers who are part of two new National Institute of Dental and Craniofacial Research grants at the University of Michigan School of Dentistry include, from left, Dr. Carlos González-Cabezas, Dr. James Boynton, Dr. Margherita Fontana, Susan Flanagan and Emily Yanca.

Specialty

Continued from Page 1

requirements designed to help dentists excel throughout their careers and the public ascertain the importance of educationally qualified and board certified dental specialists, according to the ADA Board of Trustees report that accompanied the resolution.

Previously, the ADA House of Delegates determined the recognition of dental specialties, organizations and certifying boards. According to the report, that process carried financial and reputational risks.

The Board report stated 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 develop-

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

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Dr. Kathryn Kell among winners of 15th annual Shils Awards

BY DAVID BURGER

Philadelphia — The Dr. Edward B. Shils Entrepreneurial Fund, a nonprofit organization dedicated to leadership in health care, awarded FDI president and former ADA trustee Dr. Kathryn Kell a Shils award Oct. 10.

The awards recognize people, organizations and programs that safeguard the oral health of underserved communities and populations and positively influence the dental community, according to a news release. Dr. Kell was among those honored during the 15th annual Shils Awards ceremony at the University of Pennsylvania School of Dental Medicine.

“In the 15 years since we first conceived of these awards, they’ve prominently celebrated the innovators, big thinkers and fearless entrepreneurs whose vision for our industry



Dr. Kell

has shaped the oral health of so many,” said Steven W. Kess, president of the Dr. Edward B. Shils Entrepreneurial Fund’s board of directors, in the news release. “This year’s honorees continue to exemplify Dr. Shils’s belief that the val-

ues of entrepreneurship and education create long-lasting and far-reaching impacts when carried into the public health sector.”

This year’s Shils Awards were presented to:

- Dr. Kell for her “outstanding commitment and effort to develop health policy and

oral health promotions through her leadership at FDI World Dental Federation, an organization of nearly 200 worldwide dental associations and specialist groups for which Dr. Kell currently serves as president.”

- Dr. Alejandro Roisentul, director of oral and maxillofacial surgery at Ziv Medical Center in Tsfat, Israel, for his humanitarian efforts and advocacy.

- The Alpha Omega International Dental Fraternity, whose members provide free oral health care to Holocaust survivors living in poverty.

- Henry Schein Cares for being a partner in advocating for the oral health and overall health of Holocaust survivors in need through the Alpha Omega-Henry Schein Cares Holocaust Survivors Oral Health Program.

- Town & Country Dental Studios in Free-

port, New York, for its philanthropic support of the Alpha Omega-Henry Schein Cares Holocaust Survivors Oral Health Program.

The organization also handed out its inaugural Cohen-Volpe Award, given to those who have made outstanding contributions to dentistry or its allied sciences. The award is named for two clinicians, researchers and educators, Drs. D. Walter Cohen and Anthony Volpe.

Mr. Kess, vice president of global professional relations for Henry Schein, received the Cohen-Volpe Award for his leadership and commitment to providing access to care for underserved populations.

Dr. Shils served as the executive director of the Dental Manufacturers of America and the Dental Dealers of America for almost 50 years, the news release said. ■

Donate, volunteer to help Special Olympics athletes protect their smiles

BY MICHELLE MANCHIR

Dental professionals can support children with special needs who often have difficulty accessing dental care through a program spearheaded by America’s ToothFairy: National Children’s Oral Health Foundation and the Academy for Sports Dentistry.

The Safe Smiles campaign, an initiative by America’s ToothFairy, invites dentists to volunteer their time to help fit a local Special Olympics team with mouthguards or to donate money to help support the distribution of mouthguards.

Until Dec. 15, Shock Doctor, a mouthguard manufacturer and retailer, will match any donations made up to \$5,000, according to a news release from the Academy for



Sports Dentistry.

“Mouthguards are critical for all athletes to protect against dental injuries,” said Mary Horwath, senior vice president of marketing for United Sports Brands, the parent company of Shock Doctor. “Shock Doctor is proud to provide donated mouthguards to America’s ToothFairy in support of the Safe Smiles Campaign, ensuring Special Olympics athletes experience the joy of competi-

tion without the risk of injury.”

The ADA Council on Advocacy for Access and Prevention and the Council on Scientific Affairs encourage patient education about the benefit of mouthguard use, which has been shown to reduce the risk of sport-related dental injuries.

“Mouth and tooth injuries can have serious consequences for children, especially those with special needs who often have difficulty accessing dental care,” said Jill Malmgren, executive director of America’s ToothFairy: National Children’s Oral Health Foundation. “The Safe Smiles Campaign helps address this challenge by providing Special Olympics athletes important resources and tools to protect their smiles.”

Dr. Danette McNew, president of the Academy for Sports Dentistry, said she has participated in Special Smiles events in the past along with the Texas A&M College of Dentistry.

“The athletes love sporting their mouthguards during their athletic activity, but we also see them wearing their guards as they walk around each of the exhibits and physician tables during Special Smiles events,” she said. “This is a special and unique gift for most of them.”

Visit <https://ncohf.kindful.com/?campaign=271502> to donate. To find out about volunteer opportunities with Safe Smiles, send an email to Charita Boseman, manager of Safe Smiles for Special Olympics, at cboseman@specialolympics.org. ■



Photo provided by Dr. Bob Marchese

Giving smiles: Dr. Bob Marchese, left, poses for a photo with patient John Cascell, who was among eight veterans to whom Dr. Marchese provided free dental services during a Veteran Smile Day event, held Nov. 9-10 at his Batavia, N.Y., practice. It’s the second year that Dr. Marchese participated in the national event. To spread the word, Dr. Marchese received help from the Veterans Affairs Office in Genesee County, N.Y. In addition, his practice also participates in a Return the F.A.V.O.R. program, which provides discounts to veterans throughout the year.



Photo provided by Texas A&M College of Dentistry

Turning: Dr. Lawrence Wolinsky, Texas A&M College of Dentistry dean, prepares for the “dirt turning” portion during the Oct. 23 dedication of the university’s new clinic and education building in Dallas. The 157,756-square-foot, nine story building will serve as a patient-centered clinical facility for Texas A&M dentistry students, featuring nearly 300 dental chair stations, advanced technology, specialized clinics, classrooms and study spaces. Located in an area considered dentally underserved by the Health Resources and Services Administration, the college treats low-income and underserved patients throughout the region. Construction of the new \$127-million facility is scheduled for completion fall 2019.



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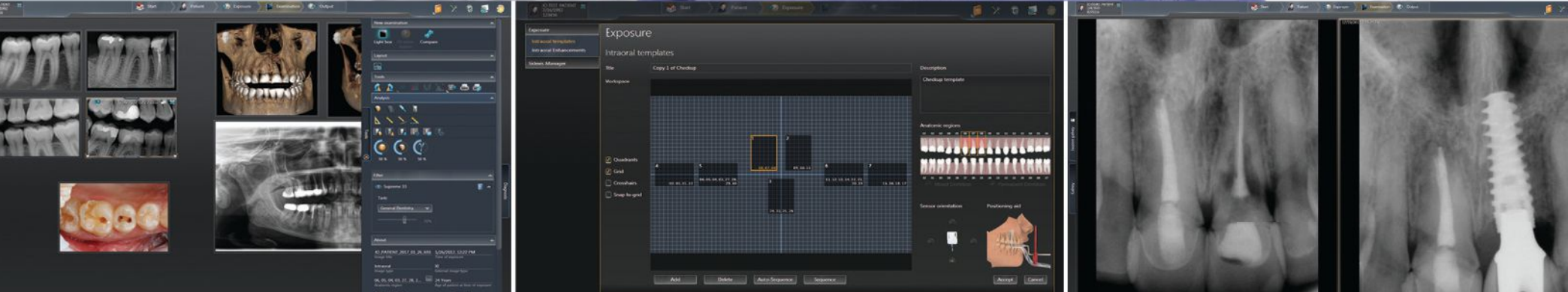


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