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ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

FEBRUARY 3, 2020

VOLUME 51 NO.3



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BRIEFS

Inside: Special issue of Dental Practice Success sponsored by Henry Schein One

A special print issue of Dental Practice Success titled, "Three Marketing Principles to Increase Revenue," is included in this issue of ADA News.

This eight-page publication, sponsored by Henry Schein One, focuses on strategies dentists can use to enhance website and online



marketing, reputation management and patient relationship management.

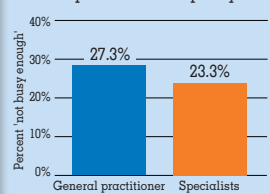
"If you've been in dentistry for more than a couple of years, you've seen many changes in the way dentists acquire and retain patients and you know that keeping up is essential," said David Pearson, senior marketing manager, Henry Schein One. "This special issue is designed to help dentists learn the three marketing principles that your practice needs to follow to acquire

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JUST THE FACTS

Dentists not busy enough

In 2018, specialist dentists were less likely than general practitioner dentists to report that they were not busy enough and could have treated more patients in the past year.



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

'It's very rewarding when dentists can treat veterans'

ADA visits state-of-the-art VA dental clinic in Orlando

BY JENNIFER GARVIN

Orlando — "Our nation's veterans deserve the best."

Those were the words of ADA President Chad P. Gehani following his Jan. 7 visit to the Orlando VA Healthcare System's dental clinic.

Dr. Gehani, along with ADA Executive Director Kathleen T. O'Loughlin and other Association staff, were treated to a top-to-bottom tour of the 65-acre facility in Lake Nona, a community within Orlando. Dr. Rudy Liddell, president of the Florida Dental Association, also took part in the event.

During the tour, the ADA group met members of the Veteran Affairs Dental Services staff, both local and based in Washington, D.C., who spoke about their passion for treating veterans and changing lives.

"As federal members of the American Dental Association, it is important to highlight our commitment, pride and innovations in our service to Veterans," said Dr. Patricia Arola, assistant under secretary for health for dentistry, Veterans Health Administration. "[This

meeting] demonstrated VA Dentistry's mission to honor America's Veterans by contributing to whole health through the provision of exceptional oral health care."

Every day, VA Dental Services across the country provide more than 8,000 appointments to the more than 1.3 million veterans eligible for dental care and provide over 5.5 million dental procedures annually at 236 sites across the nation in collaboration with community partners. The Orlando facilities comprise four clinics in Florida: Lake Nona, Viera, Daytona and Lake Baldwin, and their 25 dentists treated more than 12,000 veterans in 2019.

"The ADA was honored to be invited to Orlando to visit this world-class facility," Dr. Gehani said. "Veterans' dental care is something the ADA cares deeply about, and it was great to see firsthand the services and treatments being provided here."

Services provided in Orlando include routine to advanced procedures in oral surgery, prosthodontics,

See VETERANS, Page 23

National Children's Dental Health Month highlights optimally fluoridated water

BY DAVID BURGER

This year the February observance of National Children's Dental Health Month honors the 75th anniversary of community water fluoridation with its theme, "Fluoride in water prevents cavities! Get it from the tap!"

"I am excited to share in the celebration of the 75th anniversary of community water fluoridation this year with the rest of the dental community, and especially the public at large, who reap the benefits of fluo-

ridation," said ADA President Chad P. Gehani. "More than 75 years of scientific research has consistently shown that a recommended level of fluoride in community water is safe and effective. It also prevents tooth decay by at least 25% in both children and adults."

Dr. Gehani continued: "Simply by drinking water, Americans can benefit from fluoride's cavity protection. My fellow dentists should

See WATER, Page 23



VA visit: ADA President Chad P. Gehani, second from left, visits the Orlando VA Medical Center Jan. 7 in Orlando. From left are Dr. Kathleen T. O'Loughlin, ADA executive director; Dr. Patricia Arola, assistant under secretary for health for dentistry, Veterans Health Administration; and Dr. Scott Trapp, director, dental informatics & analytics, Veterans Health Administration.

Photo by Simon Pierre

House rescinds The Dentist's Prayer, amends recognition of religious diversity policy to be more inclusive

BY MARY BETH VERSACI

In an effort to advance the Association's diversity and inclusion efforts, the ADA House of Delegates voted at its meeting in September to rescind the policy titled "The Dentist's Prayer," used by some state and local dental societies during their meetings, and amend its policy on recognition of religious diversity.

The ADA Board of Trustees had charged its Diversity and Inclusion Committee with con-

sidering the role of faith and religion in the Association, as well as The Dentist's Prayer, following a House vote in 2018 referring the prayer for further study and report.

"The Diversity and Inclusion Committee thought long and hard about Resolutions 74H and 75H," said Dr. Judith Fisch, former 1st District trustee who served as chair of the committee when

See PRAYER, Page 5

February JADA examines connection between healthy eating habits, untreated caries

BY MARY BETH VERSACI

Greater compliance with dietary guidelines may reduce the chance of untreated caries in adults, according to a study published in the February issue of The Journal of the American Dental Association.

The cover story, “The Healthy Eating Index and Coronal Dental Caries in U.S. Adults: National Health and Nutrition Examination Survey 2011-2014,” looked at the associations between untreated coronal caries, decayed, missing and filled teeth, and Healthy Eating Index scores of 7,751 adults

age 20 and older who participated in the National Health and Nutrition Examination Survey cycles 2011-12 and 2013-14.

The study found participants who ate the recommended amounts of fruits, greens, beans and added sugars — as defined by the 2015-20 Dietary Guidelines for Americans, which set recommended intake levels of food groups and nutrients that are associated with common health outcomes — were less likely to have untreated coronal caries than those who did not.

Overall, decayed, missing and filled teeth

also decreased as Healthy Eating Index scores increased, but those trends were not consistent among all racial and ethnic groups.

The researchers — Elizabeth A. Kaye, Ph.D., professor in the Boston University Henry M. Goldman School of Dental Medicine’s Department of Health Policy and Health Services Research, Dr. Woosung Sohn, Ph.D., chair of the University of Sydney School of Dentistry’s Department of Population Oral Health, and Dr. Raul I. Garcia, chair of the Boston University Henry



M. Goldman School of Dental Medicine’s Department of Health Policy and Health Services Research — controlled for age, gender, race/ethnicity, current cigarette use, family income-to-poverty threshold ratio, last dental visit and education, as well as whether participants were ever told they had a heart attack.

“Many people have trouble keeping track of how much added sugar they eat and understanding recommendations about sugar intake,” Drs. Kaye, Sohn and Garcia said. “Our findings indicate that advising people to simply follow well-established dietary guidelines for all food groups in an overall balanced diet may be effective in reducing caries.”

The authors advise dietary counseling for caries prevention by dental professionals should incorporate comprehensive dietary guidelines that are consistent with those intended for enhancing overall health and reducing the risk of common systemic diseases.

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

Other articles in the February issue of JADA discuss child dental neglect law specifications and repercussions, factors associated with masticatory performance in community-dwelling older adults and stainless steel crowns as a restoration for permanent posterior teeth in people with special needs.

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

—versacim@ada.org

Practice

Continued from Page 1

and retain new patients without wasting advertising dollars.”

A digital version of this special issue is available online. Visit ADA.org/DPS to access the latest from Dental Practice Success. ■

Correction

The ADA News incorrectly named the location of the International College of Dentists’ U.S.A. section’s upcoming meeting in October in the Jan. 6 issue. The location will be at the Waldorf Astoria Orlando Hotel. The ADA News regrets the error.

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BPA WORLDWIDE

Arizona Mission of Mercy event provides treatment to over 1,700

Phoenix — The Central Arizona Dental Society hosted a Mission of Mercy event Dec. 13-14 at the Arizona State Fairgrounds in Phoenix, providing treatment to 1,785 patients totaling just over \$2 million in free dental service. Procedures included oral surgery, tooth cleanings, root canals, fillings and dentures.

This is the eighth year that the Central Arizona Dental Society has held the event. Some 1,500 volunteers were present at the 100-chair clinic, among them 300 dentists, 200 assistants and 175 hygienists.

The society's next event was scheduled from Jan. 23-24 at the Maricopa County StandDown in Phoenix. This event provided free dental care for military veterans. ■



Full service: The Central Arizona Dental Society set up 100 chairs for its Mission of Mercy event in Phoenix Dec. 13-14. Over 1,700 patients received treatment.





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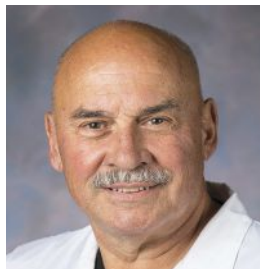
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It's time to acknowledge safety in dentistry



Paul Casamassimo, D.D.S.

The dental profession has been diligent in its embrace of evidence-based dentistry and its benefits for patients and in creating a more efficient and equitable care system.

We trail our medical colleagues in building a solid evidence foundation for all we do, but we are headed in the right direction. An area of health care where we still lag behind is safety — safety in our patient care and safety for ourselves and our dental team. Most of us would

consider dental care a safe and effective endeavor, but as our medical colleagues discovered two decades ago, we just don't know. EBD is moving us toward knowing more about effectiveness, but we lack a mechanism and culture to address safety.

Almost every entity involved in health care — clinicians, hospital systems, accrediting bodies, government agencies and payers — acknowledges safety as a “fourth pillar” along with health, value and cost. Outcomes in general health almost always include address of unplanned injury or harm. Introduction of new devices, drugs and materials requires evidence and deliberation by stakeholders.

Organized general dentistry has been slower to embrace the safety concept except in reaction to events like patient death, infection control lapses, material contamination and other safety issues, and most of these responses have been after the fact.

Hospital systems track nosocomial infection, falls and other negative outcomes. Physician medical staff appointments and evaluations address clinical outcomes such as wound infections and unplanned readmissions. These metrics directly affect patient care but also certifications, payment and reputation.

Dentistry has no such culture or accountability, except at the most serious level, and, in my experience as an observer of these events in children, many events are shelved or dealt with below the radar. State dental boards may not be required to make their actions public.

Our legal system permits burial of events that in medical care would merit corrective action. Dentists, quite frankly, have the ultimate ability to make judgments on the need to report negative events in many jurisdictions. Because of these limitations of the dental care system, we really don't know much about safety in our care, what injury can be prevented, and as a result, we consider many of our preventable treatment complications

See MY VIEW, Page 5

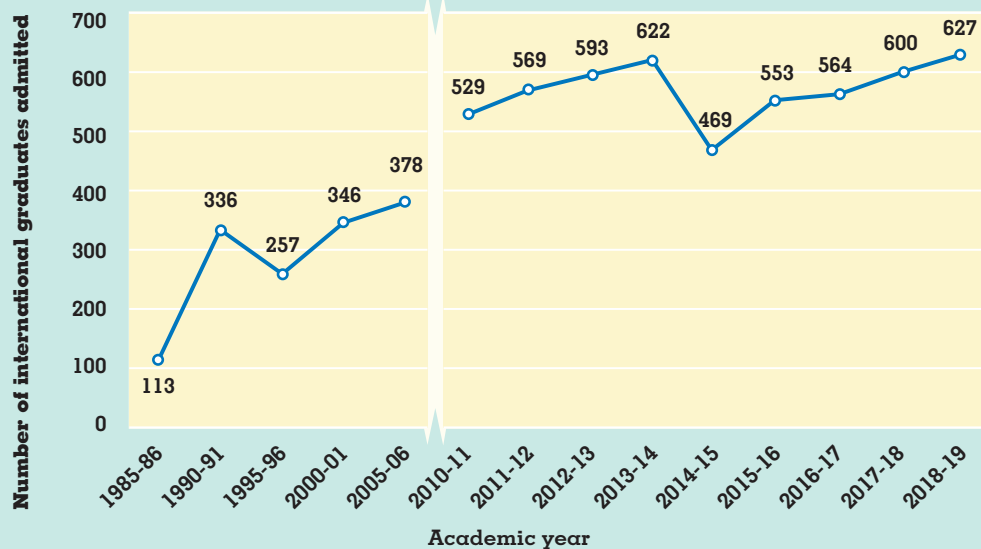
LETTERSPolicy

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

SNAPSHOTS OF AMERICAN DENTISTRY

International dental school graduates in U.S. dental schools

The number of international dental school graduates admitted to U.S. dental schools has increased by more than 400% since 1985-86, reaching an all-time high of 627 graduates admitted in 2018-19.



Source: ADA Health Policy Institute Infographic, “International Students in U.S. Dental Schools.” Available from: ADA.org/en/science-research/health-policy-institute/publications/infographics.

Letters

The Dentist's Prayer

Ipen this letter with a saddened heart as I reflect on the direction that our society and the world is taking. I have dedicated the greater part of my life to my profession and have influenced four other members of my family to follow in my footsteps as doctors of dental medicine. Truly a legacy I am proud of.

In October 1991, after much deliberation, the House of Delegates meeting in Seattle adopted “The Dentist's Prayer.” It was the ideal mission statement or parameter that recognized quality care, ethics and the human spirit, which we serve realizing that “there is a patient behind every tooth.”

First and foremost there was no intent of this being a religious invocation of any kind.

The reference committee's perception resulting in their decision was grossly unfounded — erroneously misleading to the Board and the House and very presumptuous. The prayer is a statement that clearly states:

1. Gratitude to any supreme being (or none if you choose) for being a dentist.
2. Treat with reverence the human life.
3. Deepen your love for people.
4. Gladly treat those stricken

with pain.

5. Listen, diagnose and prescribe in good conscience.

6. Blend gentleness with skill.

7. “Be a dentist with a heart as well as a mind.”

That is as general a parameter for our profession that I could imagine, devoid of any mandates. It has withstood the test of time. Each day we seek inspiration and



petition a higher power in our own religious or nonsectarian way.

The potential backlash of losing members as a result of this decision may in fact defeat the committee's intent of inclusiveness.

You are taking away a parameter of care that many dentists worldwide have embraced. Without a doubt, the dentist's prayer speaks for itself to patients as well, know-

ing that the doctor and the entire staff who provide services for their oral health are committed to excellence and ethics in their practice.

To further negate the distribution of this parameter the ADA took it upon itself to remove the wall plaques and personal cards that were already designed for the catalog of salable materials rather than help to promote its distribution.

The closing remark often heard in this discussion is, “Well, that's the way the world is today.” I find that difficult to accept. Shouldn't we try to make it a better world with tolerance and understanding working in harmony with each other? Over the past 25 years we have made great strides in research, technology, prevention, access to care and much more. Let us not interrupt this marriage on the basis of incompatibility. We have survived in a democracy that has allowed us free choice where the consensus or majority should rule.

The choice is yours: Accept things as they are or as they should be and rescind House Resolutions 74H-2019 and 75H-2019.

Joseph G Kalil, D.D.S.
Author, “The Dentist's Prayer”
North Andover, Massachusetts

Editor's note: Read about House Resolutions 74H-2019 and 75H-2019 on Page 1.

MyView

Continued from Page 4

as acceptable collateral events rather than preventable harm.

The dental specialties have stepped up to address safety. In oral surgery, a registry of safety events has been started. Pediatric dentistry is developing a cloud-based safety resource for its membership and will convene a symposium on safety in pediatric dental practice this fall to begin educating its members.

The dental radiologists foster gentle imaging of patients in pursuit of safer radiographic practice. These are a few examples.

Organized general dentistry has been slower to embrace the safety concept except in reaction to events like patient death, infection control lapses, material contamination and other safety issues, and most of these responses have been after the fact.

Proactive attention to safety has been slow in coming with lack of awareness and understanding of safety and its metrics, slow adoption of continuous quality improvement in dental practice, lack of awareness of types and numbers of safety events and concern about more regulation of dental practice often given as the reasons why safety is an afterthought.

Dental education has also been behind in creating a safety culture in graduates. While making significant changes in areas like diversity, health disparities and patient advocacy, dental education has not added patient safety to its curricula or competencies.

So where do we go from here? The first step is to admit we have a problem — not in unsafe dental care, but in recognition that we just do not know. The Council on Advocacy for Access and Prevention is currently working to define elements of safety in dentistry and make recommendations for further action.

That is a first step. From there, we need to look hard at how we educate dentists, develop a culture of safety that encourages introspection without penalty as is the case in medicine and push for far better identification and registration of unplanned harm events at the state and national levels.

These steps are necessary even if we deem dental care safe because dental care will change over time. These latter steps will be years in development and implementation, but the time is right to begin this process in earnest.

Why now? Medicine and other parts of the health care system have added safety to their ongoing considerations in health care. We are two decades or more behind them, and they are watching.

We have the benefit of hospital- and community health center-trained dentists with the skills and knowledge to assist the rest of us in this journey. The public and its advocates will also at some point ask why major safety events occur in dentistry when other aspects of human endeavor like air travel can have a zero score.

We have thousands of new graduates each year who will undoubtedly face a far more stringent practice world with demands by payers and patients around safety, and they will seek help from organized dentistry. And, if we value the solo or small group practice model, we need to confront the reality that corporate dental care and community health center care will set the ground rules for safety. If a Medicare dental benefit is enacted, as a federal program, safety requirements will ac-

company dentist participation — you can bet on that.

Safety in health care is a profession's ultimate advocacy commitment. It means looking beyond what we do now. What more fitting validation of our profession's recent commitment to patients in its mission statement than to embark on the safety journey? If dentistry is to be taken seriously as a health profession, we need to demonstrate a real and visible commitment to better understand and promote safety in oral health care.

Dr. Paul Casamassimo is the chief policy officer of the American Academy of Pediatric Dentistry and a past president of the Academy, the Ohio Dental Association and on the medical staff of Nationwide Children's Hospital in Columbus, Ohio.

Prayer

Continued from Page 1

the resolutions passed. "We discussed the appropriateness and necessity of faith and religion in a health professional organization. The committee considered best practices and agreed that religious diversity must include those with different beliefs as well as those who are not religious."

In support of the committee's findings, the board recommended to the House that it pass Resolution 74H-2019, removing the prayer from ADA policy, and Resolution 75H-2019, updating the recognition of religious diversity policy to reflect a neutral policy stance that "positions the ADA to appeal to the broadest range of members and potential members with

varying beliefs, mindsets and expectations."

In amending the recognition of religious diversity policy, the House resolved that Association meetings may begin with "a personal moment of reflection or silent prayer."

"Our goal is for the ADA to foster inclusivity and respect each member's personal life choices," Dr. Fisch said. "Therefore, the committee voted in support of both resolutions and agreed that religious diversity must be reflected accurately in ADA policy."

To learn more about the ADA's commitment to diversity and inclusion, visit ADA.org/en/about-the-ada/diversity-and-inclusion. ■



Dr. Fisch

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GOVERNMENT

American Dental Association supports proposed rules to update federal Anti-Kickback Statute, Stark Law

BY JENNIFER GARVIN

Washington — The American Dental Association supports a new safe harbor for cybersecurity technology and services and modifying the existing safe harbor for electronic health records to add protections for cybersecurity.

This was in response to the Office of the Inspector General and Centers for Medicare & Medicaid Services' proposed changes to the federal Anti-Kickback Statute and Stark Law exceptions.

These were two of the proposed changes the Association favored in formal comments filed Dec. 31. The ADA also urged OIG and CMS to simplify and coordinate the final rules "to the greatest extent possible in order to reduce uncertainty and compliance burdens on stakeholders" and to consider the potential burdens and benefits of the rules to providers that are small businesses or located in rural and medically underserved areas, and their patients, when developing final rules.

The ADA also commented on the following in regards to the proposed rules:

Durable Medical Equipment, Prosthetics/Orthotics, and Supplies, or DMEPOS. The ADA requested

for OIG and CMS to exempt dentists from "any prohibition on a DMEPOS supplier" acting as a donor or recipient. "Dentists may, as part of their dental practice, supply oral sleep apnea devices as DMEPOS suppliers," wrote ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin.

"Dentists supplying oral sleep apnea devices have direct patient contact and relationships with their patients, in some cases as both a provider and a supplier, that distinguishes them from DMEPOS suppliers generally."

Cybersecurity technology and services. The ADA told the two agencies that it appreciates efforts to address the growing threat of cyberattacks and supports amending the Anti-Kickback Statute safe harbors and Stark

Law exceptions to permit health care organizations to "assist doctors in the acquisition of cybersecurity technology and services such as anti-virus software and incident response and training services to help improve the cybersecurity posture of the health care industry, protect patient information from attack, and to protect recipients from liability for fines, ransom, and litigation risk." (The Stark Law is the more common descriptor of the Physician Self-Referral Law.) The ADA urged OIG and CMS to "permit, with appropriate safeguards, both nonmonetary and monetary remuneration for the purchase of cybersecurity technologies and services." The Association said permitting monetary remuneration could help alleviate unintended adverse effects of the final rule on competition. The Association used the example where a donor wanted to supply cybersecurity technology to two competing small providers where one of the providers had already purchased the technology but the other had not. "Permitting monetary reimbursement of the first provider and an in-kind donation to the second provider would be more fair than permitting the donor

to benefit one competitor and not the other." The ADA also urged the agencies to extend the anti-kickback statute safe harbor and the Stark Law exception to "include cybersecurity hardware without the requirement of a cybersecurity risk assessment; while donors should be free

to require and even donate a cybersecurity risk assessment, adopting such a requirement could slow the provision of cybersecurity technology." The ADA urged OIG and CMS not to adopt a contribution requirement but said donors would be free to require recipients to contribute to the cost of donated cybersecurity technology. "Omitting a contribution requirement would help permit providers with limited resources to receive protected cybersecurity donations. If adopted, any con-

tribution requirement should at a minimum exempt rural and small practices as well as those in medically underserved areas and federally qualified health centers."

Electronic health records. The ADA urged OIG and CMS to "adopt the proposed changes to existing rules concerning the donation of interoperable electronic health records software or information technology and training services and to insure as much consistency as possible between the final rules." The ADA also asked the agencies not to impose a contribution requirement

Personal services and management contracts. The ADA supports OIG's proposal to modify the existing safe harbor for personal services and management contracts and believes the proposed changes will improve flexibility and ease compliance burdens.

Warranties. The ADA supports OIG's proposal to update the existing safe harbor for warranties to "protect warranties for one or more items and related services upon certain conditions (bundled warranties), exclude beneficiaries from the reporting requirements applicable to buyers, and define warranty directly and not by reference." The ADA urged the agency not to require all federally reimbursable items and services be subject to the bundled warranty be reimbursed by the same federal health care program and in the same payment because "such a requirement might inhibit warranties pertaining to items used across a patient population that are not reimbursed in the same payment." The Association also asked OIG not to cap the remuneration.

Local transportation. The ADA is in favor of the proposal to modify the existing safe harbor for local transportation to expand the distance residents of rural areas may be transported from 50 miles to 75 miles but urged the agency to permit transportation "up to 50 miles for all patients, and up to 100 miles if a patient lives in a rural area to promote access to care and support patient choice of provider." The ADA also urged OIG not to add a requirement to demonstrate financial, medical, or transportation need on the part of the patient and agreed that use of ride-sharing services should be permitted under the safe harbor.

Physician Self-Referral Law, more commonly known as the Stark Law: Providing flexibility for limited reimbursement to a physi-



cian. The ADA urged CMS to adopt the proposed provision protecting limited remuneration to a physician "provided certain conditions are met, whether or not the remuneration violates the anti-kickback or other federal or state law," and said it agrees that such remuneration "is unlikely to cause overutilization or similar harms." However, the ADA said it believes the \$3,500 limit is too low and urged CMS to adopt a limit of \$5,000. The ADA urged CMS "to extend the protection to items and services provided under the doctor's supervision or direction, and not to restrict the protection to items and services provided by the doctor" and also urged the agency to adopt the proposed 90-day period to comply with certain writing and signature requirements.

Stark Law clarification: fundamental terminology and requirements. The ADA commented that it appreciated CMS's intention to reduce the burden of compliance with the Stark Law and to provide clarification where possible. "In particular, ADA appreciates the clarification that the determination that an arrangement is commercially reasonable does not turn on whether the arrangement is profitable," wrote Drs. Gehani and O'Loughlin, adding that ADA supports CMS's proposal to clarify "in regulation text that an arrangement may be commercially reasonable even if it does not result in profit for one or more of the parties."

Stark Law: Recalibrating the scope and application of the regulations. The ADA wrote that it supports CMS's proposal to "remove from the regulatory exceptions the requirement that the arrangement not violate the anti-kickback statute or any federal or state law governing billing or claims submission wherever such requirements appear." The ADA said it agrees this previous requirement resulted in a compliance burden that could make it "unreasonably difficult for entities to meet their burden of proof under the Stark Law."

The ADA also supported the agency's proposal to "deem the writing or the signature requirement of an applicable compensation arrangement exception to be satisfied if the compensation arrangement satisfies all requirements of an applicable exception other than the writing or signature requirement(s)" and the parties obtain the required writing or signature(s) within a certain time frame. The ADA urged CMS to include specific regulation text to reflect the agency's policy on electronic signatures and documents.

Lastly, the ADA agreed with CMS's and OIG's proposals on the rental of office space and equipment, physician recruitment, and payments by a physician.

Read the comments in full on ADA.org.

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

—garvinj@ada.org

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Survey: Nearly half of dental practices experience theft from staff

BY DAVID BURGER

Nearly 49% of responding dental practices have experienced employee theft, and nearly 46% of those have experienced theft or embezzlement more than once, according to a survey conducted by the ADA Council on Dental Practice.

“The ADA Council on Dental Practice monitors and finds ways to address issues that confront member dentists every day,” said Dr. Rudy Liddell, chair of the ADA Council on Dental Practice. “One issue that’s been the subject of recent news stories is employee theft and embezzlement.”

The council decided it was time to conduct a survey to assess the prevalence of theft in the dental practice and then use the survey’s results to offer members steps they could take to minimize their practice’s potential vulnerability.

While no business owner wants to admit that they’ve experienced internal theft, the reality is that it happens in all industries, including dentistry, said Dr. Douglas Wolff, chair of the council’s practice management subcommittee.

“According to the survey, the most common types of theft included: taking cash; padding the number of hours worked; taking products such as electric toothbrushes or whitening kits; and providing free or discounted treatments to family members or friends

without the dentist’s prior approval. It also revealed that theft could be committed by employees in any role and with varying lengths of employment,” Dr. Wolff said.

In response to the survey results, the council developed an easy-to-follow checklist of tips to help dental practices reduce their potential exposure to internal theft. The final report of the 2018 survey is available at ADA.org/EmployeeTheft.

Additional resources available through the council include the ADA Guidelines for Practice Success module on Managing Finances, which includes an article on embezzlement.

The ADA article on embezzlement states in part, “No matter how well you know that person, no matter how much you trusted that person, you should not hesitate to take the case to a law enforcement office. There are ethical liabilities associated with failing to prosecute since that could allow the individual committing the crime to embezzle from another practice in the future.”

For more information, visit Success.ADA.org/GPSFinances. ■



Dr. Liddell

The ADA Council on Dental Practice's recommended checklist for protecting the practice from internal theft

MANAGE FINANCES BY:	MANAGE THE DENTAL TEAM BY:	MANAGE SYSTEMS, SOFTWARE AND SECURITY BY:
<ul style="list-style-type: none"> ✓ Downloading credit card charges into the accounting software. ✓ Comparing bank deposits with practice software collections. ✓ Reviewing payroll before it is processed. ✓ Redesigning the practice's adjustment list. ✓ Having the owner-dentist make all bank deposits. 	<ul style="list-style-type: none"> ✓ Cross-training employees for multiple duties. ✓ Conducting doctor-to-doctor reference checks before hiring new employees. ✓ Conducting background checks on any employee who handles money. 	<ul style="list-style-type: none"> ✓ Regularly reviewing reports available through the practice's software and accounting programs. ✓ Limiting and tracking access to software systems. ✓ Changing the practice's daily and monthly systems and procedures. ✓ Hiring a practice software specialist to ensure security controls. ✓ Working with a consultant to oversee changes in systems. ✓ Installing a security system in the practice.

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2019 marks big year for Washington office

BY JENNIFER GARVIN

Washington — The Association's Washington office covered a wide range of advocacy issues in 2019 — from anti-vaping efforts to student loan reform to making sure dentistry was exempt from the U.S. Mexico-Tourism Act.

Here are some of the key advocacy issues the ADA addressed in 2019:

For the dental profession

McCarran-Ferguson reform: For the first time, the ADA was successful in getting bipartisan legislation introduced in the Senate and House that would remove the antitrust exemption for dental and medical insurance companies. The Competitive Health Insurance Reform Act, S 350 in the Senate and HR 1418 in the House, is gaining cosponsors in both chambers with legislative action expected in early 2020.

Student loan reform: The ADA worked with other dental and medical organizations on the Resident Education Deferred Interest Act, which was introduced by Rep. Brian Babin, R-Texas, a dentist and ADA member. The bill, which currently has 79 bipartisan cosponsors, would allow dental and medical residents to defer interest accrual on their federal loans while they are in their residency programs. In addition, the College Affordability Act, which is the comprehensive higher education reauthorization bill being put forth by the House Education and Labor Committee, currently includes student loan reform provisions — among them, improving and expanding the Public Service Loan Forgiveness Program and allowing dental students to have access to federally subsidized loans.

U.S.-Mexico Tourism Improvement Act: The ADA and the Organized Dentistry Coalition wrote to the bill's sponsor to express concerns about the bill, which would direct the Secretary of State to develop a strategy to promote tourism, including dental tourism, between the United States and

Mexico. After outreach by the ADA and the Organized Dentistry Coalition, the language on dental tourism was taken out of the revised bill, which passed the House of Representatives in June 2019.

For the dental practice

Sec. 1557 of the Affordable Care Act: This provision requires health care providers to post notices in 15 languages. The ADA, along with state dental associations and organized dentistry, expressed concern about the burden this requirement places on dentists, and lobbied the U.S. Department of Health and Human Services to remove the requirement. In May, the agency issued a proposed rule that would remove the language requirement.

Noncovered services: HR 3762, the bipartisan Dental and Optometric Care Access Act, prohibits ERISA dental and vision plans from setting fees for noncovered services, from forcing doctors into participating in contracts in excess of two years and setting limits on a doctor's choice of lab referral. ERISA stands for the Employee Retirement Income Security Act of 1974, a federal law that sets minimum standards for employee benefit plans maintained by private-sector employers. The legislation currently has 51 cosponsors, including the five dentist members of Congress.

Robocalls: The ADA wrote to the Federal Communications Commission to express concerns that the commission's ruling on robocalls could affect dental offices' ability to call their patients about upcoming appointments or to remind them to schedule an appointment. In December, Congress passed legislation that would not change the exemption that allows robocalls to be made to individuals who have a prior relationship with the caller — such as a dentist to a patient. The law requires the FCC to enact rulemaking on this exemption.

Medical device tax repeal: The spending bill that Congress passed at the end of 2019



Images by MilanMakovic/iStock/Getty Images Plus/monkeybusinessimages/narlock-liberra/Nastco

included a permanent repeal of the 2.3% medical device tax that was created by the Affordable Care Act. The ADA and other stakeholders have long advocated for this permanent repeal. These advocacy efforts included meetings on Capitol Hill, numerous letters and coordinated grassroots efforts. Repeal of the medical device tax will ensure that the cost of a 2.3% tax for medical device manufacturers will now not be passed onto providers and their patients.

For dental patients and the public

Appropriations: In December, the White House signed into law two legislative spending bills totaling \$1.4 trillion to keep the government running through the remainder of 2020. The bills include funding for many of the Association's key advocacy issues affecting oral and overall health, including \$477 million for the National Institute of Dental and Craniofacial Research — up \$15 million from the 2019 enacted level; \$210 million for the Indian Health Service Division of Oral Health, a \$6 million increase; and \$10 million for military dental research. Also, the Indian Health Service Health Professions account that includes recruitment and retention programs received \$65.3 million, an increase of nearly \$8 million over current funding. According to the Indian Health Service, this funding would enable them to hire around 200 more health care providers. The bill also included report language requested by the ADA and other dental groups asking the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services to appoint chief dental officers and language urging the Centers for Disease Control and Prevention and Health Resources and Services Administration to explore opportunities to advance Action for Dental Health initiatives.

Health reimbursement arrangements: In December 2018, the ADA wrote to the U.S. Department of Health and Human Services in regards to a rule on health reimbursement arrangements, or HRAs. The rule outlined the ways HRAs could be recognized as "limited excepted benefits" and used for dental expenses. In June 2019, the department finalized the rule and incorporated most of the ADA's recommendations.

Surprise billing: The ADA has asked Congress to ensure that dental practices are not included in the definition of an emergency department as it is already defined by existing law. The ADA educated members of Congress on the billing practices of private dental offices and submitted comments to both the House Energy and Commerce Committee and Senate Health, Education, Labor, and

Pensions Committee asking that their legislation on surprise billing not include private dental practices. As drafted, neither piece of legislation would include private dental practices.

Ensuring Lasting Smiles Act: This legislation was reintroduced in 2019 and now boasts 37 Senate cosponsors and more than 270 House cosponsors. The bill aims to guarantee health insurance coverage for needed treatment and procedures for individuals born with congenital anomalies or birth defects. It also closes a coverage gap to ensure that health plans cover medically necessary services related to a patient's anomaly or birth defect, including any necessary dental and oral-related procedures.

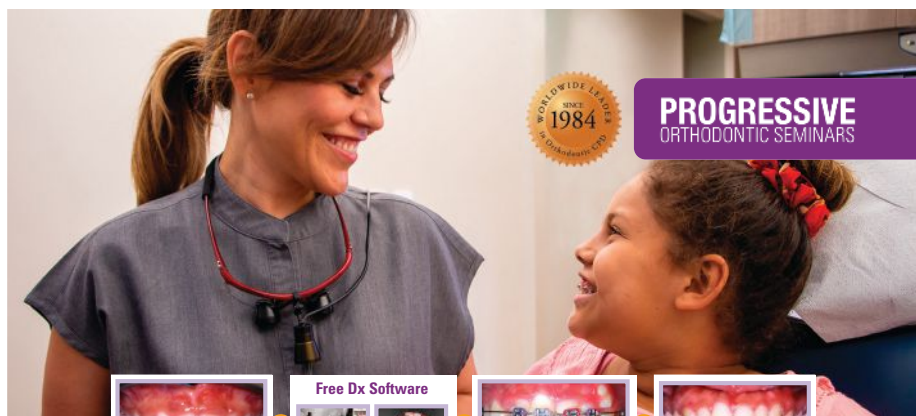
Anti-vaping efforts: The ADA joined the bipartisan Congressional Caucus to End the Youth Vaping Epidemic, which will review needed legislative solutions to protect American youth from the dangers of vaping and nicotine addiction. The Association is supporting three bills to help curb the youth vaping epidemic: HR 2339, the Reversing the Youth Tobacco Epidemic Act, to create stricter regulations for vaping devices and liquids; HR 4742, to impose a tax on the nicotine used in electronic nicotine delivery systems; and HR 3942, to require online retailers to verify the age of their customers upon delivery of e-cigarettes and other electronic nicotine products. In December, Congress updated the Federal Food, Drug, and Cosmetic Act to increase the minimum age of sale of tobacco products from 18 to 21 years of age.

Drug monograph reform: The ADA continues to support legislation to modernize the over-the-counter drug monograph. S 2740, the Over-the-Counter Monograph Safety, Innovation, and Reform Act, passed the Senate by a vote of 91-2 in December. The legislation would help streamline the approval process and allow for the submission of non-narcotic pain relievers with a combination of two or more active ingredients, which is particularly important in the context of preventing opioid abuse. The bill would also provide an innovative pathway for federal safety and effectiveness regulations that can directly align and benefit the ADA Seal of Acceptance program.

Medicaid funding for the territories: The ADA joined the Partnership for Medicaid coalition in asking Congress to address the Medicaid funding cliff in the U.S. territories. In December, Congress included this funding in the 2020 appropriations package.

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

—garvinj@ada.org



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ADA standards committees invite interested parties to upcoming meetings

Those interested in developing dental standards that ensure product safety and efficacy and offer useful information on new and emerging technologies can attend upcoming meetings of the American Dental Association's standards committees.

The next ADA Standards Committee on Dental Informatics meeting will be Feb. 17-19 at ADA Headquarters, 211 E. Chicago Ave., Chicago, just prior to the Chicago Dental Society's Midwinter Meeting.

The committee meeting opens at 8:30 a.m. Feb. 17 with a pre-plenary session, and the committee's working groups will meet Feb. 17-18. The plenary session will take place at 8:30 a.m. Feb. 19, and the Systemized Nomenclature of Dentistry Maintenance Committee will meet at 1 p.m. that day.

Attendees must register for the meetings, which are free to attend, and discounted hotel reservations are available.

The ADA Standards Committee on Dental Products and the U.S. Technical Advisory Group for the International Organization for Standardization Technical Committee 106 on Dentistry will hold their annual meetings March 16-18 at the Marriott Marquis, 901 Massachusetts Ave. NW, Washington, D.C.

The meetings take place prior to the American Association for Dental Research Annual Meeting. The opening plenary and Standards Committee on Dental Products working group meetings will be March 16,



SCDP subcommittee meetings, sub-technical advisory group meetings and a new member orientation will take place March

17, and the SCDP plenary session will be March 18.

In addition, the standards committee is sponsoring a symposium from 1:30-4 p.m. March 18 on CAD/CAM & Digital Dentistry: Current Trends in Standards, Technologies and Materials.

Hotel reservations must be made through the American Association for Dental Research website, aadronline.org, to obtain discounted meeting rates. Registration is required to attend any of the meetings and events, but they are free of charge.

For more information on both standards committee meetings and registration, go to ADA.org/dentalstandards.

The ADA is accredited by the American National Standards Institute to develop American National Standards for products and information technology used by the dental profession and consumers. ADA standards are developed by more than 60 working groups comprised of over 600 volunteers who are experts in their field.

Currently, there are more than 100 national standards, and more are under development. ADA involvement in the U.S. Technical Advisory Group for the International Organization for Standardization Technical Committee 106 on Dentistry ensures the voice of U.S. dentistry is heard in international dental standards development. ■

Methods for evaluating effectiveness of biofilm treatment available for comment by March 6

The American Dental Association Standards Committee on Dental Products has approved the following document for circulation and comment:

Proposed revision of ADA Standard No. 167 for Test Methods for Dental Unit Waterline Biofilm Treatment: This standard provides test methods for evaluating the effectiveness of treatment methods intended to prevent or inhibit the formation of biofilm or remove biofilm present in dental unit water-delivery systems under laboratory conditions. To assist in evaluating treatment methods in a clinical setting, the committee's working group has developed a test using a model apparatus. The revised standard includes a new appendix that describes the model test apparatus and testing procedures.

The draft standard is available by calling 1-800-621-8099, ext. 2506, or emailing standards@ada.org. The comment deadline is March 6.

The ADA is accredited by the American National Standards Institute to develop national standards for products and information technology used by the dental profession and consumers. Currently, there are more than 100 national standards, and more are under development. ■



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Study clubs 'enhance the level of care provided' through camaraderie, CE

Duluth Dental Forum, Seattle Study Club, Dawson Academy provide differing models

BY DAVID BURGER

Duluth, Minn. — The Duluth Dental Forum in northeastern Minnesota celebrated its 75th anniversary in late 2019, stating that it was the second-oldest study club of its kind in the United States.

It's remarkable, said Dr. Jon G. Nelson, Duluth Dental Forum treasurer, how little the study club's mission has changed since its first official meeting during World War II.

For three quarters of a century, this group has been discussing clinical topics and practice management — and even food and brewing on occasion. It has served as a place not only to discuss dentistry but also to meet friends and colleagues and encourage the younger generation to continue. The Duluth Dental Forum may have a long history, but younger members keep sustaining the forum, ensuring a long life in the future.

Other study clubs have evolved over the years as a way for dentists to receive continuing education, network and, not least, share their experiences with others in a profession that can often be solitary. They're often fostered by state and local dental societies but are also formed and cultivated by other groups.

Many start by word of mouth, but others advertise and offer to help dentists join or create already-established study clubs.

It's unclear what the longest-existing active study club is in the United States, but the Dental Arts Society, in Chicago, for example,

was created in 1907, according to the Chicago Dental Society, and is thought to be one of the oldest continuing study clubs, if not the oldest active one.

Duluth Dental Forum

The Duluth Dental Forum's current bylaws specify that "the object of this organization shall be to bring together the members at regular meetings to intensely study such subjects as may be selected from time to time; to promote the spirit of good fellowship; [and] to cooperate with other organizations in all matters of mutual interest."

Illustrating the importance of outdoor pastimes to the group members, each year the study club organizes a fishing trip to nearby Canada at the Lake of the Woods, known for its walleye fishing.

The forum does not promote itself, but it is well known in the region for its educational benefits as well as the comradeship it fosters.

"The forum mines local and regional



Hands on: Members of a Dawson Academy study club in St. Petersburg, Florida, watch as study club leader Dr. Jeff Scott, seated, teaches them through a simulated treatment in 2017.

resources for [speakers], from area health centers, the University of Minnesota, from our own dental community and from the community at large," said Dr. James Westman, a retired general dentist and member of the study club. "One of the most valued

meetings are ones during which any or all members may present a case for discussion."

The group has members in their 20s and 30s, said Dr. John Wainio, a retired general dentist and Duluth study club member, providing hope that the club will last until its 100th anniversary and beyond with its young blood.

Dr. Wainio said stability is why the study club has remained strong, and that learning new things and sharing experiences are why he remains a member even though he retired from practicing dentistry several years ago.

Another member of the club, which limits its membership to 30 and requires three years of dental experience, had a reason for why it has remained active for so long.

"This area has been long revered for its camaraderie and known of quality dentistry," said Dr. Duane McDonald, a retired general dentist. "Unlike certain areas known mostly for a high level of competition, separatism and elitism, this district stands out for the shared respect between general dentists and specialists. I consider us all friends. These relationships further enhance the level of care provided."

Seattle Study Club

Moving forward, study clubs will thrive, said Dr. Michael Cohen, the founder and president of Seattle Study Club, which now counts more than 250 clubs around the world.



Commemoration: Members of the Duluth Dental Forum mark the milestone of the study group's 75th anniversary in October. The first meeting of the club was in March 1945.

But initially, he said, it wasn't the case, and study clubs he found were lacking, often just a loose group of people who gathered at their local watering hole in an unorganized fashion.

"What people were missing was the way to clinically interact," said Dr. Cohen, who created his first dental study club in 1977 and the Seattle Study Club organization in 1992. "These are a way to help someone become the complete clinician."

Dr. Cohen wanted an organized club, so he created one.

And then more.

And then even more.

"Everyone was an island," he said of other dentists. "I wanted to connect the islands."

While education and a curriculum were vital for the Seattle Study Club network, he also wanted the dentists to feel like part of something worthwhile where camaraderie was cultivated.

"The foundation is relationships — the human factor," Dr. Cohen said, comparing a study club with strictly online learning in front of a computer without any peer-to-peer interaction.

The world of CE is changing, he said, and knowledge acquisition is so much better in smaller groups than large lectures in even larger auditoriums.

Study clubs, simply put, help build practices, Dr. Cohen said, and that is why he and so many others remain committed to them.

For more information about the Seattle Study Club, visit seattlestudyclub.com.

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The Dawson Academy

The Dawson Academy study club program is an offering provided by the Florida-based Dawson Academy, named after and founded by Dr. Peter E. Dawson, the 2016 recipient of the ADA Distinguished Service Award.

The Dawson Academy is a postgraduate educational and clinical research facility dedicated to the advancement of dentistry. The academy runs more than 30 study clubs throughout North America.

Dr. Jeff Scott, an ADA member and clinical director of the Dawson Academy's study clubs, said the clubs are designed to be a place to gain knowledge, share ideas, build confidence and grow friendships.

"The mixture of types of practices and levels of experience encourage a wide variety of topics and perspectives that benefit everyone attending," Dr. Scott said.

Dr. Scott said the vision of the Dawson Academy's study clubs is to enhance the predictability of the members' restorative dentistry, focusing on implementation of the concepts and techniques taught in the seminars and hands-on workshops using real-world examples of success in different practice settings.

Dawson Study Club members have access to a large library of online content, white papers, full seminars, webinars, CE credit and discounts to live courses, Dr. Scott said.

"It is an interactive environment where we learn from each other — what works and what doesn't," Dr. Scott said.

"Each doctor must decide what CE has the most impact on the practice and how it fits into their life. Ask respected colleagues if they are a member of a study club and ask about their experience."

"What separates the Dawson Academy from other study clubs is that the content is consistent with and reinforces what is taught in the seminars and workshops," Dr. Scott said. "The textbook 'From TMJ to Smile Design' written by Dr. Peter Dawson serves as our reference for the principles we teach. The techniques, materials and digital technology are state of the art, but the foundational principles remain the same."

Dr. Scott had advice for other dentists who may be interested in joining any study club.

"Each doctor must decide what CE has the most impact on the practice and how it fits into their life," Dr. Scott said. "Ask respected colleagues if they are a member of a study club and ask about their experience. There are many types of clubs, some more social, some specialist driven. Research online and make phone calls to each organization that appeals to them."

The advantages of study clubs include sharing successes — and failures — in a safe environment, Dr. Scott said.

"Most dentists struggle with the same issues — it is always reassuring that you are not the only one. Choose a group that you trust will lead you in the direction you want to go. It also reinforces the fact that we are part of something much bigger than ourselves — the wonderful profession of dentistry."

For more information about the Dawson Academy, visit thedawsonacademy.com.

Dentists who are interested in finding a study club near them, including ones that offer CE, can contact their local or state dental society. ■

Alliance of the ADA offers education, entertainment at Conference 2020

BY MARY BETH VERSACI

From courses on burnout, vaping and more to golf and a low-country boil, the Alliance of the American Dental Association's upcoming Conference 2020 in Charleston, South Carolina, will offer a variety of educational and entertainment opportunities.

The Alliance, which is made up of ADA member spouses, partners and families, will hold the conference March 12-14 at Charleston Harbor Resort & Marina.

Courses at the conference include Promoting Well-Being and Resilience to Prevent Burnout; Optimize Your Prac-



tice: Understanding the CDT Code, Dental Benefits, Claims Processing and More; How to Host a Legislative Fundraiser; Avoiding Scams and ID Theft in the Digital Age; Practice Transitions; and Vaping and Oral Health Care.

The Alliance also has scheduled various social events, including golf at Patriots Point Links on Charleston Harbor, a low-country boil family event, a tour of the Boone Hall

Plantation & Gardens and more.

Attendees can enjoy other attractions and activities in their free time as well, such as the South Carolina Aquarium, Fort Sumter National Monument, carriage rides through the Charleston Historic District and a tour of the USS Yorktown.

The Alliance will present various awards, grants and scholarships to members recognizing their service to the organization during the Gala and Award Dinner on March 14.

To learn more about the conference or register, visit AllianceADA.org. ■

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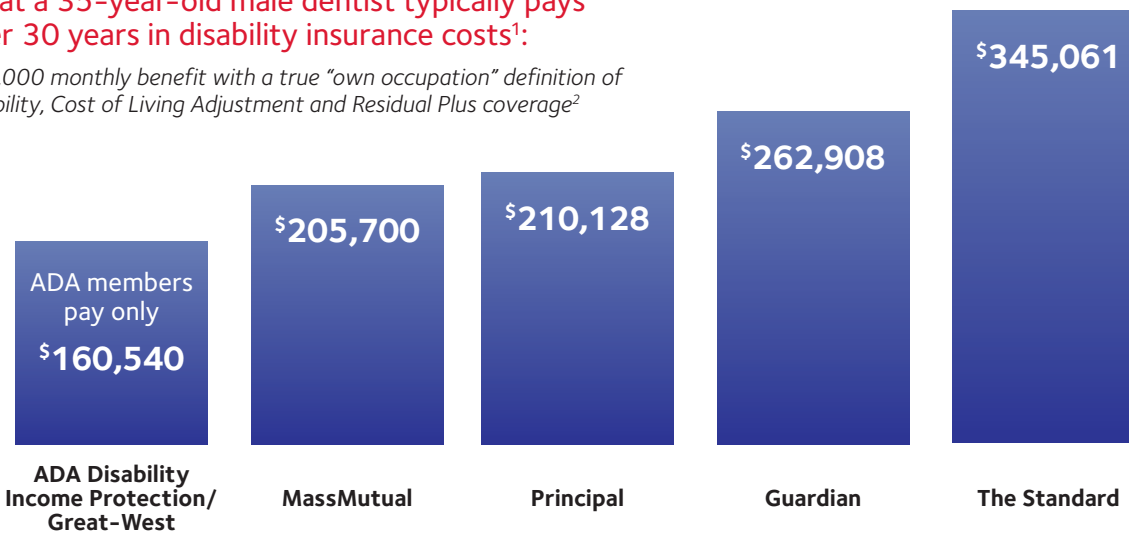


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¹Lifetime costs for all carriers are based on the standard rate class for a \$10,000/month benefit with Own Occupation, Residual Plus benefits, and Cost of Living Adjustment coverage for a 35-year-old male to age 65. Competitor rates for Principal, MassMutual, Guardian, and The Standard were obtained from publicly available state department of insurance rate filing information required for individual disability income insurance policy forms typically sold to dentists by these companies along with any riders necessary to ensure a comparable definition of disability, monthly benefit amount, and other policy benefits. These competitor rates, benefits and comparisons were validated by a nationally recognized independent third-party actuarial consulting firm. The competitor rates may differ from those shown depending on the final agent commission charged. The ADA Disability Income Protection Plan insurance lifetime premium shown is the sum of all filed gender-distinct rates in effect at 5/1/19 starting at age 35 until age 65; including rate increases with age and a 36% Premium Credit, which can go up or down annually, and does not include agent commissions, which are not paid under the ADA insurance plans. Visit insurance.ada.org to see rates for other classes and options, or call an Insurance Plan Specialist for a comparison.

²The ADA Disability Income Protection Residual Plus option offers a modified waiting period, which can be satisfied with periods of total and/or partial disability even if they are not consecutive.

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Scholarship applicants sought for 2020 Institute for Teaching and Learning

Teacher-training program gives dental educators new skills, methods

BY KIMBER SOLANA

As a part-time faculty member at the Marquette University School of Dentistry, Dr. Ken Zganjar wanted to meet other educators from around the country and exchange ideas on educational methods.

Dr. Zganjar found that opportunity by attending the 2019 Academy for Academic Leadership's Institute for Teaching and Learning, a teacher-trainer program for full- or part-time dental educators and private practitioners who are interested in an academic career.

"The biggest takeaway from the workshop was that all aspects of dental education should be 'patient centered,'" said Dr. Zganjar, who has a private practice in Brown Deer, Wisconsin, and teaches one day a week at the preclinical fixed prosthodontics simulation lab at Marquette.

"Dental educators are tasked with making sure that their graduates are competent providers of dental care," he said.

Dr. Zganjar was among the about 60 health educators and practitioners around the country who attended the program, which is offered by the Academy for Academic Leadership.

Dr. Zganjar, along with Drs. Nicholas G. Kaleel and Wilma Luquis-Aponte, attended the 2019 teacher-training program through



Scholarship: From left, Drs. Kenneth Zganjar, Wilma Luquis-Aponte and Nicholas Kaleel pose for a group photo at the 2019 Academy for Academic Leadership's Institute for Teaching and Learning. The trio were the recipients of the ADA Council on Dental Education and Licensure grants scholarship to attend the teacher-trainer program.

the annual ADA Council on Dental Education and Licensure scholarship program, as part of a commitment to support dental education and ADA general dentist members interested in academia.

The four-day on-site program, held in August 2019 at the University of Texas Health Science Center at Houston, involved class discussions, small-group projects, problem-solving exercises, observation and critique of teachers in action, peer feedback and presentations by ITL Scholars.

Dr. Luquis-Aponte was looking to expand her horizons as she finds her way back into academia.

"I wanted to become more aware of the new

developments on teaching," said Dr. Luquis-Aponte on why she attended the program. "The program was very interactive [with] tons of valuable information and very mind-opening."

This year's Institute for Teaching Learning program is scheduled for Aug. 23-26 in Atlanta. Now in its 14th year, with over 700 alumni, the program combines presentations, discussions, small group activities and peer-to-peer learnings to give participants new teaching skills. The on-site program is followed by a six-month distance learning experience that includes online activities and interactive webinars.

Applications for the ADA CDEL tuition scholarship to the Institute for Teaching and Learning are due March 31. Scholarships will be granted by June 18. Each scholarship is in the amount of ITL tuition and includes airfare expenses. For more information on the ADA CDEL tuition scholarship to the Institute for Teaching and Learning, including the complete list of criteria and eligibility requirements, visit ADA.org and search "Dental Educator and Teaching Scholarships from the ADA."

To learn more about the Institute for Teaching and Learning, visit aalgroup.org/itl.

In addition, the Academy for Academic



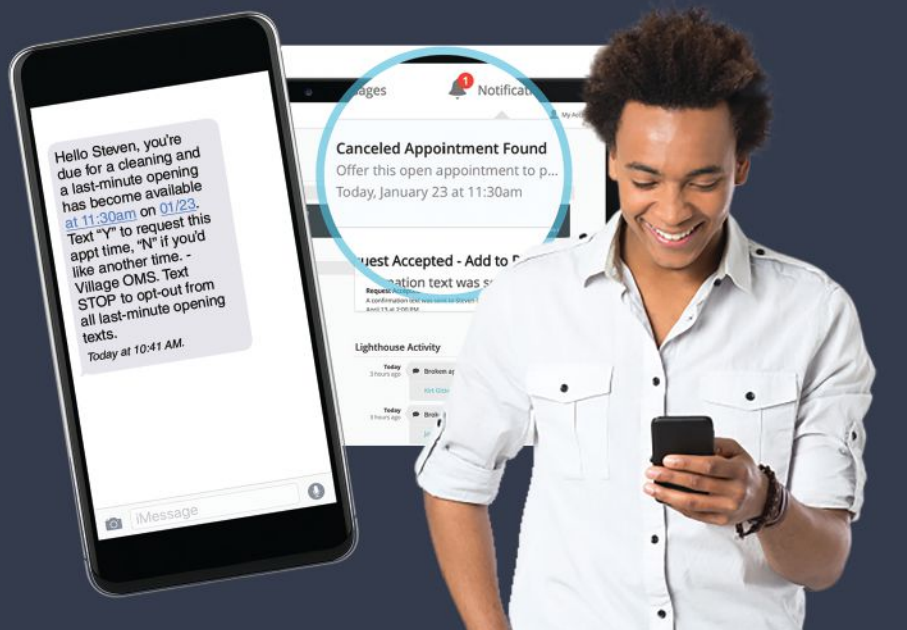
Listen: Dr. Wilma Luquis-Aponte smiles during a session at this year's Academy for Academic Leadership's Institute for Teaching and Learning. "I wanted to become more aware of the new developments on teaching," said Dr. Luquis-Aponte on why she attended the program.

Leadership is offering the Leadership Essentials for Advanced Program — which is designed to prepare new and incoming directors from advanced dental education programs for the different leadership, administrative, teaching and mentoring challenges they encounter while serving in their roles. The two-day program, presented by experienced past and present program directors, academic executives and leadership consultants, will be held May 7-8 in Atlanta. Accordingly, the Council on Dental Education and Licensure is seeking nominations and sponsoring one director of a Commission on Dental Accreditation-accredited advanced dental education program for the workshop. Applications for the LEAP workshop are due March 15. The scholarship will be granted by April. The scholarship will be in the amount of the AAL tuition.

For more information on the ADA CDEL scholarship to the Academy for Academic Leadership, including the complete list of criteria and eligibility requirements, visit ADA.org and search "CDEL LEAP Scholarship." ■

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Texas A&M dental school opens new clinic, education building

Dallas — Texas A&M College of Dentistry announced Jan. 17 it opened a new 160,000-square-foot, nine-story clinic, which enables the dental school to increase underserved patients' access to care.

The Clinic and Education Building, which features nearly 300 dental chair stations, is the first stand-alone building constructed for the dental school since 1950.

"Patients and students are at the heart of what we do," said Dr. Lawrence E. Wolinsky, dental school dean, in a news release. "The new clinical building is truly going to help the college meet the ever-expanding need for reputable patient-centered care in a compassionate environment. Our students will gain a unique learning experience that will benefit them throughout their professional careers."



First: The Clinic and Education Building, which features nearly 300 dental chair stations, is the first stand-alone building constructed for the dental school since 1950.

The clinic also allows the dental school to shift from a traditional disciplined-based approach to a "whole health" educational

See TEXAS, Page 21

Tufts program helps homeless veterans find dental homes

Service With A Smile was among 10 programs to receive Tarrson award funding

BY KIMBER SOLANA

Boston — When Brent Mullen and Keith Nguyen — Tufts University dental students who had served in the Army, including combat tours in Iraq — began dental school in 2016, they volunteered at the New England Center and Home for Veterans, serving meals to resident veterans.

Two years later, the two students had combined their interest in serving veterans and the dental profession by creating the Service With A Smile program — providing oral health education sessions, distributing oral hygiene supplies, fundraising and providing oral health screenings to veterans.

For their work, Service With A Smile was among 10 programs from nine universities to receive funding this year through the ADA Foundation's E. "Bud" Tarrson Dental School Student Community Leadership Awards.

"The Tarrson Award will allow Service With A Smile to offer enhanced dental benefits to veterans," said Mr. Mullen, program cofounder and primary student volunteer. "Our program aims to allow veterans to retain more of their natural teeth instead of relying on extractions and dentures."

The funds, he added, will also allow volunteers to give meal vouchers to veterans who miss dinner at the shelter when they are scheduled for an evening appointment slot at Tufts.

Service With A Smile seeks to address the need to have more dental services available for veterans experiencing homelessness, according to the Tufts University School of Dental Medicine. It strives to build friendship, dental access and education among Tufts University dental students, faculty members and the veterans temporarily and permanently residing at the New England Center and Home for Veterans in downtown Boston.

According to Tufts, the veterans center on average houses 230 veterans each night, a majority of whom are ineligible for U.S. Department of Veterans Affairs dental benefits.

To fill this gap, Service With A Smile student volunteers and faculty mentors visit the center twice a month to provide oral health screenings. Its ultimate purpose is to connect the veterans to a dental home and provide needed dental services in order to reduce barriers for homeless rehabilitation.

"The ADA Foundation is proud to support oral health volunteer community service projects organized by dental students," said Dr. Marcelo Araujo, Ph.D., chief executive officer of the ADA Foundation. "These programs vary in mission, focusing on the most underserved in their community, including pregnant mothers, children, seniors, veterans and LGBT patients."

Tufts and the other recipients each received about \$11,400 as part of the Tarrson leadership awards. The other recipients include:

- University of Minnesota School of Dentistry, Give Kids A Smile.
- A.T. Still University of Health Sciences, Dentures for Veterans.
- Meharry Medical College School of Dentistry, Meharry Oral Health Day.
- Harvard University School of Dental Medicine, American Student Dental Association Community Involvement.
- University of Detroit Mercy School of Dentistry, Detroit Mercy Outreach and Community Service/Malta Free Dental Clinic.
- Oregon Health and Science University

School of Dentistry, Student Patient Assistance Program.

- New York University College of Dentistry, Determining and Improving Access to Pediatric Dental Care for Children of Vulnerable Pregnant Women.

See TARRSON, Page 16



Service: ADA Foundation CEO Dr. Marcelo Araujo, Ph.D., left, and Dr. Rick Stevenson, ADA Council on Advocacy for Access and Prevention chair, right, present an E. "Bud" Tarrson Dental School Student Community Leadership Awards check to (from left) Tufts University dental students Brent Mullen and Keith Nyugen.

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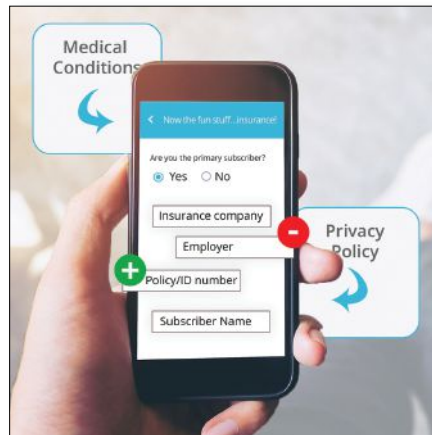
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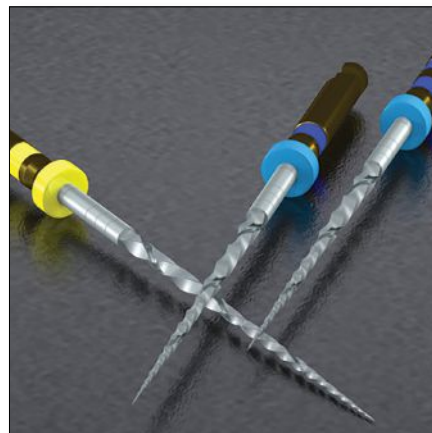
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Addressing caries through the lens of social justice, health equity and human rights

BY DAVID BURGER

Los Angeles — Social justice. Health equity. Human rights.

Those themes aren't often included in typical conversations at the dental office.

But Dr. Francisco Ramos-Gomez hopes for a change and a new way of thinking.

He hopes that when dental providers think about children's caries, they think about those three themes.

"The mixed success of attempts to fight early childhood caries might be linked to the fact that many past strategies have tended to focus only on providers, while failing to consider the impact that social determinants have on families' health and behaviors," said the UCLA School of Dentistry pediatric dentistry professor and executive director for the UCLA Center for Children's Oral Health. "Shifting the focus of the battle against early childhood caries to social justice, health equity and human rights can improve oral health among underserved children and vulnerable populations through practical, interprofessional strategies."

Dr. Ramos-Gomez's beliefs and passion are rooted in his and others' opinion that the systems in place and dialogues about preventing early childhood caries need to evolve, and he is planning on imparting his message to his students and residents at the dental school throughout 2020 and beyond. He also is embarking on an advocacy campaign that he

hopes will educate and garner support.

"This is a new year and a new decade, and I'm hoping that in 2020 we have a systems change," said Dr. Ramos-Gomez.

It's a conviction that was published in the November issue of *The Journal of the American Dental Association* and the basis for the 2018 forum that he fostered, where dentists, physicians, nurses and public health and public policy experts proposed, discussed and recommended solutions for preventing early childhood caries through the lens of social justice, health equity and human rights.

Many of his ideas crystallized at the forum, and it is now time, he said, to gain supporters in his advocacy efforts and teach the next generation of dentists to share his principle and join in.

These students are going to be in the workforce for the next 30, 40 years," Dr. Ramos-Gomez said. "It's like building LEGOs, from the bottom up."

The trio of themes are highlighted by the United Nations, which adopted the Declaration of the Rights of the Child more than six decades ago, which defines children's rights to protection, education, health care, shelter and good nutrition. The practices and world views of the U.N. influenced Dr. Ramos-Gomez's opinions about addressing early childhood caries, he said.

Call to action

Dr. Michael Glick, editor of *The Journal of the*

American Dental Association, said that he looks for published commentaries that are challenging and illustrate issues that we usually don't think about. He liked calls to action and said that Dr. Ramos-Gomez's JADA commentary fit the bill and "it was important for us to highlight it."

The forum in Los Angeles identified not only the significance of collaboration between dentists and physicians in preventing caries, but also the important role community oral health workers could play to help improve oral health outcomes and reduce socioeconomic and culture-based disparities.

"Community oral health workers are valuable underutilized resources, particularly for high-risk and vulnerable communities and are an important link between the community and utilization of health care services," Dr. Ramos-Gomez said. "They can provide triage, counseling, referrals and follow-up appointments. Studies in the U.S. have shown that using individuals from the community who share the same culture and language of specific target populations has proven useful for increasing knowledge, education and skills regarding the importance of oral health and improving oral health and access to care."

Findings from the forum resulted in suggestions for promoting social justice, health equity and human rights in oral health and early childhood caries prevention for children and underserved populations, according to the JADA commentary:

- Encouraging oral health and medical care providers to promote and advocate for mandatory age-one year oral health visits for all children.
- Supporting a patient outcome-based reimbursement system that emphasizes early oral health prevention for children.
- Establishing a collaborative partnership between oral health care providers and community oral health workers.
- Supporting interprofessional education and encouraging collaborative practice among oral health, medical and other pediatric primary care providers.
- The use of dental homes and teledentistry to promote patient-provider relationships that build trust, cultural competency and continuity of care.

The key is for dentists to partner with pediatricians, physicians and other primary care workers, Dr. Ramos-Gomez emphasized, so that the availability of oral health care is equal for all children, regardless of ethnic origin, gender, immigration status, economic standing race or religion. Not every young patient lives in Beverly Hills, he noted, so every young patient should be given equitable care across the spectrum of care.

"Since infants and toddlers on average visit a primary care provider eight times by the time they are 3 years old, there is a need for more cross-trained pediatric primary care providers willing and capable of consistently conducting oral health exams, including caries risk assessments and application of fluoride varnish and checking for white spot lesions as first indicators of disease progression," he said.

Equality for all

"Inequalities in children's oral health are evident considering that among children in the United States, the highest caries rates exist in low-income and minority children, and disadvantaged children are less likely to have accessible oral health care. Findings such as these highlight that at present not all children have equal access to basic oral health care. This continues to be a crucial human rights issue worldwide," Dr. Ramos-Gomez said.

The forum refined and focused Dr. Ra-

mos-Gomez's views on preventing early childhood caries.

"Both dental and medical care providers play important roles in addressing early childhood caries," he said. "The integration of oral health into primary care using a multidisciplinary approach is the future of dentistry."

Dr. Jayanth Kumar, California Department of Public Health state oral health director and a presenter at the forum, echoed Dr. Ramos-Gomez's opinions on preventing early childhood caries.

"Health care providers can work together to promote policy, system and environmental changes to facilitate embedding tooth brushing and healthy options in early education and care settings as well as to create an office environment for communicating appropriate health messages," Dr. Kumar said. "Although the knowledge exists to prevent and manage early childhood caries, it has been difficult to translate this into practice. Addressing early childhood caries requires improving not only clinical care but also living conditions such as poverty, safe neighborhood, housing and other adverse influences that affect health literacy."

Dr. Paul H. Krebsbach, dean and professor of periodontics at the UCLA School of Dentistry, was also a presenter at the forum and shared Dr. Ramos-Gomez's views on health equity.

"The topics and issues that Dr. Ramos-Gomez brought to the UCLA Health Sciences are both necessary and forward-thinking," Dr. Krebsbach said. "Health equity is woven into our strategy and vision and is something we strive for. My hope is that all our student dentists, residents, trainees and faculty implement and work towards the solutions that were presented at the forum."

To read Dr. Ramos-Gomez's JADA commentary, visit jada.ADA.org and search for "social justice." ■

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Dr. Ramos-Gomez

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Continued from Page 13

The University of North Carolina received funding for two student-led programs: Vidas de Esperanza Clinic is a clinic established by third-year students providing preventive, comprehensive and urgent care to underserved patients; and Equality Clinic, a student-run clinic that has partnered with a local LGBT center to help volunteers better understand specific needs of LGBT patients, such as pronoun usage, LGBT health and mental health training.

At Tufts, after a veteran completes a screening through Service With A Smile, the veteran is given a form that explains their oral health screening results, details treatment urgency and offers a referral for a potential dental home.

As of Jan. 28, Service With A Smile has had 11 screening sessions and has connected over 30 veterans to a dental home, such as the dental school.

"This program honors friends of Keith and I that gave their life in the Iraq War and lost their lives after returning home from [post-traumatic stress disorder]," Mr. Mullen said. "Their legacy lives on as we work together to help our fellow veterans." ■

Florida oral surgeon stays atop branding as practice expands

PBHS Dental Website Design & Marketing helped evolve to fit new dimensions

BY JEAN WILLIAMS

There is an art to conveying just who you are at every stage of your dental practice. One minute you could be a single-dentist practice with a hygienist and a receptionist, and then, the next thing you know, you could have a group practice and maybe even several locations.

How do you evolve your brand to fit your new dimensions? If you're Dr. Michael Barbick of Tampa, Fla., you stick close to a proven partner in the realm of marketing and branding — PBHS Dental Website Design & Marketing.

PBHS is the ADA Member Advantage-endorsed provider for website design and marketing services.

Dr. Barbick is an oral and maxillofacial surgeon. After working in dentistry in hospital settings and in private practice in St. Louis, he returned to his home state of Florida where he acquired Tampa Bay Jaw & Facial Surgery (tbjafs.com).

He has tapped PBHS for a multitude of their services in reflecting his practice's brand dynamics. "It's a group practice that is about 5 years old," he said. "It started with one office and has kind of expanded since then to over six offices. So, they've been helping me ever since to customize my website, do videos, brand myself, create logos and help with getting my SEO campaign going.

"They also provide insight to me on the marketing aspects of how things are working. So, I get annual reports or sometimes monthly reports on where my company is being found on the internet, how often or how easy it is for people that are finding my information ... which helps me out to further optimize so patients of mine can find me easier on the internet."

Capturing Dr. Barbick's multiple-office practice in logo form was a challenge that PBHS proved ready for, Dr. Barbick indicated.

They have a lot of hard work to accomplish, including being engaging and memorable so that potential customers see them and automatically associate them with something the business owner particularly intended to convey. Logos are compact workhorses in branding.

Dr. Barbick described a very interactive information intake process involving questionnaires and interfacing with PBHS graphic designers until he had a logo that matched his practice's needs to his satisfaction.

"There's a lot that goes into it as it pertains to asking you a lot of questions," Dr. Barbick said. "Eventually what happens is they start sending you these mockup drawings and then you get to take these drawings or mockups of your logo and start telling them what you like or don't like based on those mockups; and then they go ahead and redesign that and send it back to you. Then you [might] say, 'Wow, I really love it except for this one small thing here. Can you change this color to this?' Eventually that happens and the logo is designed from that."

Because one of his practice locations is in Naples instead of the Tampa Bay area, Dr. Barbick's one logo wouldn't suffice. So he worked with PBHS on a second logo.

"The Naples one is a different logo because I couldn't use [the first] — the background is the city skyline in Tampa. So, I created my own logo for the Naples office."

Dr. Barbick sought a logo that reflected

the same values and feel as his Tampa Bay office logo, but was unique to the new location,

said Richie Lombardo, PBHS director of graphic design. "He wanted people to recognize that the locations are connected in some way but have their own brand," Mr. Lombardo said. "We used the face from the Tampa Bay logo as a constant theme, and instead of the Tampa Bay skyline, we



added a tropical ocean feel to emphasize the Naples, Florida, location. We presented three

logo ideas to Dr. Barbick and after a few revisions ended up at the final logo."

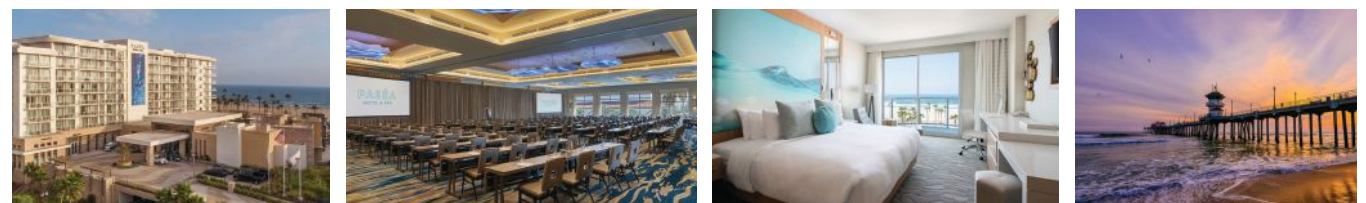
Should he further grow his practice, Dr. Barbick said he would continue working with PBHS on branding expansion.

"In any different office that I open in the future, I will be working with them to help

me to continue to add content to the website and to continue my search engine optimization," he said.

In fact, he has plans to evolve his website using PBHS. His current website was built using one of the company's pre-designed templates. "I'm going to change my website to a more customized website later this year," he said.

"You can customize websites and make them completely specific to anything you want. So that's my next step with them — to customize the website and the content." ■



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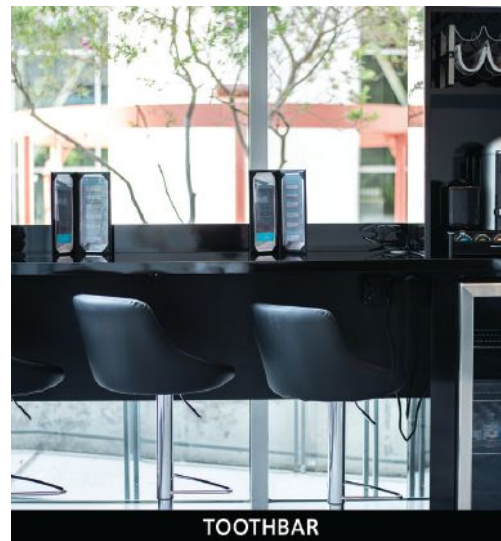
The Design Innovation Awards recognize excellence in dental facilities that seamlessly combine esthetic appeal, function and design. The ADA Council on Dental Practice, ADA Member Advantage and BMO Harris Bank organize and

sponsor the Design Innovation Awards. Participating practices provided photos, floorplans and information about their design philosophies — both for new builds and renovations — to demonstrate an interesting or innovative use of space and color and an eye toward function that enhances patient and staff experience. The finalists' designs were showcased in the Exhibit Hall at ADA FDI World Dental Congress in San Francisco Sept. 5-7, 2019, where attendees voted for their favorite projects. The winners of the inaugural ADA Design Innovation Awards are showcased in a special issue of Dental Practice Success. This interactive issue, with slideshows from each practice and other interactive multimedia, is available at ADA.org/dpsdesign.

Entries for the 2020 Design Innovation Awards open in June. Visit ADA.org/DIA for more information. ■

New buildout winner: Toothbar

Project objective and design solution summary: “No offense, but I hate going to the dentist.” Those words were something that we frequently heard when friends would describe their long-overdue dental visits. Dr. Lauren Jacobsen and I, Dr. Kimberley Bar-



TOOTHBAR



DR. ROBIN HENDERSON

Winners: Toothbar in Austin, Texas, won in the New Buildout category and Dr. Robin Henderson in Clarkston, Washington, received top honors in the Remodel category.

clay, met in dental school over 10 years ago and share a unique bond in that we have practiced dentistry together ever since. After being in corporate dentistry for several years, we wanted to create something that would change the stigma behind the dreaded six-month cleaning. The concept for Toothbar sprouted from our desire to redefine the way people think about going to the dentist. Being downtown Austinites, it's not unusual for us to run into our patients in a yoga class or a grocery store. We wanted to get rid of the white coat syndrome stereotype often associated with medicine and create a dental office that gives patients the same enjoyment that they would have, for example, relaxing in the lobby of an upscale hotel bar. We wanted to change the mentality and dread associated with being at the dentist and, instead, make it something to look forward to, a chance to escape from day-to-day life while also receiving the most expert care. In today's society, trust in medical practitioners has decreased with the advent of upselling. So ensuring clarity and transparency with our patients was an important component to building our dream practice. Overall, we wanted to create an experience that patients would enjoy, too, and let them know they were receiving the best care that dentistry has to offer in an environment that transports them beyond the traditional mindset of what a dentist office is supposed to feel like.

Describe how your design accomplished your objective: From the moment patients walk through the door, we want them to know that Toothbar is something different. Our lobby is set up to resemble a hotel lounge, complete with a tech bar with complimentary Wi-Fi and refreshment bar. With floor-to-ceiling 15-foot windows, our patients have a 360-degree view of different parts of the city. We wanted to take out the mystery and help alleviate some of the fear patients have when sitting in an operator, so we created an open floor plan concept. With 20-foot tall ceilings,

we thoughtfully designed our dental suites to not have individual roofs but instead allow the patient to have a full panoramic view of the outdoors. The operatories do not have doors, just 12-foot-tall soundproof wall partitions and Sonos wireless speakers installed in every wall for privacy when speaking. We created an all-white sterile hallway to show patients on our new patient tour and allow them to feel confident that everything is sterile and clean. Patient comfort and technology are key in ensuring that patients are receiving the best care in a warm, comfortable environment. As such, we installed A-dec 500 dental chairs (A-dec) in each operator complete with an overhead TV and nitrous oxide attached to every chair. On exiting, we have a gold “Brush Bar,” complete with all of our favorite products and a large vanity mirror so patients can refresh themselves before or after their dental appointment. Lastly, we created a “Toothbar Lounge,” which has three massage chairs and a lounge with a bar. Patients can reserve this area for whitening parties or if they want a quick polish and floss in between their six-month cleanings. Our mindset behind the lounge was to take all of our patients' favorite parts of being at the dentist and turn it into an a la carte menu for them to enjoy whenever they please. Now, when patients leave our office, their words are, “Wow, I don't even feel like I'm at the dentist.” ■



Owners: Drs. Kimberley Barclay and Lauren Jacobsen

Remodel winner: Dr. Robin Henderson

Project objective and design solution summary: The project objective included giving the team a personal area as well as space to meet and grow together. We wanted a unique new patient experience in a nonclinical environment. I planned to use a lot of layered lighting — both task lighting and lighting for esthetics — as well as many different surface textures to define spaces and highlight design details and give interest to the office after dark, while being sure to pay attention to energy efficiency and prevention of light pollution to the night sky.

For color selection, I was inspired by Pew-

abic Pottery, a 100-year-old studio with roots in the first generation of porcelain ovens for dentistry, for relaxing colors with pops of my favorite color, orange. I wanted the design to give thought to not only what is seen, but also what is heard (or not heard), to provide a more relaxing atmosphere for team and patients.

I desired clean lines in sterilization and treatment areas with maximum efficiencies and ergonomics throughout. Full integration of our digital workflow, including CEREC (Dentsply Sirona), cone-beam computed tomography and three-dimensional printing,



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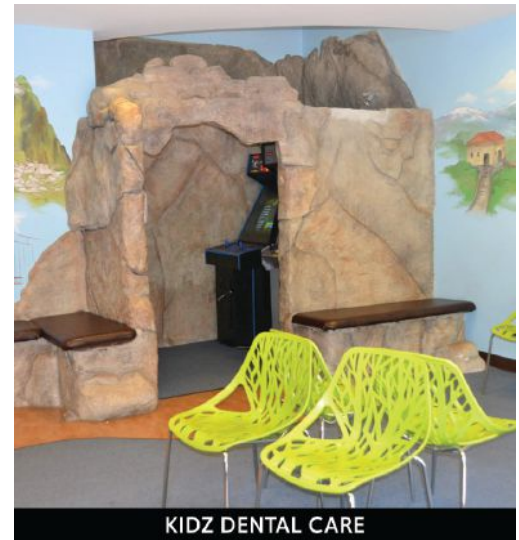
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KIDZ DENTAL CARE

Runners-up: Jones Family Dentistry in Norwalk, Iowa, and Fresno Dental Professionals in Fresno, California, were runners-up for the New Buildout category. Eagle Dental in Eagle, Wisconsin, and Kidz Dental Care in Santa Clarita, California, were Remodel runners-up.

was imperative. I wanted beautiful outdoor space adjacent to hygiene and treatment rooms and team space to bring in natural light and relaxation. I wanted in-office laundry for uniforms and patient amenities, such as blankets and hot towels, that was close to our work areas, yet away from patient areas and near the team locker room. I envisioned deliveries to be made away from the patient areas yet near where supplies would be stored.

Describe how your design accomplished your objective: Our design really started with the new patient experience. The glass walls of our new patient room are adorned with a large fingerprint.



Owner: Dr. Robin Henderson

Not only does this partially obscure the space while still allowing it to feel very open, the fingerprint is a reminder that each patient is a unique person and treatment is planned as such. Our new patient room is away from the hygiene and treatment rooms. We were able to design a great team area with large private lockers just inside the entrance and across from the kitchen and conference room. This entrance is also used for deliveries and is near a large storage area. Our indirect-procedure laboratory is also near this area whereas our laboratory to support the CEREC unit and 3D printing is adjacent to the treatment area. A sound-masking system keeps conversations private throughout the office, and Sirona's cabinet for the CEREC unit greatly reduces milling noise. Cabinets in treatment rooms and the sterilization area are void of handles to prevent catching headlight cords or uniforms and have touch-free open and close capabilities. There is lighting inside sterilization drawers to reduce eye fatigue. Nearly all of the lighting is light-emitting diode (LED) of varying color temperature, dependent on the space. A favorite efficiency in the sterilization area is the plumbed-in instrument washer (ESMA Inc.), which also dries instruments to prepare for sterilization. Just outside the hygiene and treatment areas is a cabinet housing a hot towel warmer, blanket-warming drawer and docking stations for Nomad (KaVo) x-ray units and team two-way radios. Breathtaking landscaping greets patients as they arrive and is a calming feature outside hygiene and treatment areas. ■

Read more at ADA.org/dpsdesign.

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General Practice dental office in Ventura, CA. is looking for an Associate to transition in a sale. Doctor has a 40 years plus wonderful reputation. The office is conveniently located in a highly visible, easily accessible building. The office occupies approximately 1100 sq. feet and consists of 4 fully equipped operatories, a private office, a reception area, a sterilization area, a staff lounge, a lab, and 1 restroom. The practice generates approximately 72 new patients per year. This practice has Dextrix practice management software. The doctor is looking for an Associate who can transition successfully. The practice is located in a great community in which to live and practice dentistry. This practice collected approximately 450K in 2018.

Please send your CV to:
venturacadds@gmail.com

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Prosthodontic dental office with a 35 plus year history of goodwill in the San Luis Obispo, CA. area is looking for a wonderful, kind practitioner to associate and transition to purchase practice. The office is conveniently located in a beautiful Victorian building. Doctor owned real estate which buyer has the option to lease or purchase. The office occupies approximately 1800 sq. feet and consists of 3 fully equipped ops (with ample room to expand and add more operatories), a private office, a reception area, a sterilization area and a staff lounge. The practice functions with state-of-the-art technology. Office is fully computerized and operates Dextrix practice management software. This FFS practice grosses approximately 1M and generates approximately 11 new patients per month. If requested by the purchasing dentist the doctor is willing to work back in the practice or mentor (if desired) to help the new doctor with a successful transition. The practice is located in a great community in which to live and practice dentistry.

Please send your CV to:
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NEW YORK — Suffolk County. Profitable 30 year General Practice in a desirable western Suffolk community. Seller owned building is new, well maintained with updated equipment. Dextrix software and Dexis digital x-ray. Practice averages 34 hours with 44 hygiene hours and a dedicated staff. Majority of specialty procedures are referred out. 5 year historical revenue is just over one million. Send Resume/ CV to LongIslandDentist2020@gmail.com.

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Fully equipped and well established dental practice for sale in North Augusta, South Carolina. The practice is located on a busy road in North Augusta, South Carolina with high visibility. Based on the last three years, the business grosses \$485,000/year on average and accepts roughly 10 new patients per month. The office is 1660 sq feet, individually, and is in a shared duplex building. This beautiful dental office has four equipped operatories, a fully functioning sterilization room, an equipped front desk/reception area, a private office, and plenty of storage space. The office is functioning with all digital x-rays and a new PAN/CBCT that was installed in late 2017. This practice includes a 3m Tru Def scanner for crown and bridge/aligners, a Kavo Implant Surgical Unit, and a dental laser unit. Each operator has an intraoral camera installed and one operator is equipped with an electric handpiece. The x-ray software is Dexis ready with two digital sensors that are established and fully functioning. The front office and all operatories have functioning computers loaded with dental software that is ready to use (Eaglesoft). This practice would be ready to function immediately and has excellent potential for growth. Owner financing is available. For more information, contact David Schmidt at (803) 270-7677.

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Dentist honored for SNODENT contributions

Dr. Mark Jurkovich receives Award of Excellence from international group

BY DAVID BURGER

Kuala Lumpur, Malaysia — The international group SNOMED International honored ADA member dentist Dr. Mark Jurkovich with the Award of Excellence for spearheading the important work the ADA has done on SNODENT, the group announced Jan. 16.

The Systematized Nomenclature of Dentistry, better known as SNODENT, is a subset of SNOMED CT, a vocabulary designed for use with electronic health and dental records and a clinical terminology developed by the ADA. CT is an acronym for clinical terms.

Dr. Jurkovich, a previous member of the ADA Council on Dental Benefit Programs, the vice chair of the ADA's Standards Committee on Dental Informatics and chair of the ADA SNODENT Maintenance Committee, said he was "really flattered" to be honored by an international group considering the achievements of past awardees.

"There is such an information explosion," Dr. Jurkovich said of why SNODENT is important. "It serves as a basis for building quality measures."

Ultimately, the development and adoption of SNODENT is to help dentists help their patients and improve patient care, Dr. Jurkovich said.

"I'm a firm believer that electronic health records are necessary," he said.

"Mark's commitment to SNOMED CT's dentistry clinical reference group and its special interest group predecessor has made it among the most productive and successful of its kind," the group said in a news release. "Mark's ability to bring together different parties with varied backgrounds, knowledge and views on the alignment between SNODENT and SNOMED CT has been critical [and] his diplomacy has ensured that all contributions are respected, leading to a consensus view supported by all stakeholders."

Dr. Jurkovich was nominated by the ADA and Jane Millar of SNODENT International for the honor.

In the nomination, the ADA and Ms. Millar wrote, "The time commitment that Mark has given to the work and group has been amazing and it has been rewarded by others being willing to do the same because of the work towards transparent deliverables and continuous improvements to SNOMED CT content. Mark continues to be a great ambassador for SNOMED CT [and the organization] as well as vendors who are implementing electronic dental health records. His contributions to support the profession of dentistry and the

development of interoperability standards for the oral health care setting have been extraordinary."

"Dr. Mark Jurkovich has been a leader in standards development organizations for over 10 years," said Dr. Gregory Zeller, immediate past chair of the ADA Standards Committee on Dental Informatics. "Dr. Jurkovich is particularly noted for his



Dr. Jurkovich

leadership in the development of standardized diagnostic terminologies along with the tools required to implement and analyze these terminologies."

Dr. Zeller added that Dr. Jurkovich has been a "torch bearer ... in the long-awaited implementation of standardized, interoperable dental diagnostic concepts in electronic health records."

Dr. Jurkovich, a past president of the Minnesota Dental Association, is a graduate of the University of Minnesota School of Dentistry and has master's degrees in both business administration and health informatics.

Dr. Jurkovich worked as a dentist in private practice for 38 years and now works in the areas of e-health initiatives, research and terminology development, as well as data analytics with a focus on dentistry.

He currently serves as the director of data infrastructure for the Health Care Systems Research Network.

In 2007, the ADA began the process of updating SNODENT for use in the current environment and, eventually, for inclusion as a subset of SNOMED CT. The new version now has over 7,000 concepts.

SNODENT is created by dentists for dentists and enables precise and highly detailed recording of oral health information in an electronic dental record. The recording of clinical data through SNODENT enables the consistent retrieval, transmission and analysis of data from patient records across health care systems. SNODENT provides standardized terms for describing dental disease; captures clinical detail and patient characteristics; permits analysis of patient care services and outcomes; and is designed to be interoperable with electronic health records and electronic dental records.

More information about SNODENT is available at ADA.org/SNODENT. ■

—burgerd@ada.org

Texas

Continued from Page 12

model, according to a news release. It includes advanced technology, specialized clinics, clinical support areas, classrooms and study spaces.

The capacity for patient visits, which currently number about 100,000 per year, is expected to increase by up to 40%. The in-

creased capacity allows the dental school to help address the shortage of dental health care providers in the state's underserved areas.

"This is an exciting time as we reach a new milestone in the history of the College of Dentistry," Dr. Wolinsky said.

The construction of the new \$127 million facility was completed at the end of 2019. About \$72 million of the building's estimated cost came from approval for bond authority that the A&M Health Science Center received from the Texas Legislature during the 2015 session. ■



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Water

Continued from Page 1

proudly impart the message with their patients and communities this and every year.”

ADA President-elect Daniel J. Klemmedson noted that the Centers for Disease Control and Prevention named community water fluoridation as one of 10 great public health achievements of the 20th century. He encouraged dentists to take advantage of ADA resources this month to arm themselves with the facts about water fluoridation to help children and their parents in the quest for better oral health.

“For 75 years, people in the United States have been drinking water with added fluoride and enjoying the benefits of better dental health,” Dr. Klemmedson said. “Dentists can brush up on the facts by downloading the free-for-members ‘Fluoridation Facts’ and learning more about how correct dosing ensures the optimal prevention of tooth decay so we can all answer any questions about it from our patients.”

ADA Executive Director Kathleen T. O’Loughlin said history has proven the benefits of fluoridation for children.

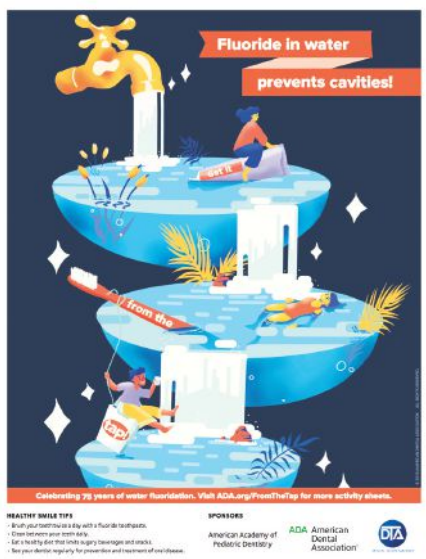
“Grand Rapids, Michigan, became the first U.S. city to fluoridate its public water supply in 1945,” Dr. O’Loughlin said. “Five years later, when the schoolchildren of Grand Rapids were found to have significantly fewer cavities than children from surrounding communities, other Michigan cities also began fluoridating and soon achieved similar results. Today, the majority of local water systems around the country are fluoridated, and communities have reaped the major preventative benefits that give kids and families a head start on good oral health.”

Free posters — with English on the front, Spanish on the back — about National Children’s Dental Health Month are available to order on the National Children’s Dental Health Month website, ADA.org/ncdhm. They can also be downloaded and printed in poster and flyer size.

Other National Children’s Dental Health Month materials on the website include:

- A 2020 National Children’s Dental Health Month program planning guide, which includes easy-to-do activities, program planning timetable tips, a sample National Children’s Dental Health Month proclamation and more.
- Publicity resources, including a create-your-own press release, radio broadcasting tips and sample newspaper articles.
- Free activity sheets for kids, including crosswords, coloring sheets, calendars and maze sheets in both English and Spanish.

For additional community water fluoridation information, including the free downloadable “Fluoridation Facts,” visit ADA.org/fluoride or contact Tooka Zokaie, manager of ADA fluoridation and preventive health activities, at zokaie@ada.org. ■



Veterans

Continued from Page 1

periodontics, restorative care and more. Tele-dentistry is also offered to veterans who require this service, and urgent care is available daily on a walk-in basis.

The Orlando VA dental clinic uses state-of-the-art technologies, including cone-beam technology, computer-aided design and manufacturing (CAD/CAM) technology, and laser technology, and has both in-house milling capabilities as well as 3D printing.

Many VA dental clinics, including Orlando, provide hospital-based services and are also responsible for completing clearance exams and

treating referred veterans from multiple medical services, including oncology, orthopedics, medicine service, sleep service, inpatient urgent care, community living centers and homeless programs.

They also provide 24-hour call to the emergency room, inpatient and community living centers.

Also, during the ADA tour, the visiting convoy was taken through the National VA Simulation Center co-located on the Orlando VA Medical Center campus — which includes everything from a mock ambulance to a mock nursing home room to several operating rooms

that include all the equipment and supplies needed in real-life scenarios.

“It’s very rewarding when dentists can treat veterans and have the opportunity to serve those who have served our country so well. Thank you for this incredible visit,” Dr. Gehani said.

“Collaboration with the ADA allows for new opportunities to be considered and partnerships to be strengthened in our shared interest of advancing Veteran oral health,” Dr. Arola said.

For more information about VA dentistry, visit va.gov/dental. ■

“As federal members of the American Dental Association, it is important to highlight our commitment, pride and innovations in our service to Veterans.”

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