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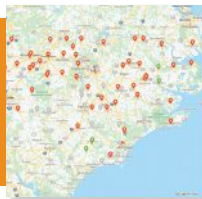
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ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

APRIL 20, 2020

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BRIEFS

CODA asks accredited dental programs for details on COVID-19 response

The Commission on Dental Accreditation announced April 3 that it directed all CODA-accredited dental programs to submit a report by May 15 on their use of distance learning, enhanced activities and other educational modalities in response to the COVID-19 pandemic.

The request is part of an effort to ensure dental programs con-

CODA

Commission on Dental Accreditation

tinue to provide and maintain the quality of dental education for students, residents and fellows, according to a CODA Alert issued April 3.

"The Commission on Dental Accreditation also recognizes that all CODA-accredited dental and dental related education programs have an obligation and responsibility to ensure the competence of the program's graduates, including the Class of 2020, in accordance with the requirements of CODA's Accreditation Standards, policies, and procedures," the commission said in its alert.

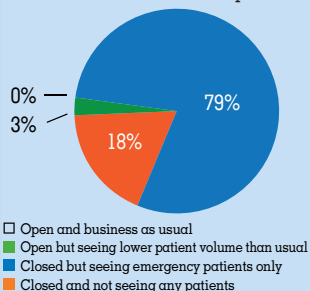
The commission had held a special, closed meeting on April 2 to discuss the impact of COVID-19 on dental and

See *RESPONSE*, Page 13

JUST THE FACTS

COVID-19 and dental offices

The vast majority of dentists in the U.S. have their practices open to emergency patients only due to the pandemic, according to data collected the week of April 6.



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

ADA urges third-party payers to adapt coding, billing procedures to help patients recover

BY DAVID BURGER

The American Dental Association sent a letter to third-party payers urging that administrators of dental benefit plans adjust and adapt reimbursement procedures important to dentists and patients — including coverage for temporary procedures

INSIDE

ADA president appoints task force for COVID-19 practice recovery, Page 14

and adjusting fee schedules to account for cost of increasing infec-

tion control procedures — in the midst of the "unprecedented and extraordinary circumstances dentists and their patients face" during the pandemic.

The letter identifies six areas that the ADA believes are particularly important in terms of coding and

billing in the coming weeks and potentially months. The letter, signed by ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin, thanked the payers "for your support as we navigated

See *RECOVER*, Page 15



Teamwork: Dr. Patricia McConnell, left, and a representative from ThedaCare health system in northeast Wisconsin partner for the Outagamie and Winnebago County dental societies' personal protective equipment drive. Dentists, including those in Wisconsin, Oregon and the Chicago area, are answering calls to donate PPE amid the COVID-19 pandemic. See stories on Pages 4 and 12.

ADA webinar available on Small Business Administration loans, programs

BY JENNIFER GARVIN

Washington — The ADA webinar, Small Business Administration Loans: Understanding the Options for Dentist Owners, is available online.

The webinar was designed to help dentists learn more about the Economic Injury Disaster Loans and Paycheck Protection Program 7(a) loans.

The webinar was presented by Mike Graham, ADA senior vice president, government and public affairs; Megan Mortimer, ADA congressional lobbyist; and CPA Allen Schiff, president of the Academy of Dental CPAs. In addition, Cathy

See *WEBINAR*, Page 8

New clinical dental licensure examination to launch in June

DLOSCE designed to better protect the public

BY KIMBER SOLANA

The Dental Licensure Objective Structured Clinical Examination, or DLOSCE, is expected to launch in June, the Joint Commission on National Dental Examinations announced April 2.

"The DLOSCE arrives for use by dental boards at an opportune time, when its use is greatly needed," said Dr. Cataldo Leone, Joint Commission chair. "The JCNDE has been

contacted by dental boards, dental educators and students, all of whom are looking for a valid and reliable pathway to licensure. These calls are coming from across the country."

The DLOSCE is a professionally developed, content-valid examination built specifically for clinical licensure purposes that assesses candidates' clinical judgment and

See *LICENSURE*, Page 11

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See Page 7.



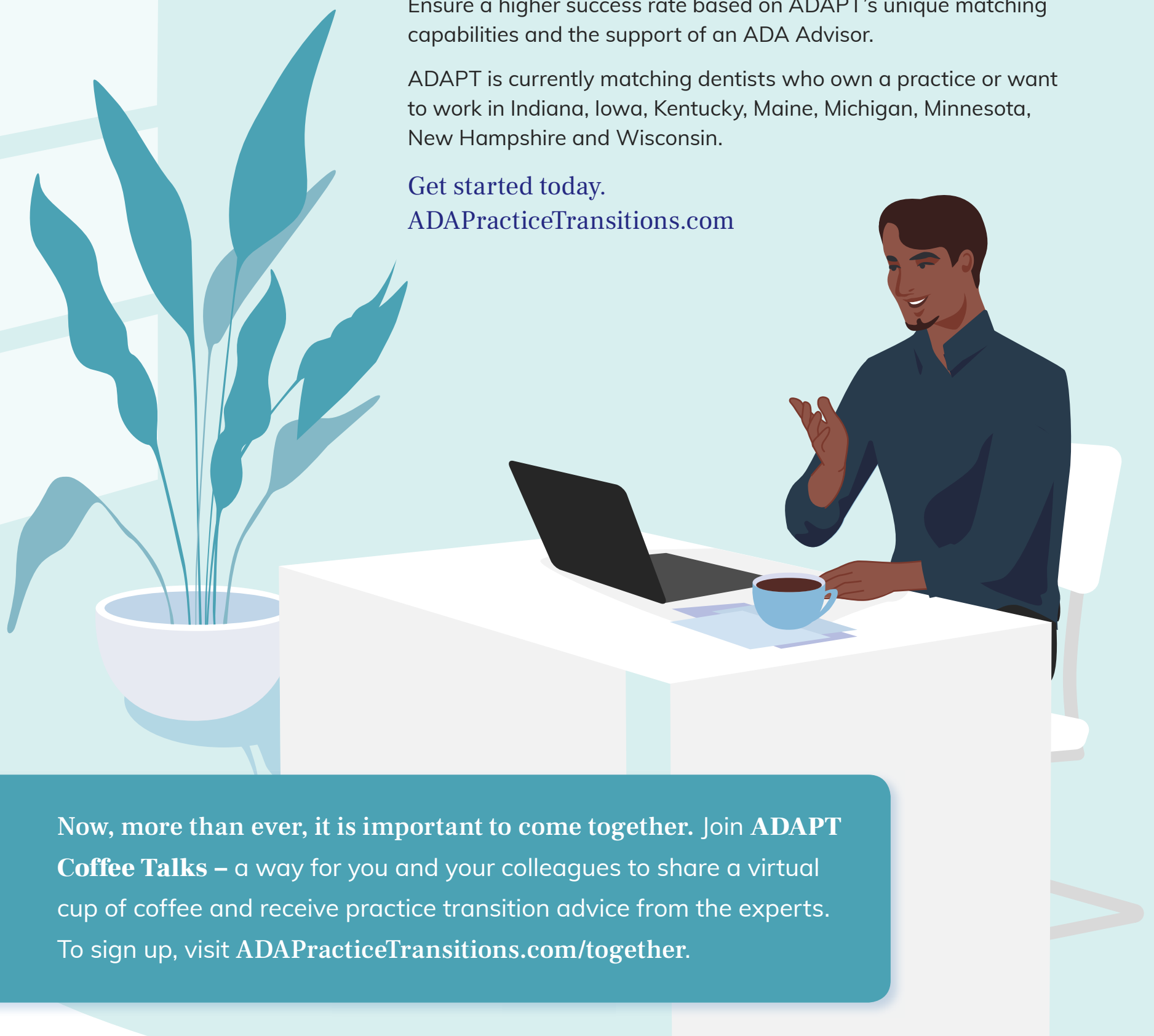


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ADA Board of Trustees holds historic all-digital meeting April 3

BY JUDY JAKUSH

The ADA Board of Trustees traditionally holds six meetings a year at Association Headquarters in Chicago, but this year, for the first time, the Board held its April meeting via Zoom — an all-digital meeting.

Dr. Chad P. Gehani, ADA president, had already been meeting with the Board online several times a week, but the April 3 meeting was the first regularly scheduled meeting to convene all digitally.

“The COVID-19 pandemic has shifted the way we do just about everything now, including meetings at the ADA,” he said. “The Board meeting was no exception to this, and though the virtual approach was a historic

first, our trustees were able to move ahead on important items that serve our members and strengthen our Association.”

For example, members need only click on ADA.org/virus to access the ADA Coronavirus (COVID-19) Center for Dentists. The past two months have been a whirlwind of activity for the Board as it has authorized the speedy development of new resources for members to help them cope with the pandemic's impact on dentistry and informing them on ADA advocacy in Washington.

“Leadership does not stop in a time of crisis,” he noted. “We adapt and move forward because that is when leadership matters the most.” ■

—jakushj@ada.org



Virtual gathering: This screenshot April 3 shows ADA President Chad P. Gehani addressing the ADA Board of Trustees via the Zoom app. The COVID-19 pandemic has changed how the Board meets now.

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²Molina, B., Five steps to cutting your expensive cable TV bill. (2018, Jan. 12), usatoday.com

³Bureau of Labor Statistics. (2018), thebalance.com

⁴How to cut the average cell phone bill by more than 80%. (Updated 2019, Feb. 7), howlifeworks.com

⁵Acorns "Money Matters" report. (2018), prnewswire.com

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Wisconsin dentists donate personal protective equipment amid COVID-19 pandemic

Drives collect supplies for health care workers

BY MARY BETH VERSACI

West Allis, Wis. — Wisconsin dentists have answered the call for personal protective equipment by organizing drives and donating their surplus supplies to hospitals and urgent care facilities treating patients with COVID-19.

After postponing its Mission of Mercy charitable clinic scheduled for June because of the pandemic, the Wisconsin Dental Association donated 20,000 masks, 25,000 pairs of gloves and 1,700 gowns that would have been used at the two-day event to Wisconsin Emergency Management to distribute to hospitals, first responders and other care facilities throughout the state.

"It was disappointing to postpone this year's event, but we are honored to be able to step up to aid our fellow health care professionals in this unprecedented international crisis," Wisconsin Dental Association President Thomas Raimann said. "We are all in this together, and we are glad to support all of those who are dealing with this problem head on. The decision to donate personal protective equipment was made in response to the global shortage suffered by health care professionals who have seen supplies run critically low."

Dr. Patrick Tepe, past president of both the Wisconsin Dental Association and Greater Dane Dental Society in the Madison, Wis-



Big haul: Personal protective equipment donated as part of the Greater Dane Dental Society's supply drive includes masks and gloves.

consin, area, organized a drive with two other area dentists, Drs. Don Tipple and Robb Warren. They reached out to Greater Dane Dental Society members, as well as nonmember dentists in the area, to drop off items March 25 and 27 at three sites.

Drs. Tepe, Tipple and Warren asked dentists to evaluate their practices' supplies of personal protective equipment and donate one box of masks and one box of gloves, if they could. Dentists could also donate surface disinfectants and single-use surgical gowns.

The drive collected 4,000 masks, 11,250

pairs of gloves and a small amount of disinfectant for Madison-area hospitals and urgent care facilities, including University of Wisconsin Hospital, UnityPoint Health – Meriter Hospital, SSM Health St. Mary's Hospital – Madison and Group Health Cooperative of South Central Wisconsin – Urgent Care. Those totals do not include dentists who brought their donations directly to the facilities.

"As health care providers, we have the unique opportunity to contribute personal protective equipment to assist our medical colleagues," Dr. Tepe said. "Due to the vari-

ous 'safer at home' orders that many states are experiencing, we know that our use will be diminished over the coming weeks. Our 'ask' was simple, so that it specifically would not put a strain on any office's supply. We recognized that most dental offices do not stock N95 masks, the optimal personal protective equipment, but in a time of need, any surgical mask can be better than none."

Other local dental societies and offices in Wisconsin hosted their own drives as well, including the Greater Milwaukee Dental Association and the Outagamie and Winnebago County dental societies.

The Greater Milwaukee Dental Association collected personal protective equipment from its members and also donated supplies the association had saved from its Give Kids A Smile events, totaling 11,900 masks, 169 boxes of gloves, 140 gowns, 24 face shields and 19 tubs of disinfectant. The supplies were donated to the Froedtert & the Medical College of Wisconsin regional health network.

Dr. Patricia McConnell, who practices in Appleton, Wisconsin, organized the Outagamie and Winnebago County dental societies' drive in collaboration with ThedaCare health system in northeast Wisconsin. Dentists dropped off their personal protective equipment donations over a two-week period at three sites.

"This is a widespread need, but also a difficult need to address at the statewide level, but a perfect need to address on a true grassroots level with the local dental society," Dr. Tepe said. ■

—versacim@ada.org

Chicago Dental Society donates supplies to health care facilities

BY MARY BETH VERSACI

Chicago — The Chicago Dental Society and its members donated thousands of personal protective equipment to front-line health care workers in response to the COVID-19 pandemic.

The society's efforts began in late March when Dr. Clark Stanford, dean of the University of Illinois at Chicago College of Dentistry, reached out to Dr. Terri Tiersky, president of the society, about supplies that were expected to be in short supply at the dental school clinic and Chicago hospitals as they prepared for a surge in emergency cases.

The society responded with a donation of 800 masks, 5,700 gloves and more than 4,000 gowns that were stored for use during its Midwinter Meeting and other regional continuing education programming.

Dr. Tiersky then put out a call to society dentists to donate their excess personal protective equipment as well, leading to supply drives in the society's nine branches in the Chicago area.

"As health care providers, it is our nature to want to help. Unfortunately, during this very difficult time, we cannot provide care to our patients in the manner that we are accustomed to," Dr. Tiersky said. "Not being able to help those in need is a feeling, as health care providers, we are unaccustomed to. I felt that it was very important to give our members a way to be involved and the opportunity to do whatever they could to help in this fight."

Over the next two weeks, dentists brought supplies to local drop-off sites — mainly dental offices — donating more than 91,000 gloves and 7,400 masks, as well as suits, gowns, hand sanitizer, face shields, eye shields, hair nets, disinfecting wipes and other protective barriers.

University of Illinois at Chicago dental



Ready to go: From left, Drs. Todd Cubbon, Ronald Waryjas and Richard Bona hold a supply drive for the Chicago Dental Society's south suburban branch.



Helping hands: Dr. Thomas Schneider Jr. holds some of the supplies donated by members of the Chicago Dental Society.

student volunteers collected most of the personal protective equipment to bring back to

UIC, which then distributed the supplies among the four hospitals in the Illinois Medical District in Chicago, including University of Illinois Hospital, John H. Stroger Jr. Hospital of Cook County, Rush University Medical Center and the Jesse Brown VA Medical Center. Some branches also shared a portion of their donations directly with their local health care facilities in the suburbs, including Northwest Community Hospital in Arlington Heights, St. Joseph's Home for the Elderly in Palatine, The Moorings of Arlington Heights and Franciscan Health Olympia Fields Hospital in Olympia Fields.

"I am very proud of the way that our members, through our nine branches, stepped up immediately to donate whatever personal protective equipment they could to help those who are treating the patients who are in need of emergency care," Dr. Tiersky said.

She acknowledged there is a delicate balance between keeping enough supplies for themselves to treat emergency patients and supporting those on the front lines.

"I think it is very important that if dentists feel they currently have extra personal protective equipment based on their practice needs and they feel able to donate some or all of that surplus, that they give what they can to ensure that the health care workers who are currently fighting this fight daily have what they need to stay safe and healthy," Dr. Tiersky said. ■

—versacim@ada.org

ADA asks Congress to ensure appropriate PPE for health care workers

BY JENNIFER GARVIN

Washington — The ADA is calling on Congress to help ensure there is appropriate personal protective equipment available to all health care providers — including dentists — who continue to provide emergency care during the COVID-19 pandemic.

In an April 13 letter to Congress, the ADA noted that it has recommended dentists only treat emergencies until April 30.

The Association reminded lawmakers that dentists see emergency patients to help keep people out of emergency rooms and to lessen the burden on the country's medical system. These dentists say they have experienced difficulty in obtaining appropriate personal protective equipment, including N95 masks, which has serious implications.

"Safety of the dental team and patients, or people accompanying patients, is essential while treating emergency patients during this COVID-19 pandemic," wrote ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin. "Due to the close proximity of individuals during dental procedures, and the frequent generation of aerosols necessary for many dental procedures, dentists, staff and patients are at risk of transmission ... In order to effectively treat patients both during this time and in the future, our dentists need access to proper PPE, including N95 masks."

"As our dentists continue to provide emergency care during this pandemic and look to the future of protecting their patients, we must ensure that dentists are provided immediate access to proper PPE. The availability of appropriate PPE will be critically important to minimize any risk of transmission during dental care," the letter concluded.

For the latest updates about issues surrounding COVID-19, visit ADA.org/virus. ■

Experts answer questions about minimizing risk of COVID-19 transmission

Drs. Araujo, Geisinger, Preble discuss interim guidance released by Association

BY DAVID BURGER

A panel of ADA experts answered members' questions in a video released April 8 regarding the Association's interim guidance for minimizing the risk of COVID-19 transmission while performing emergency and urgent dental care.

The experts answered nearly 20 questions that member dentists have asked from throughout the country since the interim guidance was released April 1. The panelists, who all had a hand in developing the guidance, included Dr. Mia Geisinger, chair of the ADA Council on Scientific Affairs and a professor and director of advanced education in periodontology at the University of Alabama School of Dentistry; Dr. Marcelo Araujo, Ph.D., ADA chief science officer and CEO of both the ADA Science & Research Institute and ADA Foundation; and Dr. Dave Preble, senior vice president of the ADA Practice Institute.

Dr. Chad P. Gehani, ADA president, introduced and gave closing remarks in the recording, and Dr. Kathleen T. O'Loughlin, ADA executive director, moderated the session, which is available for on-demand viewing on [ADA.org/guidance](https://ada.org/guidance).

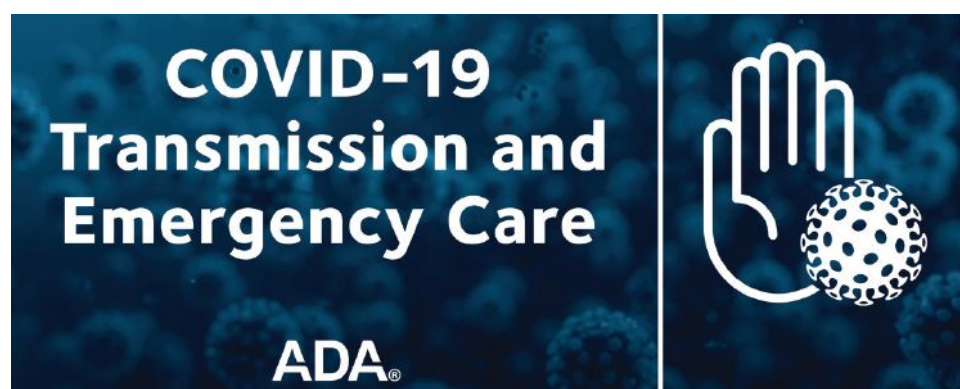
"The COVID-19 pandemic has changed the way we live and work," said Dr. Gehani in his introduction. "This has been a very difficult time for the dental community. But from one practicing dentist to another, I'd like to reassure you that the ADA has our backs. And our Association is working to ensure that you

will get through this together."

The ADA has also created an overview document — Summary of ADA Guidance During the COVID-19 Crisis — that summarizes COVID-19's impact on dentistry, emerging science on the disease, the ADA's guidance for minimizing risk during emergency treatment and the resources the ADA has developed for dentists.

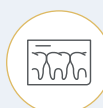
The interim guidance, corresponding flowcharts and summary document are available at [ADA.org/virus](https://ada.org/virus). ■

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have what you need to navigate these times very safely."

The Q&A covered a range of topics including the use of personal protective equipment, coordinating care with other members of the medical community and the future of infection control in dentistry. Other questions included:

- What guidance should be given to a patient with a dental emergency who is known to have an active COVID-19 infection?

- Why don't the recommendations from the Centers for Disease Control and Prevention mention use of rubber dam isolation?

- In relation to rinse protocols, is the evidence informing the use of hydrogen peroxide and povidone related to their effect on viruses like COVID-19?

"The COVID-19 situation is evolving, and the ADA's work continues," Dr. Gehani said in his closing. "Dentists like you are essential to the welfare of our communities. And our Association will continue to support you. We

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Council affirms importance of code of ethics during pandemic

JADA publishes essay that emphasizes unity of ADA member dentists

BY DAVID BURGER

The ADA Council on Ethics, Bylaws and Judicial Affairs' ethics subcommittee authored an online essay as part of its Ethical Moment series in the May issue of The Journal of the American Dental Association, affirming that the ADA Principles of Ethics and Code of Professional Conduct is just as important as ever when making the difficult decisions they encounter on a daily basis.

"During this crisis, when everything seems in flux, it is comforting to remember that the values we pledged to uphold remain un-

changed," said Dr. Mike Kurkowski, council chair. "This article attempts to clarify the application of our Code to some of the emerging issues our member dentists must address. With the overwhelming volume of information practitioners are currently trying to digest, it's important to stay grounded. Placing our community and patients before our needs, and communicating honestly about the evolving science regarding this virus, will help guide dentists to the best decisions."

The nearly 800-word essay, "Ethical Prac-



Dr. Kurkowski

tice During the COVID-19 Pandemic," addresses some of the ethical issues that have arisen in concert with the rise of transmissions. It is available at [JADA.ADA.org/article/S0002-8177\(20\)30225-7/fulltext](https://jada.ada.org/article/S0002-8177(20)30225-7/fulltext).

"The ADA Code

directs dentists to 'have the benefit of the patient as their primary goal,'" the authors wrote in the article. "This might cause you to wonder how you can ethically defer elective procedures or even temporarily suspend your practice operations. The principles of Nonmaleficence ('do no harm'), Beneficence ('do good'), and Justice ('fairness') actually all support these measures ... By deferring or suspending procedures, we are protecting our patients and our communities from the coronavirus that causes COVID-19. Such measures allow us to, for example, reduce the aerosol in the office that is produced by high-speed handpieces, ultrasonic scaling units, and prophylaxis cups. This is precisely what Section 2, the principle Nonmaleficence, demands of us in imposing the 'duty to refrain from harming the patient.'"

Dr. Guenter Jonke, subcommittee member, said that it was vitally important to reiterate in a clear and concise manner member dentists' obligations during this pandemic — not in a didactic or moralizing way, but as a way to express a shared commitment.

"Ethics is the cornerstone our profession," Dr. Jonke said. "During this crisis, not all of us may be level-headed. This article is very timely and an important message to all dentists. Inspiring others is another skill of excellent leadership. Remaining unified allows us to achieve greatness during these uncertain times."

Dr. Jonke said that reducing aerosol, so-

"With the overwhelming volume of information practitioners are currently trying to digest, it's important to stay grounded. Placing our community and patients before our needs, and communicating honestly about the evolving science regarding this virus, will help guide dentists to the best decisions."

cial distancing and conserving personal protective equipment for urgent procedures are all weighty issues facing dentists, including making the decision to treat emergency cases when possible, rather than referring patients to emergency rooms that are already too crowded.

"These acts unite the profession for all to see, but most importantly, for the safety of our patients, staff and our families," Dr. Jonke said. "I think it is critical for our profession to adhere to our core each and every day and not just during this world pandemic."

Ethical Moment is prepared by individual members of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs or guests of the council, in cooperation with The Journal of the American Dental Association. Its purpose is to promote awareness of the American Dental Association Principles of Ethics and Code of Professional Conduct. Readers are invited to submit questions to CEBJA at 211 E. Chicago Ave., Chicago, IL 60611, email ethics@ada.org.

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Homeland Security issues alert on cybercriminals exploiting pandemic

The U.S. Department of Homeland Security issued an alert April 8 warning that cybercriminals are increasingly exploiting the COVID-19 pandemic to target individuals, small and medium businesses and large organizations.

Cyber criminals and advanced persistent threat groups are deploying a variety of ransomware and other malware for commercial gain, according to a joint alert from the Department of Homeland Security, Cybersecurity and Infrastructure Security Agency and the United Kingdom's National Cyber Security Centre.

"Both [Cybersecurity and Infrastructure Security Agency] and [National Cyber Security Centre] are seeing a growing use of COVID-19-related themes by malicious cyber actors," according to the alert. "At the same time, the surge in teleworking has increased the use of potentially vulnerable services, such as virtual private networks, amplifying the threat to individuals and organizations."

Cybercriminals are likely to continue to exploit the COVID-19 pandemic over the coming weeks and months, according to the alert. These threats include phishing and malware distribution, using the subject of coronavirus or COVID-19 as a lure; registration of new domain names containing wording related to coronavirus or COVID-19; and attacks against newly — and often rapidly — deployed remote access and teleworking infrastructure.

A phishing email disguises itself as coming from a trustworthy source in an attempt to obtain sensitive information, such as usernames and passwords, by tricking the recipient into clicking on a link or opening a document and then providing sensitive information. Attackers also may use a phishing email to infect computers with ransomware, malware or other computer viruses.

To create the impression of authenticity,

cybercriminals spoof sender information in an email to make it appear to come from a trustworthy source, such as the World Health Organization or an individual with "Dr." in their title, according to the Department of Homeland Security.

"In several examples, actors send phishing emails that contain links to a fake email login page," the alert said. "Other emails purport to be from an organization's human resources department and advise the employee to open the attachment."

Although most phishing attempts come by email, the National Cyber Security Centre has observed some attempts to carry out phishing by other means including text messages.

In addition, as many organizations rapidly deploy new networks, such as VPNs and related information technology infrastructure, to shift their entire workforce to teleworking, cybercriminals are also exploiting a variety of vulnerabilities in VPNs and other remote working tools and software, the Department of Homeland Security said in its alert.

The Federal Bureau of Investigation offered some tips to defend against online meeting hijacking. These include:

- Do not make meetings public. Instead, require a meeting password or use the waiting room feature and control the admittance of guests.
- Do not share a link to a meeting on an

unrestricted publicly available social media post. Provide the link directly to specific people.

- Manage screensharing options. Change screensharing to "host only."
- Ensure users are using the updated version of remote access/meeting applications.
- Ensure telework policies address requirements for physical and information security.

"This is a fast-moving situation and this alert does not seek to catalogue all COVID-19-related malicious cyber activity," according to the alert. "Individuals and organizations should remain alert to increased activity relating to COVID-19 and take proactive steps to protect themselves." ■

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OCR warns of imposter posing as investigator

Washington — The Office for Civil Rights released a statement April 3 warning of an individual posing as an OCR investigator. The imposter has been calling entities covered by the Health Insurance Portability and Accountability Act of 1996 in an attempt

to get patient information.

The OCR statement provided recommendations on how to handle this situation. The OCR urges covered

entities and business associates to alert their workforce members. They should also take action to verify that someone is an OCR investigator by asking for the investigator's email address (a legitimate OCR email address will end in @hhs.gov) and asking for a confirming email from the OCR investigator's @hhs.gov email address. Suspected incidents of individuals posing as federal law enforcement should be reported to the FBI.

Questions or concerns for the Office for Civil Rights can be emailed to OCRAIL@hhs.gov. ■



ADA asks Congress to increase funding, extend dates for Small Business Administration loans

BY JENNIFER GARVIN

Washington — The ADA is urging Congress to continue supporting small businesses during the COVID-19 pandemic by increasing funding and streamlining the application process for Small Business Administration loans.

In an April 10 letter to Senate Majority Leader Mitch McConnell, R-Ky., and Minority Leader Chuck Schumer, D-N.Y., and Speaker of the House Nancy Pelosi, D-Calif., and Minority Leader Kevin McCarthy, R-Calif., the ADA thanked lawmakers for their “strong support of small businesses across the country during this public health emergency.”

“The Coronavirus Aid, Relief, and Economic Security Act, in part, seeks to help small businesses maintain employees on their payroll as well as provide for disaster relief through the use of the Paycheck Protection Program and Economic Injury Disaster Loans,” wrote ADA President Chad P. Gehani and Executive Director Kathleen T. O’Loughlin. “We believe the [Paycheck Protection Program] and [Economic Injury Disaster Loans] being administered through the Small Business Administration are going to be vital in keeping dentists across the country from closing their practices.”

Drs. Gehani and O’Loughlin noted that there are more than 30 million small businesses in the U.S., according to 2018 statistics from the U.S. Chamber of Commerce, and said the Coronavirus Aid, Relief, and Economic Security Act appropriated \$10 billion for Economic



Injury Disaster Loan grants and \$350 billion for the Paycheck Protection Program.

“While generous, we believe additional funding will be necessary to stem the closing of dental practices as well as millions of other small businesses, which could result in massive job losses and bankruptcies. In the first few days of loans being open for application the Small Business Administration has already distributed \$66 billion in funding,” Drs. Gehani and O’Loughlin said. “We strongly support the Congressional efforts underway to increase funding for both the Paycheck Protection Program and [Economic Injury Disaster Loan] grants to the greatest extent possible. Additional funding for these loans will help ease the burdens many dental practices and other small businesses are facing as the

pandemic continues without an end in sight.”

The ADA also urged Congress to help streamline the Small Business Administration loan application process and to consider allowing small business dental practices to choose the 8-week period for which they can seek loan forgiveness and rehire staff. The ADA proposed the eight-week period could take place any time before Dec. 31 instead of requiring dentists and other small business owners to rehire staff back by June 30.

“This would allow these practices to make decisions about staffing and payroll based on when they plan to fully reopen. The Occupational Safety and Health Administration classifies dental health care personnel in the very high exposure risk category and the ability to fully reopen dental practices are more contingent on the ability to completely control the coronavirus pandemic in a relatively short period of time,” the letter concluded.

All COVID-19 webinars and digital events can be found on [ADA.org/virus](https://ada.org/virus). ■

Labor Department says employers with fewer than 50 employees may be exempt from new law

BY JENNIFER GARVIN

Washington — Employers with fewer than 50 employees, including dental practices, may be exempt from a provision in the Families First Coronavirus Response Act that requires them to provide emergency paid sick leave and expanded medical leave to employees in certain COVID-19 circumstances, the U.S. Department of Labor said April 1.

This exemption is something the ADA has advocated for since the Families First Coronavirus Response Act was introduced in mid-March. The Association and other dental organizations sent a letter to Labor making that request.

The legislation states that employers with under 500 employees could be required to pay two weeks of sick leave to employees in certain COVID-19 circumstances or pay for up to 10 weeks of leave if the employee has a child whose school or day care is closed due to COVID-19.

In its April 1 temporary rule announcement, the agency said that in order for small employers with less than 50 employees to be exempt the businesses will need to meet one of three criteria showing that “providing the leave” will be a burden on the business.

The criteria, which are detailed on Pages 39-40 of the temporary rule, are:

- The leave would cause “the small employer’s expenses and financial obligations to exceed available business revenue and cause the small employer to cease operating at a minimal capacity.”
- The employee or employees’ absence or leave request “would pose a substantial risk to the financial health or operational capacity of the small employer because of their specialized skills, knowledge of the business or responsibilities.”

- The small employer “cannot find enough other workers who are able, willing and qualified, and who will be available at the time and place needed, to perform the labor or services the employee or employees requesting leave provide, and these labor or services are needed for the small employer to operate at a minimal capacity.”

On an April 1 conference call with the ADA and other small business stakeholders, the Labor Department said that if the business meets one of those three criteria, it should document that it does and retain that documentation on file, but added that the small business would not be required to send that information to the agency. Instead the business is asked to keep the documentation on file for four years in case the department investigates.

This means that dental office owners are not required to pay paid sick leave or Family Medical Leave Act leave if the employee has a child whose school or day care is closed due to COVID-19, as long as they meet at least one of the criteria above.

Labor has additional information for employers and employees on COVID-19 at DOL.gov.

The ADA will continue to keep the dental community informed as the Association learns more from the Department of Labor.

Visit ADA.org/virus for the latest information on COVID-19. ■

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Webinar

Continued from Page 1

Albrecht, ADA senior associate general counsel, and Brendan Sweeney, attorney, Jackson Lewis law firm, were on hand to take labor-related questions.

During the one-hour presentation recorded on April 8, facilitators explained the differences between the Economic Injury Disaster Loans and Paycheck Protection Program, how to apply, and loan forgiveness scenarios. It also features a Q&A section with the experts. The webinar does not offer continuing education credit. To find quick answers to dentists’ questions, the ADA has noted the following timecodes for topics:

- 1:47 Economic Injury Disaster Loan
- 5:40 Paycheck Protection Program
- 8:40 Applying for both loans
- 9:34 What can Paycheck Protection Program loans be used for?
- 10:20 Paycheck Protection Program loan forgiveness
- 12:20 Paycheck Protection Program loan scenarios
- 18:36 Employee retention tax credit
- 28:38 Q&A with the experts

Additionally, the ADA has developed a new fact sheet with a Q&A for dentists interested in learning more about Economic Injury Disaster Loans and Paycheck Protection Program loans.

Visit for the latest updates about issues surrounding COVID-19, visit ADA.org/virus. ■

New course answers army of questions about coding accurately

CDT Code experts collaborate with ADA to create CE that will help dentists, team bill confidently

BY DAVID BURGER

As the source of dental procedure codes, the ADA has created a new online training course to ensure that dentists and their team members confidently understand CDT codes and how to use them correctly.

The ADA has answered thousands of members' coding questions over the years, and coding experts are launching the course in response to those myriad of calls.

Dr. Christopher Bulnes, immediate past chair of the ADA Council on Dental Benefit Programs, and Dr. Mark Mihalo, past chair of the council's coding and transactions subcommittee, collaborated with the ADA with the hopes that it will help practices effectively use the CDT manual to find the right codes in real-world settings.

Drs. Mihalo and Bulnes emphasized that the course is an efficient way to get dentists and, especially, their staff up to speed on coding correctly to speed up reimbursement.

"The dental industry has turnover," Dr. Mihalo said. "This will be the easier way to train new hires."

Dr. Bulnes said in the past, he's had to send

staffers out of town to continuing education sessions to learn about coding. This course makes education easier.

"As a business owner, working 8-5, I don't have the time to train



Dr. Christopher Bulnes, left, and Dr. Mark Mihalo

another individual on the job," he said.

They both said that since the ADA has the people who maintain the CDT Code, the ADA has the expertise to run this series.

"The ADA is leading the

charge," Dr. Bulnes said.

The course consists of four interactive modules that use scenario-based learning to approach proper CDT coding. The course requires the use of the CDT 2020 and CDT Coding Companion, two publications created by the ADA. The course culminates in a comprehensive assessment.

Learning objectives also include participants being able to use the ADA Dental Claim Form and becoming familiar with the 12 service categories and how codes are structured.

The course is available at ebusiness.ADA.org/education/ViewCourse.aspx?id=412. ■

Free ADA webinar exploring radiographs, diagnostic imaging



In a time when teledentistry is gaining more attention during the COVID-19 pandemic, the ADA will stream a free webinar in May

that takes a close look at the different types of images needed for diagnosis, treatment planning and operative procedures.

Radiographs – What to Consider When Coding Diagnostic Imaging will air May 7 from noon-1 p.m. Central time and offers one hour of continuing education credit.

The webinar will address the evolving tools, techniques and scenarios for image capture and interpretation, as well as provide specific answers to questions that may have come to mind such as:

- In a teledentistry encounter, how are image capture and interpretation procedures documented?
- What are the latest diagnostic imaging CDT codes?

The program concludes with a Q&A period with the dentist presenters: Drs. Jessica Stilley and Walter Weber, both members of the ADA Council on Dental Benefit Programs.

Dr. Stilley is a periodontist practicing in the Tampa, Florida, area. She is the president of the Florida Association of Periodontists.

Dr. Weber previously served the California Dental Association in a number of roles including president. He is currently on the faculty at the University of the Pacific School of Dentistry.

Register for the webinar at zoom.us/webinar/register/WN_hwAYXFGvS_uS1yf5jTkWEg. ■



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North Carolina interactive map locates emergency dental treatment



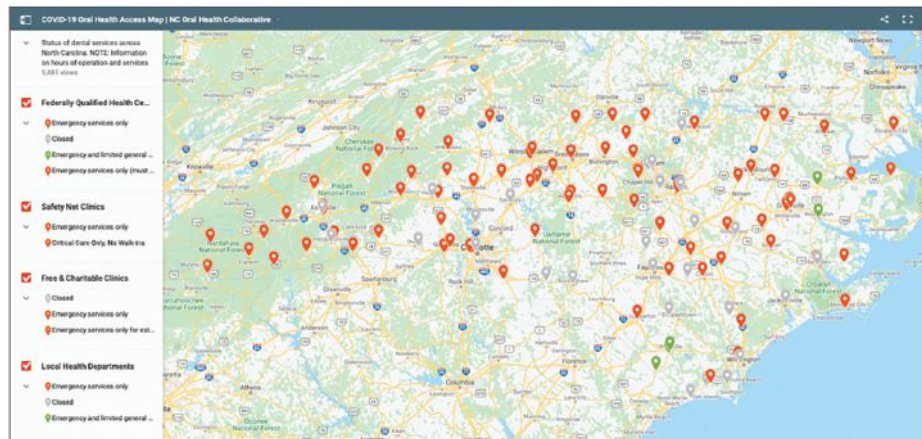
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COVID-19 Provider Site Access Map

Oral health service sites have been advised to remain open only for emergency services at this time. The practice sites on this map are options for North Carolinians with urgent oral health needs during the COVID-19 outbreak. If a patient is already established with a dental provider, we recommend that they follow up with that provider to discuss urgent appointment options first.

(Click the icon on the top left corner of the map for an interactive legend.)



Access to care: This partial screenshot shows the interactive map created by the North Carolina Oral Health Collaborative that spotlights 121 safety-net sites that offer emergency care, allowing users to pinpoint the center they live closest to as they seek treatment during the COVID-19 pandemic.

BY DAVID BURGER

A North Carolina oral health coalition, in collaboration with multiple state partners, has developed an interactive map to help guide the public to sites where emergency dental services are available throughout the Tar Heel State both during and after the COVID-19 outbreak.

The North Carolina Oral Health Collaborative, a program of the nonprofit Foundation for Health Leadership & Innovation, developed the online North Carolina Oral Health Access Map in an effort to mitigate an anticipated surge in emergency department visits for nontraumatic dental problems during the pandemic.

“During the COVID-19 pandemic, it is vitally important that accessible resources are provided to our state’s most vulnerable populations,” said Dr. Zachary Brian, director of the collaborative. “It is key to remember that access disparities are particularly highlighted during times of crises.”

The interactive map, available at oralhealthnc.org/covid-19/#map, spotlights 121 safety-net sites that offer emergency care, allowing users to pinpoint the center they live closest to.

The project has been something that Dr. Brian had on his to-do list since he assumed his position in 2018, but as the pandemic arrived and spread, it shot to the top of his team’s priorities, and the map went live March 26.

“The resource map we’ve created really was a team effort, leveraging data from multiple partner agencies, and we’re proud of the support we garnered for the development of this resource,” Dr. Brian said. “Our hope is that this interactive map serves as a means to connect directly with communities, providing tangible access options, and ultimately staving off emergency department utilization.”

Emergency room visits for nontraumatic dental problems represent a serious strain on the health care system in North Carolina, Dr. Brian said. The per capita rate of emergency room dental visits in North Carolina has been reported to be more than twice the national average, as well as the fastest growing of all southern states, according to the Agency for Healthcare Research and Quality of the U.S. Department of Health & Human Services.

“Most emergency departments do not have a dentist on staff, and patients are typically



Dr. Brian

discharged with pharmaceutical management, and the [underlying tooth] problem remains undressed,” Dr. Brian said.

Included on the map are federally qualified health centers, local health departments, free and charitable clinics, and other safety-net settings that offer dental treatment regardless of a patient’s ability to pay. Many of these clinics offer sliding fee scales, as well, in order to better serve vulnerable, low-income patients.

The interactive map includes information on clinic hours and the type of oral health services currently being provided, as well as contact information.

The map was created based on extensive research conducted by North Carolina Oral Health Collaborative staff with data support from several state partners, including but not limited to the Department of Health and Human Services Oral Health Section, North Carolina Association of Free and Charitable Clinics, and the North Carolina Community Health Center Association.

“It was a yeoman’s task and to my knowledge, no other state has developed a similar tool to help keep the public out of emergency rooms due to dental conditions,” said Dr. Lewis N. Lampiris, assistant dean for community engagement and outreach at the University of North Carolina at Chapel Hill’s Adams School of Dentistry, and adviser to the collaborative. “It would be great, in my opinion, if other states created similar interactive tools to divert those who are experiencing dental pain from emergency rooms during the epidemic.”

Dr. Brian reported that several states have reached out to him since the map was launched to inquire if he would share the algorithm that was used to create the map. He said he was happy to do so.

“Going forward, we will continue to maintain and update the North Carolina Oral Health Access Map,” Dr. Brian said. “In the near future, we plan to launch an additional layer where patients will also be able to see which languages are spoken by clinic staff.”

To learn more about the North Carolina Oral Health Collaborative, visit oralhealthnc.org/. ■

ADA seeks canvass participants for 2020 SNODENT review

The American Dental Association is seeking qualified individuals to join a canvass committee to consider approval of the 2020 revision of the Systemized Nomenclature of Dentistry.

American National Standards Institute/ADA Standard No. 2000.3 for SNODENT was approved by the institute as an American National Standard in 2019, and the standard is revised annually. SNODENT provides a standardized oral health terminology designed for use with electronic health records to enable consistent retrieval, transmission and analysis of data across health care systems.

The ADA SNODENT Canvass Committee is a volunteer group administered by the ADA Department of Standards that agrees to review, comment and vote on whether revisions of SNODENT should be forwarded to the institute for approval.

Proposed revisions are prepared by the SNODENT Maintenance Committee, a group of experts representing all dental specialty groups, as well as academic, insurance and government organizations.

Participation in the SNODENT Canvass Committee is free and open to all interested parties. All canvass activities will be conducted electronically through the ADA’s collaborative website for standards development; no in-person meetings are planned.

To learn more or join the committee, contact Paul Bralower at bralowerp@ada.org. The application deadline is June 1.

The ADA is accredited by the American National Standards Institute as a standards-developing organization that adheres to a voluntary consensus process that is transparent and open to all interested parties and maintains a balance of interests. ■



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Licensure

Continued from Page 1

skills using sophisticated 3D models, without the need to involve patients, Dr. Leone said in a letter to dental boards, the dental education community and dental students.

“We continue to innovate in our efforts to serve the needs of those who use our examinations to inform their decisions,” Dr. Leone said in the letter. “This innovation and drive for excellence is more important than ever given these uncertain times, the challenges that face all of us, and the implications of [Joint Commission] examinations for stakeholders, communities of interest and the public.”

The release of the examination comes roughly three years after development of the examination was approved in February 2017. At that time, the DLOSCE Steering Committee was formed and charged with the task of developing and validating an examination for clinical dental licensure purposes. Governance of the DLOSCE Program was assigned to the Joint Commission in January 2020. On March 31, the Joint Commission approved a resolution making the DLOSCE available for use by dental boards.

The Joint Commission indicates that the DLOSCE is comprehensive in its assessment of clinical judgment, including content in the following areas: restorative dentistry; prosthodontics; oral pathology; pain management and temporomandibular disorders; periodontics; oral surgery; endodontics; orthodontics; medical emergencies; and prescriptions.

“Diagnosis, treatment planning and occlusion are assessed across all of the examination topic areas,” Dr. Leone said.

The Joint Commission added that the DLOSCE is supported by content validity arguments, the same type of validity evidence used to support the Joint Commission’s other examination programs: the National Board Dental Examinations Parts I and II, the National Board Dental Hygiene Examination and the Integrated National Board Dental Examination.

The Joint Commission will conduct webinars in the coming weeks to share additional information and to answer questions from communities of interest in preparation for the release of this new examination program.

Each webinar will focus on a particular stakeholder group or community of interest (dental boards, dental educators, students, etc.) to provide information that is directly relevant to their specific needs.

“The [Joint Commission] is confident that the DLOSCE is a strong examination that is well-suited for use in addressing the clinical examination licensure requirements of each board, and is particularly responsive to their pressing needs in these challenging times,” Dr. Leone said in the letter. “The Joint Commission on National Dental Examinations has a long and distinguished track record of providing

valid and reliable high-stakes examinations for licensure purposes, to protect the public health. The DLOSCE continues that tradition, complementing the National Board Examinations and enabling the Joint Commission to provide a full and comprehensive evaluation of candidates’ dental skills, so that boards can use this information to inform their decisions as to whether candidates are ready to safely practice.”

For more information on the DLOSCE, visit ADA.org/dlosce.

For more information on dental licensure, including updates on state changes due to the COVID-19 crisis, visit ADA.org/en/education-careers/licensure and click on “Dental Licensure Map.” ■

IRS publishes Employee Retention Credit FAQ

Washington — The Internal Revenue Service has published an FAQ on the Employee Retention Credit in regards to the Coronavirus Aid, Relief, and Economic Security Act.

This CARES Act credit was designed to encourage employers to keep employees on their payroll, “despite experiencing economic hardship related to COVID-19, with an employee retention tax credit,” the IRS said.

According to the FAQ, the credit is “a fully refundable tax credit for employers equal to 50 percent of qualified wages (including allocable qualified health plan expenses) that eligible employers pay their employees.” The IRS also said that the credit applies to “qualified wages paid

after March 12, and before Jan. 1, 2021.”

The FAQ also explains that eligible employers for the credit are businesses in operation in 2020, including tax-exempt organizations, that either:

“Fully or partially suspend operation during any calendar quarter in 2020 due to orders from an appropriate governmental authority limiting commerce, travel, or group meetings (for commercial, social, religious, or other purposes) due to COVID-19” or experience “a significant decline in gross receipts during the calendar quarter.”

The IRS noted that governmental employers and self-employed individuals are not eligible for the credit.

Read the FAQ in full at IRS.gov. ■

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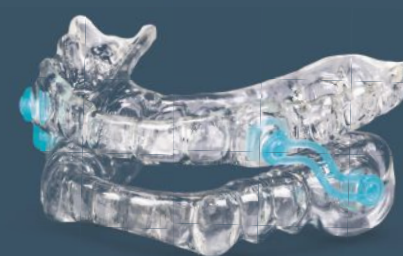
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ADA Member Advantage ends Chase endorsement for credit card processing

ADA Member Advantage announced April 1 it ended its endorsement relationship with Chase for credit card processing.

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ADA Member Advantage expects to announce a new credit card processing endorsement soon.

For more information, contact adamemberadvantage@ADA.org. ■

10 Under 10 Awards: Recognizing the 'unsung heroes' of the profession

Dentists honored for their work in advocacy, leadership, philanthropy, education

BY KIMBER SOLANA

An advocate for teledentistry who has helped expand the practice in the state of Missouri. The owner of a house-call dental practice who provides dental services to those unable to travel to a traditional dental office. And a U.S. Navy lieutenant commander who implemented a new endodontic curriculum in Rwanda.

The ADA announced April 6 the recipients of its third annual 10 Under 10 Awards, which recognize 10 new dentists who demonstrate excellence early in their careers.

Selected by the ADA New Dentist Committee from about 80 nominations, the recipients represent the unsung heroes of the profession, said Dr. Seth Walbridge, chair of the subcommittee on new dentist engagement, which recommended the winners. Nominees and winners had to be active ADA members who graduated between 2010 and 2019.

"These are the dentists that you may not see in magazines doing 100 full-mouth reconstructions, publishing their perfect smile design cases or placing 200 implants per year," Dr. Walbridge said. "No, these are the unsung heroes out in our communities serving those in need or helping our profession in other ways that may not get them into a national magazine."

The winners were chosen for making a difference in science, research and education; practice excellence; philanthropy; leadership; and advocacy. The 10 Under 10 Award recipients are:

- Dr. Ashley Popejoy, of Nixa, Missouri. Serving as the director of pediatric dentistry at the Jordan Valley Community Health Center in Springfield, Missouri, Dr. Popejoy provides dental services to those from underserved backgrounds, manages staff, develops training protocols and serves as a liaison and mentor. Dr. Popejoy is also the clinical director of Special Smiles for the Special Olympics of Missouri.

- Dr. Brian Homann, of Elk Grove Village, Illinois. An adjunct professor at the University of Illinois at Chicago College of Dentistry, Dr. Homann created a "Free Dental Day" for those in need in his private practice. In addition, he created a mobile dentistry set-up that serves those who cannot leave their homes. Dr. Homann is currently the dental team



Excellence: The ADA named the recipients of its third annual 10 Under 10 Awards, which recognizes 10 new dentists who demonstrate excellence early in their careers. They are, from left, top row, Drs. William Arden, Wade Banner, Elizabeth Benz, Gabriel Holdwick, Brian Homann; from left, bottom row, Drs. Scott Howell, Mina Kim, Rebekah Lucier-Pryles, Ashley Popejoy and Nathan Suter.

leader for Refugee One, where he is tasked with starting a dental clinic that serves new refugees from Burma, Bhutan, Iraq, Somalia, South Sudan and Syria.

- Dr. Elizabeth Benz, of Providence, Rhode Island. Dr. Benz serves as the director of the Samuels Sinclair Dental Center at Rhode Island Hospital and as program director of the Joseph S. Sinclair General Practice Residency. Dr. Benz also manages a multimillion-dollar hospital-based practice specializing in intellectually disabled individuals and medically complex patients. She has procured two grants from Delta Dental of Rhode Island for charitable dental care, equipment and technology upgrades.

- Dr. Gabriel Benedict Holdwick, of Harbor Beach, Michigan. Dr. Holdwick has served at the local, state and national level of organized dentistry, while continuing his leadership involvement with the American Student Dental Association, and is the recipient of the Michigan Dental Association's

New Dentist Leadership Award. Dr. Holdwick is also active in his community, volunteering with the Grice House Heritage Association and the Harbor Beach Rotary Club.

- Dr. Mina Kim, of New York City. Dr. Kim serves as the secretary with the New York County Dental Society, co-founded the Woman to Woman Dentist Network, was a graduate of the ADA's Institute for Diversity in Leadership and currently serves on the dean's strategic advisory committee at New York University College of Dentistry. Dr. Kim also founded the NYCDS Give Kids A Smile Day event and provides pro bono dental services to sex trafficking victims.

- Dr. Nathan Suter, of Kirkwood, Missouri. Dr. Suter is the CEO of Access Teledentistry and owner of Green Leaf Dental Care. In partnership with the Missouri Dental Association, Dr. Suter worked to pass state legislation that expanded the use of teledentistry in Missouri. In addition, he has developed a teledentistry training workshop and has spoken nationally

on the topic of teledentistry. In 2019, he received the Dentist of the Year award from the Missouri Dental Association.

- Dr. Rebekah Lucier-Pryles, of White River Junction, Vermont. Dr. Lucier-Pryles co-founded Pulp Nonfiction Endodontics, an educational collaborative that provides evidence-based endodontic continuing education. She is also a postgraduate department assistant clinical professor at Tufts University School of Dental Medicine and teaches at the Harvard University School of Dental Medicine.

- Dr. Scott Howell, of Phoenix. An educator and mentor since 2015 at A.T. Still University, Arizona School of Dentistry and Oral Health, Dr. Howell has created a teledentistry curriculum for dental students working with individuals with special needs, the elderly and those currently in juvenile detention centers.

- Dr. Wade Banner, of Glendora, California. Dr. Banner is a proud owner of In Motion Dentists, a house-call dental practice that is able to travel and administer services to those who are unable to be seen in traditional dental offices due to physical and/or mental limitations. He also works with multiple senior living facilities and memory care facilities and sees patients in private homes.

- Dr. William "Brennan" Arden, of Foxboro, Massachusetts, U.S. Navy. Dr. Arden's service in the military has included initiating and planning the first dental summit in Vietnam, and spending two months in Rwanda teaching dental students and implementing a new endodontic curriculum. He is also an avid philanthropist, taking on a year-long humanitarian effort where he led a team in treating 4,000 dental patients and performed 12,000 dental procedures valued at over \$1.2 million.

"The contribution of new dentists has been incredibly important to inspire others to take pride in our profession," Dr. Walbridge said. "In particular, I have personally been inspired by the tremendous forms of outreach being done."

The recipients of the 10 Under 10 Awards will receive a \$1,000 cash prize and be recognized in various ADA publications and channels, including the ADA News and the ADA New Dentist News.

For more information on the 10 Under 10 Award recipients, visit ADA.org/10under10. ■

Oregon Dental Association dentists donate PPE to state for emergency relief

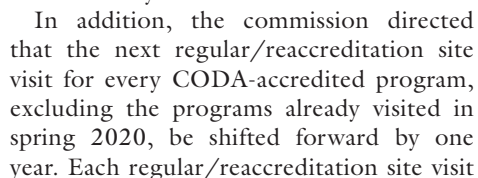


Hands on: Oregon Dental Association member dentists and volunteers collected more than 60,000 masks and about 600,000 gloves, gowns and face shields to be delivered to the state for emergency relief. Left photo, Dr. Dennis Nicola and Dr. Normund Auzins pose in front of a U-haul truck filled with equipment to be delivered to the state for emergency relief. Center photo, (from left) Oregon Dental Association President Barry Taylor (left), Multnomah Dental Society Executive Director Loral Mattson and Multnomah Dental Society President Dennis Nicola collect and load personal protective equipment into the 10-foot U-haul truck while practicing social distancing. Right, Dr. Auzins packs and loads PPE into the U-Haul truck.



During an April 2 special, closed meeting, the commission directed that programs that submitted a site visit fee in 2020 and did not undergo a regular/reaccreditation site visit will receive a refund on the fee and be reas-

For more information on the guidance and accreditation updates due to COVID-19, visit [ADA.org/coda](https://ada.org/coda). ■



The commission further directed that the current status of CODA accreditation held by the dental educational programs be retained, pending the conduct of the program's rescheduled regular/reaccreditation and special focused site visit, so long as the program continues to fully comply with the commission's

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ADA president appoints task force for dental practice recovery after COVID-19 pandemic

Group includes practicing dentists with support from ADA experts

BY MARY BETH VERSACI

American Dental Association President Chad P. Gehani has assembled an advisory task force to oversee the ADA's development of tools for dentists as they bounce back from the effects of practice restrictions and closures caused by the COVID-19 pandemic.

"The COVID-19 crisis has had a challenging impact on our dental community. Yet, the strength of our profession has never been more evident — for now, we may be distant, but we are not disconnected," Dr. Gehani said in an April 14 letter to ADA councils and committees and dental society executive directors. "While we guide dentistry through these trying times, the American Dental Association



Dr. Gehani



Dr. Liddell



Dr. Norbo

also has its eye on what will come next."

The ADA's Advisory Task Force on Dental Practice Recovery, which began meeting in April, has the overall goal of helping den-

tists get back to serving their communities while protecting patients, office staff and themselves.

The task force is comprised of practicing dentists with support from ADA experts in science, practice, law, regulation and other key areas.

The co-chairs are Drs. Rudy Liddell, chair of the ADA Council on Dental Practice, and Kirk M. Norbo, 16th District trustee.

The ADA issued an interim recommenda-

tion April 1 that advised dentists to keep their offices closed to all but urgent and emergency procedures until April 30 at the earliest, keeping in line with the Centers for Disease Control and Prevention's recommendation to perform only urgent and emergency dental care.

"Our community is in it together as we navigate these trying times," Dr. Gehani said. "And as dental practices reopen their doors and our colleagues get back on their feet, we will be in it together still."

For COVID-19 resources from the ADA, visit the ADA Coronavirus Center for Dentists at [ADA.org/virus](https://ada.org/virus). ■

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ADA thanks Rep. Huizenga for HEROES Act

BY JENNIFER GARVIN

Washington — The ADA is thanking Rep. Bill Huizenga, R-Mich., for introducing legislation to assist health care workers serving on the front lines of COVID-19.

The Helping Emergency Responders Overcome Emergency Situations Act, known as the HEROES Act, calls for Congress to provide a four-month federal income tax holiday for health care workers.

In an April 10 letter to Rep. Huizenga, ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin thanked the lawmaker for the bill and noted that the Association was one of the first organizations to recommend dentists postpone all nonemergency procedures at the onset of the pandemic.

"As a result, dentists are only seeing patients for emergencies to slow community spread, preserve medical supplies, as well as alleviate emergency departments as much as possible from anything not related to COVID-19," Drs. Gehani and O'Loughlin wrote. "As the pandemic continues, the Occupational Safety and Health Administration has classified dental health care personnel in the very high exposure risk category and the ability to fully reopen dental practices is more contingent on the ability to completely control the coronavirus pandemic in a relatively short period of time."

"As dentists across the country continue to navigate the unique challenges presented by the coronavirus pandemic, a tax holiday for all health care personnel is greatly appreciated as you continue to work on the HEROES Act. We are pleased your legislative staff has let us know that you intend to include dentists in the group of professionals covered by this legislation. We look forward to continuing to work with you and your staff to ensure dental practices can move our economy forward and provide essential oral health care to their patients," the letter concluded.

For the latest updates about issues surrounding COVID-19, visit [ADA.org/virus](https://ada.org/virus). ■

Researcher remembered for contributions to dentistry

Dr. Leo M. Sreebny, Ph.D., dies from complications of COVID-19 at age 98

BY DAVID BURGER

Seattle — Dr. Leo M. Sreebny, Ph.D., who had a long and distinguished career in academia as a professor of dentistry and researcher, particularly in issues related to saliva and dry mouth, died April 5 from complications of COVID-19 at age 98.

Dr. Sreebny established a new department of oral pathology — later the department of oral biology — at the University of Washington School of Dentistry, and in 1967, he established the Center for Research in Oral Biology and served as its director, according to his son, Daniel Sreebny. In 1975, Dr. Sreebny and his wife left Washington and went to Stony Brook University School of Dental Medicine, where he served as dean until 1979, and then as professor until his retirement in 2005.

After moving back to Seattle in 2006, Dr. Sreebny continued to author numerous academic articles and papers and co-edited the 2010 book "Dry Mouth, The Malevolent Symptom: A Clinical Guide." He was active until right before his death, Mr. Sreebny said, joking that his father liked being known as the "spit doctor."

Dr. Mary R. Truhlar, dean of the Stony Brook University School of Dental Medicine, sent a message to the university community upon learning of Dr. Sreebny's passing.

"Dr. Sreebny was a passionate advocate for research and innovation," Dr. Truhlar wrote. "He encouraged discovery for hundreds within our community through his establishment and generous support of the annual Leo and Mickey Sreebny Lectureship and Stony Brook School of Dental Medicine Research Symposium. Dr. Sreebny's impressive career — spanning from his military service in World War II to his numerous academic papers — is worth celebrating. Personally, Dr. Sreebny was genuine and kind, known within our community for his warmth and his backing of our students and their academic pursuits, particularly in the

name of research. It is a testament to his legacy that his namesake day of research will live on within the school of dental medicine."

Born in 1922 in the Bronx, New York, Dr. Sreebny was the son of immigrants from Ukraine. After graduating from high school at the age of 15, he attended the City College of New York for one year, then went west to study at the University of Illinois at Urbana-Champaign, then at the University of Illinois at Chicago for dental school, according to his son.

During his last quarter in Urbana, he met his future bride, Mathilda "Mickey" Sternfeld. They wed in 1945, the year he received his dental degree, and were married for 64 years until her death in 2009, Mr. Sreebny said.

During World War II, Dr. Sreebny served in both the Army and the Navy, including serving in Guam for two years, where his wife joined him and taught English while making their home in a Quonset hut, according to his obituary.

After the war, the couple returned to Chicago, where Dr. Sreebny earned a master's degree in pharmacology and a Ph.D. in medical pathology, both at the University of Illinois at Chicago.

His son said that his father used to say, "One of my troubles is that I like so many things."

"He was interested in everyone and everything," said Mr. Sreebny, who said that one of his first jobs was taking care of his



Distinguished: Dr. Leo M. Sreebny established a new department of oral pathology — later the department of oral biology — at the University of Washington School of Dentistry, and in 1967, he established the Center for Research in Oral Biology and served as its director.

father's lab rats. Dr. Sreebny was an accomplished pianist and accordion player, with his music ranging from classical and jazz to Yiddish folk songs and Hebrew melodies, his son said. He played tennis and bridge, made wine, adored opera, loved to swim and walk and was an avid fisherman, boater and gardener. He traveled the world with his wife and was passionate about his Jewish identity, being involved in Jewish activities throughout his life, Mr. Sreebny said.

Donations in Dr. Sreebny's memory may be made to the Leo and Mickey Sreebny Memorial Scholarship in Jewish Studies at the University of Washington. Checks should be made payable to the UW Foundation with Sreebny Memorial Scholarship on the memo line. Mail to the UW Stroum Center for Jewish Studies, c/o Sarah Zaides Rosen, associate director, Thomson Hall, Box 353650, Seattle, WA 98195. ■

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FDA alerts health care providers of EpiPen auto-injector errors

The U.S. Food and Drug Administration announced March 24 that it is alerting health care professionals, patients and caregivers of EpiPen auto-injector errors related to device malfunctions and user administration.

According to the FDA, EpiPen 0.3mg and EpiPen Jr 0.15mg auto-injectors, and the authorized generic versions, may potentially have delayed injection or be prevented from properly injecting due to:

- Device failure from spontaneous activation caused by using sideways force to remove the blue safety release.
- Device failure from inadvertent or spontaneous activation due to a raised blue

safety release.

- Difficulty removing the device from the carrier tube.
- User errors.

"It is important for health care providers, patients and caregivers to periodically review the EpiPen user instructions and practice using the EpiPen trainer to ensure proper understanding and utilization of the EpiPen auto-injector," the FDA said in a news release.

A letter to health care professionals from Mylan and Pfizer, the manufacturer of the EpiPen, details how these devices may activate prematurely if the blue safety release is removed using a sideway force. For example, according

to the FDA, a user may try to hold a device with only one hand and try to remove the blue safety release with their thumb in a sideways force. Prior to use, the blue safety release should be removed by pulling straight up with one hand and holding the device with the other hand.

The EpiPen automatically injects a dose of epinephrine into a person's thigh to stop an allergic reaction.

In addition, a limited number of EpiPen devices may also have a blue safety release that is slightly raised. If it is raised, the device may activate prematurely, which could potentially delay or prevent emergency treatment when needed.

In some cases, EpiPen devices may also not

slide out of their carrier tube easily, or potentially at all, due to a slight deformation on the rim of the carrier tube.

The letter also describes avoiding user errors by ensuring the needle end is in contact with the outer thigh prior to and during activation, and ensuring the device is held in place for a minimum of three seconds following activation.

According to the FDA, it is aware of adverse event reports associated with EpiPen products. It asks health care professionals and consumers to report any adverse reactions or quality problems to the FDA's MedWatch program at [FDA.gov/medwatch/report.htm](https://www.fda.gov/medwatch/report.htm). ■

Recover

Continued from Page 1

issues related to coding and billing, specifically your support of a benefit for problem focused evaluations conducted using telecommunication technology."

One area of concern is the appropriate payment for temporary procedures.

"Many patients receive temporary or palliative care during the physical distancing mandates. We urge payers to not bundle the fee for the temporary procedure with the payment for the permanent procedure that may be submitted in future," Drs. Gehani and O'Loughlin wrote.

The other areas of concern that have drawn the attention of the ADA include out-of-network benefits, infection control expenditures, frequency limitations, telecommunication technology and point-of-care COVID-19 testing.

"Almost all dental practices may have to adhere to higher infection control standards and increasing prices for personal protective equipment to protect our patients and care providers," wrote the leaders. "We urge payers to consider these circumstances when reviewing fee schedules for contracted providers."

The other areas, according to Drs. Gehani and O'Loughlin, include:

- Telecommunication technology. "Moving forward, the ADA recognizes that telecommunication technology can continue to be leveraged to support dental care. We urge payers to consider benefits for appropriate use of telecommunication technology as an integral part of a dental practice to provide triage and evaluations as needed."

- Out-of-network benefits. "Many patients may receive care from out-of-network providers due to closures of primary dental care sites. We urge payers to allow benefits for these patients equivalent to when care may have been sought in-network."

- Frequency limitations. "Many patients have not received required preventive care and may suffer from progressive disease as a consequence. We urge payers to consider removing any arbitrary frequency limitations on periodontal maintenance, topical fluoride and sealant applications to mitigate adverse consequences of lack of preventive oral care."

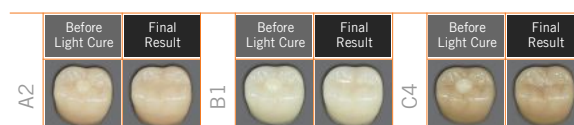
- COVID-19 testing. "As point-of-care testing for COVID-19 improves, it will be vitally important for dentists, their staff and patients to have access to testing along with appropriate benefit and reimbursement for on-site testing. While state practice acts would determine the ability for dentists to perform such tests, we urge payers to begin to consider related coverage issues."

Drs. Gehani and O'Loughlin concluded, "We look forward to working with you to support dental patients and our communities." ■

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