9-7-2020

# ADA News - 09/07/2020

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Part II of Q&A with Dr. Daniel J. Klemmedson


# ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

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## BRIEFS

### Summer DPS covers medical billing, stress management

While patient volume is less consistent than usual, it's a good time to understand how medical billing can allow patients with active infection in the oral cavity to seek the treatment they need. Christine Taxin, an expert in dental to medical cross-coding and other practice management areas, outlines

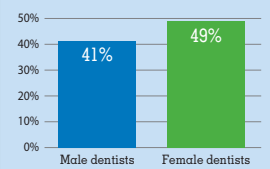

the steps for medical billing in the summer 2020 issue of Dental Practice Success.

The new issue of DPS, a quarterly digital magazine the ADA produces in cooperation with the ADA Center for Professional Success, also features articles on five ways to save time and money on back-office tasks, managing stress during a pandemic, choosing a beneficiary for a retirement account and how communications with patients and staff have changed since COVID-19. Read more at ADA.org/DPS. ■

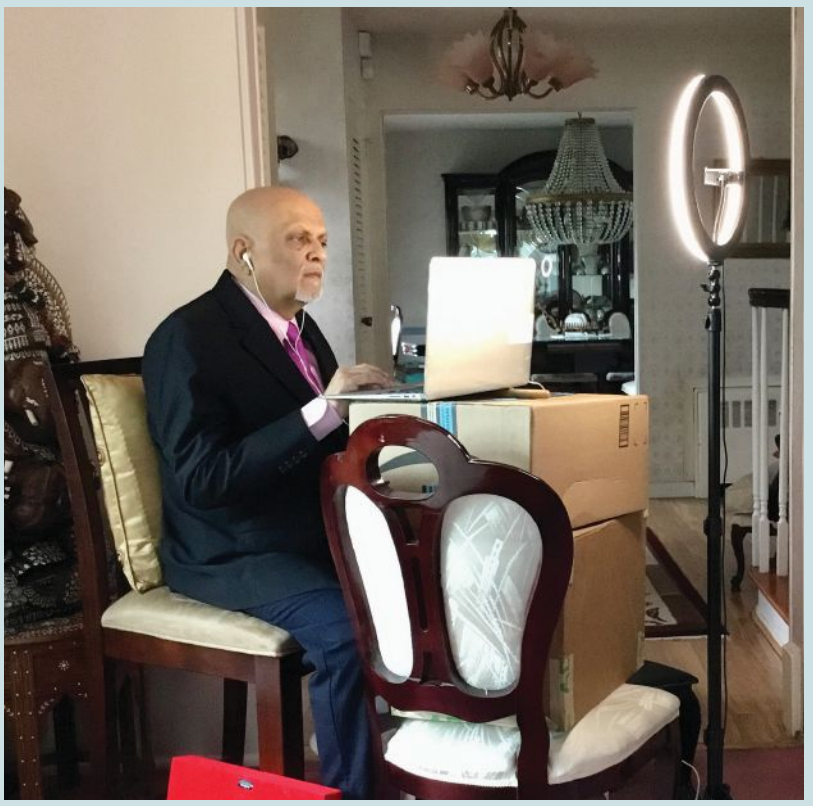
## JUST THE FACTS

**Dentists participating in Medicaid or CHIP**

In 2019, female dentists in the U.S. were 8 percentage points more likely to participate in Medicaid or a Children's Health Insurance Program than male dentists.




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



**Home studio:** ADA President Chad P. Gehani participates in an ADA meeting via Zoom from his home in New York during the pandemic.

# Extraordinary contributions in extraordinary times

## ADA responds to COVID-19 pandemic with guidance, advocacy for dentists

**BY MARY BETH VERSACI**

When the COVID-19 pandemic struck, the American Dental Association was already busy at work, preparing to offer much-needed guidance and advocacy for U.S. dentists.

The ADA formed a staff team, with oversight from volunteers appointed by President Chad P. Gehani, to lead the early days

*See EXTRAORDINARY, Page 12*

# Food and Drug Administration awards $1.5M grant to ADA Science & Research Institute, University of Pittsburgh to develop pain management guideline

**BY MARY BETH VERSACI**

The American Dental Association Science & Research Institute, together with the University of Pittsburgh, has received a three-year, $1.5 million grant from the Food and Drug Administration to develop, disseminate, implement and evaluate a national clinical practice guideline for the management of acute pain in dentistry.

The project will focus on further defining the role of opioids in dentistry, including the drugs' indications and contraindications across all dental specialties. The specialties will serve as key stakeholder groups during the guideline development process.

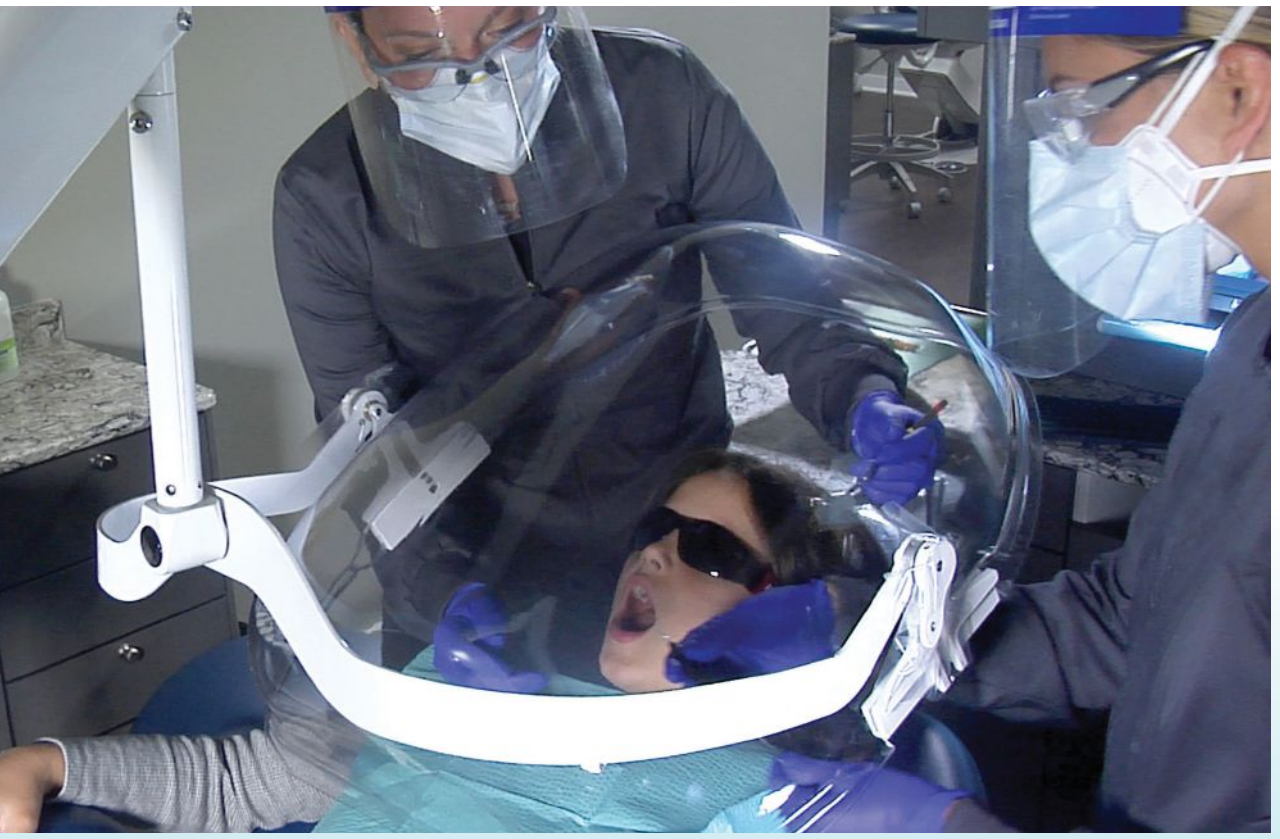
Dr. Alonso Carrasco-Labra, Ph.D., senior director of the ADASRI's department of Evidence Synthesis & Translation Research, and Deborah Polk, Ph.D., from the University of Pittsburgh, will serve as co-principal investigators of the project, which will improve clinician and patient access to the evidence and recommendations needed to make acute pain management decisions.

"As a part of the recently founded ADA Science & Research Institute, I believe that this project reflects the strong commitment of the ADASRI to conduct research on topics of great importance for the public and the dental profession," Dr. Carrasco-Labra said. "Getting this award is another effort in alignment with the strong response of the ADA to ensure the optimal management of acute pain in dentistry, including the use of opioid medications."

This is the department of Evidence Synthesis & Translation Research's first grant since the ADASRI launched Jan. 1. The grant joins

*See GRANT, Page 5*

# THE PPE SOLUTION
## THAT CONTAINS PATIENT COUGH & HYGIENIST CLEANING AEROSOLS



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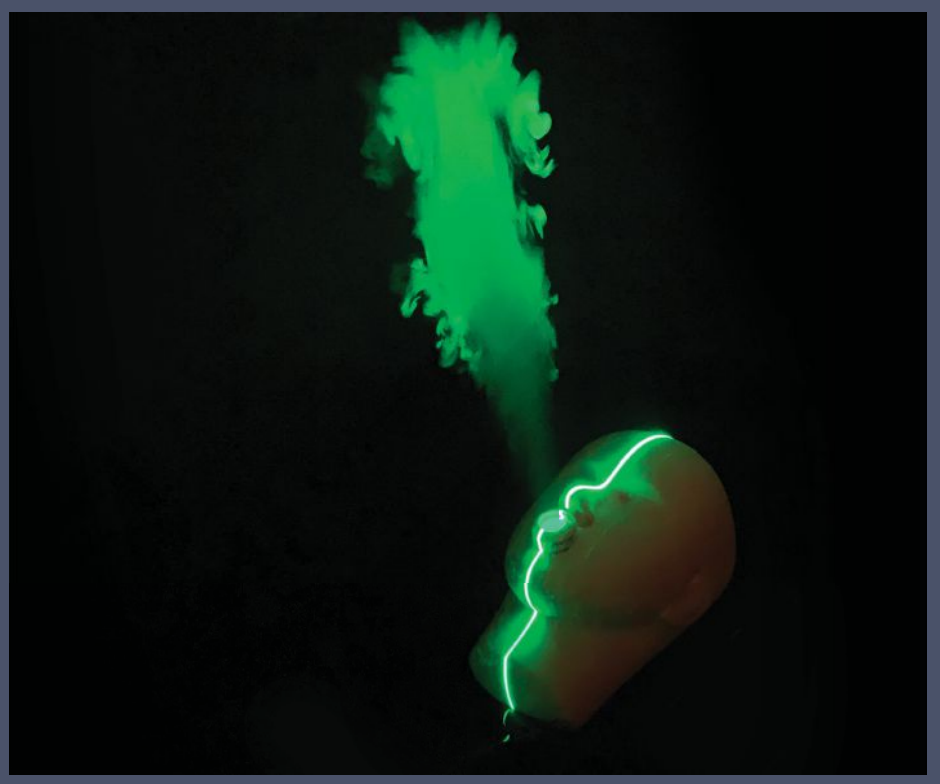

*PATIENT COUGH SPREADS WITHOUT CORONA SHIELD*

*PATIENT COUGH IS CONTAINED WITH CORONA SHIELD*

The simulator was constructed to produce a cough aerosol using the nebulizer technique per A Cough Aerosol Simulator for the Study of Disease Transmission by Human Cough-Generated Aerosols Aerosol Science and Technology., 2013/ 47(8): 937-944.

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# ADA FDC Virtual Connect Conference programming tackles COVID-19 pandemic

## Live sessions will discuss dentistry's rebound, status as essential health care

**BY MARY BETH VERSACI**

To help dentists as they continue to respond to the COVID-19 pandemic, the ADA FDC Virtual Connect Conference, scheduled for Oct. 15-17, will feature exclusive programming on adapting and thriving in this new environment.

Sessions and courses include:

• The opening session, COVID-19 and Beyond: Leading a Profession Through Uncharted Territory (EV01), scheduled for 5:30-6:15 p.m. CDT Oct. 15, will discuss how the COVID-19 pandemic has impacted dentists and the profession has bounced back. The panel will highlight the role of the American Dental Association in developing guidance for the safe delivery of dental care and reflect on what the future holds for dentists.

• The Essentialism of Oral Health: How Dentistry Fits Into an Evolving Healthcare Landscape (EV03), a live evening session from 5:30-6 p.m. CDT Oct. 16, will address how the ADA is proactively approaching the issue of dentistry as essential health care in state and federal health policy. The ADA Board of Trustees adopted an ad interim policy July 27 stating dentistry is essential health care to help guide advocacy for the dental profession during the COVID-19 pandemic and beyond.

• The closing session, The Third Party Payer Landscape: How the ADA is Working for Dentists and the Public (EV07), scheduled for 5:30-6 p.m. CDT Oct. 17, will present new data on recent trends in dental benefits reimbursement and discuss what the ADA is doing to ensure third-party payer programs, both in the public and private sectors, are designed in a way that advances the oral health of the public.

• Dr. Frank Spear, co-founder and director of Spear Education, a company based in Scottsdale, Arizona, that provides continuing education to dentists, will discuss how practices have successfully responded to the changes in dentistry brought about by the pandemic during his lecture, Only the Strong Survive: Harness Your Strength (034), from 11 a.m.-noon CDT Oct. 17. Dentists will have the chance to talk with Dr. Spear during Chat with Speaker Frank Spear (041), scheduled for 2-3 p.m. CDT Oct. 17.

• Dental experts Dr. Lee Ann Brady, president and CEO of the Pankey Institute based in Key Biscayne, Florida; Dr. Gary DeWood, executive vice president of Spear Education; and Dr. Jose-Luis Ruiz, director of the Los Angeles Institute of Clinical Dentistry & Ruiz Dental Seminars Inc. in Burbank, California, will discuss clinical dentistry during Dental Powerhouse Panel: Current Clinical Topics in Dentistry (011) from 11 a.m.-noon CDT Oct. 16. Participants may submit questions in advance for the speakers, who will address the topics that are the most popular, particularly in this time of COVID-19. There are also speaker chats scheduled during the conference to give dentists the opportunity to ask additional questions and dive deeper into the content that interests them most.

All speaking events and continuing education courses are included in the virtual conference's All-Access Pass, which is $199 for ADA members, $299 for nonmembers and other health care professionals, $119 for dental team members and guests, and $19 for dental students. Programming will be available both live and on demand. Only All-Access Pass holders can register for workshops, which are individually priced and only available live. The workshops will give participants hands-on practice with materials sent to them before the conference.

To view a complete list of conference events and courses or to register, visit ADA.org/meeting. ■

*—versacim@ada.org*

# ADA 'respectfully yet strongly disagrees' with WHO guidance recommending delay of dental care

**BY MARY BETH VERSACI**

The American Dental Association released a statement Aug. 12 stating it "respectfully yet strongly disagrees" with the World Health Organization's interim guidance recommending that "routine" dental care be delayed in certain situations because of COVID-19.

"Oral health is integral to overall health. Dentistry is essential health care," ADA President Chad P. Gehani said. "Dentistry is essential health care because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health."

The ADA Board of Trustees adopted an ad interim policy stating dentistry is essential health care during a video call July 27, and the House of Delegates will consider it as a resolution during its virtual meeting in October.

As U.S. COVID-19 cases began to rise in March, the ADA called for dentists to postpone all but urgent and emergency care in order to understand the disease and consider its effect on dental patients, dental professionals and the greater community, Dr. Gehani said.

Both the ADA and Centers for Disease Control and Prevention then issued interim guidance for dental professionals related to COVID-19, calling for the use of the highest level of personal protective equipment available, such as masks, goggles and face shields. To minimize aerosols, the ADA guidance also recommended dental professionals use rubber dams and high-velocity suction whenever possible and hand scaling instead of ultrasonic scaling when cleaning teeth.

**Dr. Gehani**

"Millions of patients have safely visited their dentists in the past few months for the full range of dental services," Dr. Gehani said. "With appropriate PPE, dental care should continue to be delivered during global pandemics or other disaster situations."

In its interim guidance, released Aug. 11, WHO recommends that "routine" oral health care be delayed until COVID-19 transmission rates decrease from community transmission to cluster cases or according to official recommendations at the national, subnational or local level.

"Most of the media coverage of the WHO interim guidance missed that the guidance did not intend to override 'official recommendations at [the] national, sub-national or local level,'" said Dr. Christopher H. Fox, CEO of the International Association for Dental Research and American Association for Dental Research. "The ADA and the CDC have clear interim guidance for the safe delivery of oral health care. However, IADR and AADR would respectfully disagree with the WHO interim guidance that defines preventive oral health care as nonessential health care."

WHO Chief Dental Officer Benoit Varenne, Ph.D., also expressed concerns about media coverage of the interim guidance in an Aug. 13 email to global dental leaders.

"Unfortunately, a number of media headlines intentionally or not — when they are referring to the WHO guidance, did not mention that the recommendation to delay routine oral health care is only suggested in an intense uncontrolled community transmission scenario. A scenario that [does] not fit with the current situation of [most countries] around the world," Dr. Varenne said. "So please be aware of the missing information sometimes disseminated by the media that could increase fear and concern of patients seeking oral health care. I think we have all to play a part in sharing with the public, national dental associations and health authorities the full story provided in the guidance document." ■

# VIEWPoint

## MyView

# The dental office as an essential place

Cynthia K. Brattesani, D.D.S.

"You can take your mask off now, Sam."

What sweet words that we can tell patients who come to our office wearing their masks during the COVID-19 pandemic.

For many, this is their first public outing that feels "normal," albeit a "new normal."

While historically, people usually didn't relish a dental visit, no matter how friendly we all try to be, now, patients are responding differently around the country. Since reopening from the stay-at-home order, patients recognize that we are risking our own safety for their dental health. They are thanking us for being open.

Patients are now asking, "How are you coming along? How did this change affect you?"

What a nice welcome back.

Some of my colleagues have said that they are envious of people who can work remotely. Over 90% of my patients are able to work from home. Even with teledentistry, dentists and team members really cannot perform our entire job remotely. Our profession is dependent upon physical contact, and therefore, we are at high risk. But despite this negative, I also feel very fortunate.

Early in the shelter-in-place order, dentistry was not considered "essential," and for 10 weeks, I saw only emergency patients.

**Besides the patients, I also have been providing support for my team — to let them know that I understand their pain, that we are going to be OK, and that we are striving to create the safest environment possible.**

Even with teledentistry as a diagnostic tool, if they called for a problem like a broken tooth or swollen gum, I still needed to see them in person.

Some with small problems were afraid that if their issue got worse over time, they would not be able to get in-person treatment if COVID-19 restrictions became more stringent.

Besides their dental issues, I noticed they were craving human interaction. It often took me 20 minutes to fix the patient's clinical issue and then another 30 minutes just to get him/her to leave the office. They wanted to talk and compare experiences — and it became a joyous few moments of normalcy.

As dental offices reopen, these one-to-one relationships will return. After months lacking human contact, we will provide the human connection that is the essence of dentistry.

Besides the patients, I also have been providing support for my team — to let them know that I understand their pain, that we are going to be

*See MY VIEW, Page 5*

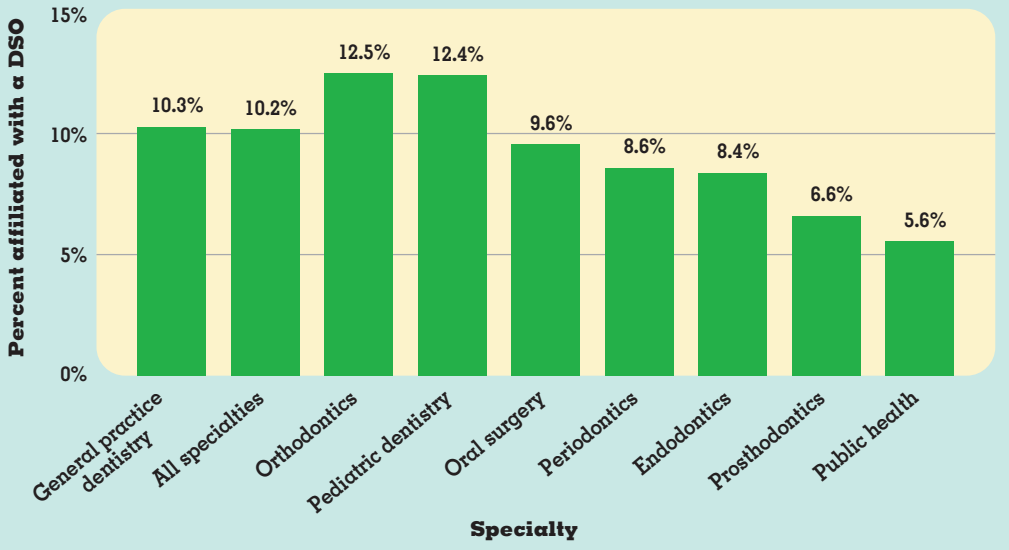
**LETTERSPolicy**

**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

## Dental service organization affiliation by specialty

Orthodontists and pediatric dentists were the most likely specialists to be affiliated with a dental service organization in 2019.




Source: American Dental Association, ADA Health Policy Institute Infographic, "How Big are Dental Service Organizations?" Available from ADA.org/en/science-research/health-policy-institute/publications/infographics.

# Letters

### Leadership during pandemic

When faced with, what seemed like, a devastating crisis in March, we dentists, with the help and guidance of our professional associations, colleagues and friends, exhibited leadership and resolve to return to the new normal (how trite). A corporate executive friend told me a while ago that leadership is the art of achieving results through people. Google's definition of resolve is to decide firmly on a course of action. Are there any two better words to describe us dentists?

We took on the challenge — not that we had a choice — if we wanted to survive. So many people depended on us to get us through — our families, our staff, our patients, and our community. We are the leaders, hence, we resolved to formulate our strategy to prepare our offices, bought and installed the necessary barriers and filtration units, acquired the additional personal protective equipment and the disinfection materials. We retrained our staff, updated our protocols and informed our patients that things were going to be different from now on.

For most of us, the ADA's advocating on our behalf for the Paycheck Protection Program, Economic Injury Disaster Loan, and Provider Relief Funds has been a tremendous benefit to our survival. With cash flow at a trickle in the second quarter, where would we be? In our practice, I was in charge of pursuing those grants and loans, while my son and partner, Jonathan, was in charge of fabricating and installing the barriers, obtaining HEPA filtration units, air-scrubbers, antiviral foggers and UVC lights, as well as updating our patients utilizing snail mail and social media. It was a team effort. And that's what leadership and resolve are all about.


*Cary J. Limberakis, D.M.D.*
*Abington, Pennsylvania*

*Editor's note: The ADA Return to Work Interim Guidance helps dentists return to more normal practice operations while taking precautions to protect staff, patients and themselves from COVID-19. Various states may have mandated specific environmental guidelines, which should be followed by dentists in those jurisdictions. Dentists may use their own professional judgment when adopting additional precautions that are not mandated or recommended in order to protect themselves, their staff and patients.*

### Dental licensure exams

It is almost prophetic that at the same time as the pandemic the clinical testing agencies have developed typodonts to simulate class 2 and class 3 lesions for preparation and restoration in lieu of actual patients. There is even now a simulated scaling and root planning typodont in lieu of an actual patient for both dentist and hygienist testing. For many, this certainly addresses how to test during the COVID-19 pandemic but also addresses the many questions of ethics in using real patients for testing. I must, however, now ask if the use of typodonts, no matter how

*See LETTERS, Page 5*

# MyView

*Continued from Page 4*

OK, and that we are striving to create the safest environment possible. At team meetings, we go around the room and try to substitute dwelling on the negatives with accentuating the positives.

Patients are discovering that dentistry figures into their overall health. A higher functioning immune system can prevent disease — people need to sleep well and eat well — and dentistry is a part of their total health picture too. This is the first time I have heard from so many patients telling me how vital dental care is; I always told them how their overall health included their dental health.

Even though dentists weren't categorized as "essential" during the shelter-in-place order, we still played a vital role. For some patients, it was essential to access their dentists. And dentists also played a pivotal part in lowering dental-related emergency room visits and helping to alleviate the personal protective equipment shortage at overburdened hospitals.

And now, as patients are returning for more "routine" procedures, misunderstandings still stoke fear.

Recently, media reported the World Health Organization's recommendation to delay "routine" dental care. Interestingly, WHO Chief Dental Officer Benoit Varenne, Ph.D., sent an email to global dental leaders on August 13, that explained, "Unfortunately, a number of media headlines intentionally or not — when they are referring to the WHO guidance, did not mention that the recommendation to delay routine oral health care is only suggested in an intense uncontrolled community transmission scenario. A scenario that [does] not fit with the current situation of [most countries] around the world."

Again, dental professionals need to ramp up communication with patients to allay fears and concerns.

As the reopening of dental offices rolls across our country, dentists are searching for ways to mitigate the dangers from aerosols and to maintain appropriate levels of PPE. As dentist, I am proud to say that our courage outweighs our fear.

As we keep ourselves and our teams safe, we should see our dental offices as essential places where we are not fearful of treating our patients. I know it has been hard wondering what the future will look like — wondering how will it all play out. Despite the challenges of the COVID-19 crisis, we will persevere — remember always, we have a real gift.

**Dr. Cynthia K. Brattesani practices in San Francisco.**

# Letters

*Continued from Page 4*

sophisticated, are a true, valid and reliable test for all competencies, i.e. endodontics, periodontics, crown and bridge, and now operative dentistry. Four years of dental school should not be dependent on plastic teeth to evaluate competency.

As a Ph.D. in finance said to me recently, we will not just be seeking a recovery, but we are looking at an actual reset to our entire economy. The same can be seen for dentists and dental hygienists testing for licensure. A reset is in order. I think the time is now to reconsider using the portfolio model as a major component for licensure by state boards. A standard portfolio model must be developed with the ability for independent third-party examiners to evaluate and grade. Psychometricians surely can develop scoring criteria. This would have to involve schools to agree on a minimum level of repetitions in all competencies, i.e. requirements, along with agreeing to provide all necessary remediation for students as needed until the student portfolio is ready for presentation. This would also necessitate CODA reviewing and resetting standards for dental education. This must be done in order to succeed.

As before, successful passage of the new National Board Exam (which is now a combination of part 1 and part 2) will be a requirement. I think too, passage of an OSCE should be required. ADEX/CDCA has an OSCE, as well as Canada, and the ADA is also in the process of developing an OSCE. For universality only one OSCE should be accepted by all jurisdictions .

Some states may want to add additional requirements such as a PGY 1 or a specialty residency.

Now is the time for a major reset in testing for dental licensure. For sure this would involve cooperation by the ADA, American Dental Education Association, American Association of Dental Boards, American Student Dental Association and of course all dental licensing jurisdictions. Let's not waste the opportunity.

*Peter S. Trager, D.D.S.*
*Sandy Springs, Georgia*

# Grant

*Continued from Page 1*

three others awarded this year to the department of Innovation & Technology Research from the National Institutes of Health.

The ADA adopted a policy on opioids in 2018 that supports prescription limits and mandatory continuing education for dentists and builds on an earlier policy recommending that dentists consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain.

For more information on how the ADA is working to combat opioid abuse, visit ADA.org/opioids. ■

*—versacim@ada.org*

GOVERNMENT

# ADA thanks legislators for introducing tax-deductible provider relief bills

**BY JENNIFER GARVIN**

*Washington* — The ADA is expressing support for new bills aimed at ensuring dentists and other health care workers won't be taxed on provider relief funding received during COVID-19.

In an Aug. 20 letter to Sen. Marsha Blackburn, R-Tenn., ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin thanked the lawmaker for introducing S 4525, the Eliminating the Provider Relief Fund Tax Penalties Act of 2020.

"As you know, this bill clarifies that Provider Relief Funds are not taxable as income, and expenses attributable to PRF are tax deductible," Drs. Gehani and O'Loughlin wrote. "This relief is critical to reducing tax burdens on health care providers that could limit their ability to continue practicing in the midst of the COVID-19 pandemic."

The ADA told Sen. Blackburn that after closing completely or limiting their practices to emergency-only dental care at the onset of the pandemic, dentists across the country have now reopened their practices and implemented new infection control procedures, including using enhanced personal protective equipment to safeguard patients and the entire dental team from the spread of COVID-19.

"As you are keenly aware, the costs of these health and safety efforts are having a considerable economic impact on businesses," Drs. Gehani and O'Loughlin wrote. "This bill would ensure that dentists, regardless of tax-paying status, will not be subject to taxes on aid provided through PRF. By guaranteeing that relief funds do not add to a provider's taxes, dental practices will be able to utilize the full value of the benefit. Consequently, a reduction in the small business dentist owner's tax burden would help dental practices stay open, retain their employees and provide their patients with care."

The ADA also signed onto a coalition letter with 28 other health care organizations to thank Sen. Blackburn as well as Reps. Cindy Axne, R-Iowa, and Neal Dunn, R-Fla., for introducing legislation to assist providers during the pandemic.

"As health care professionals continue to face new challenges every day, [these bills] would deliver crucial relief and help ease the burden on our nation's health care system," the groups wrote in an Aug. 25 letter. "Offering all health care professionals, regardless of tax status, the ability to fully utilize the Public Health and Social Services Emergency Fund assistance is a laudable goal and is one that we collectively support. We look forward to working together to continue to advance this critical bill."

The ADA sent an Aug. 3 letter to Reps. Axne and Dunn to thank them for introducing Eliminating the Provider Relief Fund Tax Penalties Act of 2020 in the House.

The deadline for dentists to apply for provider relief is Sept. 13. To learn more and apply, visit cares.linkhealth.com.

For more information about the ADA's advocacy efforts during COVID-19, visit ADA.org/COVID19Advocacy. ■

*—garvinj@ada.org*

# Lawmakers praised for Health Enterprise Zones Act

**BY JENNIFER GARVIN**

*Washington* — The ADA is praising two members of the House of Representatives for introducing legislation to improve health disparities in minority and underserved communities.

In an Aug. 4 letter to Reps. Anthony Brown, D-Md., and Steny Hoyer, D-Md., ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin expressed support for HR 7158, the Health Enterprise Zones Act.

"The recent public health crisis has underscored the systemic inequalities in our health care system that severely impact populations along racial and geographic lines," Drs. Gehani and O'Loughlin wrote. "Many of the provisions in the Health Enterprise Zones Act are essential to the goal of ensuring that every community receives access to the quality and affordable health care they deserve, including oral health care."

They noted that more than 47 million people in the U.S. live in areas with limited access to dental care, citing data from the Health Resources and Services Administration, and said the Health Enterprise Zones Act would "help break down the barriers to care through a suite of federal incentives to ensure that providers are meeting the preventive and acute care needs of underserved communities."

"Attracting more dentists to underserved communities would also help expand oral health education and prevention and establish a permanent dental home for patients to receive both routine and complex care," Drs. Gehani and O'Loughlin added.

The ADA supports the following incentives proposed in the Health Enterprise Zones Act:

- A work opportunity credit for hiring Health Enterprise Zone Workers.
- A tax credit for Qualified Health Enterprise Zone Workers.
- Grant programs to reduce health disparities and improve health outcomes in Health Enterprise Zones.
- A student loan repayment program for eligible providers, including dentists, practicing in Health Enterprise Zones.

Drs. Gehani and O'Loughlin also said the Health Enterprise Zone Act aligns with ADA's investments in oral health equity through the Association's Action for Dental Health, a national initiative to improve oral health education and prevent dental disease. The Action for Dental Health Act became law in 2018.

"The incentives outlined in the Health Enterprise Zones Act amplify the ADA's commitment to help all Americans attain their best oral health," the letter concluded.

For more information about the ADA's advocacy efforts during COVID-19, visit ADA.org/COVID19Advocacy. ■

*—garvinj@ada.org*

# ADA supports bill addressing workforce shortages, disparities

## Legislation would increase funding for National Health Service Corps

**BY JENNIFER GARVIN**

*Washington* — The ADA is supporting new legislation aimed at improving the health workforce shortage and health disparities highlighted by the COVID-19 pandemic.

In an Aug. 28 letter to Sens. Dick Durbin, D-Ill., and Marco Rubio, R-Fla., ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin praised the lawmakers for introducing S 4055, the Strengthening America's Health Care Readiness Act, saying "this historic investment" in the National Health Service Corps and National Disaster Medical System will help bolster health emergency surge capacity and "restore the pipeline of dentists" and other health care providers needed to tackle existing health workforce shortages.

They told the senators that the ADA is committed to helping expand the availability of National Health Service Corps scholarships and loan repayments for dentists who agree to work in NHSC-approved sites.

"Expansion of these NHSC programs would not only address existing health workforce shortages throughout the country, but would also tackle the issue of student loan indebtedness," said Drs. Gehani and O'Loughlin. "Student debt associated with graduate dental education is a substantial barrier in meeting our nation's oral health workforce needs. The burden of paying off student loans, which can average more than $200,000, has driven dentists toward higher-paying specialties and communities, leaving many areas with gaps in availability of dental services and access to oral health care."

Drs. Gehani and O'Loughlin said that the Strengthening America's Health Care Readiness Act would address these challenges and encourage dentists and promising dental students to practice in underserved areas by providing loan repayment and scholarships in exchange for a service commitment. It would also give priority to individuals who continue to practice, even after their fulfillment of obligated service, and provide increased funding amounts based upon the site where the dentist completed their NHSC contractual duties.

Drs. Gehani and O'Loughlin also pointed out that COVID-19 has "magnified the alarming racial and ethnic disparities in health outcomes, which is a manifestation of our nation's health workforce shortages in underserved urban and rural communities."

"These inequities could be addressed by expanding the representation of minority populations in health careers," they said. "The bill's inclusion of the [40%] in set-aside funding for racial and ethnic minorities and students from low-income urban and rural areas will address existing inequalities and reduce disparities and barriers to entry into the dental profession."

The ADA concluded the letter by noting that the Strengthening America's Health Care Readiness Act would also create a new Emergency Service partnership between the National Health Service Corps and National Disaster Medical System to boost America's health care surge capacity in response to public health emergencies.

"Dentists serving in the National Health Service Corps or alumni who continue to practice in a health professional shortage area could concurrently serve in the National Disaster Medical System and be available for rapid deployment for health emergencies, while receiving supplemental loan repayment awards to address their student debt," Drs. Gehani and O'Loughlin said. "For years, the ADA has advocated for national emergency preparedness solutions through research, public policy and legislation, and the Strengthening America's Health Care Readiness Act would help with these efforts."

For more information about the ADA's advocacy efforts during COVID-19, visit ADA.org/COVID19Advocacy. ■

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# ADA comments on proposed changes to FTC Health Breach Notification Rule

## Association urges agency to coordinate final rule with HHS, state law

**BY JENNIFER GARVIN**

*Washington* — The ADA is asking the Federal Trade Commission to coordinate its final Health Breach Notification Rule with other laws and regulations in order "to eliminate the potential lack of conformity and overlapping requirements that could lead to burdens on regulated entities as well as confusion and worry for patients."

The Association shared this in Aug. 20 comments filed with the FTC. In the letter, ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin said the ADA is concerned about the proposed rule's conflicts between the rule and state, local and other federal laws and regulations.

Drs. Gehani and O'Loughlin said the proposed rule's acknowledgement that "it does

not apply to health information secured through technologies specified by HHS," and the fact that it is not applicable to businesses or organizations covered by the Health Insurance Portability and Accountability Act could be potentially confusing, noting that HIPAA-covered entities and their business associates must instead comply with HHS's breach notification rule.

In order to prevent "unnecessary confusion" in notification requirements, the ADA said it "strongly recommends" that the FTC and HHS work "closely together to assess the extent to which vendors of personal health records, personal health records-related entities and third-party service providers may be HIPAA-covered entities or business associates of HIPAA-covered entities."

The ADA stressed the FTC and HHS should ensure that the breach notification requirements are effective but not "overly burdensome or costly to implement and follow."

"Coordination between the FTC and HHS to come up with the requirements is essential in order to avoid circumstances in which consumers (i.e., patients) may receive multiple, duplicative breach notices over the same incident. Moreover, overly burdensome, costly requirements may act as a disincentive for widespread personal health records and electronic health records adoption and use," Drs. Gehani and O'Loughlin wrote.

The ADA also said it is concerned about the impact of state laws and regulations that may overlap with these proposed requirements.

"Overlapping and conflicting laws and regulations risk leading to confusion on the part of dentists as well as their patients," Drs. Gehani and O'Loughlin wrote. "This confusion may grow even greater when a federal regulation, such as those proposed here by the FTC, overlaps with several states that may be served by an entity. With the potential for electronic personal health records to be operated by a vendor across several states, this problem is exacerbated. Data breaches often require entities to comply with multiple laws which may not be consistent, and ensuring consistency could help affected individuals receive timely, meaningful, and consistent notification and help ease the compliance burden on entities."

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

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# New DEA fee schedule goes into effect Oct. 1

**BY JENNIFER GARVIN**

*Washington* — The ADA is encouraging dentists with Drug Enforcement Agency prescribing licenses that expire before Oct. 31 to renew them ahead of the agency's new fee schedule.

The new DEA fee schedule for registration and reregistration for a three-year DEA certification is scheduled to go into effect Oct. 1. Fees for dentists are increasing from $731 to $888.

According to the agency, DEA registrations always expire at the end of a month and reregistrations may only be submitted 60 days prior to expiration. Only dentists with registrations expiring in September or October can reregister using the current fee schedule. Dentists registering for the first time can also take advantage of the lesser fees between now and Sept. 30.

The Association wrote an Aug. 6 letter to Timothy J. Shea, DEA acting administrator, requesting the agency consider delaying the new fee schedule in order to assist dental practices impacted financially by COVID-19.

In that letter, ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin explained how dentists closed completely or limited their practices to emergencies only at the onset of the pandemic and said the Association believes a one-year delay would "provide temporary fiscal relief for dentists until stabilization of the current crisis." The ADA learned Aug. 28 that the DEA has denied that request. In response, the ADA is encouraging dentists with DEA prescribing licenses expiring before Oct. 31 to renew them now and for dentists registering for the first time to do so before Sept. 31.

To register, visit www.deadiversion.usdoj.gov.

For more information about the ADA's advocacy efforts during COVID-19, visit ADA.org/COVID19Advocacy. ■

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# ADA to IRS: Support including dentist-patient agreements as direct primary care arrangements

**BY JENNIFER GARVIN**

*Washington* — The ADA supports dentist-patient agreements as a form of direct primary care arrangements, the Association told the Internal Revenue Service in response to the agency's proposed rule for Certain Medical Care Arrangements.

The Treasury Department and the IRS requested comments from stakeholders on whether the final regulations should "clarify the treatment of other types of arrangements that are similar to direct primary care arrangements but do not meet the definition in the proposed regulations."

In an Aug. 7 letter to IRS Commissioner Charles P. Rettig, ADA President Chad P. Gehani and Executive Director Kathleen T. O'Loughlin told IRS Commissioner Charles P. Rettig that the ADA supports "the inclusion of an agreement between dentists and patients as a direct primary care arrangement."

"Indeed, most state laws use 'direct primary care agreements' in their statutory language, though they are also commonly referred to as 'in-office plans' or 'membership savings plans' " wrote Drs. Gehani and O'Loughlin. "States are trending in the last few years toward having dental practices included as part of in-office plans. Including dental care in the final rule as being a service eligible towards a tax benefit would categorize services performed by dentists in line with state statutes."

In the letter, the ADA pointed out that "while there are many variants of direct primary care agreements, in general the patient pays the doctor or dental office a fixed amount of money on a monthly or annual basis."

"Preventive services may be covered at no charge," Drs. Gehani and O'Loughlin wrote. "Procedures other than preventive are then offered at a discounted fee. These plans provide flexibility to both patients and dentists as the plan design is up to the dental office, and the dental office then determines the cost to the patient for participating in the plan."

They also noted that more than half of states have enacted direct primary care agreement laws within the last few years — at least 16 of which include dental.

"While state laws vary a bit in their particulars almost all of them include a provision that allows the ability to establish these plans without health care providers having to register with the state insurance commissioner," Drs. Gehani and O'Loughlin wrote. "Most laws include provisions ensuring patients are aware that these agreements are not insurance. States also provide direction on how to properly terminate the agreement and how unused funds are to be refunded to patients. The laws are consistent in establishing protections that ensure patients' care is maximized under plans that help manage expenses."

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

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# HHS announces Healthy People 2030 objectives

**BY JENNIFER GARVIN**

*Washington* — Healthy People 2030 — a 10-year plan addressing the nation's most critical public health issues — is now available, the U.S. Department of Health and Human Services announced Aug. 18.

The Healthy People 2030 report outlines 355 priorities HHS intends to focus on over the next 10 years, including new objectives on opioid use disorder and youth e-cigarette use and creating resources for COVID-19. It was developed by the department's Office of Disease Prevention and Health Promotion and looks at a wide range of health conditions, health behaviors, populations and social determinants of health.

The report, which the ADA commented on in 2019, contains a number of baseline oral health objectives, including:

- Reducing tooth decay in children and adolescents.
- Increasing early detection of oral and oropharyngeal cancers.
- Increasing use of the oral health system.
- Increasing access to community water fluoridation.


- Reducing root surface decay in older adults.
- Reducing the number of edentulous adults aged 45 and older.
- Increasing the proportion of people with dental insurance and reducing the proportion of people who can't get the dental care they need when they need it.
- Reducing added sugar consumption in people aged 2 years and over.
- Reducing proportion of adults aged 45 years and over with moderate and severe periodontitis.
- Increasing dental visits for low-income youth.
- Increasing proportion of children and adolescents with dental sealants on one or more molars.
- Increasing the number of states that have an oral and craniofacial health surveillance system.

For more information, visithealth.gov/healthypeople. To view a webinar of the initiative launch, visit the HHS YouTube page. ■

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# Dr. Daniel J. Klemmedson discusses advocacy, diversity in Q&A

*Editor's note: This is the second part of a conversation with Dr. Daniel J. Klemmedson, ADA president-elect, who will be installed as the 157th president of the American Dental Association Oct. 19 at a virtual House of Delegates meeting. The Aug. 7 ADA News featured Part 1. ADA News Editor Kelly Ganski interviewed Dr. Klemmedson.*

**Partners in life:** Dr. Daniel J. Klemmedson and his wife, Adaline, met while serving as camp counselors in college.

**ADA News:** Why is advocacy so important to the profession? What do you see as important in this arena? Top priorities? Top accomplishments?

**Dr. Klemmedson:** Advocacy is critical. Individual dentists have little influence over legislation at the federal or state level. The ADA Division of Government Affairs can meet with and influence decisions on federal legislation. The leverage of 164,000 members is behind those messages. At the state level the ADA can provide information, guidance and resources to make sure issues important to dentists are being considered. Current priorities are issues associated with fallout from the COVID-19 pandemic. That would include continued financial assistance to hard hit health care sectors, guidance for government agencies like OSHA, Centers for Disease Control and Prevention and the Food and Drug Administration that will be looking to develop new regulations and funding for research. The increased cost of providing oral health care will have to be accommodated for by all payers. All sectors of the industry will be seeking to protect their own self-interests. The ADA will have to be there to protect ours. Ongoing priorities include student debt, workforce, third-party issues, dental education, licensure and access to care.

**ADA News:** Dentistry is regularly ranked by US News & World report as one of the best careers. Why do you think that is? How does ADA help maintain that?

**Dr. Klemmedson:** Dentistry continues to hold a somewhat unique place in the health care realm. It has retained the privileges associated with the public social contract (trust, respect, autonomy to self-regulate, and a myriad of successful practice options), but has avoided some of the larger issues affecting medicine. Maintaining that will require efforts to sustain the ability to economically provide care for all segments of the population. The ADA works in many areas to advocate for provisions that support our dentists to be able to practice a great profession.

**ADA News:** Are there any resolutions going to the House of Delegates that you would like to highlight?

**Dr. Klemmedson:** A report requested by the 2018 House on eldercare will be presented to the 2020 House. Eldercare has been a subject of discussion and debate in the ADA House of Delegates for decades. In response to advocacy efforts proposing a dental benefit in Medicare, the ADA House passed a resolution creating a taskforce to study oral healthcare needs in the elder population. The task force has met multiple times over two years. I anticipate a comprehensive review with relevant recommendations for the House members to consider.

**ADA News:** What are the challenges in recruiting more diverse dentists into leadership tracks within the Association governance structure? What is the ADA doing to engage new dentists, especially women and underrepresented groups?

**Dr. Klemmedson:** Perhaps our greatest challenge is a century or more of history and established culture that is difficult for many of us to recognize much less change. I believe a key to accelerating change is intentional action. The demographics relative to gender of the dental profession have been changing organically for some time. Gender diversity in dental schools is approaching that in the general population. Representation of Black and Native American dentists in our professions has not grown at all. There are more Hispanics dentists but nowhere near the same percentage as the U.S. population. Neither has demographic representation of ADA membership and leadership. Numerous studies show improved decision-making by diverse governing and leadership bodies. Intentional recognition, recruitment and nomination of diverse and underrepresented groups will be required to realize the full potential of our professional association. The ADA Diversity and Inclusion Committee is working hard to educate local, state and national leadership on this subject.

**ADA News:** What has the ADA done to promote diversity and inclusion within the Association and the dental profession? What can dentists do to promote diversity and inclusion within their own practices and communities?

**Dr. Klemmedson:** The ADA Institute for Diversity in Leadership was established in 2003. The program has grown, and many graduates of that program are now making important contributions on ADA councils, committees and commissions. This program is critical in accelerating changes throughout our profession. Individual dentists can become more informed about the cultural history of their communities. We often do not see what is right in front of our eyes. Intentional engagement and active participation of dentists in their local components and community organizations is necessary to develop mutual understanding and respect.

**ADA News:** What is the financial outlook for the ADA? How does the 2021 budget look — what are priorities?

**Dr. Klemmedson:** Financial sustainability is one of the four objectives of the strategic plan. Sound financial planning and a strong reserve policy has been our strength. Two issues have created a need to carefully consider our financial decision making going forward. One has been developing over a number of years and is due to a steady loss of full dues paying members. This loss is primarily due to retirement of the largest cohort of graduates from the late 70's and 80's. They are not being replaced on an equal basis to maintain revenue from dues. The other critical factor affecting ADA finances is directly related to loss of non-dues revenue due to the COVID-19 pandemic. The ADA will be reviewing all aspects of the budgetary process to emphasize critical priorities and programs as we move through this public health event. Efforts to increase membership and develop additional sources of nondues revenue will continue.

**ADA News:** How can the ADA work effectively with ever expanding dental service organizations in a way that is advantageous and ethical for patients, dentists and both groups?

**Dr. Klemmedson:** The DSO practice model, in and of itself, should not be a factor that deters either DSO dentists from being members of the ADA, or the ADA from supporting all ethical models of practice. The ADA has established a standard represented by our vision statement, mission statement, core values, and Code of Ethics. Participation in these ideals by all dentists, regardless of practice model, benefits patients, dentists and the greater community. The strength of the ADA is advocacy for our profession. Dental service organizations, their owners, employee dentists and patients all benefit from this work.

**ADA News:** What have you learned during your career that you would most like to share with new dentists about the future they can expect? What advice do you wish someone had given to you when you started out? How do you compare yourself as you are now with the person you were when you graduated dental school?

**Dr. Klemmedson:** I have learned that despite what seems to be a constant change in external factors that influence our practices, some things remain the same. For the foreseeable future, dentistry will still require close personal interaction with your patients. We are blessed with several privileges based on our place in health care that are endowed by the public at large. Trust, respect, the ability to self-regulate and a myriad of successful career options give us a head start that many professions do not have. Keeping patient care first and foremost in our careers sustains that privilege. Our half of the social contract we have with the public is to see that as many people as possible have access to care. If that is kept in mind, many of the other aspects of a dentist's career will fall in place and success will follow.

**ADA News:** The concept of midlevel providers continues to pop up in legislatures. The ADA offers the Community Dental Health Coordinator, and other initiatives under ADA's Action for Dental Health to help improve access for the underserved. How do you see the status of both and what the future may bring?

**Dr. Klemmedson:** Workforce issues will remain a point of discussion by advocates until the delivery of oral healthcare to underserved populations is more effectively addressed. Dentistry (as currently established in the United States) is a health care model that requires a financially successful business model to enable provision of care. I believe that is true for private practice, academia, and public health. For all of us, when expenses exceed revenue (government, third-party, or fee-for-service), we are forced to make difficult decisions about practice locations, patient populations, supplies, and human resources. The cost of providing care depends upon a number of variables. Workforce is but one of them. Decreasing the prevalence of disease through prevention is probably the most impactful mechanism for lowering system wide cost. Existing workforce, dental hygienists and CDHC's, have the skills requisite to make an impact, particularly if able to provide care at distance using technology. The dentist led dental team model (members, scope, outreach and technology) should be optimized to address the needs of individual communities.

**ADA News:** What does the ADA do best? What's your favorite Association service, product or benefit?

**Dr. Klemmedson:** Advocacy and third-party issues. I am biased because of my time on the Council of Dental Benefit Programs. The Association works tirelessly on third-party issues and has many victories. Despite that, the dental benefits industry continues to make changes that frustrate dentists. That leads many to think the ADA is doing nothing. If they only knew.

**ADA News:** For the first time, the ADA has endorsed a dental benefits company, Bento. What do you think of its potential to positively disrupt the current dental benefits landscape?

**Dr. Klemmedson:** For years the ADA has evaluated options for creating a third-party benefit plan that more closely accommodates desires of dentist members. A plan that has better benefits with less bureaucracy at a reasonable premium has not been found. Recently a company has created a platform to administer a benefit plan for self-insured employers. This is essentially a direct reimbursement plan that has discount levels which provide options for patients, employers and dentists. The software program allows for instantaneous determination of benefits, approval and payment. The nearly real-time adjudication of procedures allows for more timely treatment and full transparency for patients and dental offices. More importantly, the disruptive technology associated with this platform will influence other third-party benefits providers to make process changes that are positive for our members.

**ADA News:** The Council on Dental Benefit Programs is advocating that most, if not all, dentists adopt electronic funds transfers. Have you adopted acceptance at your own practice, and should dentists actively seek solutions to the ways they conduct their businesses?

**Dr. Klemmedson:** My practice has incorporated digital claims processing and electronic funds transfer. Although some issues still exist with coordination and reconciliation of deposits and explanation of benefits, this is clearly a more efficient way to conduct business. The Council on Dental Benefit Programs has a yearly roundtable with many players in the benefits market to address administrative simplification. The collaboration of many (independent practice, large group practices and government payers) have the leverage to make changes that will help us all. ■

# National Institute of Dental and Craniofacial Research names new director

## Dr. Rena D'Souza will oversee NIDCR's more than $475 million annual budget

**BY JENNIFER GARVIN**

*Bethesda, Md.* — Dr. Rena D'Souza will be the next director of the National Institute of Dental and Craniofacial Research, the National Institutes of Health announced Aug. 13.

Dr. D'Souza is currently the assistant vice president for academic affairs and education for health sciences at the University of Utah, where she also serves as a professor of dentistry, the Ole and Marty Jensen Chair of the School of Dentistry, and professor of neurobiology, anatomy, pathology and surgery in the School of Medicine and the Department of Biomedical Engineering, according to a University of Utah Health news release.

As director, NIDCR said Dr. D'Souza will oversee the institute's more than $475 million annual budget to support basic, translational and clinical research in dentistry, including oral complications of systemic diseases.

"The ADA is thrilled to learn that Dr. D'Souza has been named the new director of NIDCR," said ADA President Chad P. Gehani. "I have known Dr. D'Souza since our dental school days. She is known for her hard work, sincerity and passion for research. Dr. D'Souza is a wonderful selection to lead and her research credentials are impeccable along with her dedication to the profession and dental education."

NIH Director Frances Collins, M.D., Ph.D., praised Dr. D'Souza and welcomed her to the NIH leadership team.

"Dr. D'Souza is renowned for her research in craniofacial development, genetics, tooth development and regenerative dental medicine," Dr. Collins said. "She has worked as a proponent for NIH for decades, serving on critical advisory committees and as an expert consultant on multiple projects."

"Since its inception in 1948, [NIDCR] has catalyzed scientific advances that have increased our understanding of the basic biological mechanisms of diseases and disorders and the application of such knowledge to improve oral health and the practice of dentistry," Dr. D'Souza said. "This has given new meaning to oral health and its integral role in overall health across the life span. It is with a deep sense of calling that I accept the enormous privilege and responsibility to lead NIDCR into a new era of success. I cherish the experiences and the life-long friendships that I formed at the University of Utah as together, they have prepared me for this position."

Dr. D'Souza has been a principal investigator on multiple NIH and other federal grants since 1987 and has published 140 peer-reviewed journal papers and book chapters, according to the Utah release, which said her research focuses on "developmental biology and genetics; matrix biology; biomaterials, tissue engineering and stem cells; and clinical research."

**Leadership:** Dr. Rena D'Souza is currently vice president for academic affairs and education for health sciences at the University of Utah.

The school also credited her research group's discovery that a novel mutation in PAX9 was responsible for the failure of teeth to develop with "opening a new field of research to discover genes and mutations as well as therapies for common human inherited disorders of the craniofacial complex."

Dr. D'Souza is a past president of both the American Association for Dental Research and International Association for Dental Research and a past recipient of the IADR Distinguished Scientist Award in Pulp Biology and AADR Distinguished Scientist Award — the highest-level awards for both organizations.

> **"It is with a deep sense of calling that I accept the enormous privilege and responsibility to lead NIDCR into a new era of success."**

"The NIDCR and the greater dental, oral and craniofacial research community will greatly benefit from Dr. D'Souza's leadership experience and passion for elevating science," said AADR President Mark Herzberg in a news release. "We know she will strive to push the frontiers of science into the next generation of foundational knowledge, prevention, treatments and cures."

Dr. D'Souza, who will start her position later this year, becomes the ninth director of NIDCR. Dr. Martha Somerman, the previous director, served from 2011 until retiring in 2019. ■

*—garvinj@ada.org*

# Extraordinary

*Continued from Page 1*

of the Association's response, as member dentists turned to the ADA with their questions amid a sea of information that was evolving every day.

The ADA Board of Trustees guided dentists as they postponed all but emergency and urgent care, and when it was time for them to open their doors again full time, Dr. Gehani appointed an advisory task force to provide them with the resources they needed to do it safely.

"What a year this has been," Dr. Gehani said. "The COVID-19 pandemic has called upon us to do things differently, but we have driven dentistry forward in an uncertain and challenging time."

Dr. Gehani and his wife, Dr. Rekha Gehani, former chair of the ADA Council on Dental Education and Licensure, witnessed firsthand the devastation caused by the pandemic from their office in Queens, New York, located just a few blocks from Elmhurst Hospital, one of the epicenters of the disease during the outbreak in New York City.

For several weeks, Dr. Gehani met virtually with ADA staff twice every weekday to guide the Association's response to the COVID-19 pandemic. The Gehanis' home became a makeshift studio for his countless Zoom calls with ADA staff, volunteers and others — his day often starting at 5 a.m. and going late into the night, said Dr. Rekha Gehani, who is proud of what her husband and the ADA have accomplished during this unusual time.

"The ADA has taken the full responsibility to protect dentists, our dental profession and patients in a time of unexpected challenges," she said. "ADA leadership and staff have worked tirelessly throughout this episode and brought some stability and hope of a secure future for our profession. The ADA's response to the pandemic was outstanding, quick and commendable. Thank you to all who were involved in this process and made it successful."

## Early response

Since March, the Board of Trustees has met 15 times virtually, with Dr. Gehani convening several special meetings for the Board to consider actions related to COVID-19, in order to keep the ADA's response as timely as possible. The Board originally was scheduled to meet three times in person since March.

On March 16, the Board voted to recommend that dentists postpone all but emergency and urgent care in order to help mitigate the spread of COVID-19 and alleviate the burden that dental emergencies would place on hospital emergency departments.

Prior to the recommendation, the ADA had created a webpage for dentists with information and frequently asked questions about the disease. The Association continued to expand its resources in light of the recommendation, adding guidance on identifying dental emergencies and minimizing the risk of COVID-19 transmission before, during and after treating emergencies. ADA leadership also met regularly with officials from state and local dental societies across the country to keep the lines of communication open among the tripartite during the pandemic.

The ADA's efforts were led by the staff response team and its appointed advisers, including Dr. Terri Dolan, a former member of the ADA Foundation Board of Directors who has a background in public health; Dr. Mia Geisinger, chair of the ADA Council on Scientific Affairs; and Dr. Jonathan Shenkin, former vice president of the ADA.

## ADA COVID-19 Resource Engagement

*Data is as of Sept. 1*

**Return to Work Toolkit**

672,214
To date visits

36,020
To date downloads

**Hazard Assessment**


22,119
To date downloads

**Patient Return Resource Center**

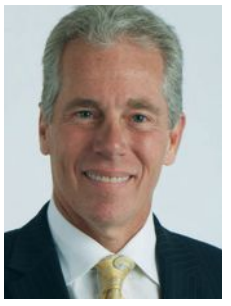
34,229
To date visits

13,973
To date downloads

**Dr. Gehani**

**Dr. Geisinger**

**Dr. Ho**



**Dr. Paumier**

"During the early days of the pandemic, there were a large number of unknowns regarding viral transmission and the dental office," Dr. Geisinger said. "Our role was to evaluate the emerging data and shape recommendations to ensure optimal safety for dentists, members of the dental team and — most importantly — the public. The structure within the ADA and the team that Dr. Gehani and the ADA staff built allowed for us to focus on what was best for patients and dentists and to allow room to modify our guidance as new data emerged and we learned more about this disease."

Dr. Geisinger said she is proud that the ADA's recommendations for dental care in the pandemic environment focused on the best science available and that her team was able to continually evaluate new studies and data as they became available to enhance the safety and access of dental care.

"I am always proud of our profession and proud to be an ADA member, but I was so impressed to see our colleagues in dentistry work together selflessly to protect each other and our patients and to ensure that we are able to safely deliver the essential dental care that improves our patients' lives," she said. "I think that the ADA spearheaded that effort, and the positioning of patient care and safety as centerpieces of our response really demonstrated who we are as a profession and as an organization."

## Back to work

In April, Dr. Gehani established the Advisory Task Force on Dental Practice Recovery, which includes Dr. Kirk Norbo, co-chair of the task force and 16th District trustee; Dr. Rudy Liddell, co-chair of the task force and chair of the Council on Dental Practice; Dr. Duc Ho, vice chair of the Council on Dental Practice; Dr. Sarah Tevis Poteet, chair of the Council on Communications; Dr. Tom Paumier, member of the Board of Trustees Budget and Finance Committee; Dr. Cody Graves, secretary-treasurer of the Texas Dental Association; and Drew Eason, executive director of the Florida Dental Association.

"I'm proud of how quickly and expertly the ADA leadership responded to this enormous task, assembled the task force and put every possible resource at our disposal," Dr. Paumier said. "The commitment of time and resources to research, assess and make decisions on continuously changing information by the volunteer task force members and ADA staff was remarkable."

Before parts of the U.S. began to lift some of their COVID-19 restrictions, the task force released the Return to Work Interim Guidance Toolkit, which was visited 672,214 times and downloaded 36,020 times between April 27 and Sept. 1.

"As a member of the task force, I felt our responsibility was to ensure that our members and their teams could safely return to providing comprehensive oral health care while also keeping their patients safe," Dr. Paumier said. "As the leading scientific organization on oral health, I feel the ADA should set the standard on scientific issues for the profession, our members and the patients we serve. No one understands infection control in a dental setting better than dentists and the ADA."

The toolkit includes various materials that have helped dentists return to more normal practice operations while taking precautions to protect staff, patients and themselves from COVID-19, such as pre-appointment screening guidance, reception area preparation strategies, a chairside checklist and more. The toolkit also links to guidance from the ADA on masks. The task force updated the toolkit in July with additional guidance for practices' staff areas and a link to a flowchart to follow if a staff member or someone in a staff member's household tests positive for COVID-19.

"I am most proud of quickly developing a toolkit that would be used by thousands of dentists as a guide to practice safely, while also being used by local and state governments to understand why and how practices could open safely," Dr. Ho said.

The task force also released a hazard assessment guide and checklist for dental settings in May with a goal of reducing the risk of COVID-19 spread to dental team members and patients. The hazard assessment reflects recommendations by the Occupational Safety and Health Administration and includes several suggested action items, such as inspecting the workplace for potential safety hazards and conducting incident investigations. The assessment was downloaded 22,119 times as of Sept. 1.

On July 7, the task force launched the Patient Return Resource Center, which is based on the Return to Work Interim Guidance Toolkit. It offers a suite of customizable communication tools for dentists and their teams to use when communicating with their patients about what to expect when returning for nonemergency care. As of Sept. 1, the resource was visited 34,229 times and downloaded 13,973 times.

The task force continues to meet to discuss various matters related to COVID-19.

Other resources offered during the pandemic have included the COVID-19 State Mandates and Recommendations webpage, where dentists could find an interactive map illustrating dental regulations, recommendations and mandates by state, and a biweekly poll from the ADA Health Policy Institute to quantify the magnitude of COVID-19's economic impact on U.S. dental practices over time.

Content related to COVID-19 on ADA.org and MouthHealthy.org has been viewed more than 6.1 million times, and news media such as The Washington Post, Forbes, The Wall Street Journal and Today have run more than 4,400 stories featuring the work of ADA volunteers in developing the Return to Work Interim Guidance Toolkit and leading the dental profession during the pandemic.

## Advocacy

As the U.S. government discussed a stimulus package to help citizens, states and businesses affected by the pandemic, the ADA was front and center advocating for its member dentists to receive the support they needed.

The Coronavirus Aid, Relief and Economic Security Act, or CARES Act, became law in March and included Small Business Administration loans, retirement account withdrawals and student loan payment and interest deferral.

The ADA supported the inclusion of the Paycheck Protection Program and expansion of the Economic Injury Disaster Loan program in the CARES Act and clarified that dentists could apply for both types of loans, lobbied for Paycheck Protection Program loans to be forgiven tax free if used on overhead and payroll expenses and advocated for additional funding for both programs.

The CARES Act also established the Provider Relief Fund to reimburse health care providers for health care-related expenses or lost revenue attributable to COVID-19. The ADA pushed for the Department of Health and Human Services to release this funding to dentists and successfully extended the deadline for dentists to apply, educated dentists about the relief payments and ensured that dentists who received an initial, small amount of Medicare funding would be able to apply for the same full payment as their peers.

Part of the ADA's advocacy efforts have included energizing its members to act. The Association engaged more than 150,000 dentists and others connected to dentistry via two grassroots action alerts to send nearly 600,000 emails to U.S. leaders during deliberations related to COVID-19.

As concerns mounted across the world about a shortage of personal protective equipment for health care personnel, the ADA lobbied the Federal Emergency Management Agency to allow dentists to receive millions of KN95 masks and gowns in preparation for the reopening of dental offices. The Association also provided information and guidance to help state dental society executive directors locate PPE donations and Emergency Department Referral programs.

This summer, the ADA secured 1.5 million 3M-made KN95 masks from the national stockpile to distribute to dentists working in states where PPE was in low supply.

To achieve this, ADA staff met with officials from FEMA, HHS and the White House Task Force for COVID-19 Response and collaborated with U.S. Rep. Drew Ferguson, R-Ga.,

*See EXTRAORDINARY, Page 19*

# Pediatric dentists sound alarm about being denied OR access

## ADA working with American Academy of Pediatric Dentistry to address 'crisis'

**BY DAVID BURGER**

The ADA is moving ahead in its advocacy efforts related to what some pediatric dentists are calling an escalating obstacle of being routinely denied access to hospital and ambulatory surgical centers' operating rooms across the country, a problem exacerbated by the COVID-19 pandemic.

"It has become a crisis for some pediatric dentists because they are unable to schedule cases or have had surgery block time reduced or taken away," said Dr. Jessica Meeske, vice chair of the ADA Council on Advocacy for Access and Prevention and Nebraska pediatric dentist. "As a result, these children with severe dental disease are getting worse."

The situation dominated the July and August proceedings of the ADA's Medicaid Provider Advisory Committee. Its members have heard complaints from pediatric dentists about encountering increasing resistance and limited access to hospital operating rooms and surgical centers to address the oral health needs of patients requiring general anesthesia services in an operating room.

The lack of access is affecting some of the most challenging and vulnerable patients, said Dr. Howard Elson, a pediatric dentist and committee member.

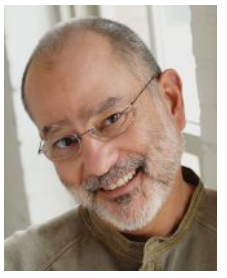
"This is the defining issue for pediatric dentists at this time," he said. "COVID-19 has put a spotlight on the problem, and it's getting much, much worse."

The issue, Dr. Elson continued, stems in part from the fact that hospital administrators and other physicians don't acknowledge that dentistry is essential health care. The hospitals prioritize other cases over dental cases when scheduling treatment postponed by the pandemic, he said.

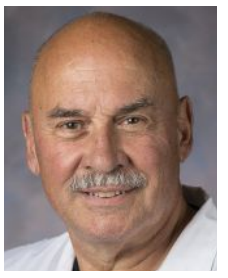
"Heart transplants, sure," Dr. Elson said. "Ingrown toenails? Maybe not."

The American Dental Association Board of Trustees adopted an ad interim policy stating dentistry is essential health care in July to help guide advocacy for the dental profession during the COVID-19 pandemic.

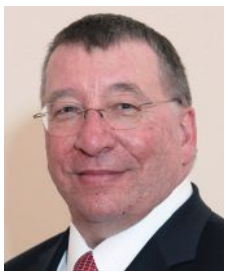
Dr. Meeske



Dr. Elson



Dr. Casamassimo



Dr. Czerepak

### HPI publishing data

The ADA's Health Policy Institute is studying the issue and has generated data illustrating the problem. In August, HPI found that more than half of pediatric dentists surveyed reported a difference — negative — in scheduling OR time.

Of those experiencing limited or denied access, the pediatric dentists surveyed listed the reasons hospitals said they were limiting the scheduling of cases:

- 68%: Increased volume of other cases that are deemed more medically necessary.
- 32%: Concerns regarding aerosol generation.
- 27%: Reimbursement levels too low.
- 22%: Personal protective equipment shortages/prioritization for other cases.

Dr. Paul Casamassimo, a member of the Council on Advocacy for Access and Prevention and chief policy officer of the American Academy of Pediatric Dentistry, said that what worries him is the disparity in care, given that many of the children who need care in hospitals are from economically disadvantaged populations.

"A disproportionate percentage of people of color are affected by this issue—they're bearing the brunt of this," he said.

"These are the kids who need desperate help," Dr. Elson said.

### Financial pressures

Dr. Casamassimo acknowledged that hospitals are suffering financially and as a result of the pandemic, this has gotten worse and they may be making decisions based on what procedures bring in more money to help them to stay in business. Providers treating Medicaid patients needing dental care typically report lower reimbursement rates.

The differences in dental offices and hospital operating rooms are great, Dr. Meeske said.

"If children are too young to cooperate in a traditional dental clinic setting, dentists find themselves forced to address their dental pain by either holding children down or sedating them," Dr. Meeske. "Both options are not always in the best interest of the child. If you need to complete extensive and treatment and the child is unable to sit still, you can't do your best care. This can lead to progression of dental caries or retreatment. That can lead to unnecessary child suffering, unhappy parents or insurers who don't want to pay."

She continued: "Hospitals and surgery centers are available to dentists who treat patients who are unable to sit for dental treatment. This includes children and adults with disabilities with extensive restorative and surgical needs (such as extracting multiple teeth), very young children, and those patients with medical and behavior conditions that prevent care in the dental clinic.

"The operating room provides the dentist and patient a safe environment where the patient is asleep under general anesthesia," she said.

### Working together

The ADA has been collaborating with the American Academy of Pediatric Dentistry on the issue. Dr. Casamassimo conducted a survey of each AAPD state public policy advocate to assess the scope of the problem in each state. A resulting article is being prepared for submission to the journal Pediatric Dentistry, and is planned to be used in ADA and AAPD advocacy efforts.

The ADA is also planning a white paper to assist with consideration of a partnership with ambulatory surgery centers, who may be more receptive to dental cases than hospitals.

Dr. Meeske recommended some avenues in how dentists can work together to rectify access issues so that in the future, children needing medically necessary treatment in the operating room don't have to be put on waiting lists for six months or even a year.

"It is key that dentists be proactive to protect their surgery time," she said. "For example, serving on hospital committees and boards builds relationships with other physicians and shows you are willing to do all the same work they do. In addition, dentists who are willing to take referrals from emergency departments or will see same-day emergencies or consults send a message to their hospitals and physician colleagues that oral health is an integral part of general health. Of course, working with your surgery staff and hospital leadership to be a good steward of your time and showing a willingness to work with everyone goes a long way."

Dr. Charlie Czerepak, a Chicago-area pediatric dentist and past medical staff president of what is now Lurie Children's Hospital in Chicago, said that communication between legislators and the entire dental community is crucial.

"This is a fight for equal access and equity for Medicaid patients and the importance of dentistry as a health care profession," he said. ■

*—burgerd@ada.org*

# Pro-fluoridation advocates show up in force in Wisconsin's capital city

**BY DAVID BURGER**

*Madison, Wis.* — Community water fluoridation will continue in the capital city of Wisconsin, but there is a question fluoridation activists are asking:

For how long?

After listening to a crowd of 70 speakers at its Aug. 25 virtual meeting, the five-member Madison Water Utility Board decided to postpone a review of the practice until the final draft of the National Toxicology Program's upcoming report on the neurological impacts of fluoride.

The report is expected to be published in early 2021.

More than half of the speakers in the four-hour-long Zoom meeting supported continuing fluoridation of the city's water supply, a practice that has been in effect since 1948.

### Widespread advocacy

Supporters of fluoridation flooded in from all over the country and even Canada, joining speakers from the ADA and the Wisconsin Dental Association to urge the water utility board to base its decision on science-based evidence that fluoridation is safe and effective in preventing tooth decay for both children and adults.


Dr. Johnny Johnson, president of the pro-fluoride American Fluoridation Society, sprang into action when he received six days' notice that the Madison water utility board would be taking up a vote on fluoridation. He learned that the anti-fluoridation activists were planning on amassing at the meeting.

Dr. Johnson contacted supporters from all across the U.S. — including the American Academy of Pediatrics — to take advantage of the fact that it would be a Zoom meeting and open to all. He said he wanted to make sure that those who spoke gave the best evidence as well as make sure the group didn't give the wrong impression of the science.

Dr. Russel Dunkel, state dental director of Wisconsin, was the first speaker at the meeting.

"Dental offices can no longer practice as we once did pre-COVID, as we must now reduce the number of patients seen in a day and … as a result increasing the access to care barriers for the under-resourced and vulnerable populations," Dr. Dunkel told the board. "On top of this, the unemployment rate has increased. With all these barriers to health care, especially for the under-resourced populations, now is definitely not the time to remove a proven safe and cost-effective method for reducing decay."

Dr. Dunkel continued: "It is unconscionable to even consider removing community water fluoridation at a time when we are dealing with such tremendous issues, including health and social inequities."

### Galvanized support

Dr. Samuel Zwetchkenbaum, state dental director for Rhode Island, was one fluoridation supporter recruited by Dr. Johnston to speak at the Zoom meeting.

"I'm always happy to help out," Dr. Zwetchkenbaum said. "If it could happen in Wisconsin, it could happen anywhere."

Dr. John Dane, state dental director for Missouri, also spoke.

"I'd never been involved in another state's fluoridation rollback before," Dr. Dane said. "But if there's anything I can do to raise the awareness of the benefits of community water fluoridation, I do it."

### Study discredited

The National Toxicology Program's final draft of its report on the neurological impacts of fluoride in expected to be released in early 2021. The report, first issued in September 2019, postulated that fluoride is "presumed to be a cognitive neurodevelopmental hazard to humans."

The ADA swiftly condemned the monograph for its methodology and conclusions, and a subsequent review by the National Academies of Sciences, Engineering and Medicine of the document in March said that the evidence presented did not supported its assertions.

Dr. Johnson said that the proposed Madison rollback of community water fluoridation is just one of a number of anti-fluoridation activities in the Badger state, driven by the same group of activists. He said that Green Bay's Protection and Policy committee will hold a special meeting in October to discuss the fluoridation issue.

Dr. Johnson had a warning about efforts to terminate fluoridation.

"It's coming to everyone's backyards next."

For more information on fluoridation, visit ADA.org/fluoride. ■

*—burgerd@ada.org*

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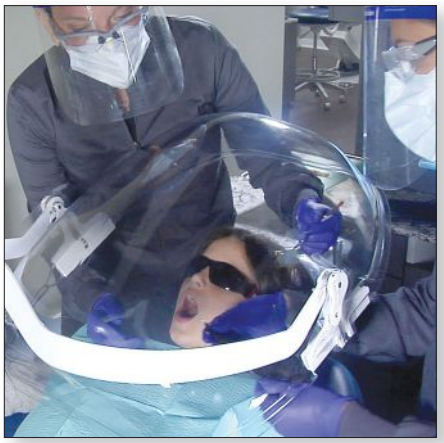

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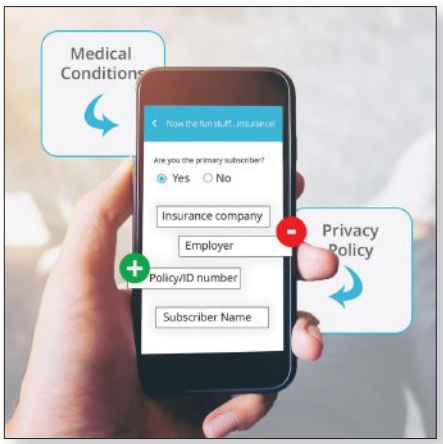


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# Case management can be key to helping high-risk children

## North Dakota study shows dramatic increase in Head Start children with dental homes

**BY DAVID BURGER**

*Fargo, N.D.* — An ADA-supported study by two North Dakota dental professionals showed that proactive dental case management facilitates referrals and appointment compliance, reduces reimbursement barriers and reduces the need for more costly future treatment for high-risk low-income children by promoting the prevention of dental disease.

The study focused on Fargo-area Head Start programs, which provide services to about 350 children in the Fargo and southeast North Dakota region. The study explored how best to utilize the services of a community dental health coordinator who could, with the help of licensed dentists, connect high caries-risk children to dental homes.

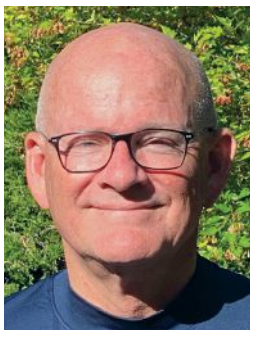
"The project demonstrated many benefits of active case management, including identifying high-risk children with extensive treatment needs early and getting them linked to specialized care," said Dr. Brent L. Holman, past president of the North Dakota Dental Association and co-leader of the project.

"It also documented the process of case management interviews for Head Start families in developing trust and follow-through of treatment," Dr. Holman continued. "It seems obvious that helping navigate financial, cultural and preventive barriers for these families to get completed care would limit the eventual overall cost of treatment. Prevention pays."

The ADA provided grant funding and both William Sherwin, executive director of the North Dakota Dental Association, and ADA staff were part of the early planning and provided support throughout the project, Dr. Holman said. The North Dakota Dental Assistants Association also supported the project.

### Children in need

Dr. Holman defined case management as a collaborative process of assessment, planning, facilitation, care coordination, valuation and advocacy for options that has been shown to be a cost-effective tool to increase dental health.



**Dr. Holman**

"Oral health is primarily supported by prevention, and when that prevention is connected to a dental home through case management, oral health is cost-effectively improved," he said.

Before initiating the project, Dr. Holman, a pediatric dentist, and project co-leader Marsha Krumm, a dental assistant for Dr. Holman for nearly two decades before his 2014 retirement, CDHC and North Dakota Dental Assistant Association board member, knew that Dr. Holman and fellow pediatric dentists in the area had historically provided dental screenings for the Head Start children that did not have a dental home.

However, they witnessed time and time again the difficulty in getting treatment needs completed by the end of the school year, due to difficulty in locating dentists that would see Medicaid patients and lack of follow-through by families in making and keeping appointments. As a result, dental homes were few and far between.

The key to addressing the problem, Dr. Holman and Ms. Krumm believed, was thorough and well-documented case management with the help of community dental health coordinators.

So they initiated a study to address the problem and assess the viability of their idea in a real-world situation.

The study provided for Ms. Krumm, a trained CDHC, to be connected to the Fargo area Head Start programs in the 2019-20 school year to provide screenings, caries risk assessment and identification of high-risk children.

The ADA launched the community dental health coordinator program in 2006 to provide community-based prevention, care coordination and patient navigation to connect people who typically do not receive care from a dentist in underserved rural, urban and Native American communities.

**Ms. Krumm**

"The fact that a community dental health coordinator had professional connections to the dental community and understood the Medicaid reimbursement system for participating dentists, as well as the hospitals, greatly facilitated managing referrals and compliance with families and their interactions with providers," Ms. Krumm said.

### Dramatic upswing

The ultimate goal was to get these high-risk children linked to dental homes where needed treatment could be completed by the end of the school year, Dr. Holman said.

"These high-risk children were most at risk for extensive caries progression and eventual need for the most expensive treatment, which involves general anesthesia in a hospital setting," he said.

"Case management interviews were completed with families that could be contacted by phone. Additionally, efforts were made through case management to link the child and their family to education and prevention to minimize future caries risk. Outcomes were assessed at the end of the school year by follow-up with treating dentists and parents," said Dr. Holman.

The outcomes at the end of the 2019-20 school year were dramatic.

The number of Head Start children with accessible dental homes increased from 38% of enrolled children at the beginning of the year to 90% by the end of the year.

"There was no substitute for personal contact with care givers, and through listening and follow-up, trust was established, and many parents demonstrated motivation to get treatment completed and improve prevention," said Ms. Krumm.

Case management is worthwhile, the project leaders concluded, which suggests that more widespread adoption of the process could be warranted in other areas where it isn't yet the norm.

### Insurance questions

"There is no question that there are many more evidence-based models and experienced reimbursement systems in medicine than there are in dentistry, with examples being diabetes, asthma, behavioral health, and cardiovascular disease," Dr. Holman said.

"Dental reimbursement has traditionally tracked procedures and treatments with less focus and innovation on population-based health outcomes and prevention. As a result, there has been resistance by third-party insurers to reimburse for dental case management."

Therefore, the project also proposed a narrative for third-party documentation and reimbursement. Insurers, as well as the professionals providing case management, must develop a common language to assure the needed components of patient interaction and prevention were completed, Dr. Holman and Ms. Krumm said in their report.

"The reluctance for Medicaid and third-party insurers to reimburse case management is rooted in challenges in assuring integrity in billing and limited precedence nationally in establishing case management payment protocols and fees," Ms. Krumm said. "Patient narratives to document case management activity are a logical way to help minimize program integrity concerns, while building a utilization data base."

In the end, CDHCs providing education, prevention and case management strategies can be a model that works, Dr. Holman said.

"The interaction with referred dental offices by a case manager who was seen as a dental colleague greatly improved the connection to dental homes and the completion of treatment," he said. "By focusing resources on those high-risk children, costly specialized care is reduced and families are connected to maximum prevention with a dental home." ■

*—burgerd@ada.org*

# JADA looks at motivational interviewing's impact on childhood caries

**BY MARY BETH VERSACI**

More research is needed to accurately evaluate the effectiveness of motivational interviewing — a client-oriented but directive counseling strategy that helps people explore and resolve their ambivalence toward change — on the clinical reduction of early childhood caries, according to a study published in the September issue of The Journal of the American Dental Association.

The cover story, "Impact of Motivational Interviewing on Early Childhood Caries: A Systematic Review and Meta-Analysis," looked at 329 studies that involved the clinical assessment of the caries rate in children whose parents or caregivers received motivational interviewing as an intervention.

The systematic review included 14 articles, and the meta-analysis included three.

The most common approach in childhood caries prevention is educating parents or caregivers, but research does not support the effectiveness of only providing education or information to them without attention to their readiness to change their existing behaviors, according to the study.

"[Motivational interviewing] has been applied successfully to a variety of health behaviors, including substance use disorders, smoking, diet and exercise and medication adherence," the authors — Dr. Reyhaneh Faghihian, Dr. Elham Faghihian, Azam Kazemi, Mohammad Javad Tarrahi, Ph.D., and Dr. Mehrnaz Zakizade, all from Isfahan University of Medical Sciences in Isfahan, Iran — said in the study.

"In addition, researchers have found [motivational interviewing] to be effective in directing patients to adopt changes in oral health-related behaviors, such as snacking and toothbrushing habits," they said.

The meta-analysis of the three studies indicated that motivational interviewing is as effective as traditional dental health education in controlling early childhood caries, but five other studies included in the systematic review showed varied results that were inconclusive.

"Overall, the evidence presented in this review was limited," the authors said, adding they "need more and better designed and reported interventions to assess [motivational interviewing's] impact on early childhood caries accurately."

The authors recommended additional research targeting specific caregivers' behaviors.

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

Other articles in the September issue of JADA discuss biological contamination of dental operatories, dental treatment of sickle cell disease and screening for anosmia.

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

*—versacim@ada.org*

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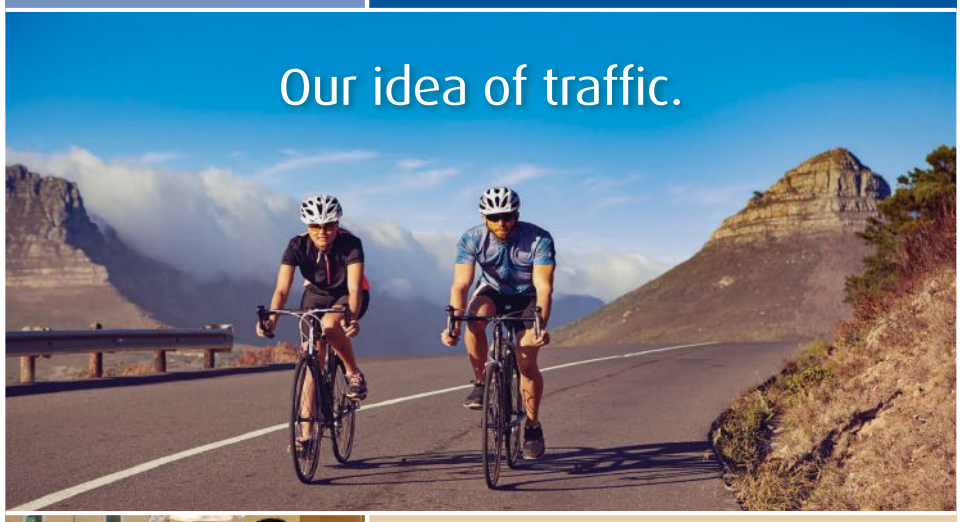


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# PracticeUpdate Clinical Dentistry Channel covers latest advances for dentists on the go

## Editors look to create go-to resource for expert commentary on wide range of dental, medical topics

**BY MARY BETH VERSACI**

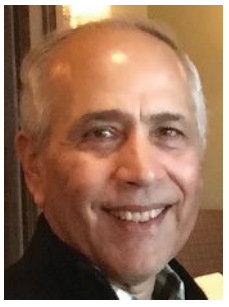
The PracticeUpdate Clinical Dentistry Channel offers a one-stop shop for busy dentists and their teams looking to keep up to date on the latest clinical research findings they can employ in their practices.

The American Dental Association and Elsevier, publisher of The Journal of the American Dental Association, launched the web channel in May. It offers free clinical content in general dentistry and specialty topics curated by a world-renowned editorial and advisory board and provides relevant information on the connection between oral and systemic health from the other 11 PracticeUpdate channels covering different medical specialties.

"The Clinical Dentistry Channel has a team of expert reviewers who search dental and relevant medical literature, select articles and summarize them in a 'take home message' that includes both the summary and a conclusion, offering a quick read and a bottom line," said Dr. Michael Newman, editor-in-chief of the channel. "By selecting articles from highly rated journals, we improve the quality of the selection."

The Clinical Dentistry Channel features updates from peer-reviewed journals, news and educational resources 24/7. It is the only dental channel offered by PracticeUpdate, a free service for dentists, physicians and other clinicians.

"Busy clinicians are bombarded with an overload of information on a daily basis, making it harder for them to keep track of recent advances," said Dr. Satheesh Elangovan, associate editor of the channel. "PracticeUpdate is aimed at bringing expert-curated updates from recently published, relevant clinical articles from a wide range of dental and medical disciplines to keep clinicians abreast of clinical advances."



Dr. Newman

Dr. Elangovan

Dr. Curtis

The Clinical Dentistry Channel's editorial and advisory board — which includes Drs. Newman, Elangovan and Donald Curtis, associate editor, as well as other expert advisers — decides which of the articles selected by the reviewers to include on the channel and who should provide commentary on them.

"We are gratified with the tremendous interest and participation by the world's leading key opinion leaders in dentistry, dental hygiene, nursing and medicine because they add a level of trustworthiness and perspective that may not be able to be found in one authoritative place like the PracticeUpdate Clinical Dentistry Channel," Dr. Newman said. "We have been overwhelmed by the enthusiasm and participation of these world-renowned leaders. And what a great opportunity for our readers to get this level of expertise in one place covering a very broad and relevant subject matter."

The board also works with the leaders of the other channels to help create a bridge between clinical dentistry and other areas of medicine.

"We are very interested in bringing useful and important medical information to the dental profession as part of the oral-systemic interface our patients live in every day," Dr. Newman said. "PracticeUpdate Clinical Dentistry puts down an important marker for dentistry's position and role in precision health care. It takes its place among the other PracticeUpdate medical channels as an equal member of the PracticeUpdate lineup. We have been able to showcase many of our take home messages on these medical channels, raising the integrated role dentistry plays in overall health care. We are at the table as an equal partner."

Offering content that connects clinical dentistry to other areas of medicine benefits dentists who may not be looking for that information on their own.

"In reading the literature on professional development, when clinicians choose their sources of continuing education courses or articles to read, they often pick the information of interest to them rather than information they should be informed about," Dr. Curtis said. "By having a broad menu of carefully selected articles with expert commentary, the messaging and relevance become more powerful and helpful to the clinician."

The integration of dentistry and overall health has been evident during the COVID-19 pandemic. PracticeUpdate has a COVID-19 Disease Spotlight page with expert commentary provided by the channels, including Clinical Dentistry. While the Clinical Dentistry Channel has picked up content provided by the other channels, those channels have also reposted contributions from Clinical Dentistry.

"It is a proud moment for the dental profession," Dr. Newman said.

The Clinical Dentistry Channel aims to be at the forefront of clinical advances in dentistry, and its editors expect to see the most rapidly advancing therapies in regenerative dentistry, personalized dentistry, diagnostics, risk assessment and digital dentistry, including teledentistry and digital workflows.

Moving forward, the channel is looking to expand its content by adding a platform for experts to comment on their approach to managing a specific clinical situation and covering dental conferences, Dr. Elangovan said. Dr. Curtis said he also hopes to see the channel used in dental education.

"We want PracticeUpdate Clinical Dentistry to be a go-to resource for clinicians when it comes to recent advances in clinical dentistry," Dr. Elangovan said. "We hope that the very concept and framework of PracticeUpdate Clinical Dentistry will allow us to achieve this goal as we get more exposure in the dental community."

Dentists can sign up for their free PracticeUpdate account at clinicaldentistry.practiceupdate.com. ■

*—versacim@ada.org*

# ADA urges dental benefits industry to mitigate administrative inefficiencies

**BY DAVID BURGER**

The ADA sent a letter to dental benefit administrators Aug. 11 saying that administrative burdens and inefficiencies imposed on dental offices by third-party payers are unnecessarily increasing frustration for both patients and dentists, necessitating a need for change.

With the COVID-19 pandemic raising the cost of business for dental practices, the ADA wanted to bring up an "extremely urgent issue regarding eligibility and benefits verification," according to ADA President Chad P. Gehani and ADA Executive Director Kathleen T. O'Loughlin.

"We understand that some industry partners have participated in the Administrative Efficiencies Summit organized by the ADA in 2018 and 2019," they said. "We appreciate your participation but note that it is time for action. We hope that together we can help resolve these important barriers for the dentists and patients we serve."

Drs. Gehani and O'Loughlin wrote that dental offices are known to take responsibility for explaining treatment plans and associated costs to their patients before treatment.

"However, they are hindered by lack of meaningful information from the benefit administrators/third-party payers," according to the letter. "At the ADA we continuously receive complaints about offices needing to make phone calls with long wait times to receive this information with no assurance that payment will

align with the information provided. In fact, offices are often required to refund payments months after eligibility was verified and claims processed, simply because of lack of communication between the employer and the payer regarding the patient's eligibility status."

Drs. Gehani and O'Loughlin went on to say that while some payers encourage using the pre-determination process to ascertain treatment costs, the ADA has found that most payers consider these pre-determinations to only act as estimates, with no guarantee of reimbursement.

"We urge payers to honor any pre-determinations sent to dental offices and ensure that eventual payment aligns with what was originally determined," the letter said. "Current pre-determination processes are systems that increase paperwork without any assurance of accuracy or completeness of the information provided."

The letter is posted on the ADA's Administrative Efficiencies Summit webpage, ADA.org/AES.

For more information on ADA advocacy, visit ADA.org/advocacy. ■

*—burgerd@ada.org*

# ADASRI staff develop new technique for testing fracture toughness of zirconia materials

**BY MARY BETH VERSACI**

Researchers from the American Dental Association Science & Research Institute, in collaboration with Argonne National Laboratory in Lemont, Illinois, have developed a new way to create sharp, nanometer-sized notches necessary for measuring the fracture toughness of zirconia materials used in dental restorations.

Their original research report, "Fracture Toughness of Zirconia with a Nanometer Size Notch Fabricated Using Focused Ion Beam Milling," was published in June by the Journal of Biomedical Materials Research.

"A major clinical advantage of using zirconia for dental restorations is its ability to prevent the propagation of cracks introduced through adjusting, polishing or biting on a restoration," said Dr. Nathaniel Lawson, Ph.D., director of the Division of Biomaterials at the University of Alabama at Birmingham School of Dentistry and member of the ADA Clinical Evaluators Panel Oversight Committee of the ADA Council on Scientific Affairs. "Fracture toughness is a test used to measure the ability of a material to resist crack propagation. Fracture toughness testing is notoriously difficult to perform in the laboratory. The work done by the ADA represents an advancement in the methods used to measure this property and to more reliably compare different types of dental ceramics."

Creating a starter crack in nanograin material like dental zirconia is difficult, leading to concerns about the reliability of some of the fracture toughness data in dental literature and marketing. With that in mind, the ADASRI researchers collaborated with the Argonne National Laboratory Center for Nanoscale Materials and the Advanced Photon Source to develop this method.

The ADASRI researchers included Yifeng Liao, Ph.D., manager of research and standards and lead researcher on the study; Max Gruber, engineering research assistant; Henry Lukic, engineering research associate; and Spiro Megremis, Ph.D., research and laboratories director, who were joined by Si Chen of Argonne.

To get accurate fracture toughness results, the researchers needed to create starter cracks that were as sharp as possible and smaller than the grain size of the zirconia.

Using focused ion beam milling, the researchers milled notches that were less than 100 nanometers wide in standard specimens and compared these to standard specimens without the milled notches.

The study found the average fracture toughness for the specimens with milled notches was considerably lower than the specimens without them, showing toughness values may be affected by the testing procedure used.

To read the full research report, go to onlinelibrary.wiley.com and search for the study title. ■

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# Extraordinary

*Continued from Page 12*

Henry Schein Dental and 3M Oral Care. The Association also worked with state and local dental societies to procure masks and other PPE through governors' offices and state and local emergency management agencies.

The ADA is working to secure additional masks and gowns as well.

## Looking ahead

The Board of Trustees adopted an ad interim policy July 27 stating dentistry is essential health care to help guide advocacy for the dental profession during the COVID-19 pandemic and beyond. The policy is part of the ADA's COVID-19 resurgence strategy.

In interim guidance released Aug. 11, the World Health Organization recommended that "routine" oral health care be delayed until COVID-19 transmission rates decrease from community transmission to cluster cases or according to official recommendations at the national, subnational or local level. In response, the ADA released a statement Aug. 12 stating it "respectfully yet strongly disagree[d]" with the guidance.

The ADA's ad interim policy, which was developed by the Council on Dental Practice, states oral health is an integral component of systemic health and dentistry is an essential health care service because of its role in evaluating, diagnosing, preventing and treating oral diseases, which can affect systemic health. The House of Delegates will consider it as a resolution during its virtual meeting in October.

Dr. Ho said his proudest accomplishment with the council during the pandemic has been the development of the ad interim policy, calling it "an important step in helping local, state and national governments recognize the need for preserving and protecting the profession during this crisis."

The policy states the ADA will urge state agencies and officials to recognize the oral health workforce when designating its essential workforce during public health emergencies. Government agencies such as the Department of Homeland Security and FEMA have already acknowledged dentistry as an essential service.

The ADA will support state dental societies in strongly advocating for their governors to include dentistry in the definition of "essential services" to keep practices open for a full range of services moving forward during the pandemic by creating an advocacy toolkit with state dental society executive directors.

"I'm proud of how individual dentists in their own communities have used our guidance to ensure dentistry can be provided safely and timely now and in any future pandemic," Dr. Paumier said. "Never again should our patients be deprived of access to comprehensive and preventive oral health care, as delayed care has consequences beyond the mouth."

The ADA also will continue to help member dentists obtain the PPE they need by advocating with FEMA to prioritize dentists for supplies.

"The strong leadership at the ADA, along with the great support of our volunteers and staff and our members' trust, made us conquer this unexpected COVID-19 crisis," Dr. Gehani said. "The strong message of unity, collaboration and fighting together for a common cause will be written in golden letters in the history of dentistry and the American Dental Association." ■

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# DEA warns of scammers posing as employees

**BY MARY BETH VERSACI**

The Drug Enforcement Administration is warning registered practitioners and members of the public about telephone calls from scammers posing as DEA employees to defraud and extort victims.

The callers threaten arrest, prosecution and imprisonment for supposed violations of federal drug laws or involvement in drug-trafficking activities unless victims pay a "fine" of thousands of dollars through a wire transfer or gift card, according to a DEA news release.

When calling medical practitioners, the scammers may threaten revocation of their DEA numbers, reference their National Provider Identifier numbers or state license numbers, or claim patients are making accusations against them.

The callers also may:

- Use names of well-known DEA officials or fake names and badge numbers.
- Use an urgent and aggressive tone, refusing to speak to or leave a message with anyone other than their targeted victim.
- Falsify the number on caller ID to appear as a legitimate DEA phone number.
- Ask for personal information, such as the victim's Social Security number or date of birth.

DEA personnel do not contact practitioners or members of the public by telephone to demand money or any other form of payment, and they will not request any personal or sensitive information over the phone, according to the release. They only notify people of a legitimate investigation or legal action via official letter or in-person visit.

Anyone receiving this type of call should report it by using the DEA's online form at deadiversion.usdoj.gov/pubs/pressreleases/extortion_scam.htm or by calling 1-877-792-2873. ■

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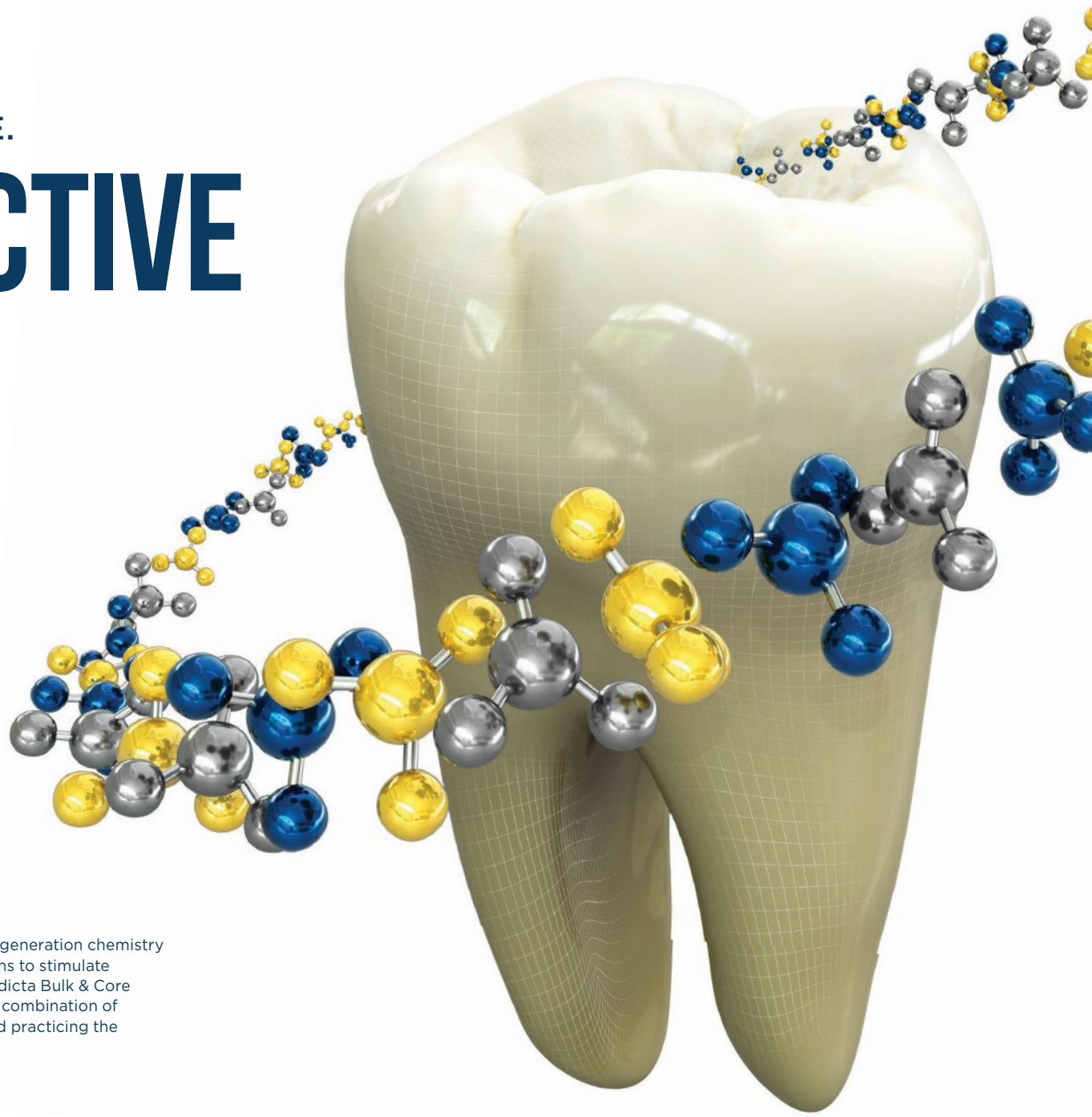

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