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ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

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BRIEFS

ADA, Bayer deliver pain management resource

The ADA and Bayer collaborated on the creation of a laminated teaching tool to emphasize the ADA's recommendation of considering nonsteroidal anti-inflammatory drugs as first-line therapy for the management of acute pain.

The reference, Non-Opioid Management of Acute Dental Extraction Pain, is included as an insert in the Sept. 21 print edition of ADA News.

There is broad consensus, the two-sided tool explains, that NSAID medication (such as Aleve) either alone or coupled with acetaminophen has been demonstrated to be an effective approach to pain management without having to resort to opioids.

Prescription opioids can be prescribed by dentists to treat moderate to severe pain, but can also have serious risks and side effects.

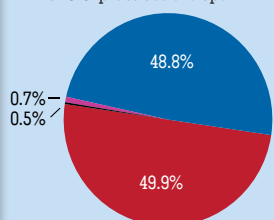
Along with sponsoring the insert, Bayer is also distributing the ADA Dental Drug Handbook book and e-book to all third- and fourth-year dental students at American dental schools during the 2020-21 school year. About 13,000 students will receive the handbook.

See RESOURCE, Page 10

JUST THE FACTS

Dental practices reopening

According to data collected the week of Aug. 24, about 99 percent of U.S. practices are open.



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

ADA urges that dentists receive early access to safe, effective SARS-CoV-2 vaccine

BY DAVID BURGER

Washington — Dentists are essential health care workers who should be afforded early access to a safe and effective SARS-CoV-2 vaccine when one becomes available, ADA Executive Director Kathleen T.

INSIDE Fall 2020 ADA Catalog includes new, revised guides, Page 9

O'Loughlin told a National Acad-

emies of Sciences, Engineering, and Medicine panel Sept. 2.

The panel is developing a plan for equitable distribution of the vaccine, which would offer protection against SARS-CoV-2, the virus that causes COVID-19.

“There is little doubt that there will be a high demand for a safe and effective SARS-CoV-2 vaccine once one becomes available — and doses of the vaccine will likely have

See VACCINE, Page 10



Thumbs down: Drs. Stephanie and Daniel Weaver pose in front of their dental practice after Hurricane Laura went through their area. The husband-and-wife duo are rebuilding after what they call the worst natural disaster they've experienced. See story on Page 14.

ADA FDC Virtual Connect Conference offers 24/7 Exhibit Hall

BY MARY BETH VERSACI

The Exhibit Hall at the ADA FDC Virtual Connect Conference will be different from years past, with the virtual platform allowing attendees to access the hall 24/7.

Dentists can interact with company representatives when the Exhibit Hall is staffed and also schedule appointments with the exhibitors during off hours. Staffed hours include from 4-5:30 p.m. CDT Oct. 15 and from noon-2 p.m. and 4-5:30 p.m. CDT Oct. 16-17. For a list of exhibitors, visit ADA.org/meeting.

See ADA FDC, Page 15

ADA Practice Transitions expands nationally in October

BY KIMBER SOLANA

Farmingdale, Maine — When Dr. Shanna L. Gagnon was looking for an associate dentist to join her practice, she considered one factor as the most important in finding a successful hire: practice philosophy.

“Personality definitely plays a role as well, but if the doctor and the new associate do not have the same philosophy of care, it will not work out,” she said.

To ensure she found an associate with a similar practice philosophy in her search, Dr. Gagnon decided to try a new service offered by the ADA.

“I took the ADAPT application very seri-

ously and put a lot of thought into it as I filled out my profile,” she said. “I figured that the more complete and honest the profile, the more likely I would be matched with the right candidate.”

In July, Dr. Gagnon officially welcomed Dr. Jessica Sikora to her practice, Gagnon Dental in Farmingdale, Maine. The two were matched by ADA Practice Transitions (ADAPT), a service backed by the ADA focused on helping dentists make the process of joining or leaving a practice predictable

See ADAPT, Page 17

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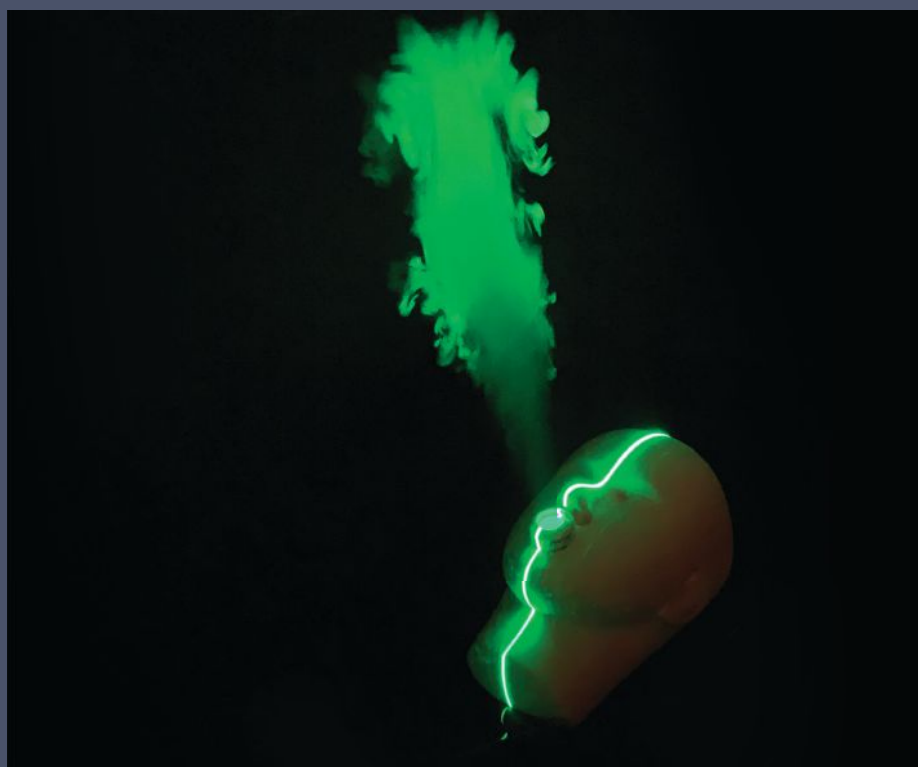
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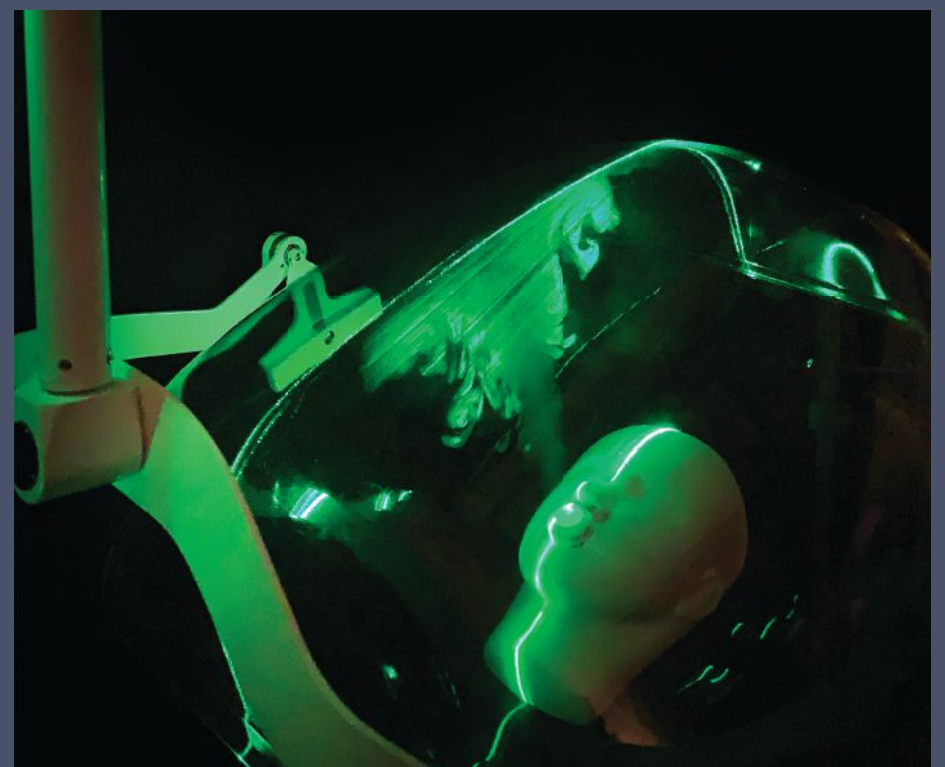
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PATIENT COUGH IS CONTAINED WITH CORONA SHIELD

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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GKAS National Advisory Committee names new chair

BY KIMBER SOLANA

The GKAS National Advisory Committee elected Dr. Barbara Shearer, director of scientific affairs at Colgate-Palmolive Company, as its new chair June 18.

Dr. Shearer will lead the committee, which provides strategic advice to the ADA Department of Corporate Social Responsibility and Philanthropy with respect to the Give Kids A Smile program.

“In the 10 years I have been a part of the GKAS National Advisory Committee, I have seen the programs grow in strength every year,” said Dr. Shearer. “I am continually amazed by the passion and commitment of all of the volunteers who give so much to their

**Dr. Shearer**

underserved.”

Colgate has been a strong supporter of the

communities. I am honored to have the opportunity to serve as chair of the GKAS National Advisory Committee at this time when oral health initiatives such as GKAS are even more important in reaching the

national program since 2007. The company has been instrumental in helping the program provide access to quality oral health care to underserved children by donating consumer dental products and services valued at nearly \$8 million. Since the launch of the national program by the ADA in 2003, volunteers have provided free oral health services to more than 6 million underserved children. The ADA launched the national GKAS program as a way for dentists to join with others in the community to provide dental services to underserved children.

For more information about Give Kids A Smile and to sign up to participate, visit ADA.org/GKAS. ■



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VIEWPoint

MyView

Searching for certainty in the absence of evidence

Dentists are traditionally independent and don't like regulatory agencies telling them what to do. That changed with the arrival of COVID-19. Practitioners needed to know how to keep themselves, their team members and patients safe. Most just wanted to be given certainty in uncertain times, and they were uncomfortable with inconsistencies between the Centers for Disease Control and Prevention, Occupational Safety and Health Administration, and ADA guidelines that necessitated the use of professional judgment.

The novelty of the SARS-CoV-2 virus had placed health care in an unenviable position. With little known about the virus, the situation urgently required clinical protocols that could not wait for an accumulation of evidence. Typically, the greater the imminent threat to public health, the lower the standards of evidence in early guidance.¹

A review published by Cochrane that assessed national recommendations from 58 countries on aerosol-generating procedures and their mitigation concluded that there is a lack of evidence provided to support the majority of recommendations in those documents.²

Even the World Health Organization provided an opinion, based on limited evidence, that failed to recognize the success experienced in settings where routine practice had resumed.

Perhaps a study of the conflicting recommendations in the guidelines from those 58 nations will provide an opportunity to observe if infection rates are reduced in a country where a specific strategy is applied when contrasted against a country where it is not.

Initial best practices in our new COVID-19 world evolved from expert opinions and limited available literature to advance what may be plausible and what can be extrapolated from experience with other viruses. This raises the question of how evidence-based dentistry is practiced during a disruptive event like COVID-19, where decisions with grave consequences must be made.

In these uncharted waters, dentists must hold fast to evidence-based practice. Critical appraisal skills must be applied to assess available literature and determine if the reasoning for intervention is plausible. An excellent example of this process is an article by Dr. Austin Goodyke, "Pre-Procedural Mouth Rinses and Mitigating Aerosol Transmission of COVID-19" in the September issue of the Journal of the Michigan Dental Association. There, Dr. Goodyke discusses a laboratory study showing that povidone iodine rinse can kill SARS-CoV-2, so its use as a pre-procedural rinse to reduce the generation of viral aerosols is plausible. But is clinical implementation reasonable? The CDC and others do not recommend using povidone iodine or any pre-rinse based on a lack of clinical evidence showing a reduction in the risk of virus transmission in dental settings.

But, can we stop there, or is additional professional judgment required? "The absence of evidence is not evidence of absence," merely means that

See MY VIEW, Page 5

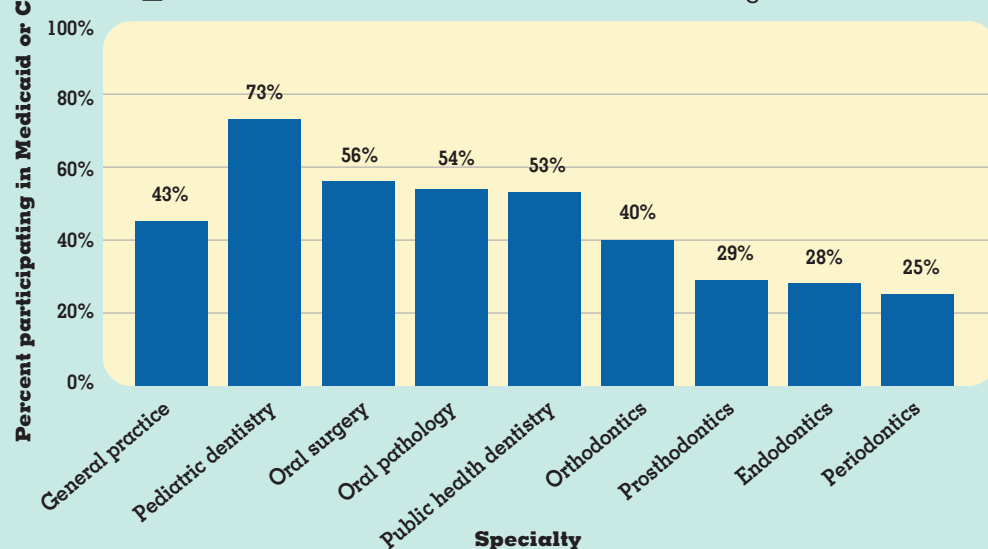


Christopher Smiley, D.D.S.

SNAPSHOTS OF AMERICAN DENTISTRY

Dentist Participation in Medicaid or CHIP by Specialty

In 2019, nearly three-fourths of pediatric dentists participated in Medicaid or the Children's Health Insurance Program.



Source: ADA Health Policy Institute Infographic, "Dentist Participation in Medicaid or CHIP." Available from: <https://www.ada.org/en/science-research/health-policy-institute/publications/infographics>.

Letters

Thanks, Dr. Gehani

Iwanted to say thank you to ADA President Chad P. Gehani for all of his efforts during the pandemic.

I'm certain that when he was elected ADA president, you didn't foresee the year ahead that he would face. Suddenly our profession was faced with the most serious infectious disease threat in the last 100 years, and I feel it took all of us by surprise. I know it definitely surprised me.

Throughout the process Dr. Gehani has been a steadying influence. I feel that the ADA, under his leadership, has done an outstanding job of dealing with the pandemic in the best way possible. This has in no way

been a pleasant task, but I am proud of how dentistry has responded.

I especially want to applaud Dr. Gehani for the hard work that he has had to do and the stress that I am sure he felt every day. He has been in a position of being second guessed no matter what he has done, and it's very difficult to deal with a crisis when, no matter what decisions are made, a large percentage of the constituency will have wanted something different. It is impossible to please all of the people all of the time and, unfortunately, I feel that is the situation he has found himself in a lot over 2020.

Because of that, I felt that as a practicing dentist and a member of the media that I should let Dr. Gehani

know that I support all that he has done and that dentistry is extremely grateful for his efforts. I want him to know that no matter how many negative calls and emails he might have received, that there is a solid group of quiet professionals who are truly appreciative of his efforts.

I know his term will be ending soon (probably not soon enough for him!) but I hope that as time passes, dentists can remember this year as a year of hard work and as a year that their leadership fought hard for dentistry and carried us through an incredibly difficult time.

John C. Flucke, D.D.S.
Lee's Summit, Missouri

OnPay adds custom report designer to ADA Member Advantage-endorsed payroll service

The ADA Member Advantage-endorsed company OnPay announced a new way its payroll software can help dentists manage their practice effectively by creating flexible custom reports to analyze employment expenses.

ADA dentists using OnPay already had access to real-time payroll reports and COVID-19-related reports that could be filtered by department, date, location or employee type. The new report designer adds up to 50 additional data points that can be added to key reports.

Dentists also have the ability to remove items or reorder report columns to focus on information that's most important. Dentists can also save customized reports for later and create multiple views of a given report to make it easier to go right to the data they are interested in.

Dentists can save up to 50% more when compared to other payroll services. Dentists who switch to OnPay now can receive a free month of payroll. For more information, contact OnPay at 1-877-328-6505 or visit onpay.com/ada. ■

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.

New ADA standards, technical reports available for comment by Oct. 30

The American Dental Association Standards Committee on Dental Informatics and Standards Committee on Dental Products have approved the following documents for review and comment:

- Proposed ADA White Paper No. 1100 for Codes for Orthodontic/Craniofacial/Forensic Photographic Views: High-quality photographic documentation is central to optimizing orthodontic, craniofacial and forensic clinical records. This white paper shows how codes, enumerated terms, systematized nomenclature, templates and informatics standards can be used to improve the interoperability and transmissibility of visible light intraoral and extraoral clinical photographs.

- Proposed ADA Technical Report No. 1083 for Utilization of the Electronic Dental Record to Support Clinical Quality Improvement, Business Intelligence, and Decision Support: This technical report provides an overview of the technical relationship of the electronic dental record to quality improvement and patient data analysis, as well as examples of how it can be applied.

- Proposed ADA Technical Report No. 1092 for Implementation Guide to Utilization of Diagnostic Code(s)/Term(s) in Dental Records: This technical report is a primer for dental providers to facilitate adoption and use of dental diagnostic codes. It provides an overview of the benefits of diagnostic codes and nomenclature and their use in electronic dental records, including value of diagnostic codes to providers and patients.

- Proposed American National Standards Institute/ADA Standard No. 47-1 for Stationary Dental Units and Patient Chairs — Part 1: General Requirements: This document specifies requirements and test methods for stationary dental units, dental patient

chairs and combinations of both regardless of whether they are or are not electrically powered.

- Proposed ANSI/ADA Standard No. 47-2 for Stationary Dental Units and Patient Chairs — Part 2: Air, Water, Suction and Wastewater Systems: This part of ANSI/ADA Standard No. 47 specifies requirements and test methods concerning the configuration of dental unit connections to the compressed air supply, water supply, suction supply and wastewater drain plumbing.

For a complete list of the draft standards and technical reports, visit ADA.org/ADANews and type the article title in the search bar to pull up the full story version.

The standards and technical reports are available for review and comment by calling the ADA at 1-312-440-2506 or emailing standards@ada.org. The comment deadline is Oct. 30.

The ADA is accredited by ANSI to develop American National Standards and technical reports for products and information technology used by the dental profession and consumers. National standards developed by the ADA serve the dental profession by ensuring product safety and efficacy for both clinicians and patients and providing information on new and emerging technologies. Currently, there are more than 100 national standards, and more are under development. ■

MyView

Continued from Page 4

we don't know one way or the other. Therefore, we must proceed cautiously, placing ourselves on the side of patient and provider safety, weighing plausible benefits against the costs and risks.

Applying critical thinking skills will also be essential for those considering measures beyond the CDC and the ADA baseline guidance. Mitigation strategies not covered in current guidelines will require appraisal of emerging and proprietary literature.

It is well to note the success in the United States, given that oral health occupations were identified by the Department of Labor to be at greatest risk of infection from COVID-19. While there have been reports of isolated incidences of positive cases among dental staff, the sources of transmission are unknown and likely are not related to clinical care.

If dentistry is to continue to have a good story to tell, clinicians must remain vigilant for updated guidance and emerging literature to confirm what they are doing is right and determine what is unnecessary, wrong or what we simply don't know. The only thing certain in uncertain times is change. As COVID-19 evidence rapidly accumulates, evidence-based dentistry skills will be needed more than ever to assess information and search for answers to the questions that evolve.

This editorial, reprinted with permission, first appeared in the September 2020 issue of the *Journal of the Michigan Dental Association*. Dr. Smiley is the editor in chief of the publication.

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GOVERNMENT

Bill proposes tax credit for businesses purchasing PPE

Letter urges subcommittee to support small business dentist owners through tax breaks, credits

BY JENNIFER GARVIN

Washington — A House bill is calling for a \$25,000 tax credit for businesses purchasing personal protective equipment to reduce the risk of COVID-19 transmission.

HR 7216, the Small Business Personal Protective Equipment Tax Credit Act, would give small businesses a tax credit up to \$25,000 for the cost of qualified personal protective equipment such as gloves, medical masks, N95 respirators, eye protection, gowns and aprons, and cleaning products, as well as the retrofitting or installation of equipment. Nonprofit organizations and Tribal businesses would also be eligible for the credit in a taxable year.

In a Sept. 10 letter to leaders of the House Ways and Means Subcommittee on Select Revenue Measures ahead of its “Consequences for Inaction on COVID Tax Legislation” hearing, the ADA said it supports HR 7216 and said the bipartisan bill would provide a “much-needed tax credit” for the purchase of PPE. The Association also asked lawmakers to pass several other tax-related bills to assist dental practices in recovering from the economic impact of the pandemic.

“At a time when dental practices are trying to overcome the economic downturn caused by COVID-19, the failure of Congress to act on COVID tax legislation hinders dentists’ ability to continue practicing in the midst of

the pandemic,” wrote ADA President Chad P. Gehani and ADA Executive Director Kathleen T. O’Loughlin.

Drs. Gehani and O’Loughlin pointed to the new costly infection control procedures and enhanced personal protective equipment dentists are utilizing to safeguard their patients and staff from the spread of COVID-19 as a key reason many dental businesses would benefit from HR 7216.

“This bipartisan bill would provide a much-needed (\$25,000) tax credit for the purchase of PPE intended to reduce the risk of COVID-19 transmission for small businesses,” and “greatly help to mitigate the increased cost of PPE,” they wrote.

The ADA also asked the House Subcommittee to support the following COVID-19 tax bills:

- HR 7819, the Eliminating the Provider Relief Fund Tax Penalties Act. This bill would ensure that dentists, regardless of taxpaying status, will not be subject to taxes on aid provided through the Provider Relief Fund. By guaranteeing that relief funds do not add to the provider’s tax bills, the bill would allow dental practices to utilize the full value of the benefit.

- HR 6776, the Jumpstarting Our Businesses’ Success Credit Act — known as the JOBS Credit Act. This bill would help dental offices to retain and rehire their employees

and would build on the Employee Retention Tax Credit provision in the Coronavirus Aid, Relief, and Economic Security Act. The JOBS Credit Act would include a number of policy enhancements, such as expanding the credit percentage from 50% to 80% of qualified wages; increasing the per-employee limitation from \$10,000 for all calendar quarters to \$15,000 per calendar quarter (and an aggregate of \$45,000 for all calendar quarters); a phased-in credit, which will allow employers with more than a 20% decline in gross receipts to be eligible for a portion of the credit; and improved coordination between the Employee Retention Tax Credit and the Paycheck Protection Program.

- HR 7032, the Skills Renewal Act. This bipartisan bill would provide Americans who have been laid-off or furloughed as a result of COVID-19 a \$4,000 tax credit to pursue post-secondary skills training and credentials.

- HR 6821, the Small Business Expense Protection Act. This bill would correct a “misinterpretation” of the Coronavirus Aid, Relief, and Economic Security Act to allow small businesses to deduct eligible expenses paid with a forgiven Paycheck Protection Program loan from their taxes.

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

Ensuring Lasting Smiles Act would cover craniofacial abnormalities



BY JENNIFER GARVIN

Washington — The ADA is asking Congress to pass legislation that would require all private group and individual health plans to cover medically necessary services, including those needed to address craniofacial abnormalities resulting from a congenital anomaly or birth defect.

In a Sept. 8 letter sent to leaders of the House Committee on Energy and Commerce, ADA President Chad P. Gehani and Executive Director Kathleen T. O’Loughlin said the Association “strongly supports” HR 1379, the Ensuring Lasting Smiles Act. The committee favorably reported the legislation on Sept. 9 and the bill now heads to the full House of Representatives.

“This legislation is crucial to ensure that children suffering from congenital anomalies and birth defects are able to receive the treatment they need,” wrote Drs. Gehani and O’Loughlin, noting that “one in every 33 children in the United States is born with a congenital anomaly or birth defect that affects the way they look, develop or function.”

Drs. Gehani and O’Loughlin told the committee that many of these congenital anomalies include severe oral and facial defects such as cleft lip or palate, skeletal and maxillofacial deformities, hypodontia and enamel hypoplasia.

“These anomalies can interfere with a child’s ability to breathe, speak and/or eat in a normal manner,” they wrote. “Specialized surgery is needed to correct these anomalies. These procedures are reconstructive in nature and are performed to correct abnormal structures of the body.”

They pointed out that despite this, “many insurance companies consider these services to be cosmetic, and while they may cover the preliminary surgeries, they will delay or deny follow-up or corrective procedures, including dental work related to the anomaly. This can further delay a child’s developmental milestones.”

“Passage of HR 1379 would help patients with craniofacial anomalies, and would also ensure they have the necessary coverage to restore their ability to function. On behalf of our members and their patients, we would like to thank you for considering this important legislation,” the letter concluded.

For more information about the ADA’s advocacy efforts, visit ADA.org/advocacy. ■

—garvinj@ada.org

Legislation would ease forgiveness process for paycheck protection loans

BY JENNIFER GARVIN

Washington — The ADA is supporting legislation to streamline forgiveness from the Paycheck Protection Program for loans less than \$150,000 upon the completion of a simple, one-page document.

In a Sept. 8 letter to Sens. Kevin Cramer, R-N.D., Bob Menendez, D-N.J., Thom Tillis, R-N.C., and Kyrsten Sinema, D-Ariz., ADA President Chad P. Gehani and Executive Director Kathleen T. O’Loughlin thanked the lawmakers for sponsoring S 4117, the Paycheck Protection Small Business Forgiveness Act.

Drs. Gehani and O’Loughlin pointed out

that since Paycheck Protection Program loans under \$150,000 accounted for 85% of all Paycheck Protection Program recipients, expediting the loan forgiveness process could save small businesses and lenders “many hours of paperwork” and an estimated \$2 billion nationwide.

“Providing a straight forward and efficient forgiveness process will allow dental practices to focus on remaining open, ensuring a safe environment for patients and staff, and maintaining our nation’s oral health,” they wrote. “After closing completely or limiting their practices to emergency-only dental care during the pandemic, dentists — the majority

of whom are small business owners — have reopened their practices. Their time and resources would be better focused on keeping their practices safely up and running, not on processing onerous paperwork.”

“The ADA strongly supports the Paycheck Protection Small Business Forgiveness Act and your efforts to lessen the burden that small businesses have shouldered due to the COVID-19 pandemic,” the letter concluded.

The ADA also signed on to a coalition letter on S 4117 in July.

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

Workforce shortages, disparities addressed in coalition-led bill

BY JENNIFER GARVIN

Washington — The ADA and nine other health care organizations are supporting legislation aimed at improving the health workforce shortage and health disparities highlighted by the COVID-19 pandemic.

In an Aug. 14 letter to Sens. Mitch McConnell, R-Ky., and Chuck Schumer, D-N.Y., the coalition — led by the Association of Clinicians for the Underserved — urged the lawmakers to support S 4055, the Strengthening America’s Health Care Readiness Act, in the next coronavirus response package.

If enacted, S 4055 would support the National Health Service Corps and Nurse Corps programs to meet the challenges as a result of the pandemic, by providing a one-time, supplemental appropriation for scholarship and loan forgiveness awards to address health provider shortages and gaps in our health care system.

“This funding would include a focus on recruiting health practitioners from historically

underrepresented populations, such as racial and ethnic minorities and individuals from low-income urban and rural communities, which helps to improve retention and health outcomes and address disparities that have been compounded by the coronavirus,” the groups wrote.



The Strengthening America’s Health Care Readiness legislation would also establish a pilot demonstration project, which would allow mem-

bers of the National Health Service Corps workforce to serve in emergency capacities through the National Disaster Medical System. The pilot would expand the NHSC’s emergency preparedness capacity by enabling individuals currently serving or alumni who continue to practice in

health professional shortage areas to be available for rapid deployment for health emergencies.

“Nationwide, we have seen shortfalls in our health workforce capacity — whether in overstrained urban hospitals or in rural areas with too few providers to adequately meet the pandemic response,” the groups wrote. “While our nation was already facing a projected shortage of hundreds of thousands of doctors, nurses and other clinicians prior to COVID-19, there is an acute need to surge funding for our health workforce now. While we support separate longer-term efforts at extending the authorization for these programs, the coronavirus — and lack of funding for these programs in relief laws to date — underscores that supplemental through S 4055 is needed today.”

The ADA also sent an Aug. 28 letter in support of this bill.

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

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The Fall 2020 ADA Catalog, which arrives in members' mailboxes in September, features five new and revised clinical and practice management resources and more than 20 new and revised patient education brochure topics.

New and revised products include:

- CDT 2021: Current Dental Terminology and CDT 2021 Coding Companion, plus the new CDT 2021 App. Code changes for 2021 include 28 additions, seven revisions and four deletions.
- Dental Communication: Letters, Templates and Forms (formerly called Dental Letters), fully revised and updated to reflect the situations dental practices may encounter dur-

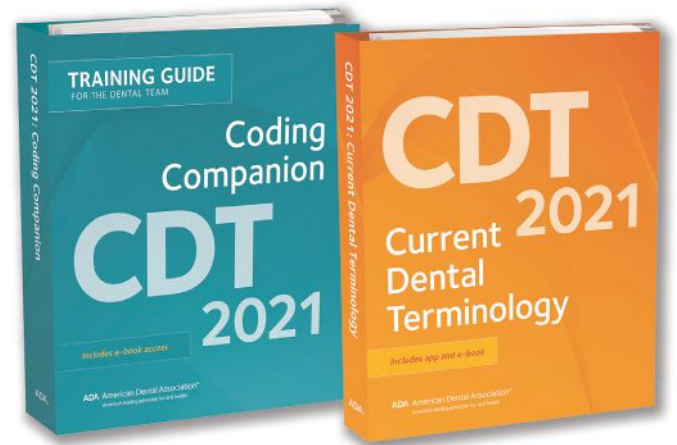
ing closures for large-scale catastrophes such as global pandemics.

- Managing Pregnancy: Best Practices and Policies for Pregnant Dentists and Pregnant Dental Team Members.
- Periodontal Disease: Don't Wait Until it Hurts booklet, revised and also available in Spanish.
- Children's Airways brochure.
- Your Smile: An Owner's Manual booklet.
- Oral Health and the HPV Vaccine brochure.
- Root Canal Therapy brochure, also available in Spanish.
- Your Child's Teeth from Birth to Age 6 brochure.

To see sample pages and tables of contents, visit ADAcatalog.org.

To order products, email or call the ADA Member Service Center at msc@ADA.org or 1-800-947-4746. An order form is also included at the end of the catalog.

Readers can save 15% on all ADA Catalog products with promo code 20115 until Nov. 27. ■



HPI poll: Economic recovery from pandemic leveling off nationally

BY KIMBER SOLANA

The economic recovery of dental offices appears to be leveling off nationally with 99% of dental offices open and patient volume at 74% of pre-COVID-19 levels, according to data from the ADA Health Policy Institute impact of COVID-19 poll for the week of Aug. 24.

These numbers are largely unchanged from the previous wave of HPI polling held on the week of Aug. 10, which saw 98% of dental offices open and patient volume at 73% of pre-COVID-19 levels.

In addition, staffing in dental practices continues to slowly grow and was at 94% of pre-COVID-19 levels, according to the HPI poll.

In this wave of the poll, dentists were asked about their wellness, including

Four out of five dentists reported experiencing physical reactions due to use of enhanced personal protective equipment.

the professional and personal challenges brought in by pandemic. Four out of five dentists reported experiencing physical reactions due to use of enhanced personal protective equipment. General discomfort, heat stress, exhaustion and headaches were the most commonly reported reactions.

Dentists also indicated that the most challenging practice-related issues during the pandemic have been planning for the future, obtaining PPE and supplies, and financial sustainability.

Lastly, more than half of respondents reported personal challenges with anxiety, financial problems, sleep quality, weight change and/or depression during the COVID-19 pandemic. About one-third of respondents indicated relationship problems and/or increased use of alcohol or other substances.

Marko Vujcic, HPI's vice president and the ADA's chief economist, recorded a presentation of the latest results, which is available on YouTube. All previous webinars area available on the ADA YouTube channel. Subscribe to receive information on new videos as they are released. ■

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COLTENE

ADA faces challenges in developing 2021 budget in 'unprecedented' year

Proposal includes dues increase, program eliminations to help offset a projected deficit in wake of COVID-19 pandemic

BY JENNIFER GARVIN

Washington — The Association is facing challenges “unlike any other year in ADA history,” the ADA Board of Trustees said after voting on the ADA’s 2021 budget proposal in August.

In Board Report 2, the annual summary of the ADA’s anticipated revenue and expenses, the Board stated, that 2021 “will be a period of great uncertainty and change,” and in response, has called for “rapidly adjusted operations in the current year, while anticipating the need to continue making changes” as the Association continues to feel the effects of the pandemic.

“Planning the new ADA budget gave us unprecedented challenges made worse by the impact of the COVID-19 health crisis and the resulting economic downturn,” ADA President Chad P. Gehani said. “The Board of Trustees made some very difficult decisions during this process but I am confident that the Association will continue to maintain financial sustainability as we remain committed to the ADA’s mission to serve the profession and the public.”

For 2021, the Board is recommending an operating budget of \$128.8 million in revenues and a 1.5% dues increase, which for full dues amounts to an \$8 dues increase from 2020 to keep up with inflation and help offset a projected 4.4% deficit (about \$5.9 million) before reserves. This would set a 2021 dues level of \$573 plus implementation of dues streamlining adopted by the 2019 House of Delegates, which eliminates the discount for active life membership and shortens the discount period for recent dental



Dr. Klemmedson



Dr. Gehani



Dr. Sherwin

school graduates. The projected rate does not reflect any potential costs for additional actions the ADA House of Delegates may take at the virtual meeting in October. Without the dues increase, the deficit would be over \$10 million.

The ADA will continue to achieve the goals set forth by Common Ground 2025, the five-year strategic plan, as the Association’s efforts to understand and navigate the pandemic continue to evolve, said Dr. Daniel J. Klemmedson, ADA president-elect.

“The economic fallout of COVID-19 has created a need for fiscal discipline and focus as the ADA, just like most dental practices, will have reduced revenue this year and likely next year as well,” Dr. Klemmedson said. “The strategic plan promotes focus through goals that sustain our core strengths and priorities (membership, financial sustainability and organizational capacity). Our fourth goal, advancing the health of the public and success of the profession, provides the critical incentive to advance our profession even

in challenging times.”

ADA Bylaws tasks the ADA treasurer with oversight of Association finances and designing and developing the budget in concert with the Board of Trustees. The House of Delegates is in charge of approving the budget.

“COVID-19 had an immediate impact on our budget process this year,” said Dr. Ted Sherwin, ADA treasurer. “When the pandemic hit, it became clear that 2020 revenues would be down, and the Board responded quickly by reducing expenses. Thankfully, we can use our strong reserves to help support essential activities both in 2020 and in 2021. We are cautiously looking forward to recovery beginning late this year and continuing next year. With so much uncertainty related to how recovery will look next year, developing the 2021 budget was incredibly challenging. I am so proud of the way the ADA has responded to this unprecedented and unprecedented crisis.”

According to Board Report 2, the ADA created a Financial Scenario Planning Team in response to the COVID-19 crisis that began meeting weekly by Zoom to review financial data and potential options to recommend. That team weighed input from across the organization to develop a budget for not only 2021 but the longer term needs of the Association.

In addition to the recommended dues increase, the draft budget includes recommendations for cuts to Association travel, a proposal for a virtual 2021 Lobby Day and a reduction in ADA staff.

“The final recommendation was consistent with the ADA Board rules which state that the Board shall plan and manage the Association finances with the following guiding principles in a manner that ensures the long-term sustainability of the Association, improves the value that members receive from the dues they pay and engages all levels of the tripartite,” the report stated.

Dr. Sherwin said he is optimistic about the ADA’s future and noted that the budget proposal strategically uses reserves to retain critical resources to continue to respond to the needs of member dentists during the crisis. In addition to providing for the needs of today, the 2021 budget continues to strongly support members’ needs of the future by increased funding for Research and Science and innovative programs like digital transformation, which enhance members’ digital interactions with the ADA.

The ADA House of Delegates will meet virtually Oct. 15-19. Board Report 2 and other reports and resolutions for the 2020 House are available in the members-only section of ADA.org, contained in the Committee A reports and resolutions document.

For more information about the ADA FDC Virtual Connect Conference, visit ADA.org/meeting. ■

Resource

Continued from Page 1

In addition, Bayer is sponsoring the Prac-

ticeUpdate Dentistry Channel for 10 months. The ADA and Elsevier added a dental category in 2020 to PracticeUpdate, a free online resource exclusively designed for health care professionals. ■

—burgerd@ada.org

Vaccine

Continued from Page 1

to be rationed until production can meet the demand,” Dr. O’Loughlin stated. “We are therefore pleased that the National Academies, the Centers for Disease Control and Prevention and the National Institutes of Health are looking ahead to ensure the most vulnerable at-risk groups — including dentists and other essential health care workers, high-risk Latino and Black communities, and the medically compromised elderly — are allowed early access to the vaccine.”

The NIH and the CDC asked the National Academies, through the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, to draft a framework to inform future decisions about how to allocate the initial supply of the vaccine.

Dr. O’Loughlin’s remarks emphasized that dentistry is essential care. The ADA 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.

“The vital role that dentists play in maintaining overall health and screening for systemic disease is critical to the health of the public,” Dr. O’Loughlin said.

Dr. O’Loughlin noted that 15% of the American public did not feel comfortable visiting the dentist without a medical break-

through, according to a poll.

“Early access to a safe and effective SARS-CoV-2 vaccine will reassure this group of patients that it is safe to resume dental appointments and will furthermore reassure dental health care practitioners who have reservations about delivery of dental care,” she said. “It will [thus] reduce the risk that patients with a preventable or treatable oral disease will allow it to progress to an irreversible state.”

Dr. O’Loughlin closed her remarks by thanking the National Academies for recognizing dentists and their teams as essential health care workers.

“We appreciate your thoughtful consideration of how to allocate the early supply of the vaccine, and we look forward to working with you, the CDC, and NIH to ensure it is distributed in a way that maximizes the impact on the public’s health,” she said.

Dr. O’Loughlin and ADA President Chad P. Gehani followed up her remarks with a Sept. 4 letter to the National Academies affirming that dentists should be included among those who have early access to a vaccine when available.

“We applaud your thoughtful consideration of how to allocate the early supply of a safe and effective SARS-CoV-2 vaccine,” Drs. Gehani and O’Loughlin said. “Counting dentists and their teams among the essential health care workers who should receive Tier-1 access will reduce the occurrence of serious life-changing oral diseases, and possibly even save lives.” ■

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‘Certainty in uncertain times’

Dentists voice importance of dental community’s accomplishments during pandemic

BY KIMBER SOLANA

Surging COVID-19 cases. Alarming personal protective equipment shortages. Closures of dental practices.

Despite the ongoing uncertainties and questions raised during the COVID-19 pandemic, the dental community rolled up their sleeves and rallied for their patients and dental team.

“You’ve given me certainty in uncertain times by showing me how to keep my patients, my team members and myself safe,” said Dr. Chris Smiley, of Grand Rapids, Michigan. “That peace of mind is priceless.”

“What the ADA did that was most helpful during the pandemic involved the Power of Three webinars, always keeping us up-to-date,” said Dr. Seth Walbridge, of Allentown, Pennsylvania.

Both dentists are among those lending their voices in a nearly three-minute video showcasing the depth and breadth of the ADA’s ongoing COVID-19 outputs in science, policy, practice and business solutions.

The video is part of a campaign to show the value of organized dentistry in its collective response to the most pressing health care is-

“You’ve given me certainty in uncertain times by showing me how to keep my patients, my team members and myself safe. That peace of mind is priceless.”

sue in a century.

The evidence-based guidance and resources about COVID-19 the Association has provided have included:

- The Patient Return Resource Center, a downloadable suite of communication tools to help educate patients about what they will experience when returning for nonemergent care.

- New Protocols for Positive COVID-19 Test that guide dentists through handling a staff or household member’s positive COVID-19 test.

- Recently updated ADA Return to Work Interim Guidance Toolkit with printable patient letter, evaluation forms and practical control protocols.

The Return to Work Interim Guidance Toolkit has been visited 672,214 times and downloaded 36,020 times between April 27 and Sept. 1.

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 Advisory Task Force on Dental Practice Recovery 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.



“The pandemic was something that no one could have predicted, but the ADA did their part by informing their members with every step that they were taking,” said Dr. Tanya Sue Maestas, of El Paso, Texas.

Dr. Nipa Thakkar, of West Chester, Pennsylvania, added that the ADA resources have helped her feel unstuck.

“I can’t even begin to tell you the gratitude that I feel knowing that I have you all in my corner,” she said.

To view the video, visit the ADA’s YouTube page.

To learn more about the resources and the latest updates about issues surrounding COVID-19, visit ADA.org/virus. ■

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– Shanna Gagnon, D.M.D.,
Farmingdale, Maine

FQHCs consider adopting new value-based care model in midst of pandemic

New research paper highlights ways underserved can benefit from different approach

BY DAVID BURGER

Dr. Alex Barrera, a general dentist at Avenue 360 Health & Wellness, a federally qualified health center in Houston, said FQHCs are vital as the country tries to move forward in the midst of the COVID-19 pandemic.

“I believe that public health institutions will become more important as we move forward,” he said. “We are finding more and more gaps in our health care systems, and the reality is that COVID-19 would not be doing this amount of harm if our populations were healthier. This means that we need to focus more on how we can help our more vulnerable and underserved communities so that our nation as a whole can be better off.”

Dr. Barrera’s belief in seeking better outcomes for not just oral health, but overall health, is reflected in a new research paper that says FQHCs can aptly respond to challenges presented by the COVID-19 outbreak through what is known as value-based care.

Authored by the Boston-based nonprofit DentaQuest Partnership for Oral Health Advancement and the National Association of Community Health Centers, the paper marks the first time that the latter association has endorsed value-based care for oral health across its more than 1,400 FQHCs nationwide.

Value-based care

Dr. Sean Boynes, vice president of health improvement for the DentaQuest Partnership for Oral Health Advancement and senior author of the paper, said that value-based care represents a national model for others seeking to implement preventive oral health care, teledentistry and integrated, interprofessional treatment as a way to improve the overall health of some of the most vulnerable populations.

“It’s a philosophy change,” he said.

Value-based care, Dr. Boynes explained, is designed to align the system of care, the person, the provider and the community to achieve better health outcomes at lower costs. Prongs of that sea change in thinking include prevention-focused, minimally invasive, person-centered and risk-based treatment to ensure an equitable distribution of resources.

In a value-based payment environment, Dr. Boynes said, providers are paid to care for a pop-



Dr. Barrera



Dr. Boynes



Dr. Maestas



Dr. Russell



Dr. Simpson

La Clinica de Familia, an FQHC in Chaparral, New Mexico.

“By implementing recommended changes and reassuring our patients, we can continue to provide high-quality care to those we serve,” Dr. Maestas said. “It is very common

ulation with incentives for demonstrating value by preventing dental disease and keeping patients healthy, rather than relying on a payment model that prioritizes volume of services provided.

Donald L. Weaver, M.D., senior adviser of clinical workforce for the National Association of Community Health Centers, said the white paper reinforces the essential role oral health plays in overall health.

“Many of the lessons learned from providing dental care during the pandemic, including the expanded use of teledentistry and care teams, can be used to frame the future,” Dr. Weaver said. “With increasing interest in paying for value, now is the time to assure dental care is included in the conversations and demonstrations.”

HPI research of new normal

The research paper, Oral Health Value-Based Care: The Federally Qualified Health Center Story, released Aug. 31, echoes evidence separately collected this summer by the ADA’s Health Policy Institute.

The HPI data shows that many dentists in public health were taking on new or additional responsibilities in their work settings, such as administering coronavirus testing and establishing new community partnerships and interprofessional referral networks to ensure patients were able to get the care they needed.

The concept of value-based care and holistic care are intertwined, Dr. Boynes said. One of the more interesting data findings during the year-long research process, he said, was that for every 1% increase in patients receiving dental services at a FQHC, the proportion of diabetes patients with uncontrolled diabetes declined by 0.2%. That statistic shows how dentists are not siloed, but working hand-in-hand with other health care providers in

achieving better patient outcomes, he said.

“Health centers recognize that it takes a highly specialized team to manage the many components of a fast-moving, patient-focused environment,” said Dr. Bob Russell, senior consultant with the DentaQuest Partnership for Oral Health Advancement and contributing author of the research paper.

The authors of the paper acknowledged that FQHCs are experiencing financial hardships. For example, while FQHCs have experienced surges in COVID-19-related visits, declines in primary care and preventive treatment have resulted in 34 million fewer visits per week. Revenue has declined by a collective \$3 billion, and more than 100,000 jobs have been furloughed during the pandemic, the authors reported.

The HPI also found that there was a significant drop in patient volume due to the pandemic across all settings. At the end of July, maximum patient capacity was at 50% of its pre-COVID-19 levels in public health settings, yet had dropped by only one-third in private practice, the HPI noted. The pandemic could ultimately lead to potential reductions in dental safety net capacity.

The research paper argues, though, that value-based payment models may improve the financial viability and long-term sustainability of health centers.

“Health center dental programs took a wallop due to COVID-19, but there are many advantages in the FQHC model of dental delivery that enable resilience and adaptability to endure the changes ahead,” said Dr. Russell.

Moving ahead

Dentists who work at FQHCs are receptive to the idea of a value-based care model.

Dr. Tanya Sue Maestas is a general dentist at

to see FQHCs provide care for a patient’s overall health including medical services, behavioral health, dental care and even provide opportunities to reach patients in the community. With prevention at the forefront, collaboration between the various disciplines can provide a holistic approach in providing care to the patients we treat. Remaining open and accessible to [our] communities cannot only help mitigate emergencies that may occur, but also keep our priority of prevention at the forefront.”

Dr. Elizabeth Simpson, a general dentist with Meridian Health Services in Indiana, said FQHCs are the precise places to focus on value-based care and whole-person health.

“FQHCs are federally qualified health centers and therefore must serve as that: health centers,” she said. “We aren’t esthetic centers, we aren’t the place where someone can go for whitening. We are the place that people who have few to no options for affordable treatment can go to have their oral health and physical health restored.”

For Dr. Barrera, he said COVID-19 has changed and will continue to change the way health care is delivered at FQHCs.

FQHCs are well-positioned to follow a value-based care model, he said.

“I’ve learned that those populations that were already vulnerable due to physical health, mental health and/or socioeconomic status are being affected the most,” Dr. Barrera said. “It is up to us to check in on the health and wellness of our patients, including mental health. Now’s our chance to provide the compassion and care that we were taught to do.” ■

—burgerd@ada.org

Open forum to explore racial inequities in dentistry

BY KIMBER SOLANA

Dentists seeking to gain a greater understanding on racial inequities in the profession are invited to a virtual open forum organized by the ADA’s New Dentist Committee and Diversity and Inclusion Committee.

The forum, Amplifying Voices: A Series of Conversations on Diversity & Inclusion, will be held at 7 p.m. CDT on Sept. 29.

Presenters include Drs. Tawana Ware, assistant professor of pediatric dentistry at Indiana University School of Dentistry; Carlos Smith, director of diversity, equity and inclusion and director of ethics curriculum at Virginia Commonwealth University School of Dentistry; Christine Meiners, national trustee for the Hispanic Dental Association and adjunct faculty at Communicare Health Centers, a nonprofit



Dr. Meiners



Dr. Rao



Dr. Smith



Dr. Ware

community health center in San Antonio; and Aruna Rao, adjunct clinical faculty at the University of Minnesota School of Dentistry.

The presenters will share their stories and experiences as dentists of diverse backgrounds. The discussion is moderated by Ashleigh Rosette, Ph.D., senior associate

dean and professor of management and organizations at the Fuqua School of Business at Duke University.

During the open forum, attendees will have the opportunity to share their own experiences, offer suggestions to the ADA leadership to address these issues, ask questions or just listen. In addition, those at-

tending can also reflect on ways to become a better ally and contribute to their dental societies’ or ADA’s diversity and inclusion efforts. The learnings will be compiled for further discussion.

According to the Health Policy Institute data, from 2008 to 2018, the percentage of active white dentists decreased from 78.2% to 71.9%.

The largest increase among minority groups came from those of Asian background, increasing from 12.9% to 17.1%. Hispanics increased from 4.6% to 5.6%; and professionally active black dentists decreased from 3.8% to 3.7%. Dentists from other racial/ethnic background increased from 0.5% to 1.6%.

The meeting will be recorded and available on the ADA’s YouTube channel. ■

—solanak@ada.org

Louisiana dentists rebuild after Hurricane Laura wreaks havoc

Husband-and-wife duo call disaster the worst they've experienced

BY DAVID BURGER

Lake Charles, La. — Drs. Daniel and Stephanie Weaver have lived in Louisiana all their lives, and have weathered many hurricanes over the years.

But they never experienced the devastation unleashed by Hurricane Laura.

Hurricane Laura tore through southwestern Louisiana and the region in late August and has been called the strongest hurricane on record to make landfall in the Pelican State, causing at least 27 deaths in the state.

“Until this point, Hurricane Rita [in 2005] was the worst that we have experienced,” Dr. Daniel Weaver said from his home that had power through a generator. “Hurricane Laura was worse. There is definitely more damage. We were hit by the eastern eyewall, which is the worst possible case scenario. It’s really bad when you are hoping that the eye of the hurricane hits you. When the eye hits you, you get eyewall, an hour-long break, then eyewall again. We didn’t get the break in the middle. We got nothing but eyewall for a couple of hours.”

The Weavers evacuated east right before the hurricane hit their southwestern Louisiana city of Lake Charles to New Orleans, to escape the brunt of the hurricane with their son and daughter in tow.

“We watched the coverage all night long,” Dr. Weaver said. Then they returned to survey their home, practice and area early the next day.

“Easily more than half the city needs new



Devastation: The fence around the Weavers' Lake Charles home was destroyed and blown down into their neighbors' driveway.

roofs,” Dr. Weaver said. “Ours is probably a typical story. Modest damage to our home. Mainly to the pool house, fencing and trees. Damage to the office was worse. The roof had several penetration points and took water through the roof and windows. We will be out of the office for a month or two.”

Dr. Weaver estimated the cost of reconstruction of the house to be more than \$250,000, and the office upwards of \$1 million.

Dr. Weaver, like his wife a past president of the Louisiana Dental Association, said the disaster and accompanying recovery has brought out the best of people in a trying 2020.

“Lately it’s hard to watch the news,” he said. “I’m a military guy, and I love this country, but the state of our society is very disheartening to me. Sometimes

it takes a tragedy like this to remind you of the inherent good in people. Seeing friends, neighbors and family come together to help one another is a reminder of the good that’s still there.”

He added: “The mood of the people here is one of resilience. It’s a hard-working community and everyone is working together to rebuild our city. You will be amazed at how well and how quickly we recover.”

Dr. Stephanie Weaver, who serves as a member of the ADA Council on Communications, echoed her husband’s sentiment.

“Disaster reveals the generosity of not only our friends and family, but of complete strangers,” she said. “We have been overwhelmed by support from nearby states and learned that no one works harder than a lineman. We are grateful.”

The Louisiana Dental Association Foundation has set up a grant program in the wake of the disaster.



Dr. Weaver



Dr. Weaver

“Seeing friends, neighbors and family come together to help one another is a reminder of the good that’s still there.”

The grants are available during a state declaration of emergency when a dentist has had home and/or practice damage needs help. These funds come straight out of the LDA Foundation and are only available as long as the foundation has contributions. To make a contribution to the LDA Foundation, call the LDA office at 1-800-388-6642 or 1-225-926-1986; write a check to the LDA Foundation and mail it to 5637 Bankers Ave., Baton Rouge, LA 70808; or donate through PayPal.

Dr. Trey Carlton, Louisiana Dental Association president, weighed in on the tragedy.

“As many of you know, Hurricane Laura was one of the strongest hurricanes on record to make landfall in Louisiana,” he said. “It was not only damaging to homes and businesses, but also cost lives. Louisiana residents are not new to hurricane devastation and the rebuilding that follows. Time and time again, our members prove their strength and resilience by helping one another personally and professionally. As essential health care providers, our members are working diligently to reopen quickly to serve their patients who so desperately need them. The LDA will be supporting these efforts and will no doubt work tirelessly to assist those members who have been impacted. As always, the LDA is here to continue to promote, advocate and protect the dental professionals of this great state.”

—burgerd@ada.org

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CDC seeks applicants for Dental Public Health Residency Program

The Centers for Disease Control and Prevention’s Division of Oral Health is now accepting applications for the 2021–2022 Dental Public Health Residency Program.

The CDC Dental Public Health Residency Program is a training program to produce skilled specialists in dental public health. They can work collaboratively with their public health and dental colleagues in an array of health settings to achieve improved oral health for populations, including:

- Health agencies.
- Voluntary organizations.
- Research settings.

- Health care delivery or health care reimbursement systems.

According to the CDC, the residency program provides “opportunities to gain experience and skills across all ten designated competency areas outlined by the American Board of Dental Public Health.”

The deadline for applications is Sept. 28.

For more information about the program, including eligibility requirements, visit the CDC Dental Public Health Residency information page at cdc.gov/oralhealth/about/residency-program.html.



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ADA FDC

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Some of the participating companies include the 2020 Cellerant Best of Class Technology Award winners. Created by Dr. Lou Shuman, president and CEO of Cellerant Consulting Group, the awards recognize innovative products that set the standard of quality in their respective categories and manufacturers who are pushing the envelope and reimagining how dental offices will operate in the future. Those who pay a virtual visit to the Best of Class area in the Exhibit Hall will get a glimpse of what's ahead for the dental industry.



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“In our 12th year of recognizing the top technologies in dentistry, there is something special about this year’s award winners. More than any other year, numerous winners were individual entrepreneurs who executed on their vision creating industry-defining technologies, thus earning a 2020 Cellerant Best of Class Technology Award,” Dr. Shuman said. “Most of them will be exhibiting at the Best of Class Pavilion at the ADA FDC Virtual Connect Conference. The ADA has created an attendee virtual experience unlike anything I have seen to date. That has been its mission from the beginning. Kudos to the ADA for investing significant time and resources to bring the dental community a Best of Class experience.”

The 2020 honorees feature some repeat recipients, as well as emerging winners. Those participating in the virtual Exhibit Hall include:

Eight-time winner

- 3Shape — Trios 4.

Seven-time winner

- Bien Air iOptima.

Six-time winner

- Shofu — EyeSpecial.

Five-time winner

- MMG Fusion — MMG Chairfill.

Two-time winners

- Apteryx VXWeb.
- Carestream Dental — CS 9600.
- Simplifeye — Amplify: Live Chat.
- Sleep ArchiTx — Certified Provider System.

Emerging winners

- GreenMark Biomedical — LumiCare Rinse.

- Dental Smart Mirror — SmartMirror.

- Nobio Ltd. — infinix.

- DENTULU — Teledentistry.

- YAPI — YAPI.

- MouthWatch Teledent.

- Weave — Weave.

- Bravrr Inc. — BruxRelief.

In addition to learning about dental products and equipment and having access to special show discounts, participants can also interact with American Dental Association and Florida Dental Association representatives by visiting association booths such as ADA Membership, ADA Catalog, ADA Accelerator, ADA Action for Dental Health Initiatives, New Dentist Committee, ADA Business Innovation Group, ADA Business Enterprises Inc., ADA Seal, FDA Member Center, FDA Services and Florida Dental Convention.

To learn more about the virtual Exhibit Hall or to register for the conference, visit ADA.org/meeting. ■

—versacim@ada.org

Virtual House of Delegates, reference hearings registration begins

Registration for the ADA virtual House of Delegates and reference committee hearings in mid-October is open.

ADA members who are not members of the House of Delegates and nonmembers of the Association may view the House meetings and reference committee hearings by registering.

To register to view the livestream broadcast of the virtual House of Delegates meetings and virtual reference committee hearings, visit ADA.org/HODReg.

Certified delegates and those with speaking privileges on the floor of the House of Delegates will be registered automatically

for the House of Delegates meetings and reference committee hearings.

Alternate delegates will receive a Zoom invitation to participate at reference committee hearings and will be automatically registered to view the livestream broadcast of the House of Delegates meetings.

Any member of the ADA, whether or not a member of the House of Delegates, has the right to attend and participate in the discussion during the reference committee hearings. Due to the virtual nature of the 2020 meeting, those ADA members and nonmembers who are registered for the livestream broadcast of the virtual refer-

ence committee hearings who wish to testify must submit written testimony by the close of business on Oct. 12.

Visit ADA.org/writtentestimony for instructions on how to submit written testimony and to download the reference committee written testimony template.

The House of Delegates will convene Oct. 15 at 9:30 a.m. Central time.

The House of Delegates and reference committee hearing schedule is as follows, with all times CDT:

- Oct. 15, 9:30 a.m.-noon: first meeting

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CDHC program in New York embraces collaboration to reduce ER visits

Hygienist, oral surgeon, ED working together to connect patients to dental homes

BY DAVID BURGER

Little Falls, N.Y. — An emergency department referral model is finding success in rural upstate New York, in part because it features a winning trifecta of health care providers — a Community Dental Health Coordinator, an emergency department physician and an oral and maxillofacial surgeon — instilled with the belief that connecting patients to dental care is an essential service.

“The community dental health coordinators have completely changed how dental care is delivered in underserved communities,” said Dr. Laurence Pfeiffer, M.D., an oral and maxillofacial surgeon at Bassett Medical Center. “This novel pilot program has evolved into a revolutionary outreach initiative. The CDHCs help reach the most in need and get them connected with dental providers. This model of proactive care has been shown to reduce health care costs by keeping patients out of the emergency department and in the dental practices where they are much better served.”

CDHC leads the way

Dawn Helstrom, a dental hygienist employed by Bassett, is the CDHC who has been heading up the emergency department referral program since her graduation from the Tempe, Arizona-based Rio Salado Community College’s CDHC program in 2019.

Ms. Helstrom, who is about to complete her fourth decade as a hygienist, had an interest in helping the situation of preventable



Dr. Pfeiffer



Ms. Helstrom



Dr. Britton

Ms. Helstrom said. “I felt I could assist these individuals by navigating them through our complex beneficiary health system. As a hygienist, I felt I had the networking capabilities to empower them to help themselves, as well as the community as a whole.”

When Lewis Britton, M.D., director of emergency services at Little Falls Hospital, an affiliate of Bassett, met Ms. Helstrom by chance at a community picnic, they got to talking about ways to enhance access to outpatient services in their rural region. Their goal: to improve overall health care and reduce unnecessary emergency department visits.

“When she began telling me about her interest in launching a CDHC program, I thought that Little Falls Hospital would be the ideal site,” Dr. Britton said. “Despite being an essential component of primary care and preventive medicine, dental care is often overlooked.”

Dr. Britton said that dental complaints are a common reason people visit his team at the emergency department.

“The ED is far from the ideal setting to provide dental care,” he said. “Although we are trained to handle dental emergencies, we have limited equipment and expertise to manage the more frequent, chronic dental issues patients often present to the emergency department with. Finding a way to help these patients obtain outpatient dental services was a priority for us.”

Triad of care

The area was ripe for a program, Dr. Pfeiffer said, which explains why he jumped at the

chance to assist Ms. Helstrom to address the escalating problems of emergency department visits for dental care.

“The challenges that affect the patient population we treat are multifactorial,” he said. “These include a low provider-to-patient ratio, inadequate

number of providers who accept specific insurance plans, lack of dental knowledge, lack of transportation, geographic barriers, weather barriers, drug abuse, tobacco abuse, lack of dietary education, lack of child care and overall poverty.”

The way Ms. Helstrom works to mitigate the problem is a long and winding but ultimately fruitful road. Dr. Britton and his ER nurse managers keep records of all dental-related emergency department visits. Those who do not have established dental care are referred to Ms. Helstrom. She then reviews the medical record to determine what follow-up is necessary and helps make appropriate arrangements for the patients.

As part of her commitment to the program, Ms. Helstrom personally called and traveled in person to dental offices in the region to speak with dental providers and office management. With this information, she was able to assemble an up-to-date list of dental providers with special attention to those who take new patients.

A dental home is the goal.

Dr. Pfeiffer is a firm believer in dentist and physician teamwork.

“The dental clinic has a great working relationship with our emergency care providers and we are able to address these dental emergencies seamlessly,” he said. “Along with dental patient management, our hospital system took the initiative to play an active role in stopping the opioid epidemic affecting the nation and, on a smaller scale, our rural com-

munity. The dental department provided education and hands-on training to the emergency department providers on how to treat the acute dental patient and dental nerve block administration. After the hands-on orientation many of our emergency room providers became proficient in delivering effective dental nerve blocks to patients presenting with acute dental pain and prescribing non-opioid analgesics.”

Looking forward

Although the program is relatively new, Dr. Pfeiffer hailed its early results, as he treats dental infections, facial trauma, non-restorable teeth, severe pain and suspicious lesions that initially presented at the emergency department.

“If there are less dental-related emergency department visits, then it’s a success,” he said. “Dental care should not first present through the emergency department or via primary care physician. Proper dental care should take place with a dental provider in the dental setting.”

In 2006, the ADA set up a task force to determine how to best meet the needs of dentally underserved rural, urban and American Indian communities. Later, in 2009, the ADA established the Community Dental Health Coordinator pilot program as one component in the effort to break through the barriers that prevent people from receiving regular dental care and enjoying optimal oral health.

In October 2010, the first class of 10 CDHC students completed training in Tempe, Arizona, and Norman, Oklahoma, and began working in tribal clinics, urban and rural Federally Qualified Health Centers, Indian Health Service facilities and other settings.

The ADA is currently providing technical assistance to 18 educational institutions with more than 600 graduates over the years, and 45 states have either a CDHC school program, a graduate of the program or a student in the program.

For more information about the ADA’s CDHC program, visit ADA.org and search for CDHC in the search engine. ■

“The community dental health coordinators have completely changed how dental care is delivered in underserved communities.”

dental needs where individuals were “overusing the ED perhaps unnecessarily,” she said.

“Most were because in my area those clients were underserved and lacked a dental home,”



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Alliance holds Amazon drive for Florida domestic violence charity

BY MARY BETH VERSACI

The Alliance of the American Dental Association hosts a donation drive each year in conjunction with the ADA annual meeting, and with the meeting moving online this year, so too is the donation drive.

Those interested in participating in the Alliance’s Head 2 Toe Project can donate items

through Amazon to Harbor House of Central Florida, a nonprofit organization combatting domestic violence in Orange County.

October is National Domestic Violence Awareness Month. Harbor House seeks to prevent and break the cycle of domestic abuse through empowerment, advocacy, education and community engagement.

The Alliance is collaborating with the

Central Florida District Dental Association and Dental Society of Greater Orlando to support the local organization, even though the ADA FDC Virtual Connect Conference is taking place online instead of in Orlando, Florida, this year because of the

COVID-19 pandemic.

Harbor House’s Amazon wish list is available at amzn.to/3lK3GF1.

Items include cleaning supplies, clothes, diapers, pet food, gift cards and more. The drive is open through Oct. 17.

For more information on the Head 2 Toe Project, visit AllianceADA.org/head_2_toe.php. To learn more about Harbor House, including additional ways to help, go to harborhousefl.com. ■

—versacim@ada.org



ADAPT

Continued from Page 1

and successful. This occurred as Dr. Sikora neared graduation from the University of New England College of Dental Medicine earlier this year.

Come October, dentists nationwide will be able to take advantage of the ADA Practice Transitions like Drs. Gagnon and Sikora.

The service announced Sept. 9 it is expanding its services to all 50 states and is encouraging dentists to answer three quick questions at ADAPracticeTransitions.com to become an ADAPT Insider and receive early access to create a profile before the October opening. By filling out the form, dentists will also be entered to win a \$100 Amazon gift card.

Dr. Gagnon, who serves on the Maine Dental Association board of directors, was impressed by a presentation on ADA Practice Transitions last fall, and began her profile right away, as Maine was an early pilot state for ADA Practice Transitions.

“I could not be happier with my new associate, Dr. Sikora,” she said. “It is very obvious that the ADA has done their homework in attempting to set up a successful matching service.”

ADA Practice Transitions piloted the service in Wisconsin, Maine, Indiana, Iowa, Kentucky, Michigan, Minnesota and New Hampshire for dentists seeking to join or purchase a practice in those states who are looking to hire an associate or find someone to purchase their practice.

“ADA members, volunteer leaders and state associations all over the country have expressed interest in what ADA Practice Transitions is doing, and so we are happy to be able to expand nationally,” said Dr. Kirk Norbo, ADA Business Innovation Group board chair. “Part of the value of ADA Practice Transitions is its ability to use the platform to match dentists nationwide for those who are seeking to move to a different state. We anticipate that over time, the ADA Practice Transitions platform and methodology will become the first choice for dentists seeking a transition.”

Through ADA Practice Transitions, dentists receive:

- Matches with dentists or practices that align with their personal and professional goals.
- Step-by-step support from a dedicated ADA adviser.
- Customized resources and help defining the right path.

ADA Practice Transitions helps retiring owners find the right person to continue to care for their patients, and helps owners hire associates who share a similar philosophy of care, ensuring a successful transition and continuity of care for patients.

In addition, ADA Practice Transitions helps buyers and associates find the practice that fits their criteria and shares their goals. ADA Practice Transitions can also help a dentist explore and narrow down their options to provide more confidence in taking their next steps.

The service matches dentists with practice owners by considering aspects such as philosophy of care, personality traits, location and desired practice characteristics.

ADA Practice Transitions includes an online profile with demographic information, a personality assessment and a detailed section that helps their articulate their philosophy of care — their unique approach to dentistry.

The service provides intuitive filters when pairing potential dentists, including location preferences and whether a person is looking to purchase or find employment. A personal

ADA adviser assigned reviews each profile and makes suggested matches based on the criteria, with an emphasis on a shared philosophy of care.

The assigned ADA adviser is there to help facilitate the process and foster a positive relationship for both parties. The ADA adviser guides participating dentists through each step to ensure they feel confident they are connected with the right dentist.

“One of the most important things I was looking for [in an associateship] was to connect with a doctor who was willing to be a mentor to me,” said Dr. Sikora.

“I was looking for someone who would not be annoyed if I had a question about a case but would rather be excited to teach me how



Match: Dr. Shanna Gagnon, left, poses for a photo with Dr. Jessica Sikora outside Gagnon Dental in Farmingdale, Maine. Dr. Gagnon connected with Dr. Sikora for an open associate position with the help of ADA Practice Transitions.

See ADAPT, Page 19



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Study: Botox for TMJ disorders may not lead to bone loss in short term

New York — Botox intended to manage jaw and facial pain does not result in significant changes in jaw bone when used short term and in low doses, according to researchers at the New York University College of Dentistry.

The researchers, whose findings are published in the *Journal of Oral Health Rehabilitation*, call for more studies to track bone- and muscle-related changes with long-term use of Botox for temporomandibular muscle and joint disorders.

Botox, an FDA-approved injectable drug known for its wrinkle-reducing capabilities, is approved to treat certain muscle and pain disorders, including migraines. In the U.S., a Phase

3 clinical trial is underway to study the use of Botox to treat TMJD, but in the meantime, it is increasingly being used off-label, according to a NYU news release.

Other studies using Botox to treat TMJD in humans have had mixed results, according to the release. In animal studies, Botox injections in jaw muscles have led to major bone loss in the jaw.

“Given these concerning findings from animal studies, and the limited findings



from clinical studies, more research on the safety of Botox for jaw muscles and bones is critically important,” said Karen Raphael, Ph.D., professor in the Department of Oral and Maxillofacial Pathology, Radiology and Medicine at NYU College of Dentistry and the study’s lead author.

According to the news release, the researchers found that jaw bone density and volume were similar between women who had Botox injections to treat their TMJD

and those who did not. Most study participants were given relatively low doses of Botox, and those who received higher doses were more likely to have lower bone density.

“Should Botox receive regulatory approval for the treatment of TMJD, we would recommend that a phase 4 study be done using low-radiation CT and MRI to track bone- and muscle-related changes with Botox use, examining both dose and long-term use,” said Dr. Raphael in the release. “Unless specialized imaging of muscle and bone are conducted among patients who receive Botox treatment over long periods, true cumulative effects will remain unknown.” ■

HOD

Continued from Page 15

of the House of Delegates.

- Oct. 15, 2-3:30 p.m.: Reference Committee B Hearing (Dental Benefits, Practice and Related Matters).

- Oct. 15, 3:45-5:15 p.m.: Reference Committee A Hearing (Budget, Business and Administration Matters).

- Oct. 16, 9:30-11:30 a.m.: Reference Committee D Hearing (Legislative, Health, Governance and Related Matters).

- Oct. 16, 12:30-2 p.m.: Reference Committee C Hearing (Dental Education, Science and Related Matters).

- Oct. 19, 9 a.m.-noon: second meeting of the House of Delegates.

- Oct. 19, 1 p.m. to close of business: third meeting of the House of Delegates. ■

ADAPT

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to approach the case,” she said. “At the same time, I wanted to make sure that the doctor I worked for was not too hands on because I also need to build my independence and confidence.”

“Dr. Gagnon has been even more wonderful than I could have imagined,” Dr. Sikora added. “I could not have dreamt of a more perfect fit for me.”

In addition, ADA Practice Transitions protects the confidentiality of participating dentists. Unlike a typical classified or online posting, ADA Practice Transitions profiles cannot be seen by everyone. Rather, an adviser will show both dentists only the basic profile details, including general location and essential practice information, plus philosophy of care statements. Identifying information, such as names and photos are blocked out.

This prevents other dentists on the platform from learning who is looking for a change.

The ADA Practice Transitions service was developed after field research uncovered a need in the marketplace for dentists who want to connect for both employment opportunities and to facilitate the transition of a practice from one owner to another.

“As I look back on my experience with ADAPT, I have to give [ADA adviser] Dr. Suzanne Ebert a lot of credit as I think she had great insight,” Dr. Gagnon said. “She is responsible for a perfect match in my eyes. The ADAPT program is so well organized and thought out, I would highly recommend it to any colleague.”

To learn more about ADA Practice Transitions, visit ADAPracticeTransitions.com. ■

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