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Recommended Citation

American Dental Association, Publishing Division, "ADA News - 10/05/2020" (2020). *ADA News*. 359.
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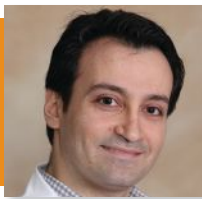
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ADA News

AMERICAN DENTAL ASSOCIATION ADA.ORG/ADANEWS

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VOLUME 51 NO.18



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BRIEFS

Sign up GKAS program by Nov. 13 to receive donated product kits

Give Kids A Smile program coordinators should sign up their 2021 event between Oct. 1 and Nov. 13 to be eligible to receive donated product kits.

To sign up their events for 2021 and access resources, program coordinators can visit ADA.org/



ADA American Dental Association®

GKAS, which also includes the GKAS data collection system and Toolbox program planning guides, sample forms, letters and other materials to help organize your event.

Through the ADA's Give Kids A Smile program, launched nationally in 2003, more than 6 million underserved children have received free oral health services.

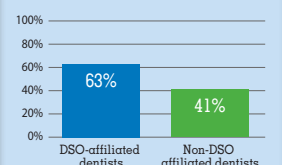
In 2020, these free services were provided by nearly 27,000 dental team members, and more than 6,500 dentists. GKAS would not be possible without the continued support from national sponsors Henry

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JUST THE FACTS

Medicaid/CHIP participation

In 2019, dentists who were affiliated with dental service organizations were more likely to participate in Medicaid or a Children's Health Insurance Program than dentists not affiliated with DSOs.



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

HHS announces Provider Relief Fund reporting requirement

BY JENNIFER GARVIN

Washington — The U.S. Department of Health and Human Services released guidance Sept. 19 outlining reporting requirements for health care providers who received funding from the Provider Relief Fund.

INSIDE

ADA reaffirms position on amalgam, Page 4.

The HHS Provider Relief Fund was established by the Coronavirus

Aid, Relief and Economic Security Act to reimburse eligible providers for health care related expenses or lost revenue as a result of the COVID-19 pandemic. According to HHS, recipients who received one or more payments over \$10,000 will be required to comply with the

requirements when the reporting system opens in early 2021.

The ADA has updated its Provider Relief Fund FAQ to help dentists comply with the reporting requirements.

Highlights from the new HHS guidance include:

- Recipients are required to submit all health care-related expenses attributed to COVID-19 that “another source has not reimbursed and is not obligated to reimburse,”

See FUND, Page 5

Lady A to headline ADA FDC Virtual Connect Conference

Evening sessions will focus on key issues in dentistry

BY MARY BETH VERSACI

Country music group Lady A, formerly known as Lady Antebellum, will perform Oct. 15 and kick off the ADA FDC Virtual Connect Conference.

“We’re so excited to have a musical act of this caliber join us for an unprecedented meeting,” said Dr. Melanie Love, ADA FDC work group member. “We really think it will be a special performance for attendees, tying in with our theme of bringing the dental community together while we’re apart, and uplifting them during a time of uncertainty.”

Known for the nine-time-platinum hit “Need You Now,” Lady A has earned Academy of Country Music and Country Music Association Vocal Group of the Year trophies three years in a row, five Grammy Awards and numerous other honors, including Billboard Music Awards, People’s Choice Awards, Teen Choice Awards and a Tony Award nod.

The virtual concert, which is sponsored by Laurel Road and KeyBank, is scheduled for 6:15 p.m. CDT, immediately following the opening session. The virtual conference runs from Oct. 15-17.

“On behalf of everyone at Laurel Road and KeyBank, we are thrilled to be the lead sponsor of this event this year,” said Paul Bamundo, senior vice president and head of marketing partnerships for Laurel Road. “With our commitment to health care professionals overall, and a particular focus on dentists, Laurel Road is proud to support the ADA in their efforts



Virtual concert: Country music group Lady A, formerly known as Lady Antebellum, will perform at 6:15 p.m. CDT Oct. 15 and kick off the ADA FDC Virtual Connect Conference.



Virtual Connect Conference

OCT. 15-17, 2020 • LIVE & ON DEMAND

to help members practice dentistry during these unprecedented times.”

Evening panel sessions during the conference will center around key issues in dentistry today.

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, consisting of Dr. Mia Geisinger,

chair of the American Dental Association Council on Scientific Affairs, and Casey Hannan, director of the Centers for Disease Control and Prevention Division of Oral Health, will highlight the role of the ADA in developing guidance for the safe delivery of dental care and reflect on what the future holds for dentists. Dr. Marcelo Araujo,

See CONFERENCE, Page 11

Dr. Arthur A. Dugoni dies at 95

BY DAVID BURGER

Palo Alto, Calif. — Dr. Arthur A. Dugoni, who led the University of the Pacific’s school of dentistry for 28 years as dean and was ADA president from 1988-89, died Sept. 23 at his home in Palo Alto, California, from cancer. He was 95.

The University of Pacific’s dental school was named the Arthur A. Dugoni School of Dentistry in his honor in 2004.



He became the first and only person in the United States or Canada to have a dental school named in their honor while holding the position of dean, according to a memorial on the university’s website.

Along with his ADA presidency, Dr. Dugoni was ADA treasurer from 1987-88 and a trustee from 1984-87. He was also the recipient of the ADA’s Distinguished Service Award.

Dr. Dugoni also served as president of the California Dental Association, the American Dental Education Association and the American Board of Orthodontics.

See DUGONI, Page 6



Virtual Connect Conference
OCT. 15-17, 2020 • LIVE & ON DEMAND

Don't Miss It—ADA FDC 2020 Starts October 15

It's not too late to register for the **ADA FDC Virtual Connect Conference**! With a simple WiFi connection, you open a 3-D world of opportunities for learning, networking, and growing personally and professionally, all from the comfort of your personal space.

With an All-Access Pass, you'll be able to:

- Be first to hear the **ADA's game-changing announcement** about our 2021 meeting.
- Enjoy a concert by multiplatinum, five-time Grammy award winning group **Lady A**.
- Enhance your career with **premier CE**, such as a COVID mock trial, a lecture by Dr. Frank Spear, exclusive Speaker Chats, and more.
- **Browse our Virtual Exhibit Hall** 24/7!

Best of all ... most sessions remain available on demand through the end of the year!
Register today at [ADA.org/meeting](https://ada.org/meeting).

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Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, IL 60611, 1-312-440-2500, email: ADANews@ada.org and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.

Postmaster: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, IL 60611. © 2020 American Dental Association. All rights reserved.

ADA American Dental Association®
America's leading advocate for oral health

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SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members \$22 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$101; institution \$142 per year. International individual \$138; institution \$179 per year. Canada individual \$120; institution \$161 per year. Single copy U.S. \$17, international \$19. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, 211 E. Chicago Ave., Chicago, IL 60611.

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HPI poll: Dentists see increase in patients' stress-related oral health conditions in midst of pandemic

More than half would consider raising fees if patient volume remains at current levels

BY MARY BETH VERSACI

A majority of participating dentists have seen a rise in stress-related oral health conditions in their patients since the onset of the COVID-19 pandemic, according to data from the ADA Health Policy Institute's COVID-19 impact poll for the week of Sept. 21.

More than half of the polled dentists reported increases in the prevalence of bruxism (59.4%), chipped and cracked teeth (53.4%), and temporomandibular disorder symptoms (53.4%) among their patients, and more than a quarter saw a rise in other conditions, including 26.4% who reported an increase in caries and 29.7% who reported an increase in periodontal disease.

As of the week of Sept. 21, more than 99% of dental offices in the U.S. were open, and patient volume was leveling off at just over 80% of pre-COVID-19 levels. Staffing was at 95% of pre-COVID-19 levels. These values have been roughly unchanged over the past two months and suggest practices are reaching a "steady state" of economic activity.

HPI's poll findings on patient volumes match a preliminary report released Sept. 23 by the Centers for Medicare & Medicaid Services on service use among Medicaid and Children's Health Insurance Program beneficiaries aged 18 and younger during the pandemic. The report shows the number of dental services for children declined through April and started to rise in May but were still substantially lower than prior years' rates. Dental services declined by 69% between March and May, compared to the same period in

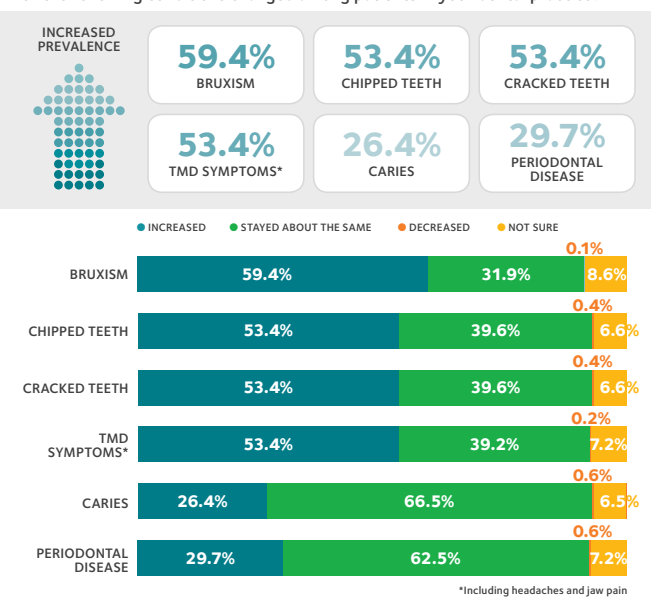
2019, a more significant drop than the decreases seen in vaccinations, over-all health screenings and mental health services.

Many dentists have needed to take measures to maintain the financial stability of their practices since reopening during the pandemic. The poll for the week of Sept. 21 found 44.6% have borrowed from a bank; 29.6% have raised fees; roughly 20% have reduced their dental team hours, downsized their dental team or changed their supplier or lab; and 8.3% have disenrolled from dental benefits plans.

The poll also asked dentists what additional measures they would seriously consider implementing to maintain financial sustainability if patient volume remains what it is through

the end of the year. More than half would consider raising fees, about one-third would reduce their dental team hours, about a quarter would consider changing their supplier or lab or disenrolling from dental benefits plans, and about 8% would consider joining a dental service organization or large group practice.

COMPARED TO BEFORE THE COVID-19 PANDEMIC, how has the prevalence of the following conditions changed among patients in your dental practice?



Stress: The ADA Health Policy Institute's COVID-19 impact poll for the week of Sept. 21 shows a majority of participating dentists have seen a rise in stress-related oral health conditions in their patients since the onset of the COVID-19 pandemic.

HPI has posted complete results at ADA.org/science-research/health-policy-institute comparing data for the 14 waves over the previous six months, including results broken down by dental service organization affiliation, practice size and state. ■

—versacim@ada.org

'You don't need 20 or 30 years in practice to become a rock star dentist'

Nominations sought through Dec. 31 for annual ADA 10 Under 10 Awards

BY KIMBER SOLANA

The American Dental Association is seeking nominations through Dec. 31 to recognize 10 new dentists who are demonstrating excellence in their work and inspiring others.

Winners of the annual ADA 10 Under 10 Awards will receive a \$1,000 gift card and be recognized in various ADA publications and channels, including the ADA News and the New Dentist Now blog. The ADA New Dentist Committee will choose and announce the winners in early 2021.

"I believe it is important to recognize the outstanding work that our new dentist members are doing around the country because that recognition makes it clear that you don't need 20 or 30 years in practice to become a rock star dentist," said Dr. Ben Youel, member of the New Dentist Committee.

"The stories of these new dentists are inspiring," he added. "The leadership they demonstrate, the research they advance, the service they provide their community and the flare they take to all of these ventures is worth admiring and emulating. My hope is that the 10 Under 10 winners motivate every ADA member to up their game."

Last year, the ADA New Dentist Committee received more than 80 submitted nominations recognizing new dentists for their work in passing state legislation that expand the use of teledentistry and efforts to ensure vulnerable patients, such as the elderly and individuals with special needs, receive dental care.

Nominations are sought for new dentists

who are making a difference in:

- **Science/research/education:** A dentist who has made substantial contributions to advancing clinical topics by leading, organizing or participating in clinical research or scientifically focused efforts or who significantly impacts students through education and mentorship.
- **Practice excellence:** A dentist who doesn't settle for the status quo and has implemented an innovative or more effective way to improve patients' experience, market or grow their practice or manage their dental team. Their practice methods serve as an inspiration to other dentists.
- **Philanthropy:** A dentist who has made a difference in the lives of others (in dentistry or otherwise), either by volunteering, leading a philanthropic effort or using their skills to help those in need.
- **Leadership:** A dentist who serves in leadership, either within or outside dentistry, and has used that position to improve a dental association, another organization or



Excellence: The 10 Under 10 Awards recognizes 10 new dentists who demonstrate excellence early in their careers. This year's winners were, from left, top row, Drs. William Arden, Wade Banner, Elizabeth Benz, Gabriel Holdwick, Brian Homann; from left, bottom row, Drs. Scott Howell, Mina Kim, Rebekah Lucier-Pryles, Ashely Popejoy and Nathan Suter. Nominations are sought now for the fourth annual 10 Under 10 Awards.

their community at large.

• **Advocacy:** A dentist who takes a leadership role in advocacy initiatives or legislative activity on behalf of dentists and oral health initiatives.

"Reading the nominations for the 10 Under 10 Awards leaves me with feelings of inadequacy and awe," said Dr. Youel. "It is phenomenal what these new dentists are accomplishing so early in their careers."

Nominees have to be active ADA members who graduated from a Commission on Dental Accreditation-accredited dental school between the years 2011 and 2020. Self-nominations are not permitted.

For more information or to nominate a new dentist, visit ADA.org/10under10. ■

GOVERNMENT

Competitive Health Insurance Reform Act passes House

Bill repeals McCarran-Ferguson antitrust exemption for health insurance companies

BY JENNIFER GARVIN

Washington — The U.S. House of Representatives on Sept. 21 voted to repeal the McCarran-Ferguson antitrust exemption for health insurance companies by passing HR 1418, the Competitive Health Insurance Reform Act.

The House passed the bill by a voice vote, which means no recorded vote was taken. The Association strongly supported the bipartisan legislation, which was led by Reps. Peter DeFazio, D-Ore., and Paul Gosar, R-Ariz.

“The ADA is thrilled that the House of Representatives has voted in favor of the Competitive Health Insurance Reform Act,” said ADA President Chad P. Gehani. “This



bill is necessary to allow federal enforcement of a full range of federal antitrust laws against insurance companies engaged in anti-com-

petitive behavior. This bill is all about fairness to the public we serve. It will help level the playing field for patients, providers and insurance companies in a fair and transparent marketplace.”

The ADA also sent a grassroots email to dentists enrolled in the ADA’s Legislative Action Center and urged them to ask lawmakers to support the bill.

“We want to thank you for your passionate advocacy on this issue,” the alert said.

“A vote in the House on this bill would not have been possible without the grassroots advocacy efforts of ADA members. When health insurance companies are permitted to disregard antitrust principles, prices for patients can go up, coverage can go down, and reimbursement rates don’t always keep up with costs. During these unprecedented times, it is more important than ever that health insurers act transparently and fairly.”

The bill will next need to be considered by the Senate before it can become law.

To receive alerts from the ADA Legislative Action Center, visit ActionCenter.ADA.org to sign up. ■

—garvinj@ada.org

HRSA urged to improve methods for determining shortage areas

ADA says updated, technology-driven approach will more accurately reflect access to dental care

BY JENNIFER GARVIN

Washington — The ADA is asking the Health Resources and Services Administration to update and improve its methodology for determining health professional shortage areas in response to the agency’s request for information regarding scoring criteria.

“The current model of defining where the greatest needs lie in respect to number and distribution of providers is sorely outdated and inflexible. With an updated, technology-driven approach, we can better allocate resources to enact responsive policy that meets the unique needs of each community,” the ADA wrote in a Sept. 16 letter to HRSA.

“The ADA is hoping to clarify the widespread misconception in the oral health care community that health professional shortage areas are used solely to determine an adequate number of health care providers in a specific geographic area. This perception has led policymakers and stakeholders to focus on solutions that are misaligned with the unique needs of a particular area or county just because it’s designated as a dental health professional shortage areas.”

The ADA asked HRSA to:

- Reiterate to stakeholders that the scoring criteria is not based solely on the population-to-provider ratio. “According to HRSA’s scoring criteria for dental health professional shortage areas, the population-to-provider ratio represents only one of the four metrics used to evaluate a county’s designation, and that ratio represents less than half of the aggregate score, accounting for only ten points out of 26 total points. In some scenarios, an area may be designated as a dental health professional shortage area without any points from the population-to-provider ratio but having either full points or nearly full points

in the other three metrics.”

- Fix misleading scoring considerations. For example, the use of community water fluoridation as a scoring consideration for HRSA designation is significantly misleading. “While community water fluoridation has been shown to be effective in prevention of tooth decay, its presence or absence does not reflect on the number or type of dental providers within a community.” The ADA also noted that health centers serving medically underserved patients within health professional shortage areas may serve as an outreach site for a dental school or residency program and “that influx of professionals providing care is not typically reflected in the health professional shortage areas des-

.....

“The current model of defining where the greatest needs lie in respect to number and distribution of providers is sorely outdated and inflexible.”

.....

ignation.” Dentists who practice full time within a community health center as part of the National Health Service Corps loan repayment programs are also usually not “counted” within the provider population. “Despite several dental professionals expanding access to care within a geographic region, the area would still be classified as a HPSA using the population to provider ratio factor, which is a double weighted consideration,” the ADA wrote. Finally, using the Nearest Source of Care “may result in a county with enough providers still being designated as a dental health professional shortage area.”

- Utilize ADA Health Policy Institute data. The ADA told HRSA that HPI has created a database that contains geographic information on dentists in every state. The data includes locations of private dental practices, Federally Qualified Health Centers with dental care services, and dental school clinics and the profile of dentists working in these facilities. The data are then merged with detailed population data, which allows for analyzing the geographic proximity of dentists to the population using geo-mapping techniques. HPI also worked with the Centers for Medicare & Medicaid Services to identify dental care locations where dentists participate in Medicaid or the Children’s Health Insurance Program. The ADA said that HPI’s analysis provides a more accurate view than the current HRSA methodology. “The main advantage of HPI’s approach to measuring geographic access to dentists is that it takes account of where the population lives, including Medicaid-insured populations, relative to where dentists are located and incorporates travel time data” and HPI’s analysis “could be easily replicated by HRSA.”

“HPI’s analysis has already had important impacts for policymakers at the state level,” ADA concluded. “The HPI team is currently working directly with several state Medicaid agencies to extend the methodology, incorporate additional tailored research, and develop actionable insights in the area of geographic access to dental care providers. The important take-away from these collaborations with policy makers is that the HPI methodology is very actionable in that it is being used to guide decisions on where to invest state resources to improve access to dental care.”

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

—garvinj@ada.org

ADA reaffirms position on amalgam

BY JENNIFER GARVIN

Washington — The ADA reaffirmed its position that dental amalgam is a “durable, safe and effective” restorative material in response to the U.S. Food and Drug Administration’s Sept. 24 statement that existing evidence shows that dental amalgam is not harmful to the general population and treatment options should be thoroughly discussed by the patient and dentist.

The FDA did note that ongoing research into amalgam and alternative restorative materials is necessary, something which the ADA also supports.

The ADA also expressed support for the FDA recommendation that “existing amalgam fillings in good condition should not be removed or replaced unless it is considered medically necessary,” according to an ADA news release.

“Dentists have used dental amalgam for a long time, and we know that it’s durable, reliable and safe,” said ADA President Chad P. Gehani. “While dental amalgam is one effective restorative material, dental treatment is not one-size-fits-all. As dentists we are always working with our patients to help them make well-informed decisions based on their individual needs.”

In its statement, the FDA advised patients with questions to discuss all treatment options with their dental provider, “including the benefits and risks of using dental amalgam and other dental restorative materials, to help [them] make an informed decision.”

While the FDA said certain groups may be at greater risk for potential negative effects from exposure to mercury, the ADA noted in its release that agency also said there is “little to no information” known about the effects dental amalgam may have on these specific groups and stressed there “was no new scientific evidence cited as part of the FDA recommendation.”

“Patients should consult with their dentists to decide which filling material is best for them based on a number of factors, such as size and location of the cavity, patient history, cosmetic concerns and cost,” the release concluded.

For dentists who have patients with questions about the FDA news, the ADA has information on all restorative materials at MouthHealthy.org. ■

OSHA cites Massachusetts dental practice for respiratory protection violations

BY MARY BETH VERSACI

The U.S. Department of Labor’s Occupational Safety and Health Administration has cited Georgetown Dental LLC in Georgetown, Massachusetts, for violating respiratory protection and other standards, according to an OSHA news release.

OSHA cited the dental practice for six serious violations and one other-than-serious violation, with proposed penalties of \$9,500, the release stated. The company has paid the penalties in full and abated the citations.

OSHA cited the dental practice for fail-

ing to provide medical evaluations and fit testing for employees required to wear N95 respirators as protection against the coronavirus; lack of written programs related to respiratory protection, blood-borne pathogen exposure control and chemical hazard communication; insufficient bloodborne pathogen training and controls; and inadequate eyewash stations, according to the release.

“The Massachusetts Dental Society continues to stress to our members the importance of following all required health and safety protocol, especially the

Massachusetts Mandatory Safety Standards for Workplaces established to protect staff and patients from COVID-19,” said Dr. MaryJane Hanlon, president of the Massachusetts Dental Society. “It is the responsibility of each business owner to ensure their practice is meeting these requirements if they wish to remain open during Phase 3. The vast majority of dental practices have successfully implemented and adhered to all existing and new requirements for practicing dentistry during the global pandemic and are taking this responsibility very seriously. MDS

has made available to our members a variety of resources and tools to help comply with the required protocols.”

Employers with questions on compliance with OSHA standards should contact their local OSHA office for guidance and assistance at 1-800-321-6742. OSHA’s COVID-19 webpage at [osha.gov/SLTC/covid-19](https://www.osha.gov/SLTC/covid-19) offers resources for addressing safety and health hazards during the evolving COVID-19 pandemic.

For COVID-19 safety and clinical resources from the ADA, visit [ADA.org/virus](https://www.ada.org/virus). ■

—versacim@ada.org

Fund

Continued from Page 1

which may include general and administrative expenses such as mortgage or rent, insurance premiums, hazard pay and equipment leases. Operating expenses attributable to the pandemic could include personal protective equipment and other supply purchases, updates to HVAC systems and IT updates.

- Provider Relief Fund payments not fully expended on health care-related expenses attributable to COVID-19 “will be applied to lost revenues and represented as a negative change in the provider’s net patient care operating income,” the department said. “Recipients may apply relief payments toward lost revenue, up to the amount of their 2019 net gain from health care-related sources” and “recipients who reported negative net operating income from patient care in 2019 may apply relief fund amounts to lost revenues up to a net zero gain/loss in 2020.”

- If recipients do not expect PRF funds in full by the end of 2020, HHS said they will have “an additional six months in which to use remaining amounts toward expenses or lost revenues in an amount not to exceed the 2019 net gain.”

- Regarding auditing, the ADA FAQ points out that “while HHS stipulates that every payment made to providers from the PRF may be subject to an audit, those entities that expended \$750,000 or more in aggregated federal financial assistance in 2020” (including relief payments and other federal financial assistance) are “subject to Single Audit requirements.” HHS also said “recipients must indicate if they are subject to Single Audit requirements in 2020 and if yes, whether the auditors selected PRF payments to be within the scope of the Single Audit (if known at the time the Reporting Entity submits report.)” The ADA also noted that all recipients of PRF payments should also maintain appropriate records and cost documentation.

For dentists who received less than \$10,000, the ADA has reached out to HHS for clarification on the guidance.

For more information, visit the Terms and Conditions tab on the provider instructions for the HHS CARES Act Provider Relief Fund.

For real-time support, HHS has established a provider support line at 1-866-569-3522. The hours of operation are 7 a.m.-10 p.m. Central, Monday-Friday.

For more information about the ADA’s advocacy efforts during COVID-19, visit [ADA.org/COVID19Advocacy](https://www.ada.org/COVID19Advocacy). ■

—garvinj@ada.org

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Irish dentists explore CDHC course to bring program back home

BY DAVID BURGER

Hickory, N.C. — A small college at the foot of the Blue Ridge Mountains in North Carolina has created a course that, as one student remarked, “opened up a new way of looking at my local community.”

That student is Dr. Siobhan Murray, a dentist in Ireland, who along with her friend and fellow Irish dentist, Dr. Nuala Carney, enrolled in Catawba Valley Community College’s Community Dental Health Coordinator course to see how the successful ADA-founded program could improve the oral health of patients back on the Emerald Isle.

Irish challenges

“Ireland doesn’t have a specific training program like the CDHC program at present,” said Dr. Carney, who has worked as a general dentist in Dublin on and off for the past 30 years, and also taught dental undergraduates at Trinity College Dublin.

“The CDHC training seems to be more practical and hands-on in not only educating patients, but also actively encouraging and supporting them as they seek to access and undergo treatment. There is definitely a practical emphasis on reaching out to vulnerable or marginalized members of communities, helping patients find a dental home and removing whatever barriers exist to them undergoing treatment if possible. The statistics showing the significant uptake in attendances at clinics following projects carried out by CDHCs is a powerful testament of this.”

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



Dr. Murray

Dr. Carney

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.

Across the pond

Dr. Carney first heard about the CDHC program when she attended the ADA FDI World Dental Congress in San Francisco in 2019, as a representative of the Irish Dental Association.

“I was able to attend the Oral Health Forum at the very end of the conference and heard Dr. Jane Grover of the ADA speak about the CDHC training program, amongst other things,” Dr. Carney said. “I was really impressed by what a simple, novel and practical idea it was, and particularly by the statistics showing how effective

the training program had been to date. We spoke briefly after the session and again a few weeks later online, at which point Dr. Grover very kindly suggested the possibility for an Irish dental health worker to participate in a future training program.”

Dr. Carney brought up the topic to her local dental society, where it was decided that it might be best for one or two dentists to participate to see if the training might be transferable to an Irish environment. She recruited her friend, Dr. Murray, the owner of two general dental practices in Donegal Town and Letterkenny, both in County Donegal.

Dr. Murray jumped at the chance. The two met decades ago on a month-long mission in the Himalayas, educating and treating villagers with no access to oral health or hygiene.

“I also spent three months, subsequently, carrying out similar work in Georgetown, Guyana,” Dr. Murray said. “These experiences made me aware of the benefits of bringing oral health education and dentistry to the community. Oral health education and support availability is minimal in our country, which means that vulnerable groups such as children, the hospitalized and the elderly are unsupported.”

Building bridges

Although the 32-week course was online, Catawba Valley Community College’s Community Dental Health Coordinator program — first established in 2019 — immersed the two Irish dentists in how to implement a program from the ground up. They studied and learned alongside U.S. dental providers who impressed them with their zeal during Zoom meetings and other online discussion forums.

“I am so impressed by the enthusiasm, dedication and determination of the other

CDHC participants to really get involved in so many different aspects of helping patients of all ages, cultures and backgrounds improve their access to dental care and oral health education in their communities,” Dr. Carney said.

Kay Sitterson, an adjunct faculty member at the college, said the American students learned a great deal from their Irish counterparts.

“I think the takeaway for our students is that their systems, their problems and issues sounded like ours,” Ms. Sitterson said.

Dr. Carney seeks to introduce the program back home, excited to see how lessons learned in North Carolina can be applied in her area.

“Seeking out this cohort of patients and actively encouraging and supporting them to seek and undergo treatment as required will be a key challenge — and this is where I would see this CDHC training as being hugely beneficial both to patients and dental practices alike,” she said. “Giving hygienists and dental nurses the opportunity and training to liaise directly and effectively with patients and facilitating their access to dental care in a new environment and system could make an enormous difference to the success of this scheme, and improve acceptance of the scheme by the profession.”

Dr. Murray looks back at the program fondly, hoping that more dentists from Eire can collaborate with American dental providers more in the future, if given the opportunity.

“I could see the potential for us, here in Ireland, to build a working relationship with our American colleagues,” Dr. Murray said. “[We can] learn from their experiences and share our community problems with them in order to find solutions to improve delivery of a much-needed service.” ■

—burgerd@ada.org

Dugoni

Continued from Page 1

Dr. Nader A. Nadershahi, dean of the Arthur A. Dugoni School of Dentistry, told the ADA News, “Dr. Arthur A. Dugoni understood the importance of collaboration and organized dentistry to improve the health of our communities and the future of our great profession. He inspired so many through his dedication, passion and personal example of leadership. His service left each organization better than when he left them. His impact on the University of the Pacific Arthur A. Dugoni School of Dentistry will ripple through generations with so many of our graduates touched by the commitment to excellence and the humanistic educational model.”

“Art Dugoni was one of the most important leaders in the 169-year history of California’s first university,” said University of the Pacific President Christopher Callahan, in the memoriam. “He not only transformed the Arthur A. Dugoni School of Dentistry, but the discipline of dental education. Art will be deeply missed, but his legacy will live on through the thousands of alumni, faculty, students, staff, supporters and friends at the school that bears his name.”

“Art led a purposeful life and his legacy lives in the people he educated and the lives he touched,” said President Emeritus Don DeRosa, Ph.D., in the memoriam. “He so



Party: Dr. Arthur A. Dugoni celebrates his 95th birthday in June.

wonderfully exemplified Pacific’s mission of preparing individuals for lasting achievement and responsible leadership in their careers and communities.”

Dr. Dugoni served as dean of the dental school from 1978 to 2006. His prior roles at the school included assistant professor of operative dentistry; assistant professor of pediatric dentistry; assistant professor of orthodontics; chairman of the department of orthodontics; associate professor of ortho-

odontics; and professor of orthodontics.

The memoriam published his oft-quoted mantra: “At Pacific we grow people, and along the way they become doctors.”

Dr. Dugoni was preceded in death by his wife of 66 years, Katherine. He leaves behind his companion of recent years, Cathie Perga, and seven children. He is also survived by 15 grandchildren, as well as nine great-grandchildren.

His granddaughter Christine Dugoni Hoffman wrote to the ADA News about Dr. Dugoni.

“Art led a purposeful life and his legacy lives in the people he educated and the lives he touched.”

“He lived an incredible life of passion and excellence in all things,” she wrote. “He taught us, when you love something, pour your heart and soul into it. Grandpa Art was a giant in the dental industry — when we were little, my brother Brian used to call him the king of the dentists, when he was president of the American Dental Association. But it wasn’t just his passion for oral health care that made him remarkable, it was his incredible connection to people that truly made him one in a million. Rest in peace Grampy Art, I love you. Have fun dancing with Grandma Kaye.”

His grandson Paul Dugoni also told the ADA News about his grandfather.

“He empowered everyone around him to seek lasting achievement and responsible

leadership in their careers and communities,” Mr. Dugoni said. “He left behind an amazing legacy and will never be forgotten. He lives through everyone who knew him and serves as an exemplar in all of our lives.”

Dr. Kathryn Kell, former ADA trustee and past president of the FDI World Dental Federation, commended Dr. Dugoni’s service for that international organization.

“Dr. Dugoni was a fantastic treasurer for the FDI World Dental Federation,” Dr. Kell said. “When he became treasurer, the FDI had financial issues, and Dr. Dugoni was able to restore the reserves to an amount that steered the federation for the future. It was the hope that he would want to run for FDI president, but he had other goals, so it was not to be. It is with great sadness that FDI has heard of his death and we extend our sympathy to all his family and friends at the ADA and his many friends and colleagues around the world.”

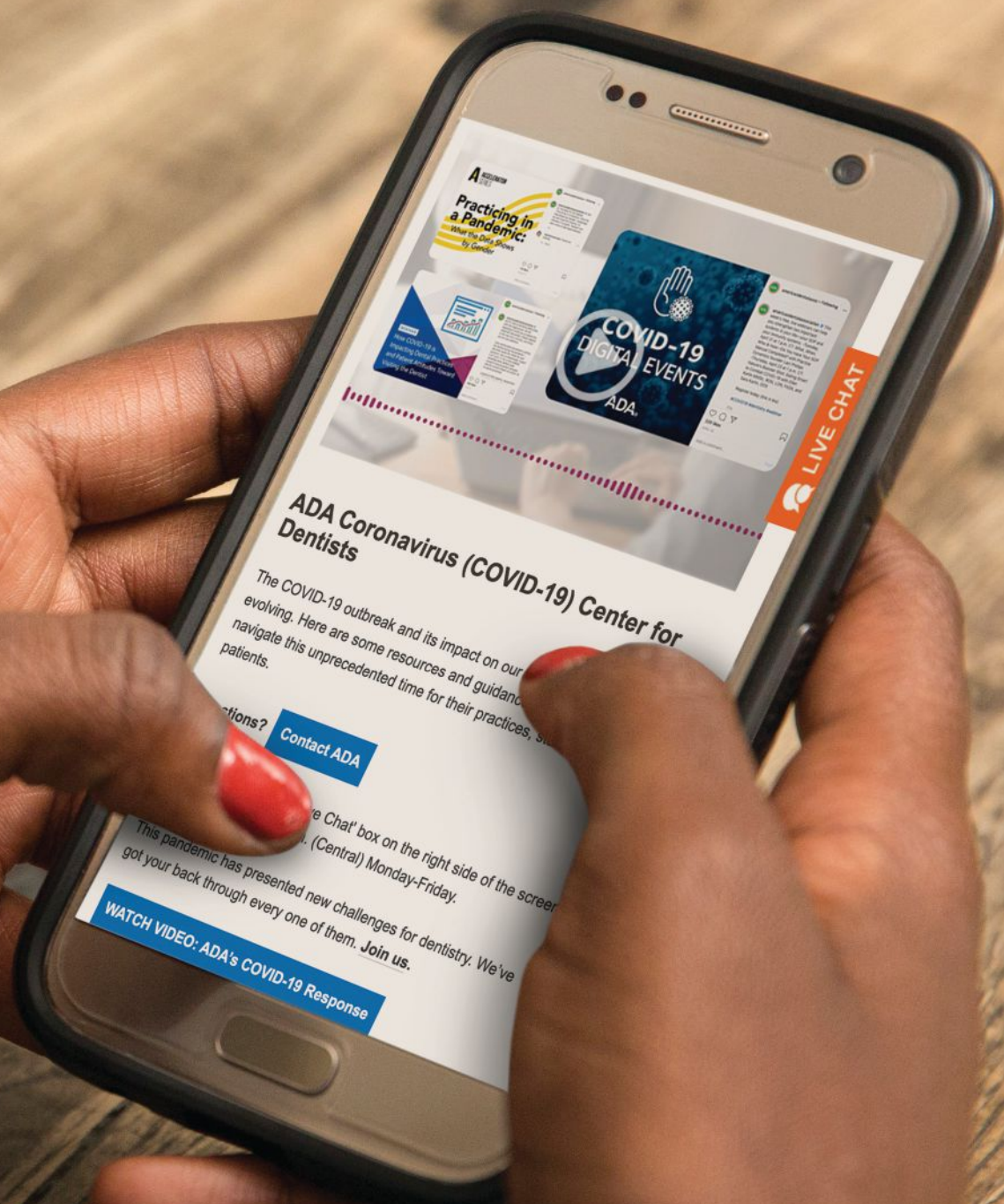
Dr. Gerhard K. Seeberger, FDI president, shared Dr. Kell’s sentiment.

“Some stars go out, and others shine forever,” he said. “His contributions to the dental profession and his constant engagement for future dental practice and practitioners will always be a treasure in our hearts. We all in the FDI are very sad for his loss, but grateful he came into our lives.”

Memorial gifts may be made to the Art Dugoni Scholar Fund, an endowment that will support a Dugoni dental student. Call the dental school’s office of development at 1-415-929-6406. ■

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COVID-19 pandemic shines light on future of e-learning in global health volunteering

HVO volunteers turn to Zoom to teach at Nepali dental school

BY MARY BETH VERSACI

The COVID-19 pandemic has not stopped volunteers with Health Volunteers Overseas from connecting with students and faculty at the dental school at Dhulikhel Hospital in Nepal.

Although eight mission trips to the dental school were canceled this year, HVO has filled that in-person void the way many others have during the pandemic: with Zoom.

“When the pandemic struck, we had to suspend all of our projects and pivot to expanding our e-learning opportunities,” said Nancy Kelly, HVO executive director. “I have been so impressed with how creative and adaptable both the volunteers and our colleagues overseas have been as we made this change. While we all look forward to the day when volunteers can once again go to projects, I think we will find that there will continue to be a role for e-volunteering.”

HVO is a nonprofit organization that seeks to improve the availability and quality of health care through the education, training and professional development of the health workforce in resource-scarce countries. It has programs in several medical fields, including oral health, and the American Dental Association sponsors the oral health care projects, including the one in Nepal.

When the pandemic struck, Dr. Brian Hollander, co-director of the HVO project in Nepal, reached out to past volunteers to see who would be interested in volunteering virtually.

“I sent out an email to former volunteers in the spring, telling them about the situation in Nepal and that the school is closed down right now, except they’re doing their teaching by Zoom,” he said.

Answering the call

Dr. John Kanyusik, who volunteered at the Nepal site in 2015, was one of those who answered the call to help during the unusual circumstances created by the pandemic. He taught six orthodontic lectures via Zoom for the dental school.

“While we all look forward to the day when volunteers can once again go to projects, I think we will find that there will continue to be a role for e-volunteering.”

The technology was not completely new to him, as he was already using e-learning in his role as an adjunct associate professor in the department of orthodontics at the University of Minnesota School of Dentistry.

“We started using remote teaching technology at the University of Minnesota because of the COVID-19 lockdown in March,” Dr. Kanyusik said. “In addition to prepared presentations, the current technology allows for remote interactive consultations about patient diagnosis, treatment planning, treatment progress and outcome assessments in remote locations such as Nepal.”

Zoom has worked well for his work with HVO, giving him the chance to share his lec-



Working together: Dr. John Kanyusik (center, back) volunteers with Dr. Dashrath Kafle (fifth from left) and his staff in the department of orthodontics at Dhulikhel Hospital in Nepal during an HVO mission trip in 2015. Dr. Kanyusik has taught six orthodontic lectures via Zoom for Dhulikhel Dental School during the pandemic.

tures virtually and interact with participants.

“I look forward to a continued volunteer teaching and consulting relationship with the program in Nepal,” Dr. Kanyusik said. “HVO is a wonderful educational opportunity for all involved — the dental students, the collaborating host faculty and the volunteers.”

He is in the process of recruiting others from the University of Minnesota to volunteer virtually with the Nepal project, including two colleagues who are presenting lectures on prosthodontics and tele-dentistry.

Dr. Karl Woodmansey, who was scheduled to volunteer at the dental school in September, also led a Zoom lecture on extreme interventions in endodontics when he could no longer go to Nepal in person.

A clinical associate professor of endodontics at Texas A&M University College of Dentistry, Dr. Woodmansey began using Zoom in March to lecture to endodontic residents at Texas A&M, as well as students and residents at other schools.

His HVO lecture went well and led to a nice surprise: at least 30 Facebook friend requests from the participants in Nepal. Although his trip had to be canceled this year, he hopes to go next year instead.

“I enjoy teaching — whenever, wherever, however,” Dr. Woodmansey said. “I do hope to visit Nepal at some point to experience the culture firsthand.”

Lasting benefits

HVO launched its project in Nepal in 2015. Since then, several volunteers have traveled to the dental school to present lectures related to their specialties, helping to create graduates with skills in clinical dentistry and knowledge of academic theory, said Dr. Dashrath Kafle, onsite coordinator for the Nepal project and head of the department of orthodontics at Dhulikhel Hospital.

“Nepal is one of the developing countries in the world. The quality of dental education needs to be improved in different aspects, and Dhulikhel Dental School is one of the leading institutes in Nepal,” he said. “With the help

of HVO, we are able to produce world-class dentists from Dhulikhel.”

The work of HVO also creates lasting relationships between the volunteers and students.

“On this mission, many dentists associated with HVO have done a rewarding job by teaching our students,” Dr. Kafle said. “They have inspired a number of students. They have changed the lives of a number of graduates, and they have been tremendously loved and respected by our students. Many of the dentists from HVO are now mentors for young graduates.”

Beyond the classroom

Besides helping to fill the gap created by canceled mission trips to Nepal, technology has proved useful in other ways during the pandemic as well.

Anju Adhikary, a dental hygienist, dental assistant and oral hygiene instructor in the department of orthodontics at Dhulikhel Hospital, was supposed to travel to Southcentral Foundation in Anchorage, Alaska, in August to observe the dental assisting program there in order to help establish a similar program in Nepal.

Royann Royer, co-director of the HVO Nepal project and director of the assisting program at Southcentral, met Ms. Adhikary while training dental assistants at Dhulikhel Dental School during a volunteer trip in November 2018 with Dr. Hollander, who also works as a dentist at the foundation, which seeks to improve the health and social conditions of Alaska Natives.

Ms. Adhikary stood out to Ms. Royer immediately. Her leadership made her a good candidate to participate in the program at Southcentral and become a trainer for her fellow assistants in Nepal, Ms. Royer said.

“Dental assistants in Nepal do not have chairside skills like in the U.S. — as an example, four-handed dentistry is not utilized. Didactic information regarding professional knowledge and skills is not presented to dental assistants as taught in U.S. dental assisting training programs,” Ms. Royer said. “We

hope to initiate a program that would be similar to a Commission on Dental Accreditation-accredited dental assisting program in the U.S.”

Because of the pandemic, Ms. Adhikary was no longer able to travel to Alaska to participate in Ms. Royer’s program in person, so she instead joined virtually twice a week for two months beginning in March. Because of the time difference, she was in class from 10 p.m.-4 a.m., but she was still attentive and active, Ms. Royer said.

“I found myself so privileged for this great opportunity,” Ms. Adhikary said. “I learned so many modern assisting techniques and skills. Those classes were really informative.”

She is again participating virtually when she can in classes that began in August. She still hopes to travel to Alaska when conditions are better to participate in the Southcentral program in person, but with her current knowledge, she may be able to initiate the program in Nepal and collaborate virtually with faculty in Alaska for assistance, Ms. Royer said.

What’s next

Dr. Elizabeth Shick, a pediatric dentist and member of the steering committee for HVO’s oral health program, is working with two other pediatric dentists — Dr. David Ciesla, an assistant clinical professor in the division of pediatric dentistry at the University of Oklahoma College of Dentistry, and Dr. Michael Suh, an assistant clinical professor in the division of pediatric dentistry at the University of California San Francisco School of Dentistry — to offer a virtual six-lecture series focused on pediatric dentistry for the students in Nepal.

She and Dr. Kanyusik are also developing a survey to evaluate the HVO courses being taught virtually to inform the future use of a remote learning model in volunteer dentistry.

“I am very excited to be able to help out with this new model of teaching,” Dr. Shick said. “I think given the circumstances, it is a very appropriate way to explore a new model for global health volunteering.”

Dr. Shick is no stranger to international volunteering. As director of global health initiatives at the University of Colorado School of Dental Medicine, she started a dental clinic at a community health center in rural Guatemala where dental students and faculty travel to provide preventive care and basic treatment.

While the trips focus on offering direct care, she said the dental and medical professions are starting to look more at training local health care workers at volunteer sites, similar to HVO’s approach. E-learning could play an important role in that.

“I think this new model could work well and continue regardless of a health pandemic like COVID-19,” Dr. Shick said. “I hope we have good results with this, and the Nepali dental students benefit. If the goal is to improve dental care in countries who request volunteers from the U.S., this sure is a great new way to do it.”

General dentists and dental specialists interested in remote teaching opportunities should contact HVO Volunteer Placement Coordinator Lauren Franklin at l.franklin@hvousa.org or 1-202-296-0928, ext. 119. ■

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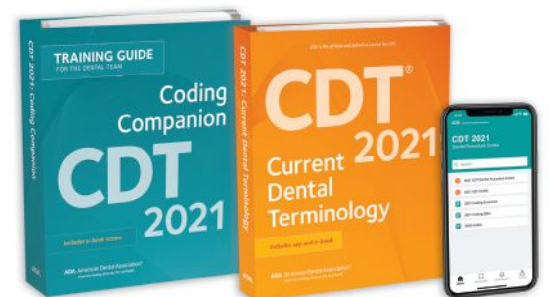
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Dentists nationwide can complete ADA Practice Transitions profiles

BY KIMBER SOLANA

Dentists seeking to join or leave a practice from all 50 states can now utilize ADA Practice Transitions, a service backed by the Association and focused on helping dentists make the process more predictable and successful.

Through ADA Practice Transitions, dentists can complete their profiles and receive:

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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 before

taking their next steps.

“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,” said Dr. Kirk Norbo, ADA Business Innovation Group board chair. “We anticipate that over time, the ADA Practice Transitions platform and methodology will become the first choice for dentists seeking a transition.”

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



personal ADA adviser 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.

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

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.

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

Conference

Continued from Page 1

Ph.D., ADA Science & Research Institute CEO, ADA chief science officer and ADA Foundation CEO, will moderate the panel. The session is sponsored by Laurel Road.

The Essentialism of Oral Health: How Dentistry Fits in to an Evolving Healthcare Landscape (EV03), a live evening session scheduled for 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.

Moderated by Marko Vujicic, Ph.D., chief economist and vice president of the ADA Health Policy Institute, the panel session will feature Dr. Lisa Simon, M.D., a researcher at the Harvard School of Dental Medicine and resident physician in internal medicine at Brigham and Women’s Hospital, and Dr. Jessica Stille-Mallah, member of the ADA Council on Dental Benefit Programs. The session is sponsored by EdgeEndo.

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.

The moderator will be Mike Graham, senior vice president of the ADA Division of Government and Public Affairs, and panelists include Dr. Krishna Aravamudhan, senior director of the ADA Practice Institute Center for Dental Benefits, Coding and Quality; Chad Olson, director of the ADA Department of State Government Affairs; and Dr. Sara Stuefen, member of the ADA Council on Dental Benefit Programs and ADA New Dentist Committee.

For more information on the virtual conference, including how to register, visit ADA.org/meeting. ■

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FQHC fosters collaboration to boost HPV vaccination rates

Community dental health coordinators lead the charge in education, prevention

BY DAVID BURGER

Dover, N.J. — A federally qualified health center in New Jersey integrated dental and medical teams to successfully increase the rate of human papillomavirus (HPV) vaccinations in their younger patient population, according to a research article published in the peer-reviewed journal *Oral Health & Dental Science*.

The program's goal, Zufall Health Center Chief Dental Officer Dr. Sam Wakim told the ADA News, was to improve their immunization rate by 10% in a cohort of medical and dental patients by Jan. 1, 2020, in an effort to stem oral cancers.

But by using eight ADA-trained community dental health coordinators (CDHCs) who teamed up with the centers' physicians and dentists, the health center was able to exceed its expectations by boosting the immunization rate from 12% to more than 30%.

More than 70 million Americans infected with HPV, according to the Centers for Disease Control and Prevention.

Seventy percent of oropharyngeal cancers are associated with HPV infection; oropharyngeal cancers are among the top 10 new cancers diagnosed in men and women, and among the top 10 cancer deaths in men and women.

The CDC Advisory Committee on Immuni-



Dr. Wakim

zation Practices as well as the American Academy of Pediatrics recommend that boys and girls receive the HPV vaccine during adolescence.

The Zufall program, which began in April 2019, tracked about 900 patients ages 9 to 18, primarily from its northwest and central New Jersey populations comprising uninsured and underinsured patients including the homeless, working poor, public housing residents and farm workers.

Integration of staff, systems, training and communications was vital to the project's success, Dr. Wakim said. He said there is a perceived tendency in health centers and health care organizations to contain silos, but health care providers cannot provide excellent care without fully understanding the whole patient.

"We successfully unified medical and dental staff's understanding of patients' overall health; created a continuous process improvement program as a benchmark; streamlined and integrated electronic data and records systems for easier and smarter access; and aligned training and messaging so staff could

confidently and effectively interact with patients and families."

The CDHCs were crucial to the success of the programs by being advocates for vaccinations and dental interventions, Dr. Wakim said.

"The CDHCs, with their unique skill set, service orientation and dental expertise, were the right champions to propel this unique dental intervention project forward," he said. "The CDHCs assured patients and families that the HPV vaccine was safe, knowledgeably guided patients through the vaccination process from start to finish and reminded them of the impact of the immunization on the young patients' current and future good medical and oral health."

Although the program was conducted at a FQHC, Dr. Wakim said the results showed that education about cancer prevention through HPV vaccines can start in the dental chair inside anyone's office.

"Dentists can rest assured that by talking about it with their patients in their offices that it's making a difference," Dr. Wakim said. "I hope the results are useful to everyone, regardless of their practice setting."

In 2018, the ADA adopted a policy that urges dentists to support the use and administration of the HPV vaccine. ■

October JADA looks at reducing radiation exposure

BY MARY BETH VERSACI

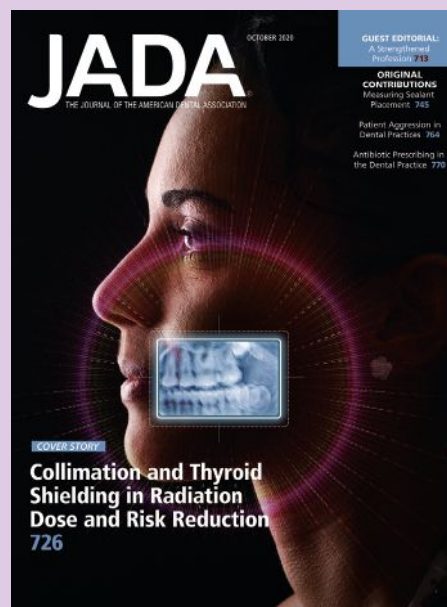
A study published in the October issue of *The Journal of the American Dental Association* found the use of rectangular collimators during intraoral imaging significantly reduced levels of exposure to ionizing radiation in tissue models representing child and adult patients when compared with circular collimators.

The cover story, "Intraoral Radiographs: A Comparison of Dose and Risk Reduction With Collimation and Thyroid Shielding," examined effective radiation dose reductions using six rectangular intraoral collimators and one circular. Rectangular collimators shape the X-ray beam to correspond to the size and shape of the image receptor, therefore reducing the necessary exposure field, according to the study.

The study also looked at the effect of thyroid shielding when used with rectangular and circular collimators in children.

The study found the rectangular shape of the collimator alone will likely result in significant reductions in effective dose when compared with circular collimation, but these reductions can range from 2% to 51%, depending on the rectangular collimator used. Thyroid shielding on the child model produced significant dose reductions with all imaging modalities, but the use of an original equipment rectangular collimator without thyroid shielding yielded a lower dose to child thyroid tissues than any other modality with thyroid shielding present.

"Efforts to continually innovate dental imaging practices are driven by a two-part goal, to develop state-of-the-art equipment that will optimize the quality of care to our patients, and to do this in the safest way possible," said K. Brandon Johnson, corresponding author of the study and assistant professor of oral and maxillofacial radiology at the University of North Carolina Adams School of Dentistry in Chapel Hill, North Carolina. "Yet, rectangular collimation, a half-century-old technique, continues to



be one of the simplest, cheapest, most effective and most underutilized techniques for reducing the potential risk burden to our patients from intraoral radiographic examinations."

The National Commission on Radiation Protection emphasizes the need for dental professionals to minimize both staff and patient doses by applying the As Low As Reasonably Achievable principle, according to the study. Introduced in the early 1960s, rectangular collimation became a well-known method for reducing patient exposure by the early 1980s, but the most implemented imaging technique for intraoral radiography uses circular collimation of the X-ray beam, the study stated.

The continued use of circular collimation may be because practitioners are concerned that the more restricted rectangular-collimated X-ray beam could lead to imaging errors, such as collimator centering issues, and ultimately result in increased patient exposure if essential anatomy is not captured and addi-

tional radiographs are needed, according to the study. Circular collimation, with its larger exposure field, may not require additional radiographs because of technical errors, but it has been shown to expose patients to as much as four times more radiation than rectangular collimation, the study stated.

Uncertainty remains regarding the cumulative effects of long-term exposure to low doses of ionizing radiation with respect to risks for cancer development, according to the study. Therefore, to adhere to the As Low As Reasonably Achievable principle and help ensure the safe use of ionizing radiation in dental practice, radiographers should be aware that the highest dose reduction will likely come from the collimator with the smallest field, the study stated.

"The decision to portray a rectangular collimator on the cover of the National Commission on Radiation Protection Report No. 177 was not a decision made by chance as the report strongly reemphasizes the importance and impact of the routine use of this dose reduction tool," Mr. Johnson said. "Regardless, introducing changes that run counter to the prevailing culture will eventually be undone. Therefore, the challenge ahead is 1) to disseminate high-quality evidence-based findings to dental providers to facilitate informed decision-making for their patients and 2) to establish an integrated mindset that will lead to real and lasting change in the promotion and implementation of the highest standards of care to our patients in practice."

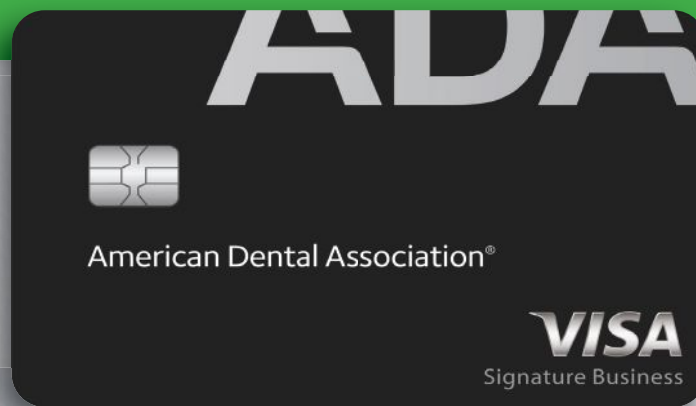
To read the article, visit JADA.ADA.org.

Other articles in the October issue of JADA discuss patient aggression toward dentists, antibiotic prescribing in the dental practice and measuring sealant placement. Every month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ■

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ADA: Interoperability the wave of the future

Two 2020 rules implement patient access provisions of 21st Century Cures Act

BY DAVID BURGER

The ADA is well-positioned to be a leader in advancing interoperability on the heels of federal regulations published earlier this year, according to the ADA Standards Committee on Dental Informatics, in an effort to improve care through information exchange.

Two rules, issued by the U.S. Health and Human Services Office of the National Coordinator for Health Information Technology and Centers for Medicare & Medicaid Services, implement interoperability and patient access provisions of the 21st Century Cures Act.

The act, passed by Congress in 2016, aims to foster innovation and problem solving in health care and attempts to remove many of the barriers to information exchange that existed at the time. It encourages electronic information exchange

Dentists and dental practices should recognize this as an opportunity to coordinate care, reduce errors, improve care quality and increase patient satisfaction.

between providers, payers, consumers, and others for the sake of improving care, reducing costs and empowering consumers. The two regulations authorized by the act prohibit information blocking practices and name mature, well-developed interoperability standards for the digital exchange of health information.

“These rules do not have much immediate impact on dentistry, but dentistry and its leaders are thinking ahead to the time when regulators, consumers and payers begin pressuring them to adopt newer, more interoperable technologies that support information exchange,” said Dr. Gregory Zeller, past chair of the ADA Standards Committee on Dental Informatics and current chair of the committee’s subcommittee on clinical informatics.

“ADA standards no. 1079 and 1084 are dental data content standards from the ADA Standards Committee on Dental Informatics whose development into Health Level Seven International’s Clinical Document Architecture and Fast Healthcare Interoperability Resources implementation guides is going to help dentists share information with each other, with their medical colleagues, with payers and with their patients,” he added.

The Consolidated Clinical Document Architecture is HL7’s primary standard for representing structured clinical patient documen-

tation for the purposes of electronic health information exchange. HL7 is a nonprofit standards development organization dedicated to providing standards and solutions that empower global health data interoperability. Fast Healthcare Interoperability Resources is another newer HL7 standard for exchanging digital health care information.

Dentists and dental practices should recognize this as an opportunity to coordinate care, reduce errors, improve care quality and



Dr. Zeller

increase patient satisfaction, Dr. Zeller said. Other players, including dental technology vendors, payers and regulators, interested in the electronic exchange of data necessary to support value-based payment

models are also interested in development of these standards, which will eventually shape what payers, providers and consumers are able to exchange seamlessly.

The ADA Standards Committee on Dental Informatics develops informatics standards and technical reports to assist the dental profession with hardware and software selection, digital photography, interoperability, data security and more. ■

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GKAS

Continued from Page 1

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Although GKAS will be celebrated nationally in February during National Children’s Dental Health Month, many activities take place throughout the year, such as GKAS back-to-school events held in August. ■

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