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## **ADA News - 08/09/2021**

American Dental Association, Publishing Division

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# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

08.09.21

ADA.ORG/ADANEWS



## EDUCATION

### 'It is all we know'

DENTAL STUDENTS, GRADUATES DISCUSS COVID-19'S LASTING IMPACT ON EDUCATION

BY MARY BETH VERSACI

From virtual lectures to increased infection control procedures in clinical classes, dental students experienced a multitude of changes during the COVID-19 pandemic.

The ADA News asked current students and recent graduates about how the pandemic affected their dental school courses and which changes they think are here to stay. Here are their responses:

**Sebastian Celis, fourth-year student, Columbia University College of Dental Medicine**

I stepped foot into clinic for the first time during a pandemic. For dental students like me, increased infection control is not the new normal; it is all we know.



It has given us a heightened sense of awareness of the possibilities of transmissibility of COVID-19 and other diseases. I believe this awareness will produce a generation of dentists that places infection control at the forefront when making clinical management decisions.

**Aparecio Peggins, third-year student, Meharry Medical College School of Dentistry**

The limited usage of tutoring centers, libraries and student-life centers has completely altered how dental students build camaraderie in the educational setting, but it has challenged us to reach our hand further



and to be more authentic when granted opportunity to interact. Students are challenged to focus as autodidacts with the rise of e-learning, yet research suggests that format increases retention of information and takes less time. I believe the virtual learning for didactic courses is here to stay, but I believe it's important to emphasize engagement as the missing piece in the future.

**Cameron Schwab, D.M.D., 2021 graduate, University of Kentucky College of Dentistry**

As a second-semester third-year dental student at the time of the shutdown, I finished all of my didactic and dental courses online for the remainder of the semester and even completed the few courses that are taken in the fall of fourth year. I think my school and others across the country will continue to see courses offered online. There are several schools that I know of that made it possible for each student to take home a handpiece as D1s and D2s, so we may see a new age of students who can practice hand skills from home as well.



**Sydney Shapiro, D.D.S., 2021 graduate, Columbia University College of Dental Medicine**

My dental school acted quickly to make sure our education continued during the pandemic, shifting to online lectures, initiating tele-dentistry and ensuring our patients' and students' safety upon return to



Dental education is getting more expensive. Graduates are taking on more debt. Dental schools are also becoming more diverse, with more women and a growing number of racial and ethnic minority groups pursuing dentistry.

From costs and demographics to advanced education programs and dental licensure exams, dental education in the U.S. continues to evolve. The ADA News examined how dental schools, dental students and their experiences look today and compared them with how they were in decades past.

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clinic. While I value the conversation that comes from in-person classes, online lectures gave students access to speakers we may not have been able to learn from in person. I hope the increased accessibility and collaboration that came from online classes continues after the pandemic.

**Rachel Thornton, third-year student, Marquette University School of Dentistry**

Almost all lectures went virtual and lab time was cut in half, with 50% of the class attending in the morning and the other half, in the afternoon. One of the very few positive effects of COVID was that it pushed IT to get us remote access to software in order to keep people doing administrative tasks out of the clinic and limit it to those seeing patients. All classes have since returned to in person, and already, we no longer have to wear face shields in simulation lab. On the other hand, I think that the emphasis on reducing the aerosols generated during dental procedures is something that will stay in place long after the pandemic is over. ■



—versacim@ada.org

## GOVERNMENT

### ADA asks CMS to prioritize expanding dentists' participation in Medicaid

The ADA is asking the Centers for Medicare and Medicaid Services to increase reimbursement and reduce administrative burden in order to increase the number of dentists who participate in the Medicaid program.

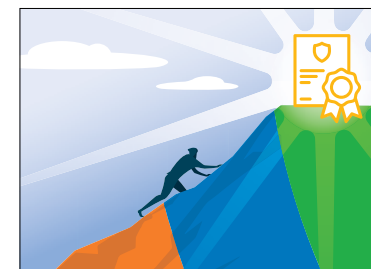
In a July 16 letter to Daniel Tsai, deputy administrator and director, Center for Medicaid and CHIP Services, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., said that easing the credentialing and audit processes and paying clean claims within 15 days would encourage more dentists to take Medicaid.

The ADA also anticipates working with CMS on providing guidance to state Medicaid agencies to streamline dentist credentialing by utilizing the ADA Council for Affordable Quality Healthcare credentialing service or equivalent, establishing the benchmark floor for all Medicaid dental fees at 75th percentile of regional dental fees based on ADA survey data, working to enhance consistent adult dental benefits across all Medicaid Programs and several other issues.

For more information, visit [ADA.org/Advocacy](https://ADA.org/Advocacy). ■

## SPECIAL ISSUE:

### Dental Education



#### 2 Options to overcome student debt

Refinancing among possibilities to keep dental school financially feasible



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Lawmakers press Department of Justice, Federal Trade Commission



#### 10 ADA elections

Statements and profiles from president-elect, second vice president candidates for office





# Scaling mountain of debt achievable

**REFINANCING, ARMED FORCES AMONG  
OPTIONS TO KEEP DENTAL SCHOOL  
FINANCIALLY FEASIBLE**

BY DAVID BURGER

The financial cost of becoming a dentist can seem intimidating. “Graduate student debt has been rising for decades, even after adjusting for inflation. It has risen to the point that today new dentists with debt are starting their careers owing nearly \$305,000 in educational debt,” wrote ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O’Loughlin, D.M.D., in an April letter to a congressman who had introduced a student loan reform bill.

The mountain of debt is daunting, but scaling that mountain is achievable, as long as dental students realize that refinancing and other options — including federal service and

the armed forces — are available.

## LAUREL ROAD REFINANCING

Student loan refinancing may add up to significant savings. For example, if someone refinances multiple loans into one loan with a lower rate, and they keep the loan term the same, that person will accrue less interest over the life of the loan, saving them money on a monthly basis and over the life of the loan.

Laurel Road, an online lender and brand of Key-Bank, is already the ADA Member Advantage-endorsed provider for student loan refinancing and has worked with ADA members since 2015.

ADA members receive an extra 0.25% discount on their student loan refinancing rate as long as they maintain their membership, said Alex Macielak, Laurel Road’s director of business development.

“We’re really a company that prioritizes those in health care. And it’s not just our student loan refinance product — we also offer dentists tailored financial insights, member perks and premium care.” Mr. Macielak said.

Rates for the Resident Student Loan Refinancing program offer an extra discount for those who set up autopay.

To earn the ADA Member Advantage endorsement, Laurel Road participated in a rigorous request for proposal process and was selected by an oversight board comprised of dentists and business people. The ADA’s endorsement program continually evaluates endorsed providers to ensure a high level of customer service and competitive pricing are provided to ADA members. Laurel Road is the only student loan refinancing provider that is endorsed by ADA Member Advantage.

## JUNO OPTION

Thinking outside of the box is the basis of Juno, which until recently was branded as LeverEdge. It was founded by two Harvard Business School students who were looking for a way to lower the costs for their loans several years ago.

Their idea was this: Put large groups of student debt into a “bucket” and sell it to banks for discounted rates — providing savings for the student and making the loan more interesting to the bank.

They have had great success with the program, having secured over \$380 million in loans for their clients, according to Chris Abkarians, co-founder of Juno along with Nikhil Agarwal.

“We started shopping around for student loans ourselves and thought, there has to be a better way,” said Mr. Abkarians. “So we started an initiative to negotiate bulk discounts for our classmates. High-interest rates on student loans are frustrating. Without strong competition and transparency, lenders can charge higher rates. Instead of taking expensive loans, we grouped together 700 students from 10 different schools and were able to negotiate lower rates for every student, saving each of [them] \$15,000.”

Mr. Abkarians stressed that they are different from other companies.

“We are not a direct lender,” he said. “Instead, we run an auction between dozens of lenders and select one who offers the best rates for our members. In this sense, we are the only initiative like this in the student loan space. Our interests are aligned with our members’, and our mission is to secure the cheapest loan possible for our members using the power of the community we’ve built. Dental students, or current dentists, can sign up for access to our negotiated deals through our website joinjuno.com. Joining Juno is free and there’s no obligation to take the student loan and refinancing deals we offer.”

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PUBLISHER: Michelle Hoffman

NEWS EDITOR: Kelly Ganski

WASHINGTON EDITOR: Jennifer Garvin

SENIOR EDITORS: David Burger, Kimber Solana, Mary Beth Versaci

CREATIVE DIRECTOR: Marie Walz

GRAPHIC DESIGN & PRODUCTION: David Molinatto, Thomas Rutherford

DIRECTOR, ADVERTISING & PRODUCTION OPERATIONS: Rebecca Kiser

COORDINATOR, ADVERTISING & PRODUCTION OPERATIONS: Molly Walsh

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**Classifieds** - Russell Johns & Associates, Kim Ridgeway, Senior Media Sales Associate, 17110 Gunn Highway, Odessa, FL 33556, 1-877-394-1388 phone, [kridgeway@russelljohns.com](mailto:kridgeway@russelljohns.com)

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# Increasing diversity in dentistry

**UNIVERSITY AT BUFFALO’S DESTINATION DENTAL SCHOOL PROGRAM WELCOMES FIRST COHORT**

BY KIMBER SOLANA

Buffalo, N.Y.

Marithza Flores, a University of Colorado Boulder junior majoring in integrative physiology, was browsing dental school websites when she

came across a program promoted by the University at Buffalo School of Dental Medicine.

Aptly called Destination Dental School, or DDS, it was a new initiative by the dental school that aims to remove barriers to careers in dentistry for underrepresented students.

As a Latina interested in pursuing a career

in dentistry, Ms. Flores said this piqued her interest.

“I was motivated to apply due to the emphasis on promoting diversity within the dental community and providing minority students with the opportunity to get more detailed information about the application process,” she said.

On July 31, Ms. Flores was among Destination Dental School’s first cohort of 24 students to complete the free, eight-week program. The virtual program provided participants with an understanding of the day-to-day life of a dentist and dental student, helped strengthen their dental school applications, and developed their skills as researchers.

See DIVERSITY, Page 4

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<sup>1</sup>Glaze CM, Chen L, Shi BL. Calcium & fluoride recharge of resin cements. Dent Mater. 2016; 32(5):e26.

<sup>2</sup>FT. Okabe, M. Sakamoto, H. Takeuchi, K. Matsushima. Effects of pH on Mineralization Ability of Human Dental Pulp Cells. Journal of Endodontics. Volume 32, Number 3, March 2006

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DEBT continued from Page 2

Service Corps, the VA and the military — offer scholarship programs for students and substantial loan repayment options following graduation,” said Rear Adm. Timothy L. Ricks, D.M.D., assistant surgeon general and chief dental officer of the U.S. Public Health Service. “Students can provide care and hone their clinical skills in a variety of federal settings earning a competitive salary, pay off student loan and still have many years left after leaving federal service to pursue other career opportunities.”

The Department of Veterans Affairs offers an Education Debt Reduction Program to dental professionals who are full- or part-time employees of

the VA. The program is for qualified applicants to positions that are difficult to recruit and retain.

Students pursuing primary care health professions training, including dentistry, may be eligible to apply to the National Health Service Corps Scholarship Program. Awarded scholars provide primary care health services in health professional shortage areas. While in school, dental students are also eligible to apply to the NHSC Students to Service Loan Repayment Program and, for those who are employed, the NHSC Loan Repayment Program is an option. The NHSC Students to Service Loan Repayment Program provides up to \$120,000 to eligible dental students in their final year of school in exchange for three years of service in a health professional shortage area. For working dental

professionals, the NHSC loan repayment program can help pay off up to \$50,000 in eligible loan debt for awardees who commit to serve full time for two years in a health professional shortage area. The NHSC loan repayment program also provides one-year continuation awards, which may allow a clinician to pay off all of their qualifying loans. For more information and to learn when the next application cycles open, visit the NHSC website or find open positions at NHSC-approved sites on HRSA’s Health Workforce Connector, connector.hrsa.gov/connector.

The IHS Loan Repayment Program rewards clinicians working at Indian Health Service facilities, Tribally-Operated 638 Health Programs and Urban Indian Health Programs. The IHS Loan Repayment Program funds IHS clinicians to repay their eligible health profession education loans — up to \$40,000 — in exchange for an initial two-year service commitment to practice in health facilities serving American Indian and Alaska Native communities. As a program participant, they are eligible to extend their contract annually until their qualified student debt is paid.

MILITARY CHOICES

The armed forces also offer generous financial support for those in need.

The U.S. Army can help pay for advanced degrees. The F. Edward Hébert Armed Forces Health Professions Scholarship Program offers an opportunity for financial support. This program permits selected students to be commissioned as officers in the Army Reserve while in school and then transition to active duty upon graduation. While completing school, students receive a monthly stipend of more than \$2,390 for more than 10 months each year. For the remaining time they will be on active duty for training, and will receive the pay and

allowances of a second lieutenant. Qualifying dental students are also eligible to receive a \$20,000 sign-on bonus. The Army will pay all tuition, required books, most academic fees and more during the length of dental school.

The Air Force Financial Assistance Program for dental residencies can help those completing their residency without having to worry about finances. Recipients will receive an annual grant of more than \$45,000 for every year they participate in the program, and receive a stipend of \$2,540 a month to cover living expenses. Upon completion of their residency, they’ll have a one-year obligation for each year of participation (minimum two-year commitment).

Through the U.S. Navy Health Professions Scholarship Program, students could receive full tuition coverage for the cost of dental school and related expenses as well as a monthly stipend of \$2,540 per month. Additionally, through the Navy Health Services Collegiate Program, students could receive up to \$269,000 while attending dental school to help cover the cost of tuition and expenses. In addition, the Navy Financial Assistance Program offers potentially more than \$275,000 during a dental residency, consisting of annual grants, monthly stipends and expense reimbursement. Also, practicing dentists can receive a sign-on bonus up to \$300,000.

Dental students and new dentists can also find help on the New Dentist Now blog, newdentistblog.ADA.org, with over 150 articles on finances for students and recent graduates. The posts include guidance on basic budgeting, tackling loans, federal programs available to help pay off debt and ways to structure debt in case students and early-career dentists want to open a practice someday.

For information on more ADA debt resources, visit ADA.org/mydebt. ■

Lawmakers press FTC, DOJ on antitrust reform

UPDATE REQUESTED ON AGENCIES’ EFFORTS TO COMBAT ANTICOMPETITIVE CONDUCT

BY JENNIFER GARVIN  
Washington

Two senators are asking the Federal Trade Commission and Department of Justice for an update on their efforts to combat anticompetitive conduct in the health insurance industry following the repeal of the McCarran-Ferguson antitrust exemption.

The Competitive Health Insurance Reform Act became law on Jan. 13 and is aimed at improving transparency. The law is the culmination of a multi-year effort by the ADA and dentists to persuade Congress that health care insurance, including dental plans, should no longer be protected from some of the federal antitrust laws.

In a July 20 letter to both agencies, Sens. Patrick Leahy, D-Vt., and Steve Daines, R-Mont., said “public information is lacking” on what steps the FTC or DOJ have taken to extend antitrust enforcement to the health insurance industry.

ADA President Daniel J. Klemmedson, D.D.S., M.D., thanked the senators for sending the letter and said the Association hopes it will lead the agencies to investigate possible anticompetitive practices and activities of health care insurers.

“The ADA is confident that increased competition among health insurance and dental plans will lead to improved coverage for patients and more attractive terms for dentists who participate,” Dr. Klemmedson said. “It’s a win for everyone.”

Sens. Leahy and Daines gave the FTC and DOJ an Aug. 4 deadline to answer the following questions:

- “Since Jan. 13, 2021, what legal actions, if any, has your department taken to enforce antitrust laws against companies in the business of health insurance that are no longer exempt from enforcement under the McCarran-Ferguson Act?”
- “Specifically, what has your department done since Jan. 13, 2021, to investigate unlawful price fixing, bid rigging, or market allocation by health insurers?”
- “Aside from [Oscar Ins. Co. of Fla. v. Blue Cross & Blue Shield of Fla.] has your department submitted any amicus briefs, notices of supplemental authority, business advisory opinions, or other filings regarding the legal consequences

of the [Competitive Health Insurance Reform Act] in any private litigation? If so, which cases?”

- “What steps, if any, has your department taken to craft new enforcement guidelines that account for the [Competitive Health Insurance Reform Act] and its application to the health insurance industry?”
- For the FTC: “What, if any, potential regulations has the Commission considered — or might consider — issuing with regard to unfair or deceptive practices by health insurance

companies no longer exempt from antitrust law?”

The repeal of the McCarran-Ferguson antitrust exemption for health insurance companies was the subject of the May 17 Tooth Talk podcast. To listen, visit ToothTalkShow.com.

The ADA has developed an FAQ for ADA dentists with questions about how this law will affect dentists and dental practices. Download at ADA.org/-/media/ADA/Advocacy/Files/MFFAQs\_Final\_12JAN21. ■



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“[The program] has allowed me to understand that everyone’s journey is unique, and has inspired me to push through adversity to pursue my dream of becoming a dentist,” she said.

EFFECTIVE SOLUTION

Recognizing that the profession has a shortage of dentists of color, the University at Buffalo created Destination Dental School to help increase the enrollment of underrepresented students in dental schools.

According to the ADA Health Policy Institute, Hispanic, Black and Native American dental school graduates made up only around 8.6%, 4.7% and 0.4% of the class of 2020, respectively, despite representing a larger percentage of the U.S. population.

However, according to a 2009 report by The Journal of the American Dental Association, pipeline programs can be an effective solution in increasing enrollment of underrepresented students in dental schools by 54%.

“The racial and ethnic diversity of the oral health care workforce remains disturbingly insufficient to meet the needs of an increasingly diverse population in the United States,” said program director Wendell Carmona, D.D.S., volunteer adjunct professor in the UB School of Dental Medicine and managing clinical director for Aspen Dental in Niagara Falls.

“Dental school appearing as an unachievable goal and limited exposure to the field of dentistry are two obstacles that have contributed to this lack of representation,” Dr. Carmona said. “Destination Dental School proudly and effectively addresses these obstacles, and is an exceptional introduction to dentistry that peaks and nourishes our students’ interest in the field. Our students are educated by dental professionals who look like them, showing that

it is not beyond their reach.”

GAINING CONFIDENCE

Held virtually from June 5 to July 31, the program provided hands-on simulations that teach tooth anatomy and the process for creating fillings and taking impressions; presentations that explore the various disciplines within dental medicine; networking opportunities with local dentistry leaders; and dental school application assistance that includes weekly guidance from more than 30 UB dental faculty, staff, students and alumni, and preparation for the Dental Admission Test. The program will cover the cost of the Dental Admission Test, and participants who apply to the UB School of Dental Medicine will receive an application fee waiver.

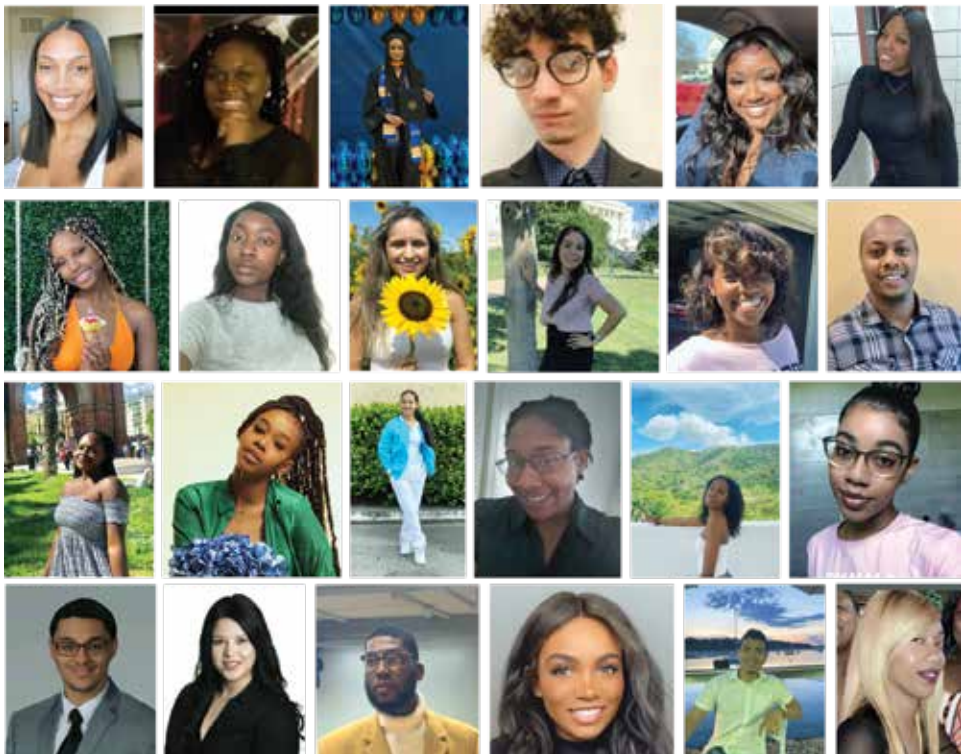
Students also complete a capstone research project that may address a range of topics, including disparities in dental care, the long-term impact of veneers on young patients with healthy teeth, and comparing the effectiveness of Invisalign with traditional orthodontic treatment.

The experience has expanded Frandy Castellano Gutierrez’s idea of dentistry as an intertwine art where public health, oral health and systemic health come together through the oral cavity.

“For me, it confirmed my passion for pursuing dentistry because I hope to approach dentistry through a holistic and community-based oral health approach,” said Mr. Gutierrez, a 2021 graduate from Rutgers University.

“As an immigrant, I know first-hand how difficult it is for underrepresented minority communities like ours to find opportunities,” he said. “I never had the opportunity before to explore dentistry through a [pipeline program]. I knew I wanted to do something that would allow me to continue thriving ... when pursuing dentistry.”

For Ms. Flores and Mr. Gutierrez, the



Future dentists: From left to right (top row), Jamyla Young; O’Maya Brown; Kadiatou Barry; Frandy Castellano Gutierrez; Alexis Jackson; MaTeenah Ige; (second row) Charity Turnboe; Ikodiya O. Kalu; Rosalia Sedano; Jalisa Whitehorse; Chandler Cleveland; Senai Daniel; (third row) Sharika Been; Jasmine Gray; Kiyah Coco; Brittany McCall; Nina Zylberberg; Rhianna Jack; (bottom row) Darling Mendoza; Marithza Flores; Jamaal Nafiu; Aron Jones; Sebastian Romero; and Jasmine Pryor are the first cohort of the University at Buffalo School of Dental Medicine’s Destination Dental School program.

program reinforced their goal of becoming dentists by connecting them to mentors, improving their application readiness and learning what it’ll take to be successful in dental school.

“Being part of UB’s DDS program has given me a strong network and has solidified my confidence in my own abilities to apply to dental school, as a minority student,” Ms. Flores said.

Mr. Gutierrez agreed, adding that his expanded

network now also includes the two dozen underrepresented students with similar career goals.

“Personally, the biggest highlight of the program for me was being able to meet and network with other thriving and inspiring individuals because I know I will have a group of individuals whom I can collaborate with to revolutionize the delivery of oral care within and beyond the boundaries of our communities,” he said. ■

“

The ADA is confident that increased competition among health insurance and dental plans will lead to improved coverage for patients and more attractive terms for dentists who participate.

– ADA President  
Daniel J. Klemmedson,  
D.D.S., M.D.



## SmileCon kicks off CE with courses before meeting

HIGHLIGHTS INCLUDE DENT TALKS, MOCK TRIAL

BY MARY BETH VERSACI

Learning will start even before SmileCon takes place Oct. 11-13 in Las Vegas, with Pre-SmileCon Education on Oct. 9 and 10.

Pre-SmileCon programs are open to both SmileCon participants and those not attending the meeting.

One Pre-SmileCon course is Dental Sleep Medicine 2021 — A Conference for Dentists and Their Teams, which will provide



Dr. Kohner



Dr. Carstensen

dentists with the tools they need to begin treating people with sleep-related breathing disorders.

"Participants will enjoy detailed discussions, hands-on learning in small groups

with session leaders, breakout sessions for team members, and networking with a community of professionals passionate about improving the health of their patients and their community," said Steve Carstensen, D.D.S., one of the leaders of the course and an international lecturer on sleep-related breathing disorders. "Legal, ethical and proper workflow and billing will be covered so each participant will feel confident and safe to implement the learning right away in practice."

The two-day conference, which will run from 8 a.m.-5 p.m. Oct. 9 and 10, is worth 13.5 continuing education hours.

Another Pre-SmileCon course is Yes — Crown Lengthening Will Enhance Your Restorative Results, led by James Kohner, D.D.S., who has presented hands-on surgical training workshops across North America. Worth 7.5 CE hours, the workshop will take place from 8 a.m.-4:30 p.m. Oct. 10. It will cover indications, contraindications and techniques for using crown lengthening to help dentists get better results with their restorative efforts.

"I am totally convinced that these concepts and techniques are underutilized and if applied, will absolutely solve many everyday restorative challenges," Dr. Kohner said.

Other Pre-SmileCon courses include:

- Pediatric Dentistry: A Mini-Residency, 8 a.m.-5 p.m. Oct. 10.
- ADA Dental Coding Certificate Course, 8 a.m.-4 p.m. Oct. 10.
- Botox Therapy for Esthetics and Therapeutics Live Patient Certification Training, 8 a.m.-noon Oct. 10.
- Dermal Fillers for Esthetics and Therapeutics Live Patient Certification Training, 1-5 p.m. Oct. 10.



SmileCon will also offer plenty of CE during the meeting itself.

New this year are DENT Talks, which will cover four themes: what we think, how we care, what we see and what we feel. Each talk will include three speakers from the dental community to provide listeners with diverse perspectives on that session's topic.

A returning favorite is the mock trial, which will be back with a twist. Before the meeting, participants will get to help choose the subject that goes to court.

SmileCon's hands-on activities are another CE highlight, giving dentists the opportunity to roll up their sleeves and take their skills to the next level. These hands-on courses may include an additional charge, depending on the registration pass purchased. Participants will need to bring their own gear.

Four cadaver workshops are among the hands-on activities being offered at the meeting:

- Socket Graft and Ridge Preservation — Cadaver Workshop, 2-5 p.m. Oct. 11.
- Maxillary Sinus Graft Crestal Approach: Cadaver Workshop, 9 a.m.-noon Oct. 12.
- The Anatomy of Local Anesthesia: Human Cadaver Dissection, 1-5 p.m. Oct. 12.
- Cone Beam CT and Navigation Guided Dissection: Cadaver Workshop, 8 a.m.-3:30 p.m. Oct. 13.

To learn more about SmileCon or to register, visit [SmileCon.org](http://SmileCon.org). To take advantage of advance rates, register for the meeting by 5 p.m. CDT Sept. 30.

Standard registration rates will then apply until Oct. 13. ■

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## ADA 'strongly' encourages dental professionals to be vaccinated for COVID-19

BY DAVID BURGER

The ADA is "strongly" encouraging dental professionals to be vaccinated for COVID-19 and other infectious diseases. The ADA is not calling for mandated vaccination.

In a July 28 email to member dentists, ADA President Daniel J. Klemmedson, D.D.S., M.D., said

that ADA policy recommends vaccination in accord with what the Centers for Disease Control and Prevention recommends, and the CDC doesn't recommend mandated COVID-19 vaccination for health care professionals at this point in time.

Dr. Klemmedson said it was important to confirm the ADA's stance on vaccination for COVID-19 in light of recent news coverage about a number of health organizations calling for mandatory

COVID-19 vaccinations for health care workers.

"As we continue to hear about rising infection rates due to the Delta variant, I want to repeat to you what I noted in my December 2020 message: Dentists are essential health care providers whose leadership, counsel, and example will go a long way in building vaccine confidence in our nation," Dr. Klemmedson wrote. "Let's do our part to move public health forward. If you haven't already been vaccinated, please get vaccinated and encourage your team members and patients to do the same."

He noted that if the CDC changes its recommendation, the ADA will share this news with members to ensure they are following all applicable rules and regulations.

The president noted that the ADA was a

staunch advocate for the successful inclusion of dental professionals in Phase 1A of COVID-19 vaccine distribution, with final authority resting with individual states.

Because dentistry is a science and evidence-based profession, Dr. Klemmedson also shared ADA Health Policy Institute data that found nearly 90% of dentists reported being fully vaccinated for COVID-19, while 93.4% of dentists reported receiving at least one dose.

"Clearly, dental professionals are doing their part to limit the spread of the virus, but we must keep at it," Dr. Klemmedson said. "I'm a very strong believer in vaccination, and I hope, as a health care professional, that you are, too. Let's take our shot to help end this pandemic."

For more information on current CDC guidelines specifying which immunizations are recommended for health care workers, including those in dental practices, visit [Success.ADA.org](https://www.success.ada.org) and be sure to follow rules and regulations applicable to your location or employment situation. ■

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ADA members under age 65 are eligible to apply for the ADA supplemental medical insurance plans.

<sup>1</sup>Benefits for confinement in a Skilled Nursing Facility or Home Healthcare will be payable only if such post-hospital confinement begins within seven days after at least three consecutive days of confinement in a hospital.

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## CDC updates recommendation that limited aerosol-generating procedures

BY MARY BETH VERSACI

The Centers for Disease Control and Prevention has updated its COVID-19 Guidance for Dental Settings to remove language stating that dental health care personnel should avoid aerosol-generating procedures for all patients, regardless of their COVID-19 status.

Instead, the CDC states to avoid aerosol-generating procedures in a typical dental operatory only for patients with suspected or confirmed COVID-19, if possible.

Dental health care personnel should continue to practice universal precautions for all patients, even those with no symptoms of COVID-19, according to the CDC. ■



**August JADA:** Youth with a history of foster care report more oral health problems and less access to oral health care than their peers with no experience of foster care, according to a study published in the August issue of *The Journal of the American Dental Association*. Looking at oral health indicators from the 2019 Minnesota Student Survey, the study found the odds of an oral health problem for youth with foster care experience were 1.54 higher than for their peers. To read more about the cover story and the rest of the August issue, visit [bit.ly/3idVbCJ](https://bit.ly/3idVbCJ).

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# ADA Officer Campaign Statements

Candidates seeking ADA-elected offices prepared platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications.

Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are presented as information for Association members.

The candidates included are those who — as of Aug. 3 — had decided to seek office through the upcoming Association elections being held concurrently with the Oct. 13-16 House of Delegates in Las Vegas.

The candidates' profiles and statements are also available on ADA.org for Association members only.

## Julio Rodriguez, D.D.S.

### President-elect candidate



Dentistry has its eyes on a bright and ambitious future but challenges await us on the horizon. We must reduce barriers to quality dental care for our patients and protect our profession for the next generation.

I know we have what it takes with an amazing association in our corner. I have a clear vision for ADA's true capabilities and I am no stranger to challenges. I believe success in organized dentistry depends on how we respond to adversity.

A thriving ADA depends on three key areas:

- Member success. ADA must find new ways to enhance your individual success. We will fight against outside influences threatening patient-provider autonomy. Financial success resolves the burden of

debt and unlocks the freedom of choice.

- Inclusion. Membership is our lifeblood and membership is changing. ADA must continue being more inclusionary of all dentists. Our campaign motto is "All In"; that means every one of us, not some of us.
- Relevance. ADA must always be responsive to its members. Our power in advocacy relies on the highest possible market share. We must preserve ADA as dentistry's strongest, most respected voice. Only then can we succeed against intrusion from third-party payers. ■

### PROFILE

**Current residence:** Brodhead, Wisconsin

**Dental school attended:** Greater San Marcos National University — Lima, Peru

**Year received dental degree:** 1976

**Years of ADA membership**

**(include ASDA membership):** 39

**Other professional memberships:**

- Wisconsin Dental Association.
- International College of Dentists.
- American College of Dentists.
- Pierre Fauchard Academy.
- The National Association of Local Health Boards.

**Volunteer posts/elective offices held in organized dentistry:**

- Trustee 9th District, American Dental Association.
- President, Wisconsin Dental Association.
- President, Green County Dental Society.
- Chair, ADA Diversity and Inclusion Committee.
- Regent 9th District, International College of Dentists.

**What are your main qualifications for the office you seek?**

- A vision for ADA maximizing individual success — when our members thrive, so does our association.
- A deep understanding of ADA's operations and its true capabilities.
- Experience across the full spectrum of dental practice models and settings.
- An inclusive mindset to foster unity and bolster membership. "All In" means every one of us, not just some of us.

- Credibility to guide the membership through the challenges ahead with a network of allies and a posture of strength in the face of adversity.

**Why do you want to be an ADA officer?**

I am running for ADA president-elect because the future of our profession is at stake. We must defend against interference from third-party interests. Dentistry needs our protection so it does not become another broken health care system. If we fail to take action, both patients and practitioners will lose autonomy.

This is worth fighting for and I am ready to guide ADA through these unique challenges.

When I first earned my dental license, I was so proud to become a member of the ADA — the most powerful dental association in the world. We need to rekindle that same sense of pride in membership.

We must maintain our relevance with member dentists in order to accomplish our goals.

I want ADA membership to be so highly valued that dentists could not imagine professional life without it.

I know when we are united, we have what it takes to accomplish this mission. Will you join us? I respectfully ask for your support, and I want you to know I have your back. ■



## George R. Shepley, D.D.S.

### President-elect candidate



We find ourselves in a time of transition, yet despite many years of threats to the practice of dentistry, our ADA mission has not wavered. Our mission statement makes clear what we do and what we stand for: Help dentists succeed and support the advancement of the health of the public.

This is our call to action. When we help dentists succeed by actively providing improvements to their lives while remembering the public we serve, then and only then are we at our best.

My experience in win-win leadership, my calm demeanor, and my deep understanding of the multifaceted issues we face give me the skills that will be needed from our ADA President in the years to come.

By focusing on our mission, we can drill down on the critical things which bring value to our members and keep them engaged.

The issues we face as essential health care providers will only continue to get more complex, but if we focus on the basics, the ADA will be a stronger, invaluable resource and advocate for all dentists.

I would be honored to continue working together and humbly ask for your vote for president-elect in October. ■

### PROFILE

**Current residence:** Baltimore, Maryland

**Dental school attended:** West Virginia University School of Dentistry

**Year received dental degree:** 1977

**Postgraduate education/specialty:**

- Mastership, Academy of General Dentistry.
- Pankey Continuum.

**Years of ADA membership**

**(include ASDA membership):** 41

**Other professional memberships:**

- Master, Academy of General Dentistry.
- Fellow, American College of Dentists.
- Fellow, International College of Dentists.
- Fellow, Pierre Fauchard Academy.
- Member, Pankey Alumni Association.

**Volunteer posts/elective offices held in organized dentistry:**

- Chair, ADA Budget and Finance Committee.
- Chair, Standing Committee on International Accreditation, CODA.
- ADA State Public Affairs Oversight Workgroup.
- Chair, ADA Council on Communications.
- Trustee, Region 5 Academy of General Dentistry.

**What are your main qualifications for the office you seek?**

- Leadership and engagement at every level of organized dentistry for broad, hands-on, in depth perspective on ADA Mission: "Help dentists succeed and support the advancement of the health of the public."
- Business and budget expertise: executive director of Maryland AGD, chair of the ADA Budget & Finance Committee,

private practice owner.

- Effective representative and mission-driven leader focused on needs of private practitioners: chair of the ADA Council on Communications.
- Active and experienced legislative advocate: ADPAC, Council on Government Affairs and Maryland State Legislative Committee.

- Community leadership: Maryland State Dental Association Charitable and Education Foundation Board member and volunteer; ICD Homeless Veterans program provider; long-time volunteer with Donated Dental Services.

**Why do you want to be an ADA officer?**

Dentistry has provided the American dream for me and my family. My passion is to pay this forward through active commitment to organized dentistry.

As a longtime practicing dentist, it is my personal pledge to preserve the sanctity of the doctor/patient relationship so that we can keep the legacy of our great profession and our association intact for our future.

In these changing and challenging times, we must have experienced leadership. We need a leader who understands our ADA mission. We need a dedicated advocate to effectively promote our values on behalf of all who practice the profession of dentistry. We need a hands-on healer with the knowledge and skills to humbly care for the patients we serve. ■



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CANDIDATES continued from Page 10

Douglas Auld, D.D.S.  
Second vice president candidate



Over the past 40 years, I have witnessed the ADA be nimble and work hard to adapt to our changing world. During this time, I have had the opportunity to serve in various leadership roles at the state and national level.

My involvement in the ADA has allowed me to realize the value of working with my peers to further the profession for generations to come and I now look forward to the opportunity of representing all dentists as your second vice president of the ADA.

This past year, I witnessed the support of the ADA community as we endured one of the most trying times in our profession's history.

Now, more than ever, it is critical we capitalize on this momentum and share the ADA's mission if we plan on sustaining a strong voice for the future of our profession. ■

Mark Bronson, D.D.S.  
Second vice president candidate



As a private practice general dentist, I know the challenges of providing quality care for my patients and running a business. My objectives as your ADA second vice president will be to ensure that the ADA actively lives its core values by:

- Putting our member dentists first. We must never forget that we exist for our members.
- Committing to integrity by reflecting the highest values, ethics and principles in everything we do.
- Committing to excellence through innovation and creativity.
- Being a science and evidence-based organization. The ADA must establish and be the recognized source for credible standards for the practice of dentistry.
- Valuing diversity and inclusion. The ADA must be the voice for all dentists regardless of demographic background or practice type. We are stronger together.
- Being collaborative by engaging all communities of interest, including dental education, licensing boards, third-party payers and others, as we set the future course of dentistry.
- Working to promote and improve the oral health of the public.
- Advocating to protect the sanctity of the dentist-patient relationship from third-party interference and ensuring that laws and regulations do not impede our ability to provide quality care for our patients and operate our businesses. ■

Jay Freedman, D.D.S.  
Second vice president candidate



The pandemic has reframed many of the existing issues confronting our Association, created new ones and brought back several from the past.

Covid-19 helped to position dentistry as essential health care, and now we must explore where dentistry fits into the complex equation of public health equity. I will advocate for a thorough examination and creation of an appropriate policy.

The pandemic brought to light the strengths of the ADA to help members (and the profession), and we need to leverage all that goodwill in a rejuvenated effort of inclusion and welcoming membership outreach. I would start with a formal program targeting general practice residents and graduate students, who visibly represent dentistry's changing demographic. And we need to reconsider how we can warmly include our dental service organization colleagues.

I would work tirelessly to advocate for license portability and streamlining the entire exam process. Crushing student debt might be better addressed if the ADA organized its own credit union, which would be beneficial to all members.

Dental benefits in Medicare is back; we have a policy, but now we must safeguard our members' well-being while ensuring the public's.

I would work towards creating a mechanism that more appropriately reflects our demographic in the House of Delegates. ■

Elizabeth Reynolds, D.D.S.  
Second vice president candidate



I have been closely involved in organized dentistry for over two decades. I have seen our profession succeed in many ways, but we are at a precipice that requires us to make strong, difficult decisions to protect our profession and our patients. We must preserve our sacred doctor patient relationship and ensure that our third-party payer issues are addressed. We also need to tackle the workforce shortage issue. Hygienists and assistants are vital to a successful dental team, and we need to work with stakeholders to appropriately care for our patients.

Next, providing new members with a solid foundation for a successful dental career is the responsibility of a profession. The ADA's ADAPT program is a great opportunity to assist new members in finding their ideal practice while ensuring that retiring members find someone to care for their patients.

Finally, we need to grow and diversify our membership. It is crucial to embrace similarities and not let differences divide us. The strength of our profession is that dentists always put patients first. Building on what makes members similar and embracing members' differences will create a diverse organization that is strong and unified in its dedication to patients and oral health. ■

**PROFILE**

**Current residence:** McAlester, Oklahoma  
**Dental school attended:** Oklahoma University College of Dentistry  
**Year received dental degree:** 1982  
**Years of ADA membership (include ASDA membership):** 38 years  
**Other professional memberships:**

- Pierre Fauchard Academy.
- International College of Dentists.
- American College of Dentists.

**Volunteer posts/elective offices held in organized dentistry:**

- Past chair, ADA Council on Ethics and Judicial Affairs.
- Past chair, ADA Election Commission.
- Past chair, ADA 12th District Caucus.
- Past chair, ADA Election Commission.
- Past president, Oklahoma Dental Association.

**What are your main qualifications for the office you seek?**

- Leadership: I have served in various roles at all levels of the tripartite, as well as within my community. The knowledge gained from these leadership experiences are invaluable and have given me the skills to be an effective leader. My service has prepared me to function at the ADA Board level and lead us into the future.
- Experience: Throughout my 11 years on the House of Delegates I have experienced challenges and worked collaboratively to find effective solutions. These experiences have given me the confidence and the knowledge to lead.

See AULD, Page 17

**PROFILE**

**Current residence:** Cincinnati, Ohio  
**Dental school attended:** Ohio State University College of Dentistry  
**Year received dental degree:** 1991  
**Years of ADA membership (include ASDA membership):** 34+ years  
**Other professional memberships:**

- Pierre Fauchard Academy.
- American College of Dentists.
- International College of Dentists.
- National Dental Association.
- Ohio State University College of Dentistry Alumni Association (former board member).

**Volunteer posts/elective offices held in organized dentistry:**

- Chair of ADA Council on Government Affairs.
- Chair of ADA State Public Affairs Committee.
- Chair of ADA Seventh District Caucus.
- President of the Ohio Dental Association.
- Student representative to the National Dental Association.

**What are your main qualifications for the office you seek?**

My main qualifications include a long history of being an effective leader at every level of organized dentistry and being a strong advocate for the dental profession. I also bring the unique ability to represent and engage a broad cross-section of dentists. I own and operate the same private general dental practice that my father established nearly 60 years ago. I practice in a

See BRONSON, Page 17

**PROFILE**

**Current residence:** Dresher, Pennsylvania  
**Dental school attended:** Temple University Kornberg School of Dentistry  
**Year received dental degree:** 1978  
**Years of ADA membership (include ASDA membership):** 30  
**Other professional memberships:**

- American College of Dentistry.
- International College of Dentistry.
- Pierre Fauchard Academy.
- Senior attending, Abington-Jefferson Health System, dental division.
- American Academy of Implant Dentistry.

**Volunteer posts/elective offices held in organized dentistry:**

- Chair, ADA Council on Membership.
- President, Valley Forge Dental Association.
- President, Montgomery Bucks Dental Society.
- Radiology lead, Pennsylvania Mission of Mercy.
- Conference chair, Greater Philadelphia Valley Forge Dental Conference.

**What are your main qualifications for the office you seek?**

1. I have successfully held numerous positions in different facets of organized dentistry, each requiring their own unique skill sets.
2. I have been an educator/mentor in a general practice residency for over 30 years which deeply connects me through the generational layers. This has granted me a very unique perspective.
3. I have been professionally trained in development (fundraising), and have used these skills to provide significant

See FREEDMAN, Page 17

**PROFILE**

**Current residence:** Richmond, Virginia  
**Dental school attended:** School of Dentistry, Medical College of Virginia, Virginia Commonwealth University  
**Year received dental degree:** 1991  
**Years of ADA membership (include ASDA membership):** 30  
**Other professional memberships:**

- Fellow, American College of Dentists.
- Fellow, International College of Dentists.
- Fellow, Pierre Fauchard Academy.

**Volunteer posts/elective offices held in organized dentistry:**

- President, Virginia Dental Association.
- Chair, VDA Council on Membership.
- Delegate and alternate delegate, ADA.
- Member, ADA Council on Ethics, Bylaws and Judicial Affairs.
- Member, ADA Foundation Charitable Grants Committee.

**What are your main qualifications for the office you seek?**

1. Trusted leader with over 20 years of experience working in various positions within organized dentistry.
2. Effective communicator who greatly increased communication to VDA members during my tenure as VDA president.
3. Experienced advocate who protected VDA members' offices from governmental intrusion and worked closely with state leaders during the difficult pandemic year.

See REYNOLDS, Page 17

See CANDIDATES, Page 17

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## **CANDIDATES** *continued from Page 14*

### **AULD** *continued from Page 14*

- **Advocacy:** As an action team leader for my state, I have been successful in advocating for our profession and speaking with legislators to ensure our message is effectively communicated.
- **Business acumen:** Being in private practice for 38 years, I understand the challenges facing dentists today and what is required to operate a successful practice. I work alongside two partners and have seen many changes within the profession. I want to ensure the next generation's future is bright and prosperous.

#### **Why do you want to be an ADA officer?**

When I was accepted into dental school, I knew I had received a great honor and that I had been given a gift; a gift to change lives through dentistry. Through the years, I have had the opportunity to use this gift to not only help my patients, but to serve the dental profession through leadership roles within organized dentistry. My passion to serve is fueled by the desire to see the next generation of dentists move our profession forward and continue to build an organization on which all dentists can depend upon for years to come. ■

### **BRONSON** *continued from Page 14*

diverse community, treating all types of patients, including minority populations and patients on government assistance as well as those with private insurance. I have been a leader in my community and within my profession because my father instilled in me a commitment to leave things better than how I found them. I will bring these attributes and life experiences to the Board table as a steward of our great profession.

#### **Why do you want to be an ADA officer?**

As dentistry and the dental marketplace continue to evolve at a faster pace than ever, challenges will continue to emerge. I am running for second vice president because I believe our ADA must be proactive and creative in developing solutions and bold in implementing plans of action that anticipate and meet these challenges. I firmly believe that the future of dentistry can be as bright as its past but to achieve that goal the ADA must operate at its fullest potential and be aggressive in defending and protecting the interests of dentists and our patients. ■

### **FREEDMAN** *continued from Page 14*

- nondues revenues to both my district and regional dental conferences.
4. I am an innovative thinker who has the ability to examine and often solve a problem effectively through nontraditional techniques.
  5. I am a team player who is always ready to listen to others, am fully committed to my teammates and play my heart out.

#### **Why do you want to be an ADA officer?**

We live in an unpredictable and fast moving world. Today's leaders must be

able to identify change as it begins and pivot decisively ensuring their members' best interests. During the re-entry into this post pandemic environment, the ADA will need leadership that can listen to all points of view and truly understand, be prepared to think outside the lines, envision a future where all members can flourish and all are welcomed as members! I check all these boxes and more. Every endeavor that I have pursued in leadership has had positive outcomes. I believe that my energy, commitment and transformational thinking will put us all in a better position. ■

### **REYNOLDS** *continued from Page 14*

4. Strong membership advocate, including a year of growth while I was the VDA president during COVID-19.
5. Committed to the profession and to the health of our patients including many years volunteering for Mission of Mercy projects and Donated Dental Service (DDS).

#### **Why do you want to be an ADA officer?**

Through my leadership at the VDA I learned that information and

communication of that information is paramount in a strong organization. I feel that my experience in navigating the VDA through this past year has uniquely prepared me for working with the ADA Board of Trustees to engage and inform our membership. By effectively informing and communicating with our members in a timely and meaningful manner, we will strengthen and grow our membership. ■

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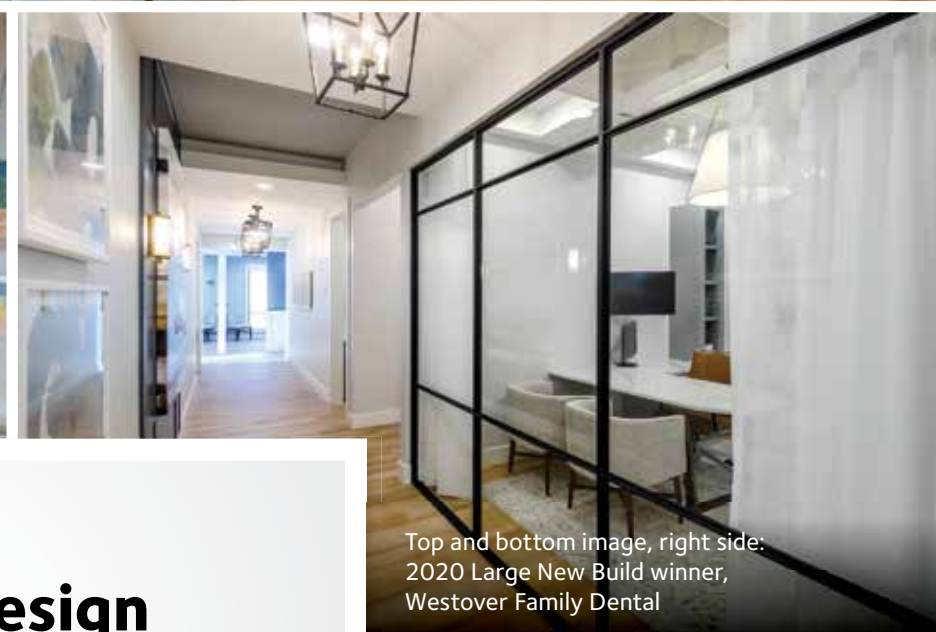
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Photos courtesy of 2020 winners.

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 **AROUND THE ADA**

**ADA**News

19

## ADA launches oral health clinical data warehouse

BY DAVID BURGER

The ADA Dental Experience and Research Exchange, the newly launched oral health clinical data warehouse, is now open to any practice of any size that uses practice management software Open Dental 19.3 or higher.

The ADA is working to integrate additional practice management systems in the future. "We are excited about launching this new program because we think it will connect participating dentists across the country to deliver data that

can help make a difference to dental practices and patients," said Randall Markarian, D.M.D., chair of the ADA Council on Dental Benefit Programs.

Each participating practice will have access to a customized dashboard that includes reports for specific clinical queries based on the practice's own data and, when sufficient data is available, benchmarks based on aggregated data from other participating practices. Dentists can also invite practice associates to access their practice's personalized data portal.

There is no cost to enroll a practice or run analytics or reports.

"Open Dental became the first practice management software company to participate in this initiative, which seeks to promote excellence in dental care by helping dentists improve the treatment and outcomes of patient care," Dr. Markarian said. "By being the first practice management software company to participate in this novel concept by facilitating the flow of data, Open Dental will be helping the dental profession advance its clinical evidence base."

"The data within the registry will also be used for approved research by the ADA and by external individuals and organizations," said Kevin Dens, D.D.S., incoming chair of the Council on Dental Benefit Programs.

Dr. Dens, whose practice was one of the first to participate in the initiative said that: "Over time, the registry will become a comprehensive source of data that will be used to help advance oral health research, contribute to the creation of clinical tools, develop time-trends on treatment patterns, outcomes and more."

In October 2018, the ADA House of Delegates approved a resolution to position the Association as a leading source of comprehensive data to support patient care, treatment guidelines, the development of health policy, medical necessity rules and to define population health and quality of care. To achieve this, Resolution 25H-2018 urged the Board of Trustees to prioritize the establishment of a clinical data registry.

To enroll, visit [ADA.org/DERE](https://ADA.org/DERE). ■

## ADA Council on Dental Benefit Programs continues to advocate for member dentists

BY DAVID BURGER

Two meetings earlier this year between third-party payers and the ADA to discuss streamlining the claim adjudication process are the latest example of the Association continuing to advocate for member dentists.

"Meetings with third-party payers are nothing new for the ADA Council on Dental Benefit Programs, which over the years has advocated on behalf of member benefits on dental insurance and benefits issues," said Randall Markarian, D.M.D., council chair.

The council's Dental Benefit Information Subcommittee members meet with some third-party payers individually each year, and the council chair and vice chair meet with the National Association of Dental Plans annually.

Bert Oettmeier, D.D.S., chair of the council in 2010, said that being in close contact with third-party payers is an essential part of the council members' jobs, despite often-conflicting opinions.

"Most of what we are interested in is not what they were interested in," said Dr. Oettmeier.

Christopher Bulnes, D.M.D., immediate past chair of the council, said, "Somewhere, we can meet them in the middle for the benefit of our members."

Despite occasional differences between payers and the ADA, successes as a direct result of the council's advocacy include:

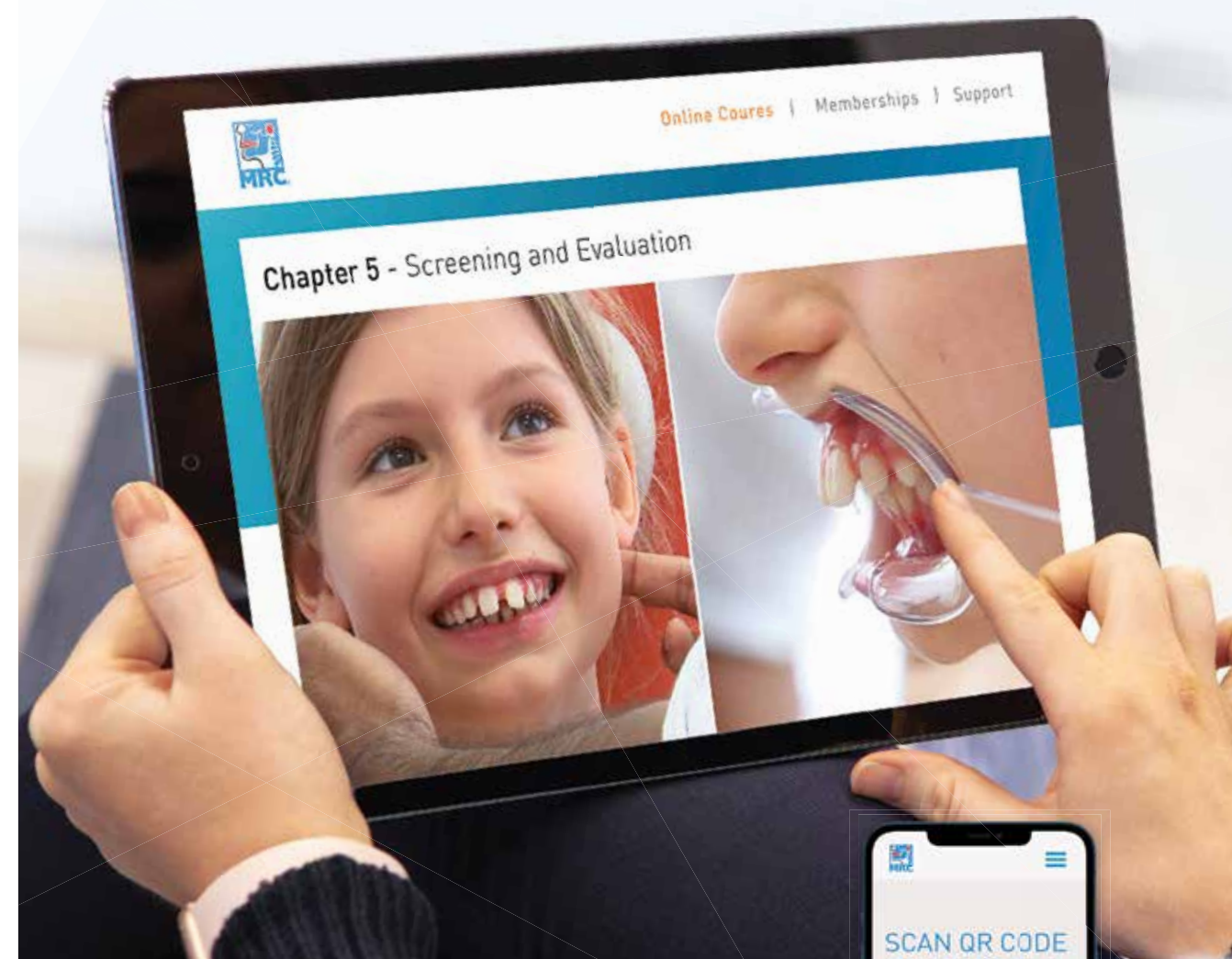
- Revising problematic explanation of benefits language so that it does not interfere with the dentist-patient relationship.
- Allowing dental consultants to speak with dentists on a peer-to-peer basis.
- Convincing dental plans to revise problematic processing policies.
- Helping dentists who terminated network participation with leasing companies get correctly paid as out-of-network providers.

Dr. Bulnes said another success was the launch of the recurring Administrative Efficiencies Summit.

To read the full story, visit [ADA.org](https://ADA.org) and search for "ADA Council on Dental Benefit Programs continues to advocate for member dentists." ■

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**MONTANA** — Office is a small fully equipped log cabin. Live in small town and make a great living at the same time. Doctor needs to transition soon. Fishing and hunting all around. **Call Dr. Jared: (208) 949-0868, [jared@mydentalbroker.com](mailto:jared@mydentalbroker.com).**

**NEW MEXICO** — Practice for Sale-Taos, historic resort town, world class uncrowded ski area, great outdoor recreation and restaurants. 2019 \$850,000 collections, 5 operatories, 2 EFDAs. **Email: [vollfee@yahoo.com](mailto:vollfee@yahoo.com).**

**OREGON** — Eugene –Springfield. 5 operatory clinic in a high traffic location. Collects over \$600,000 with great cash flow. Beautiful leasehold improvements and buildout. **Call Adam: (541) 520-5507, [adam@mydentalbroker.com](mailto:adam@mydentalbroker.com).**

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## Dental Practice for Sale?

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## ADA Humanitarian Award submission period open until Sept. 1

Sept. 1 is the deadline to nominate someone for the 2022 ADA Humanitarian Award, a recognition open to member dentists who have distinguished themselves by giving a minimum of 10 years to improving the oral health of underserved populations stateside.

The award will include a \$10,000 gift to the dental charity/project of the recipient's choice.

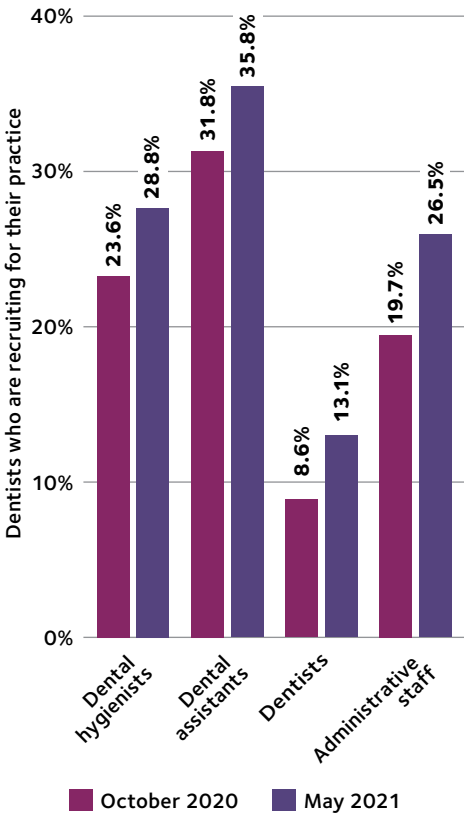
Any individual may nominate any active, life or retired ADA member in good standing by submitting a nomination for consideration by the Board of Trustees.

A nominator is limited to one Humanitarian Award nomination per year.

For more information, contact the ADA Council on Advocacy for Access and Prevention at [CAAP@ada.org](mailto:CAAP@ada.org). ■

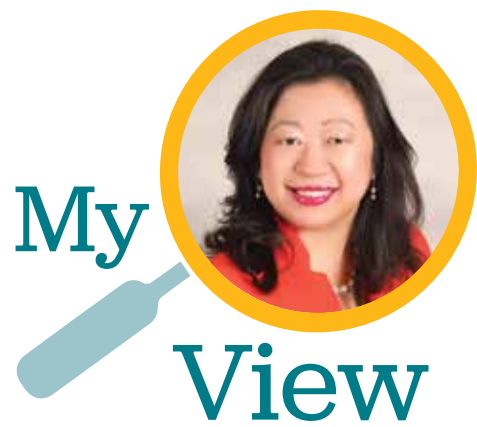
## Dental staff recruitment

The number of owner dentists in private practice reporting that they have recently or are currently recruiting personnel for their practices increased across all job categories from October 2020 to May 2021. Over one-third of owner dentists reported they are trying to hire dental assistants as of May 2021 and nearly 3 in 10 are recruiting dental hygienists.



Source: ADA Health Policy Institute, *Economic Impact of COVID-19 on Dental Practices*. Results from private practice. Available from: [ADA.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact/private-practice](http://ADA.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact/private-practice).





BY CATHY HUNG, D.D.S.

If you were to ask me five years ago what came to mind when I thought of the word “leadership,” the imagery of an alpha male standing on the podium, speaking and commanding hundreds and thousands of people immediately came to mind. I thought of the Army. I thought of the chief of a police department, or the president of the United States. I thought of a male authority figure with silver hair.

Through my journey with the ADA Institute for Diversity in Leadership in the past year, I had learned that leadership was about influence and not about position, age or gender. I recalled my younger days of applying for an oral and maxillofacial surgery residency as I navigated through the dark ages before the birth of social media. I had sought help through my dental school professors, largely unaware that it was called “mentorship.” I got into the residency and followed the ladder to become the chief resident. My understanding of leadership was limited to knowledge trickled down from my predecessors of how residents should be managed: I was a manager of my junior residents, delegating tasks and jumping in to intervene when situations arose. After residency, I became a mother and eventually a practice owner. Hundreds of decisions were made every day and I became the captain of the ship. Does being a practice owner automatically make me a business person and a leader? Where was my leadership training?

## Cultivating leadership skills for women through coaching and mentoring

A survey from the Harvard Business Review reveals that women tend to be more self-aware, therefore hold back more, underestimate themselves and worry to be viewed as less effective as compared to their male counterparts. Women also receive less feedback from colleagues, and feedback is crucial to help them grow.<sup>1</sup> This is more of a reason why coaching and mentoring early in a career would help women to develop leadership skills.

Harvard Business Review’s “On Women and Leadership” discusses styles of talking.<sup>2</sup> The linguistic styles of female communication include but are not limited to: sharing ideas, acting modestly, apologizing, avoiding verbal opposition and being indirect, having caused “unintended consequences” for females to be viewed as lacking confidence and authority. On the other hand, if a female were to adopt a masculine leadership style, she is subjected to “social penalty”: she will be viewed unfavorably as unkind.<sup>3</sup> It is truly a double whammy. Research shows that women can have a positive impact by adopting the transformational leadership style, which emphasizes inspiring and motivating, instead of a top-down authoritative leadership style.<sup>2</sup>

Coaching and mentoring are similar in a way that both aim to help in personal growth, with some distinct differences. A mentor is typically someone with more seniority and experience. It could be a faculty member in school, an attending in residency, or simply someone who is able to render you advice in areas he or she has expertise. There is typically a casual, personal relationship and a mentor would offer



advice based on personal experience. A mentor is someone that a mentee looks up to. Coaching on the other hand, typically keeps a professional relationship to target specific skills or goals over a measurable amount of time at a repeatable interval with a set time and place. A coach keeps progress of the coachee and possesses skill levels that a coachee needs help with. Coaching programs often involve a fee. Earlier in the spring, I had the pleasure to be on a speaker panel of the University of Michigan’s Women in Oral and Maxillofacial Surgery Leadership Symposium to discuss with other female surgeons about coaching and mentoring. The consensus was that one individual can benefit from both mentoring and coaching and that it would be most beneficial to have multiple mentors and coaches for the benefits of personal growth.

Last January when I contributed an article “You Look Too Young to Be a Dentist” on the New Dentist Now blog, I had received numerous messages from dentists, female and male of different ages, about how they were perceived to look too young. They expressed to have troubles

establishing authority with their patients due to their appearance or their communication styles despite their educational credentials. Coaching and mentoring can definitely help to bridge the gap to help train on how to communicate with patients more effectively.

The bottom line is everyone, male or female, inexperienced or seasoned, can benefit from coaching and mentoring. Navigation is made easy with the power of social media and internet search. Women’s leadership skills can and should be cultivated earlier in their careers because of the unique facets of challenges women face in the workforce. Currently, I am working on a handbook for female oral and maxillofacial surgeons called “Behind Her Scalpel: A Practical Guide to Oral and Maxillofacial Surgery and Stories by Female Surgeons,” to provide women who want to pursue surgery with resources and support. I wish to see more women taking on leadership roles in dentistry.

**Dr. Hung owns a solo practice in New Jersey and Pulling Wisdom Coaching and Workshops LLC and is an author and speaker on cultural competency for health care professionals.**

### References

1. Eurich, T. *Why self-awareness isn't doing more to help women's careers.* Harvard Business Review. May 31, 2019. Accessed June 27, 2021. <https://hbr.org/2019/05/why-self-awareness-isnt-doing-more-to-help-womens-careers>.
2. Harvard Business Review, Ibarra H, Tannen D, Williams JC, Hewlett SA. *On Women and Leadership.* Harvard Business Review; 2019.
3. Hippel CV. *Stereotype threat and female communication styles.* Pers Soc Psychol Bull. 2011;37(10):1312-1324. doi:10.1177/0146167211410439.

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## Bento provides dental insurance solutions for all dentists

**Member dentists speak of advantages offered by using ADA-endorsed company's benefits**

BY DAVID BURGER

When the Texas Dental Association's TDA Perks Program was investigating dental insurance solutions for its members, it did its due diligence and heard presentations from several vendors hoping to earn the program's endorsement.

One of them — Bento — “hit it out of the park,” said Robert A. Neal, D.D.S., a general dentist in Frisco and past president of the North Texas Dental Society.

Dr. Neal was so impressed with the presentation that he decided to sign up his practice with Bento and so far, “it has been a great experience,” he said.

“It fills a niche and a need,” said Dr. Neal. “They have a good product, and they want it to work and it does work.”

Founded in 2017 by Boston-based entrepreneurs Ram Sudireddy and Saty Mahajan, Bento provides a model that seeks to support the dentist-patient relationship without



Dr. Cammarata



Dr. Neal

undue interference.

Their technology is a marked improvement over traditional dental benefit administration, according to some ADA members who have already started to use Bento's products.

Bento allows dentists to install an in-office plan for people who do not have insurance, helping to keep the patient flow in the office.

Patients who lost their employer benefits can immediately sign up for an in-office plan with practices, since Bento's platform handles

individuals as well as employer groups.

Bento, also endorsed by the ADA and other state dental associations, allows employers to administer dental benefits for their employees that cover their oral health needs without getting in the middle of the dentist-patient relationship, regardless of the dentist's participation with Bento's network.

Eligibility and benefits verification occurs in real time in Bento's platform, and treatment plan decisions remain between the dentists and their patients.

With a user-friendly portal and app, it is clear to patients what they owe while they are still in the dentist's office. This means fewer surprises for everyone — the office accurately collects what is owed by the patient the same day of the procedure.

After the appointment is complete, dentists participating with Bento get paid with a single click and eliminate the cost of collections and chasing unpaid bills.

And in addition to getting real-time cost while in the office, their patients can review their treatment plans and confirm which services were provided during their appointment.

For Rita M. Cammarata, D.D.S., past president of the Texas Dental Association, the

appeal of Bento is the ease of use for a pediatric dentist like her, as well as making the experience for her patients simple.

“Bento seemed like a natural fit for our office,” Dr. Cammarata said.

It didn't take long for her or her staff to learn how to utilize Bento's offerings, and Bento allowed her to fully customize her in-office dental plan.

“We get to set the parameters,” she said. “It lets me control my practice.”

Dr. Neal said he also appreciated the customer service provided by Bento, which eased the transition.

Becoming a Bento dentist is free.

Visit [bento.net/dentist-signup](http://bento.net/dentist-signup), provide information about the practice and dentists, choose a fee schedule tier or tiers that work for your office and set up a bank account for direct deposit.

Setup takes minutes, and the practice will be up and running with Bento within two business days.

For detailed answers to questions, how-to guides and extensive lists of FAQs, visit [bento.net/bentopedia](http://bento.net/bentopedia) or [ADA.org/bento](http://ADA.org/bento).

Contact Bento at 1-800-734-8484 to speak with a Bento team member or email them at [smile@bento.net](mailto:smile@bento.net). ■

—burgerd@ada.org



## Association releases updated COVID-19 dental office procedures emphasizing need for hazard assessments

BY MARY BETH VERSACI

The American Dental Association's new Update to Office Procedures During COVID-19 provides updated information for dentists to consider as they assess COVID-19 workplace hazards and make decisions that are best for their practices.

“As state regulation and guidance evolve, dental practices should evaluate potential risks and benefits to determine an approach that is in the best interests of their dental team and patient population,” said Duc “Duke” M. Ho, D.D.S., chair of the ADA Council on Dental Practice. “Every practice is different and unique. Risk assessments are an integral part of ensuring the health, safety and well-being of everyone within the workplace, not to mention they are required by the Occupational Safety and Health Administration. It is critical for dental practices to conduct a hazard assessment that specifically takes local conditions, the practice's physical structures, staff health considerations — like staff vaccination rates — and other factors into account.”

The Update to Office Procedures During COVID-19 is structured along the same topical areas as the ADA's Return to Work

Interim Guidance Toolkit. It explains what guidance has and has not changed from the toolkit and also includes a hazard assessment and hazard assessment checklist.

Key points from the update include:



Dr. Ho

- Hazard assessments are required by OSHA. Dental practices must have a safety plan for exposure control and COVID-19. They should repeat the hazard assessment regularly as COVID-19 conditions change.
- Dentists should stay abreast of guidance from federal, state, local, tribal and territorial health agencies and consider how to incorporate those recommendations and resources into workplace-specific plans.
- Best practices for assessing and managing

the hazards in a workplace should take an integrative approach, incorporating evidence-based scientific data in conjunction with psychosocial, state and community factors.

- Dentists will need to use their best professional judgment when making decisions.
- Patient pre-appointment screenings are still necessary.
- Staff, patients and nonemployees on-site must be screened prior to office entry, and those with suspected or confirmed COVID-19 should not be permitted to enter.

The ADA continues to create COVID-19 resources that address members' concerns. For the latest information, visit [ADA.org/virus](http://ADA.org/virus). ■

—versacim@ada.org

## ADA updates resources for dentists who call or text patients

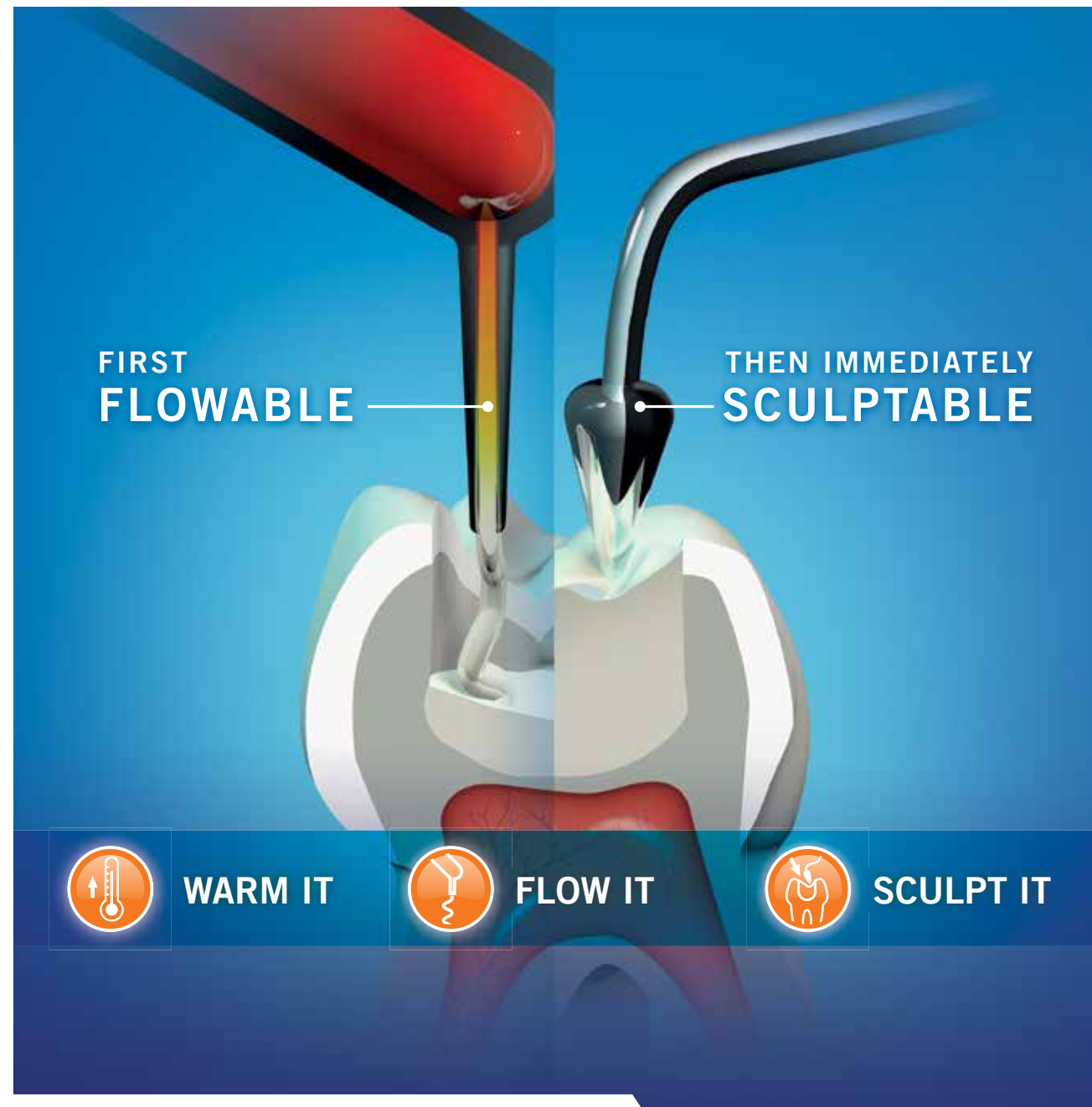
A resource from the ADA legal division, at [ADA.org/PhoningPatients](http://ADA.org/PhoningPatients), has been revised for dentists who contact patients.

Along with a description of the Telephone Consumer Protection act, this resource also includes a free sample consent form that member dentists may use in their practice to receive consent before making certain calls or sending certain text messages to patients.

This content is not intended or offered, nor should it be taken, as legal or other professional advice. Dentists are encouraged to consult with their own professional advisers about legal and regulatory compliance.

On April 1, the U.S. Supreme Court decided that to qualify as an “automatic telephone dialing system” under the Telephone Consumer Protection Act, a device must have the capacity either to store a phone number using a random or sequential number generator or to produce a telephone number using a random or sequential number generator. ■

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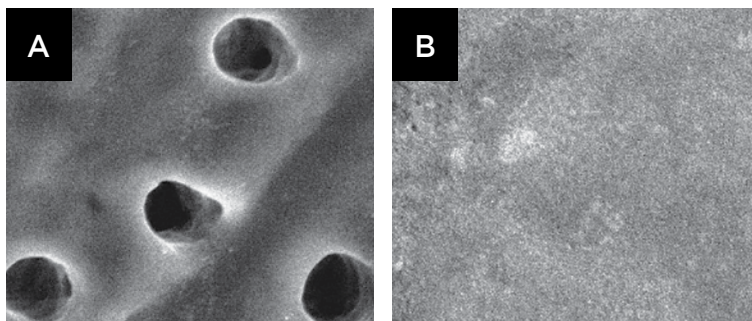
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Comparison of untreated Dentinal tubules (A), with tubules that have been covered with a dense layer of Predicta<sup>®</sup> Bioactive Desensitizer (B). Image courtesy of University of Washington School of Dentistry.



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