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EDUCATION

SPECIAL ISSUE:

Back to School

What does it take to start a dental school?

3 COLLEGES AT DIFFERENT LEVELS OF DEVELOPMENT TALK ABOUT JOYS, CHALLENGES OF OPENING DENTAL SCHOOLS

BY DAVID BURGER

Dentistry is a challenging but highly rewarding career, with dental schools providing the gateway. The profession has dramatically evolved through the years, and so have the scores of schools across the landscape. With students across the country starting up classes once again, three institutions are at different stages of development of their dental schools:

- The Texas Tech University Health Sciences Center El Paso Woody L. Hunt School of Dental Medicine opened in 2021 and will graduate its first class in 2025.
- The Kansas City University College of Dental Medicine welcomed its first class this summer.
- Arkansas' Lyon College School of Oral Health & Dental Medicine is undergoing the accreditation process, with its first class anticipated to start in June 2025.

ADA News talked to deans and faculty at the three schools to see what it takes to create a dental school from scratch, build a welcoming culture, and



position themselves to educate and develop the dentists of tomorrow.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO WOODY L. HUNT SCHOOL OF DENTAL MEDICINE

The dental school was the first dental school in Texas — the second

largest state by both land area and population — to open in more than a half-century.

"Fifty years ago, Texas's population was 10 million people," said Richard C. Black, D.D.S., founding dean of the Hunt School of Dental Medicine. "We are now pushing 30 million with dentists concentrated in the largest cities. El Paso is the largest metropolitan area

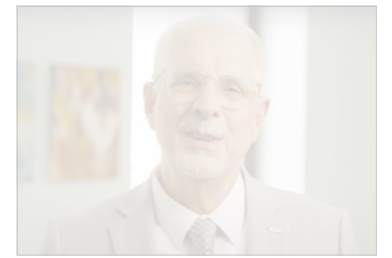
in western Texas and the commitment was to start here. Western Texas is very underserved for primary care dentists."

He added the school was intentional about its recruitment of students from west Texas and bordering states, including New Mexico. Before it opened, the nearest doctoral-level dental schools New Mexico students could attend were at A.T. Still University in Mesa, Arizona, or at the University of Colorado in Aurora, Colorado.

Wendy Woodall, D.D.S., professor and associate academic dean, said the school and faculty have a strong commitment to improve the health of the region through all aspects that an educational program brings: well-educated graduates, scholarship and service to the region.

"The team focused on providing education for 2030 and beyond, which caused us to evaluate not only curricular items, but also current learning strategies," she said. "This led us toward increased integrated teaching, case application of learning, early clinical provision of disease removal, Spanish language skills, small but constant evaluation and

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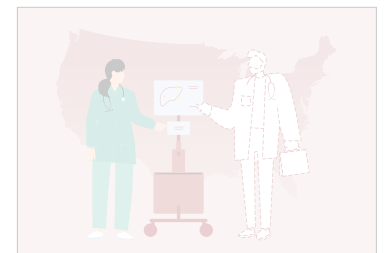
5 Together We Thrive

New ADA campaign emphasizes strength of tripartite



7 SmileCon

Many events dedicated to new dentists



17 Supply of dentists

Infographic examines shortage, what the future holds

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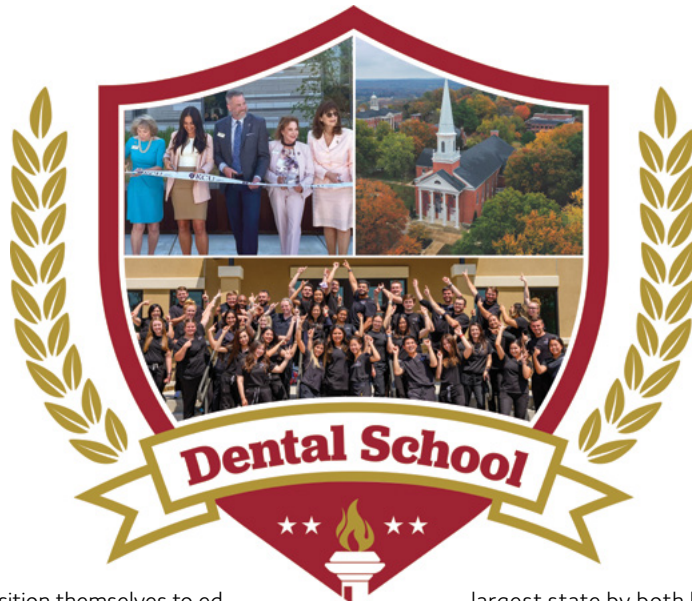
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5 Together We Thrive

New ADA campaign emphasizes strength of tripartite



7 SmileCon

Many events dedicated to new dentists

'With help from others and faith in yourself, get up'

Linda Edgar, D.D.S., to become 160th president of the ADA



BY KELLY GANSKI

Dentist. Leader. Mother. Wife. Teacher. Ironwoman. Author. Olympic competitor. Cancer survivor. The titles Linda Edgar, D.D.S., holds seem endless. In the season of life where many are winding down, Dr. Edgar has been a national leader since 2007 and she feels like she is just getting started in many ways. Or at the very least, she's never stopped and has no plans to.

Some of the chapters in Dr. Edgar's book of life had forced endings. Like when she had two miscarriages in nine months. Or when physical injuries forced her to stop running.

But Dr. Edgar has changed some chapters on her own and written her own new beginnings. She stopped teaching high school chemistry so she could attend dental school. She forged her own path of leadership within organized dentistry.

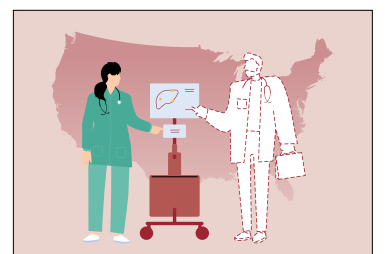
And now, she'll take office as the 160th president of the ADA during the Oct. 10 House of Delegates meeting in Orlando.

CAREER TRANSITIONS

Dr. Edgar was born in San Diego, where her father was a Coast Guard rescue pilot. The family followed dad's career, meaning Dr. Edgar lived nine places before she graduated from high school.

As an undergraduate at the University of Washington, her goal was to attend medical school and be an OB-GYN. Dr. Edgar met her husband, Bryan Edgar, D.D.S., as a sophomore, and he aspired to be a dentist. They made a deal: She'd put him through dental school if he put her through medical school when he was done.

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17 Supply of dentists

Infographic examines shortage, what the future holds

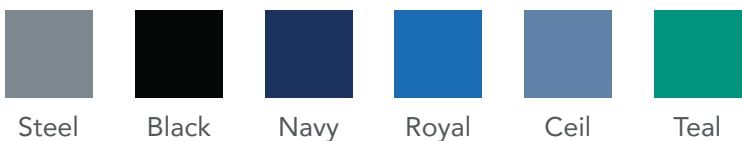
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PRACTICE

CDT 2024 ships Sept. 13

BY DAVID BURGER

The CDT 2024: Current Dental Terminology kit will ship Sept. 13 and is available for pre-order at the ADA Store.

The kit includes all the up-to-date and accurate information on this year's codes and a training guide for how to use them to prevent coding errors and receive prompt reimbursement.

The CDT 2024 and Coding Companion Kit also provides access to the CDT 2024 App and e-book.

Changes to the Code feature 15 additions, two revisions, and a new category for sleep apnea services. These CDT 2024 changes go into effect on Jan. 1, 2024.

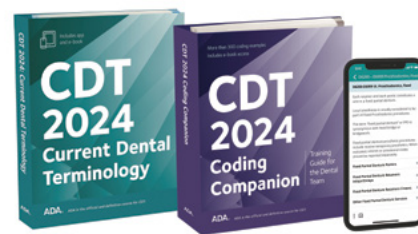
Among the 15 additions approved by the Code Maintenance Committee at its March meeting, are four new codes that reflect ADA policy on the role of dentistry in the treatment of sleep apnea.

The codes include sleep apnea procedures such as screenings and home sleep apnea tests, as well as fabrication, delivery and titration of oral appliance therapy devices. These codes expand

upon the current CDT codes for custom sleep apnea appliance delivery, adjustment and repair procedures, and are found in the new Sleep Apnea Services category.

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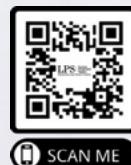
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EDGAR *continued from Page 1*

She graduated with a master's degree in education and started teaching high school chemistry. Two years into their marriage, Dr. Edgar had two ruptured tubal pregnancies within nine months. The experience was traumatic enough to deter her from attending medical school, so she kept teaching.

Serendipitously enough, three months after her last miscarriage, a woman walked into her husband's residency hospital and wanted to give up the baby she was due to have in a few days. The Edgars took it as a sign and decided to become instant parents to David, who is now a 6'8" captain for Alaskan Airlines.

Dr. Edgar continued to teach and started a running program at her school. She coached track and cross country and over the next 10 years ran 45 marathons (with a best time of 2 hours and 43 minutes) and two Ironman races. She even qualified and ran in the first women's Olympic Marathon Trials.

"That experience taught me anything was possible," Dr. Edgar said. "It removed the words 'can't' and 'impossible' from my vocabulary."

She's had every running injury you can think of, has no meniscus in her right knee but is proud to say she still has her original knees and hips. After crashing her bike in an Ironman competition, her husband went to the University of Washington Dental School and got an application.

"You should apply to dental school, you would be good at this," Bryan Edgar said to his then-37-year-old wife. "It would be safer."

As she entered the University of Washington School of Dentistry in 1988, Dr. Edgar described herself as an "unusual student." Her son was 10 years old at the time, and she commuted one to two hours each way depending on traffic.

"I felt very alone, to be honest, because I was older and had a child," said Dr. Edgar, who pointed out she was one of only 11 women in a class of 54.

"Right now, well-being is so important to the younger cohort, and I lived all that. I lived feeling like I didn't belong to the group," she said. "I nearly quit my first year. I was a very good teacher. I was head of my chemistry department. You get into dental school, and I felt like a kindergartner. I didn't know how to do anything. It was hard to start over."

But her husband stepped in.

"My husband said, 'There will be patients who will miss out if you do not continue.' I took that to heart and stuck with it," Dr. Edgar said.

She graduated in 1992 and went into practice in Federal Way, Washington, with Bryan, who had been at dentist for 17 years at that point.

PATH TO THE PRESIDENCY

Dr. Edgar got involved with organized dentistry through the Washington Academy of General Dentistry, rising through the ranks to ultimately be its president in 1998. She served two terms as national AGD secretary and was the president of the national AGD from 2007-15. At the same time, she was the Seattle King Dental Society president in 2010. She said some people felt it was a conflict of interest to be involved in both types of organizations, but Dr. Edgar felt like it was a collaborative effort.

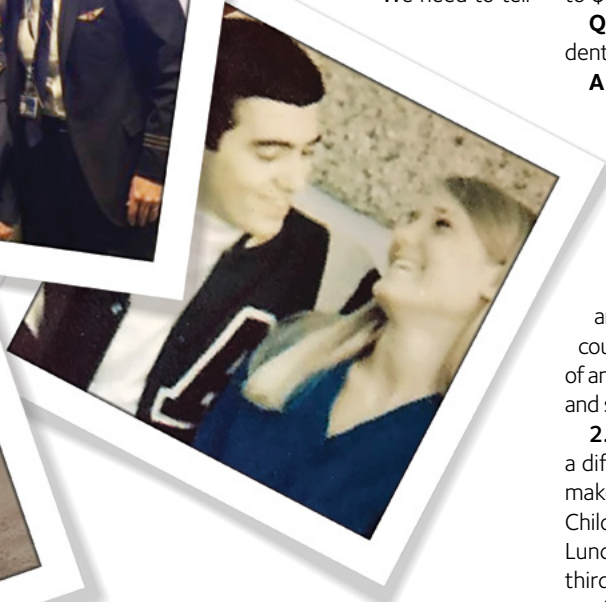
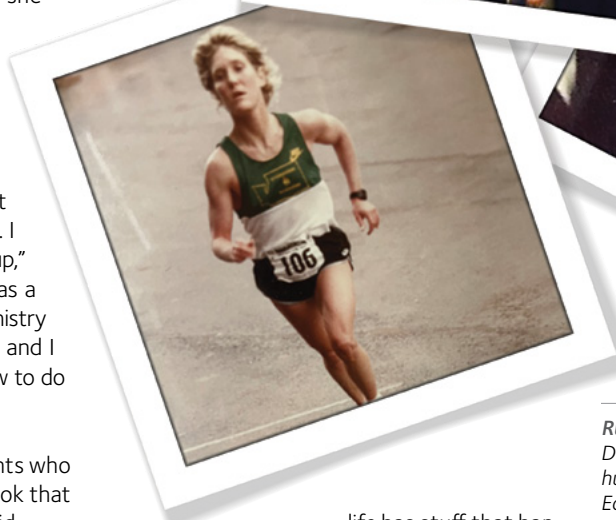
"I was learning leadership, which really helped me in my practice on a daily basis," Dr. Edgar said. "It helps you have a community of support that you don't get if you're just sitting in your solo practice working every day. You're not showing your cases to someone else and asking, 'What would you do if you had this situation?' It just makes you a better dentist."

In 2016, she was diagnosed with lip cancer, leading her and Bryan to take friends up on an

offer to purchase their practice and have them work back in the practice for several years. She was president of AGD at the time, and working three days a work versus every day was attractive to someone rising in the leadership ranks. It worked out well because when she joined the ADA Board of Trustees in 2018 and ran for president-elect in 2022, she valued the extra time. While running for president-elect, Dr. Edgar took a step back from practicing entirely to focus on her leadership role.

In the limited spare time she did have, Dr. Edgar authored two books — one on the story of adopting her son, "Thank You For Giving Me David," and the other a collection of leadership stories called "Climb Every Mountain." She loves to read, make jewelry, spend time at her home in Hawaii and visit with her two granddaughters, who live about an hour away. She and Bryan celebrated their 50th anniversary in June.

"I've really learned in this life I've lived that just get up each time you fall. Everybody in their



programs. Our goal is to decrease dues, hopefully this year.

1. Decreasing membership. We need to educate and communicate to our early career dentists and dental students why it is important to be a member of organized dentistry and promote and improve the profession they are investing some-times, in some instances, over \$400,000 in.

2. Fractionation of our profession with so many dental groups duplicating the same efforts with often the same issues. We need to bring our state and local dental association partners, the Diversity Summit Presidents Group, and the recognized dental specialty associations together at the table to get answers to problems and work together. We are all dentists. We need to welcome all dentists no matter what practice modality they are in. We are stronger together.

3. Lack of connection and the need for dentists to feel like we "have their backs" and are not alone when they have a tough day.

4. The biggest issue facing our profession is communication about what ADA does to strengthen the profession.

Many of our members and nonmembers don't know about the many things we do to keep the profession strong and help them succeed. We need to tell

services, networking leasing, and virtual credit card processing, to name a few.

2. The ADA spends over \$10 million a year on science through the ADA Science and Research Institute to help develop new products and diagnostics and test new equipment.

3. We continually develop new education offerings including webinars, podcasts and in-person meetings to help dentists keep up to date and protect the patients and the profession.

4. Licensure portability through the compact legislation, which will allow dentists and hygienists to practice in multiple states, is being worked on. State laws to authorize the compact have already passed in three states with more on the way.

5. The ADA has helped with expanding Medicaid reimbursement in over 20 states. We are at the table discussing fair reimbursements to improve the Medicaid program and getting more dentists to sign up. We are also working to make Medicaid paperwork more streamlined.

6. The ADA has been at the table negotiating and encouraging legislative support for reductions in student loan interest rates and flexibility on student loan repayment. We negotiated Laurel Road's interest deduction from 0.25 to 0.3% this year and are looking at more avenues for students and dentists to be helped. Eliminating student loan interest payments while a dentist is in school or residency will save them \$30,000 to \$40,000 depending on the loan amount.

Q. Do you have priorities for your year as president? Specific goals you are aiming to achieve?

A. 1. Increase membership, with an emphasis on one-on-one connections with members and nonmembers and creating a contest to reward and recognize those members doing this. We need to reach out with a personal touch to members and nonmembers and much better communicate what we do. Every member needs to be involved. We are talking about possibly giving members a discount on ADA national dues if they are a member of another organization to encourage collaboration and strengthen all our dental groups.

2. Increase education to the public about what a difference nutrition and tooth brushing would make through a tested program founded by the Children's Oral Health Institute called Lessons in a Lunchbox, which will be provided to second- and third graders across the country. Continue the work of ADA President George Shepley's Task Force on Sugar and educate the public.

Increase communication and inform members and nonmembers about all that the ADA does and disseminate information we talk about within our councils out to dentists to help dentists in their practices. Have townhalls to listen to members' concerns and suggestions and answer their questions. We are continually working to improve the ADA app to help with customized information that you care about.

3. Collaboration and listening sessions with all dental organizations. Collaboration with all dental groups so we can begin to solve issues together and encourage all dental groups to come to our ADA Dentist and Student Lobby Day next year.

4. Create a venue for women dentists to "ask me anything," with leading women dentists continuing to encourage women to get involved with leadership roles.

5. Mentorship programs and town halls for new dentists to ask questions and have their voices heard and ask questions with panels of new dentist leaders.

6. Develop a better insurance payment system with no maximums and a possible voucher system for those who cannot afford care to increase access.

All these efforts take money and increasing membership and nondues revenue will help. ■

Part II of this questionnaire will appear in the October ADA News.

life has stuff that happens to them that they have to recover from. With help from others and faith in yourself, get up. Sometimes right around the corner there's a much better thing that's going to happen for you."

Dr. Edgar was interviewed by Editor-in-Chief Kelly Ganski in June.

Q. What are the three biggest issues facing the profession right now? What are the three biggest issues facing the Association right now? Are they the same or different?

A. The three biggest issues facing the profession are insurance reimbursement, student debt and workforce.

The biggest issues facing the Association: connection, collaboration and communication. The ADA, like most associations, is looking for better ways to create meaningful connections, increase effective collaborations and improve messaging that resonates with stakeholders, especially members and prospective members. So, connection, collaboration and communication are key. We are also hoping to create more efficiencies with updated systems like Salesforce and Fonteva and get rid of irrelevant

Runner, mother and wife: From left, Linda Edgar, D.D.S., runs in a marathon; Dr. Edgar stands with her husband, Bryan Edgar, D.D.S., left, and her son, David Edgar; and Dr. Edgar and her husband in high school.

our story better and emphasize the need to stand together for the strength of our profession. The ADA's new campaign, Together, We Thrive, highlights the Power of Three — or power of membership at the local, state and national level — in shaping the future of each member's life and career as well as the future of the dental profession.

Q. Why are you a member of the Association? Why should a nonmember join?

A. I am a member of ADA because it is the only organization big enough to protect the profession and help make a difference at the national/federal level. I believe as a member of the profession and a delegate for 15 years we have made progress helping dentists succeed and helping the underserved get better treatment.

1. The ADA, alongside the state dental societies, are the major force pushing for laws helping dentists and patients deal with third-party payers. The ADA funds several million dollars a year through our State Public Affairs programs and the Fight Insurance Interference Strategic Taskforce. This money is given to our states to help pass bills into law on medical loss ratio, bundling of procedures, assignment of benefits, noncovered

‘Together, we thrive’

NEW CAMPAIGN SHOWS THE POWER OF POSSIBILITIES, UNITY IN MEMBERSHIP

BY STACIE CROZIER

The ADA’s new campaign, Together, We Thrive, highlights the Power of Three — or power of membership at the local, state and national levels — in shaping the future of each member’s life and career as well as the future of the dental profession.

The campaign launched Aug. 15 with a video emphasizing how partnership in the tripartite amplifies dentists’ voices in advocacy; supports innovations in scientific research, standards, dental benefits and licensure; and strengthens the community of dentistry’s role in improving oral health locally, nationally and globally.

ADA President George R. Shepley, D.D.S.; Tanya Sue Maestas, D.D.S., a public health dentist in El Paso, Texas, and New Dentist Committee representative to the Council on Communications; and James Lee, D.M.D., a general dentist in Malden, Massachusetts and chair of the ADA New Dentist Committee are featured in the four-minute video.

“With so much on the horizon for dentistry — and so much at stake — one thing is certain: We are indeed better together — local, state, and national — in our pursuit of helping dentists succeed

and advancing oral health for all,” said Dr. Shepley. “The Tripartite has brought the profession forward and will continue to carry us through the future.”

Dr. Maestas said that membership matters because it gives members the power of possibility when accessing new innovations in membership and resources. This includes modernizing membership platforms to provide a seamless experience

for users and offering tools like the ADA Member App, the award-winning Dental Sound Bites podcast, virtual reality continuing education platforms, interactive licensure tools, and — coming soon — a new member loyalty program that will allow members to access the member benefits best suited to their needs and getting rewarded for it.

Membership also provides the power of a unified voice and protecting dentists’ interests, said Dr. Lee. Many members, he noted, may not realize that 75% of their tripartite dues is actually reinvested in activities that shape the future of their individual career and life goals as well as the future of the profession — including legislative advocacy at the local, state and national levels



on issues such as licensure portability and dental benefits reforms and that members always have national representation on the issues that are most important to them.

The video is available on the ADA YouTube channel and [ADA.org/powerof3](https://ada.org/powerof3). ■

Support Maui dentists affected by wildfires

BY STACIE CROZIER

In the wake of the wildfires in Maui, Hawaii, the Hawaii Dental Association Foundation, with support from the Hawaii Dental Association, established a special Disaster Relief Fund to provide immediate support for dentists who have been affected by the disaster.

“No one could have anticipated the magnitude of the destruction that the Maui fires have caused,” Hawaii Dental Association President Norman S. Chun, D.M.D., wrote in a letter to ADA President George R. Shepley, D.D.S.

Immediately after the disaster, the Hawaii Dental Association Foundation created a disaster relief fund for Hawaii licensed dentists, with priority for ADA members who have been directly impacted. The HDA donated \$50,000 in seed money “which has been steadily growing from donations from private sources and friends and colleagues nationwide.” Those who would like to donate can send checks payable to Hawaii Dental Association Foundation. Note in the memo line that the donation is for the Disaster Relief Fund. Checks should be mailed to 500 Ala Moana Blvd., Suite 7-411, Honolulu, HI 96813.

The HDAF is a tax-exempt, public charity as described in Section 501(c)(3) of the Internal Revenue Code, which allows donations to be tax deductible. The foundation’s tax ID number is 81-3947506. ■



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ADA Board bestows honorary membership on 4 of dentistry's leaders

BY STACIE CROZIER

The Board of Trustees awarded honorary ADA memberships to four individuals who have made outstanding contributions to the advancement of the art and science of dentistry.

Honorary membership can be awarded to dentists who are not eligible for active, life or retired membership in the Association or to

individuals from outside the dental profession. Current tripartite employees who have at least 20 years of service and have made outstanding contributions above and beyond expectations to the profession are eligible for nomination at a time that coincides with their retirement.

IHSANE BEN YAHYA

As she nears the end of her two-year term as president of the FDI World Dental Federation



Dr. Ben Yahya



Ms. Burgess



Dr. Grove



Ms. Moore

— and the first FDI president from Africa — professor Ihsane Ben Yahya's accomplishments in world oral health "represent significant

contributions to the advancement of the art and science of dentistry, as well as the improvement of public health; all key tenets of the ADA mission," said ADA 10th District trustee Scott L. Morrison, D.D.S., in a letter of nomination.

Dr. Ben Yahya is also dean of the dental faculty at the Medicine University Mohammed VI of Health Science in Casablanca, Morocco.

KAREN BURGESS

Karen Burgess, Michigan Dental Association's CEO and executive director for nearly a decade, has posthumously received honorary membership in the American Dental Association. She died July 18 after a brief illness.

MDA President Eric Knudsen, D.D.S., said Ms. Burgess was a "driving force" for the MDA.

She earned a bachelor's degree from Illinois State University and a master's degree in business administration from the University of Wisconsin. Before joining the MDA staff, Ms. Burgess served as director and senior director of membership marketing and member services at the American Dental Association from 1996 to 2013. During her tenure at the ADA, she provided strategic leadership for membership marketing for the ADA's 157,000-plus member dentists and 18,000 dental student members, the ADA New Dentist Committee and the Council on Members Insurance and Retirement Programs.

RANDY GROVE

As a college student, Randy Grove, D.Sc., had plans to teach health and physical education, but his career took a turn into the world of dentistry in 1977 when he joined the ADA as director of health education, a position he held for almost a decade.

For 33 years he led the largest ADA component society in the nation and served the Chicago Dental Society until his retirement May 31, when he was named executive director emeritus. His nominators credit him for raising the profile of the Chicago Midwinter Meeting by moving it to McCormick Place and expanding it to become one of the largest dental meetings in the U.S. and one of the top conventions in Chicago.

KATHLEEN MOORE

With more than a quarter century of service as executive director of the Third District Dental Society, a component of the New York State Dental Association, Kathleen Moore was a trailblazer in organized dentistry.

She was hired in 1997 as executive secretary and worked with Gerard Ripp, D.D.S., the executive director, to launch the digital platform for the dental society. When Dr. Ripp retired in 1998, he nominated Ms. Moore to be assistant executive director, a position she held for one year before being named as the society's first nondentist female executive director in 1999 by Lawrence J. Busino, D.D.S., past president of the Third District Dental Society and the New York State Dental Association.

Under Ms. Moore's leadership, the Third District developed email-based communication that bridged paper newsletters to a platform that gave members instant access to critical news that affected their practice.

To read the full version of this article online, search for the headline at adanews.ada.org. ■



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SmileCon offers place for new dentists

CURATED COURSES FOCUS ON CAREER, WELLNESS, CLINICAL SKILLS

BY MARY BETH VERSACI

SmileCon offers an experience just for new dentists — from fun opportunities to network with peers who are in the same stage of their careers to courses focused on the subjects that interest them most.

New dentists and dental students won't want to miss the New Dentist After Party, an exclusive get-together featuring food, drinks, music and games from 8-10 p.m. Oct. 6 at Descend 21 at the Hyatt Regency Orlando. The party is sponsored by Aspen Dental.

During the Dental Olympics on Oct. 6-7 in Dental Central, student teams from four dental schools will compete head-to-head in dental trivia, a social media contest and more, as their fellow students, alumni and supporters cheer them on. The event is sponsored by Pacific Dental Services.

The 10 Under 10 Awards celebration, which is open to anyone to attend, will honor the accomplishments of the award winners — 10 new dentists who have demonstrated excellence in the dental profession. It takes place 1-2:30 p.m. Oct. 6 in the ADA Hub at Dental Central.

Some of the specially curated courses for new dentists tackle career-related topics, helping them to build a foundation for success today and in the future.

One career-related course is the New Dentist Committee Town Hall: Career Path Mentorship (6143) from 3:30-5 p.m. Oct. 5 in the ADA Hub in Dental Central.

In this town hall, the ADA New Dentist Committee will facilitate a discussion on mentorship in dentistry. New dentists who attend will learn how to find a mentor, grow or reduce a mentoring responsibility and maximize their success in a mentoring relationship. Following a planned panel discussion, there will be time for a Q&A and meet-and-greet session.

The moderator is Bryce A. Larson, D.M.D., District 8 representative on the New Dentist Committee, and panelists include Aman Kaur, founder and president of Women in DSO; Gabriel B. Holdwick, D.D.S., District 9 representative on the New Dentist Committee; Alexandra Fitzgerald, D.D.S., president-elect of the Maryland State Dental Association and recipient of a 2023 ADA 10 Under 10 Award; and LaJoi Wiggins, D.M.D., an ADA Success speaker.

Other career-focused courses will discuss contracts, associateships and more. Courses highlighting the importance of wellness will share the experiences of experts and dentists who have found ways to balance busy careers and healthy lifestyles.

One such wellness course, again hosted by the New Dentist Committee, is Managing the Big Three: Burnout, Anxiety, Depression (6150), taking place from 10-11 a.m. Oct. 6 in the Wellness Hub in Dental Central. In this course, the presenters will share their experiences with depression, anxiety and other mental health challenges, ways to support each other during tough times and resources to strengthen overall well-being.

The moderator is Jarod W. Johnson, D.D.S., District 10 representative on the New Dentist Committee and mental health advocate, and panelists include Alayna Schoblaske, D.M.D., District 11 representative on the New Dentist Committee and dental director at La Clinica, a federally qualified health center in Oregon, and Julie A. Spaniel, D.D.S., and Amisha Singh, D.D.S., ADA wellness ambassadors and members of the

ADA Dental Wellness Advisory Committee.

New dentists looking to sharpen their clinical skills and make their practices stand out have several courses at their disposal. One is Cases That Haunt Us: React, Rebound, and Recover from Failures (5122) from 2-5 p.m. Oct. 5 in Room S310G. The speaker is Mark E. Hyman, D.D.S., adjunct full professor and special assistant to the Office of the Dean at the University of North Carolina at Chapel Hill Adams School of Dentistry.

In this course, Dr. Hyman will explain how to discuss a patient's wants and needs to minimize misunderstandings, engage the team for successful case acceptance and react when things go wrong. ■



Photo by EZ Event Photography

Cheering section: Dental students and new dentists support their teams during the first Dental Olympics at SmileCon 2022 in Houston. SmileCon offers activities and courses specifically curated for the younger dental community.






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New ADA 3D Printing Guide offers insight as digital workflow technology expands

NOW AVAILABLE FOR FREE DOWNLOAD IN THE ADA STORE

BY DAVID BURGER

The ADA has created a new 3D printing guide as dental professionals consider expanding their use of digital workflow technology. One part of the digital workflow can include

a 3D printer to fabricate diagnostic models, occlusal guards and surgical guides.

Dental professionals can find this resource, developed by the ADA Council on Dental Practice's Digital Dentistry Technology and Innovation subcommittee with input from the American Dental Education Association, in the ADA store

for download free of charge.

"We recognize that technology is ever-changing, and we want dental practitioners to feel confident and that the ADA is the trusted source of information for dental professionals to be the best informed in the field of technology," said Michael Saba, D.M.D., chair of the subcommittee.

The new 3D printing guide provides guidance on a broad range of features a dental practice may consider when investing in a 3D printer for their dental practice. The guide offers a comparison chart highlighting the clinical indications for use, unique features, initial investment and a breakdown of print times.

According to the ADA's ACE Panel survey from earlier this year, the most common reasons dentists said they began using a 3D printer were to complement or enhance other digital technologies, control workflows, improve efficiency, use existing digital skills or procedures, and reduce cost or manufacturing time.

"The application of digital technologies in dentistry offers the clinician a unique opportunity to optimize their workflows without compromising high-quality standards," said Gabriela Lagreca, D.D.S., consultant on the guide and chair of the Teaching and Learning with Technology ADEA special interest group. "It allows patients and practitioners to communicate better, provide consistency in the quality of care, and improve the patient experience. Young clinicians are eager to practice modern dentistry using the latest technology. Now more than ever, the digitalization of your practice will set you apart, giving you a true competitive advantage among clinicians. Let's all get ready for it." ■

— burgerd@ada.org

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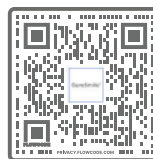
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Research: Dentists are at an increased risk of needlestick injuries, and recommendations for preventing these injuries are inconsistent, according to a study published in the September issue of The Journal of the American Dental Association. Injuries from needles or other sharp objects are the main sources of bloodborne pathogens in health care workplaces. While researchers found the reporting rate of needlestick injuries by dentists was low, the frequency of these injuries among dental students was "alarmingly high." To read the full JADA article online, visit JADA.ADA.org.

Where are all the dental assistants and hygienists?

BY CHRIS SALIERNO, D.D.S.

It's always a challenge hiring great people. But something that all dental practices are asking right now is: where are the dental assistants and hygienists?

According to the ADA, almost three quarters of dental practices that are hiring hygienists say that the process has been "extremely challenging." More than half say the same for hiring dental assistants.

The problem is worse than ever before — and it's only grown more challenging since the pandemic.

So, why is this problem happening? And, most importantly, how do dental practices solve it?



Dr. Salierno

The market is still reeling from COVID-19. There was an estimated 8% reduction in the hygiene workforce due to the pandemic. That included people who said, "You know, I'm 60 years old, and I'm a hygienist trying to do my job in the middle of all this craziness. That's it, I'm out."

Maybe these folks were burned out, or maybe they had a significant other who earned enough to keep things steady. Whatever the case may be, they retired early.

There was also a rise in dental assistants and hygienists working part time. This fall-off in full-time employees caused a dramatic increase in wages, because demand grew seemingly overnight. If a hygienist or dental assistant didn't feel attached to their employer, they could take a position nearby for more money. A lot of practices tried to simply throw money at the problem, rather than taking a deeper look at how they operated.

And this is good for the dental community overall, because dental assistants and hygienists are so integral to providing oral health care. In some cases, these folks were being underpaid, and the sudden demand for their services helped correct the market. When they're happy, we all win.

Also, it's worth pointing out: higher wages are a normal phenomenon whenever workers are in high demand. We're absolutely seeing that now. Hygienists and dental assistants are specialized, licensed, highly skilled professionals. You can't just pluck them out of thin air; they graduate from accredited programs. There's a real limitation on the supply side.

something else. Maybe they want to take on leadership, educational, and managerial responsibilities. If you're able to create that clear pathway that internally promotes, rather than just recruits from outside, that's very attractive and goes well beyond wages and benefits.

Once you're a "best place to work" — and understand why you are — make sure that your value prop as an employer is clear.

Then, increase the size of the recruitment funnel. There's a lot of ways to do this. But one way that's underutilized is peer-to-peer recruitment.

Find brand ambassadors within your company that live your mission, vision and values, and are emblematic of the culture you're creating. If they're excited to be able to go and preach from the highest mountain top, then empower them to do so.

Next, you want to improve retention. So, in addition to providing clear career pathways for folks, you need a best-in-class onboarding program. Rather than just being shown where the cafeteria is, employees need to be truly welcomed into the culture. When onboarding is done right, it removes a lot of speed bumps that could lead to premature turnover.

Yes, the statistics are daunting. But health care business owners can take this as a challenge to evolve their value proposition. What does it mean to be an employee in your organization? If you're just throwing money at the problem, you'll attract mercenaries — not missionaries.

Raising wages is in many cases necessary, but that alone is a stopgap measure. It doesn't lead to sustainable growth and creating a better environment for your employees. And if you're creating a better environment for your employees, your practice will be better for it.

This editorial, reprinted with permission, appeared Jan. 26 in *Group Dentistry Now*. Chris Salierno, D.D.S., is Tend's chief dental officer. ■



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But in the short term, these developments caused a lot of practices, big and small, to scramble. Some haven't been able to pay the table stakes in this increasingly competitive game; they simply weren't able to increase their wages and lost out on talent as a result. Here's a big reason why: reimbursement rates from third-party payers have not kept up with inflation — or have even decreased, in some cases. This is also a major reason why more than half of practices don't offer benefits to their dental assistants and hygienists.

So, what is the solution? First, and perhaps most obvious, is to compete on wages and benefits. But simply throwing money at the problem isn't enough. You need to also add to your value proposition as an employer.

Make sure you're a "best place to work." Now, everyone says they want to have a great culture, but what do you actually do about it? Start with an employee NPS. Check in with the folks that work for you. Actually listen to their feedback and see how you can improve. Make sure you give them ways to grow.

There are plenty of really talented hygienists and dental assistants that have aspirations to do



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EDUCATION

SCHOOL *continued from Page 1*

continued emphasis on public health for the borderlands and west Texas.”

Dr. Woodall acknowledged the obstacles the school faced before it opened.

“The normal challenges are to engage the community, obtain commitments, locate program housing, hiring faculty and administrative personnel, building a curriculum and admitting students,” she said. “For us, we had to address personnel and student matriculation during a pandemic. Engagement with existing institutional programs, dental school visits, and community support enabled us to address these challenges.”

KANSAS CITY UNIVERSITY COLLEGE OF DENTAL MEDICINE

“Starting a dental school requires a group of passionate individuals who aren’t afraid of a challenge and who want to make a difference in dental education for the next generation of dentists,” said Kathryn Champion, D.M.D., director of clinical operations for the KCU College of Dental Medicine.

Prior to starting a new dental school, Kansas City University engaged a consultant to evaluate the state of oral health care in the four-state area of Missouri, Kansas, Oklahoma and Arkansas.

Within a 100-mile radius of Joplin — the site of the dental school — every county in the four-state region was a dental health professional shortage area.

In addition, data from the ADA Health Policy Institute reported in 2019 that there were 65.4 dentists/100,000 people in an urban area, compared to 30.3 dentists/100,000 people in rural counties. The data demonstrated the need for dentists in rural communities.

Linda C. Niessen, D.M.D., vice provost for oral health affairs and founding dean of the College of Dental Medicine, said the college was built on the university’s mission.

“We aimed to create a curriculum centered around kindness from assessment to scheduling to content delivery to improve the well-being of our students so they can become the best versions of their professional selves. It’s what I call the Ted Lasso effect,” Dr. Niessen said.

Dr. Niessen said she built the team she wanted to join her at KCU one phone call at a time.

“I had a contact list of talented dentists and educators who were compassionate and caring innovators, whose philosophy aligned with the KCU mission,” she said. “One by one, I invited them to be part of this new dental school. As each said yes, Team Joptimism — our nickname for our faculty — was born.”

One of those faculty members is Erinne Kennedy, D.M.D.

“Being a part of starting a new dental school has been an adventure,” Dr. Kennedy said. “It is an honor to be able to create and innovate on a blank canvas and have an opportunity to build something new in dental education.”

LYON COLLEGE SCHOOL OF ORAL HEALTH & DENTAL MEDICINE

“A need, a vision and a stated mission are needed to start a dental school,” said Burke Soffe, D.M.D., founding dean of the Lyon College School of Oral Health and Dental Medicine in Little Rock, Arkansas.

Having come from the Roseman University of Health Sciences College of Dental Medicine in Utah, Dr. Soffe was tapped to lead the new dental school at a private liberal arts college with an enrollment of under 700 students.

“Our mission is to develop a cost-efficient education through a modern, integrated curriculum to meet the needs of today’s dental student and address the oral health needs of the underserved across the state,” he said.

Dr. Soffe said a dental school was needed in

Arkansas, as it is the only state in the nation with a population of more than 3 million that does not have a dental school.

“Arkansas ranks last in oral health in the nation and second-to-last in dentist-to-population ratio,” he said. “In Arkansas, 37% of the population resides in rural areas and 19% of this population lives below the poverty line. Our school will cast a wide safety net across the state to bring affordable oral health care to those that need it most.”

Dr. Soffe said it is “mission-critical” that the dental school be at the cutting edge of technology.

“The next generation of students must be practice-ready, and technology must be used to provide more efficient modalities of treatment,

improve access to care, enhance critical thinking skills and provide better care to more individuals in need,” he said.

Accreditation is the foremost goal at the moment, developing policies and procedures that meet Commission on Dental Accreditation standards.

“The effort to begin a dental school in Arkansas has been ongoing for many years and the excitement from statewide partners is outstanding,” Dr. Soffe said.

As the school moves toward reality, creating the right atmosphere is another goal of Dr. Soffe.

“We are currently building our team through the principles of establishing an inclusive culture,” he said. “Fostering an inclusive culture

is a deliberate team effort that draws upon safety, individuality, openness and connection. From top to bottom, everyone must feel that they belong.”

Dr. Soffe, like his colleagues in El Paso, Joplin and beyond, is optimistic about the future.

“We hope that any student that wants to make an impact in the lives of others while achieving an exceptional education will be interested in our program,” he said.

“My own dental school experience motivated me to transition to dental education with the goal of improving the experience for students and patients.” ■

— burgerd@ada.org



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Learn how non-addictive OTC NSAIDs like Aleve® can help you reduce risk factors that contribute to the US opioid crisis^{1,3,4}

Did you know that up to half of opioid prescriptions at dental visits are inconsistent with the guidelines on appropriate use of opioids?⁴ In response to the overuse of opioids, there is an increasing interest in the effectiveness of OTC NSAIDs in alleviating pain—to reduce the need for opioids. Growing evidence supports Aleve® as a powerful* non-opioid OTC treatment for minor dental pain.^{1,2,5,6}

In the study, Aleve® was as effective* for dental pain, lasted longer, and was better tolerated vs a widely prescribed opioid combination, HYD+APAP¹

In a recent single-center, randomized, double-blind, parallel, placebo-controlled study, Aleve®, a non-opioid OTC NSAID, was compared with hydrocodone plus acetaminophen (HYD+APAP) for dental pain relief¹

- Patients experiencing moderate or severe pain (N=221) after surgical removal of impacted third molars were randomized to receive either a single dose of Aleve® (440 mg [n=90]), HYD+APAP (10 mg + 650 mg [n=87]), or placebo (n=44)¹
- The primary objective was to compare Sum of Pain Intensity Difference from 0 to 12 hours (SPID₀₋₁₂) after a single oral dose
 - Secondary objectives were to compare the total pain relief (TOTPAR) over 6 and 12 hours (SPID₀₋₆), time to onset of pain relief, time to first use of rescue medication, and duration of pain intensity at least half gone over 6 and 12 hours¹
 - SPID₀₋₄ was also assessed

Aleve® was as effective as HYD+APAP in hours 0 to 4 at reducing pain intensity (based on SPID from 0 to 4 hours, or SPID₀₋₄).¹

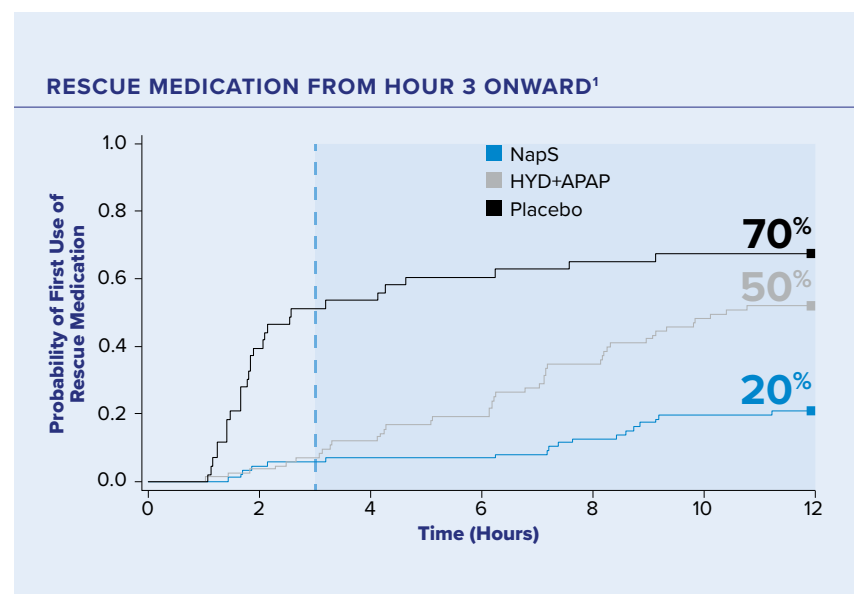
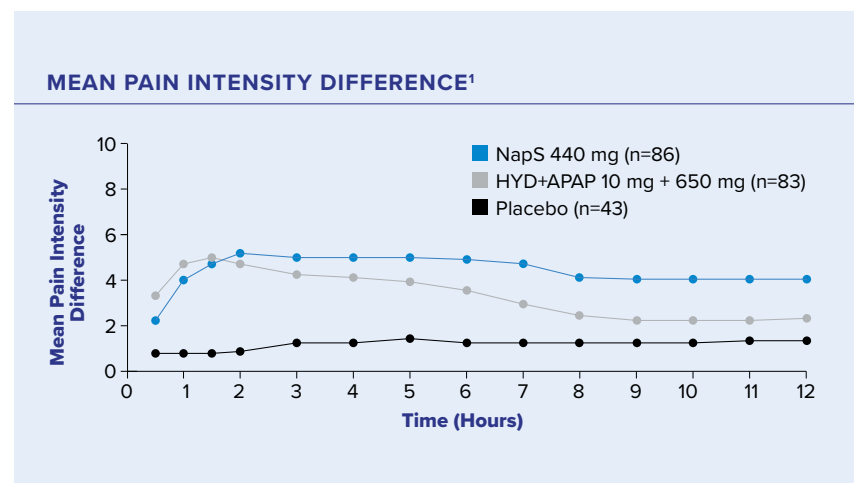
The primary endpoint was met¹

- SPID₀₋₁₂ was statistically significant for Aleve® vs HYD+APAP¹

Key secondary endpoints also showed statistical significance in favor of Aleve® compared with HYD+APAP¹:

- Total pain relief (0 to 6 and 0 to 12 hours; $P < 0.05$)¹
- Median time to rescue medication ($P < 0.001$)¹
- Duration of pain at least half gone over 12 hours ($P < 0.001$)¹

Both active treatments were significantly more effective than placebo.¹ HYD+APAP was not statistically superior to Aleve® for *any* endpoint (NapS 440 mg vs HYD+APAP 10 mg + 650 mg).¹



In the study, Aleve® was also better tolerated than HYD+APAP¹

More treatment-related adverse events were reported with HYD+APAP (n=18) than Aleve® (n=1) and placebo (n=1), including nausea, vomiting, and dizziness.¹

The new study adds to the established evidence for Aleve® for minor dental pain

In 2 previous clinical studies for dental pain, Aleve® was proven to be stronger from the 3-hour mark onward and last longer than acetaminophen plus codeine (APAP + codeine). Both 8-hour studies (N=455) compared 1 dose of Aleve® 440 mg with 1 dose of APAP 600 mg + codeine 60 mg after surgical removal of 3 or 4 molars (≥ 1 impacted).^{5,7}

In both studies:

- Patients who took Aleve® reported significantly reduced pain vs APAP + codeine ($P < 0.05$) from the 3-hour mark onward⁵
- The 12-hour strength of Aleve® gave patients more sustained pain relief per dose, as demonstrated by a longer median time to remedication, vs patients on APAP + codeine ($P < 0.05$), which is commonly prescribed every 4 hours as needed^{2,5,7}
- Study population for Study 1: Aleve® (n=92), APAP + codeine (n=91), and placebo (n=47); and for Study 2: Aleve® (n=90), APAP + codeine (n=91), and placebo (n=44)⁵

With the current opioid crisis, consider other options for treating minor dental pain

The United States accounts for 80% of the global opioid supply,⁸ and opioids kill over 130 Americans every day.⁹ Yet despite available pain relief options, opioids associated with dental treatment continue to pose significant risks to patients and their family members.^{8,10}

A recent study shows that opioids are not associated with greater patient satisfaction for pain management after dental extractions.¹¹

“Recommend NSAIDs, like Aleve®, for non-opioid relief of minor dental pain, and you can help address the human and economic costs associated with the US opioid crisis.”^{1,4,12}

—Dr. M. Ted Wong, DDS, MHA
Board-Certified Prosthodontist
Former Chief Dental Officer at UnitedHealthcare
Former Chief of the US Army Dental Corps
Bayer Paid Consultant

Dental professional organizations recommend NSAIDs instead of opioids as first-line therapy for acute pain management¹³⁻¹⁵

The **American Dental Association** recommends NSAIDs as first-line therapy for acute pain management.^{13,14}

The **American Association of Oral and Maxillofacial Surgeons** recommends NSAIDs as first-line therapy for acute pain management.¹⁵

The growing body of evidence offers a compelling argument for first-line use of an NSAID like Aleve® for dental pain, and the guidelines suggest ways of putting NSAIDs into practice.^{1,5,6,13-15}

When prescribing any product, HCPs should always consider its efficacy and safety. Before any procedure requiring pain management, dentists should talk with patients about the benefits and risks of pain relief options.

“For dentists, this is an opportunity to play an active role in alleviating the ongoing opioid crisis,¹⁰ and I encourage all of my colleagues to consider using effective non-opioid analgesics like Aleve® for minor dental pain.”^{1,2}

—Dr. M. Ted Wong, DDS, MHA
Bayer Paid Consultant

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Fourth-year students discerning next steps upon graduation

BY: ANNA FANELLI

Students from around the country are discerning their next steps upon graduation and reflecting on their hard work over the past four years. Many fourth-year dental students are deciding what their next steps should be.

The different paths each graduate is taking are just a few examples of the many different opportunities one can pursue in dentistry. From general dentistry to oral surgery, students in dentistry have a plethora of options to help their future patients.

The following students share their proudest moments, reasons for becoming dentists and plans after graduation.

Lauren Bunch

School: University of North Carolina at Chapel Hill Adams School of Dentistry

Proudest moment: The relationships she made through her time as the events coordinator, district ASDA cabinet member and executive adviser in the American Student Dental Association.

Career plans: Complete a one-year advanced education in general dentistry program focused on prosthetic and cosmetic dentistry. Once completed, she looks forward to practicing in North Carolina as a general dentist.

"I was led to dentistry through shadowing opportunities and a love for working with my hands. I am passionate about general dentistry in particular because I enjoy treating and advocating for my patients in all stages of life."



Ms. Bunch

Shream Reed

School: Meharry Medical College School of Dentistry

Proudest moment: Receiving the ASDA District 4 Community Builder of the Year Award.

Career plans: Treat veterans by fulfilling his service obligation as a commissioned officer in the U.S. Army Dental Corps. He also plans to pursue a residency position with the U.S. Army's four-year oral and maxillofacial surgery training program.

"My pursuit of oral surgery stemmed from my experience as a tissue steward (cadaver technician) when I had the opportunity to perform a rhinoplasty procedure during an ear-nose-throat lab. Additionally, the inspiration I received from my mentor, retired U.S. Navy Lt. Cmdr. Dr. Franklyn Scott, further motivated me to pursue this challenging yet rewarding profession. The exhilaration I felt witnessing the joy his patients experienced after their pain-relieving procedures was beyond words."



Mr. Reed

Judd Burns

School: University of Louisville School of Dentistry

Proudest moment: Involvement with ASDA.

Career plans: Move back to his home state of Arkansas to work in public health dentistry through the National Health Service Corps.

"I was medically uninsured for an extended period and dentally uninsured for most of my adult life. The uncertainty I felt when it came to making health care decisions was something I wanted to help alleviate for my future patients. I recognize the difficult decision many individuals must often make in prioritizing their health care. I'm thankful to be part of a program helping provide care to many patients who would otherwise be unable to afford it."



Mr. Burns

Shafa Nathani

School: Tufts University School of Dental Medicine

Proudest moment: Completing a set of dentures for the first time and the look of joy on her patient's face upon seeing their smile for the first time in many years.

Career plans: Serve her community as a practicing general dentist and stay involved in organized dentistry.

"I decided to pursue dentistry because it aligns with my goals in life. I want to work in a field that challenges me and interests me. I want to join a profession that makes me feel connected to my upbringing. I want to have a career that allows me to serve underrepresented members of the community. Dentistry checks all these boxes for me."



Ms. Nathani

Teague Rutherford

School: A.T. Still University, Arizona School of Dentistry & Oral Health

Proudest moment: As an Aaniih Nakoba tribal member from Fort Belknap Indian Community in Montana, he was selected as the Dr. George Blue Spruce Award for Student Excellence. George Blue Spruce, D.D.S., is a Pueblo tribal member who was the first Native American dentist.

Career plans: Build a career serving in public health at Indian Health Services and other community health centers to help underserved patients receive the care they need and deserve.

"Growing up on a small Indian reservation in Montana with little to no access to proper dental care and services, along with a lack of sympathy and empathy from health care professionals for my people pushed me to pursue a career in dentistry. Learning, developing and having the skill set to bring standard-of-care dental treatment to my community has provided me the inspiration and drive to push forward through my dental studies. To be able to provide treatment, care and a doctor who listens to my community has always been part of the reason I chose this career path." ■



Mr. Rutherford

Get to know Stony Brook School of Dental Medicine

BY MARY BETH VERSACI

The U.S. boasts more than 70 accredited dental schools, all charged with educating the next generation of dentists.

This series from the ADA News highlights facts about each to help paint a picture of the current dental education landscape.

From the year it was established to its total enrollment across all programs, learn more about Stony Brook School of Dental Medicine in the fact box to the right, and stay tuned for details about more schools in upcoming ADA News issues. ■



Stony Brook
School of Dental Medicine

Location: Stony Brook, New York

Year established: 1973

Dean: Patrick M. Lloyd, D.D.S.

Total enrollment: 275

FUN FACT:

Stony Brook School of Dental Medicine has **eight advanced education programs** accredited by the Commission on Dental Accreditation.



Cutting edge: Stony Brook School of Dental Medicine students work in the school's state-of-the-art Center for Implant and Digital Technology. The school was selected by the American College of Prosthodontists in 2019 as one of five academic institutions to pilot a digital dentistry curriculum.

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88%:

Percent of inflows who have been new U.S. dental school graduates, in the last 10 years. The remaining inflows are foreign-trained dentists, established dentists who re-activated an expired license and dentists who came out of retirement.

48.4%

VS.

51.6%:

Male graduates and female graduates in 2021.

10,877:

Current shortage of dentists in the U.S., according to the Health Resources and Services Administration.

202,536:

Total dentists in U.S. in 2022, up from 165,659 in 2002.

60.8:

Number of dentists per 100,000 population in the U.S.

67:

Projected number of dentists in 2040 per 100,000 population in the U.S.

6,745:

Dental school graduates in 2022, up 7% from 2018.

6,513:

Dental school first-year enrollment in 2022-23, up 4.2% from 2018-19.

22 vs. 7:

Dental school openings compared with closings in the last 50 years.

2001:

Year of most recent dental school closure: Northwestern University Dental School.

2023:

Kansas City University College of Dental Medicine opened June 23 in Joplin, Missouri.

40%:

Share of dentists age 55 and older reached a peak in 2013-16.

Sources:
 ADA Health Policy Institute
 Commission on Dental Accreditation
 Council on Dental Education and Licensure
 ADA Library & Archives

Future supply of dentists

BY KIMBER SOLANA

Dental schools are an integral, if not obvious, factor in filling the shortage of dentists in the United States.

Several recently opened dental schools have cited the insufficient supply of dentists as a key reason why more dental school graduates are needed, according to an ADA Health Policy Institute research brief, "Projected Supply

of Dentists in the United States, 2020-2040."

"There was a large cohort of dentists who graduated from U.S. dental schools between 1974 and 1988," according to HPI.

"When they started to retire, this dramatically increased the outflows from the workforce from 2015 through 2020 and we projected their retirements will also account for much of the outflows through 2030." ■

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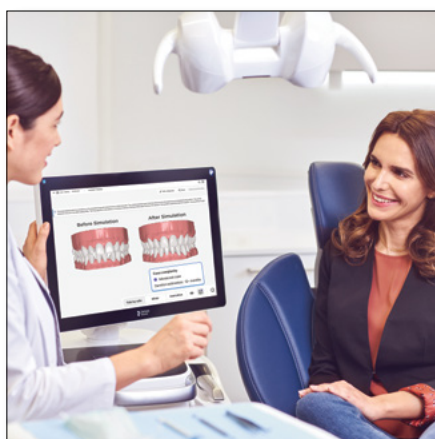
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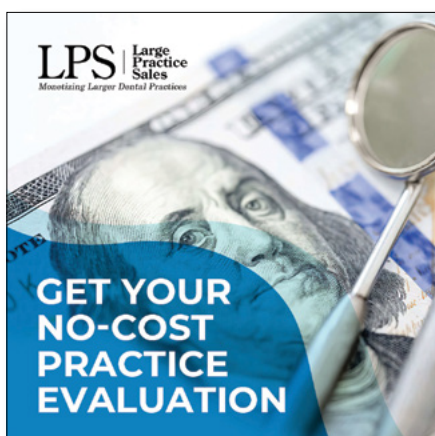
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New ADA guideline recommends acetaminophen, NSAIDs to manage pain in pediatric patients

ASSOCIATION POLICY SUPPORTS OPIOID PRESCRIPTION LIMITS, MANDATORY CE FOR DENTISTS

BY MARY BETH VERSACI

A new clinical practice guideline from the American Dental Association recommends acetaminophen or non-steroidal anti-inflammatory drugs like ibuprofen as first-line treatments for managing acute dental pain in children younger than 12.

The guideline, developed by the ADA Science & Research Institute, University of Pittsburgh School of Dental Medicine and Center for Integrative Global Oral Health at the University of Pennsylvania School of Dental Medicine, is available in the September issue of The Journal of the American Dental Association.

When used as directed, acetaminophen alone, NSAIDs alone or acetaminophen in combination with NSAIDs can effectively manage a child's pain after a tooth extraction or during a tooth-ache when dental care is not immediately available, according to the guideline.

The guideline evaluated doses of acetaminophen and NSAIDs that may differ from the dosing printed on the over-the-counter packages of these medications. When acetaminophen or NSAIDs are administered as directed by a dentist or other health care provider, the risk of harm to children from either medication is low, according to the guideline.

Paul Moore, D.M.D., Ph.D., the guideline's senior author and professor emeritus at the University of Pittsburgh School of Dental Medicine, said the recommendations align with previous guidance from the U.S. Food and Drug Administration in 2017 that contraindicated the use of codeine and tramadol in children younger than 12.

"While prescribing opioids to children has become less frequent overall, this guideline ensures that both dentists and parents have evidence-based recommendations to determine the most appropriate treatment for dental pain," Dr. Moore said. "Parents and caregivers can take comfort that widely available medications that have no abuse potential, such as acetaminophen or ibuprofen, are safe and effective for helping their children find relief from short-term dental pain."

In 2020, the FDA awarded ADASRI and the University of Pittsburgh a three-year, \$1.5 million

grant to develop a clinical practice guideline for the management of acute dental pain in children, adolescents and adults. This guideline on pain management in children is the first of two guidelines from the groups, which are developing a second set of recommendations for adolescents and adults. The pediatric pain management guideline is available at ADA.org/painmanagement.

“

... this guideline ensures that both dentists and parents have evidence-based recommendations to determine the most appropriate treatment for dental pain.

- Paul Moore, D.M.D., Ph.D.

"This clinical prescribing guideline is a critical step in supporting appropriate treatment of pediatric acute dental pain through the use of acetaminophen and NSAIDs," said Patrizia Cavazzoni, M.D., director of the FDA Center for Drug Evaluation and Research. "Not only will this advice allow for better treatment of this kind of pain, but it will help prevent unnecessary prescribing of medications with abuse potential, including opioids."

The ADA adopted a policy on opioids in 2018 that supports prescription limits and mandatory continuing education for dentists and builds on an earlier policy recommending that dentists consider NSAIDs as the first-line therapy for acute pain. For more information on how the ADA is working to combat opioid abuse while continuing to help patients manage dental pain, visit ADA.org/opioids. ■



Acute Dental Pain Management for 12 and Under

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ACE Panel report finds half of teledentistry users adopted technology because of COVID-19

MAIN BENEFITS INCLUDE REDUCED NUMBER OF PATIENT VISITS, INCREASED ACCESS AND QUALITY OF CARE

BY MARY BETH VERSACI

Teledentistry has gained popularity in recent years, but it may be underutilized despite its potential to benefit patients, according to an ADA Clinical Evaluators Panel report published in the September issue of The Journal of the American Dental Association.



Dr. Howell

The report, which includes the responses of 244 ACE Panel member dentists, found 30% of respondents use teledentistry in their practices, and most adopted it within the last three years. The top reasons for using teledentistry were increased convenience for patients, COVID-19 and increased accessibility to providers.

“With COVID-19 highlighting the use of telecommunications technology as a way for us to meet with our patients, it was important to get a sense of where things are now that we’ve returned to being in the office,” said Scott Howell, D.M.D., lead author of the report and associate professor and director of public health dentistry and teledentistry at A.T. Still University, Arizona School of Dentistry & Oral Health.

More than 60% of users said they were satisfied with their use of teledentistry, and the main benefits cited were a reduced number of patient visits and increased access and quality of care. Of those who don’t use teledentistry, 60% said they felt there was no need and 39% had concerns with reimbursement.

Dentists can view the entire ACE Panel report online and download the PDF at JADA.ADA.org.

ACE Panel reports feature data from ADA member dentists who have signed up to participate in short surveys related to dental products, practices and other clinical topics. The ACE Panel Oversight Subcommittee of the ADA Council on

Scientific Affairs writes the reports with ADA Science & Research Institute staff.

Members are invited to join the ACE Panel and contribute to upcoming surveys, which occur no more than once every few months.

To learn more or join the ACE Panel, visit ADA.org/ACE. ■

ADA Science & Research Institute receives grant to study IBD symptoms through saliva testing

BY MARY BETH VERSACI

The American Dental Association Science & Research Institute, in collaboration with the University of North Carolina Center for Gastrointestinal Biology and Disease, has been awarded a \$130,000 grant from the Crohn’s & Colitis Foundation to evaluate the potential of saliva testing to monitor and predict the exacerbation of inflammatory bowel disease in pediatric patients.

The grant was presented to Kevin M. Byrd, D.D.S., Ph.D., ADASRI’s Volpe Research Scholar and senior manager of its Lab of Oral and Craniofacial Innovation, and Terrie Weaver, research associate at the lab. The project is part of the larger Tissue Repository for Inflammatory and Allergic Chronic GI Diseases: Learning in Pediatrics effort at the University of North Carolina.

See TESTING, Page 22

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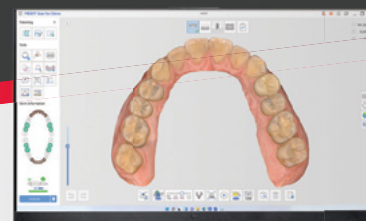
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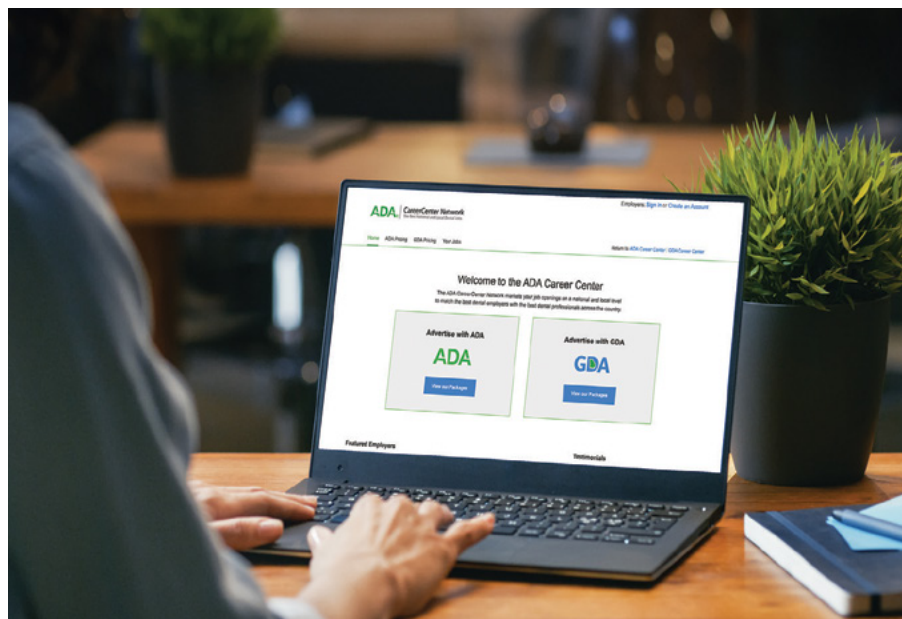
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TESTING *continued from Page 19*



Dr. Byrd

“Our saliva is up to 99% water, but it also contains microbes, proteins, mucus and immune cells,” Dr. Byrd said. “Research has already indicated that the assortment of immune cells that are present changes when IBD flares up, which might be able to help doctors evaluate whether a patient’s condition is getting better or worse over time. Our team hopes that our work will bridge the gap between GI medicine and oral health and help children get the care they need more quickly.”

About 20% of the more than 6 million IBD patients worldwide were diagnosed during childhood, but this population is understudied compared with adult patients. Pediatric IBD patients typically experience more significant symptoms than adults and often need surgery within a few years of diagnosis. As many as 80% of children with IBD have sores or unusual inflammation in their mouths, which is also an understudied aspect of the disease.

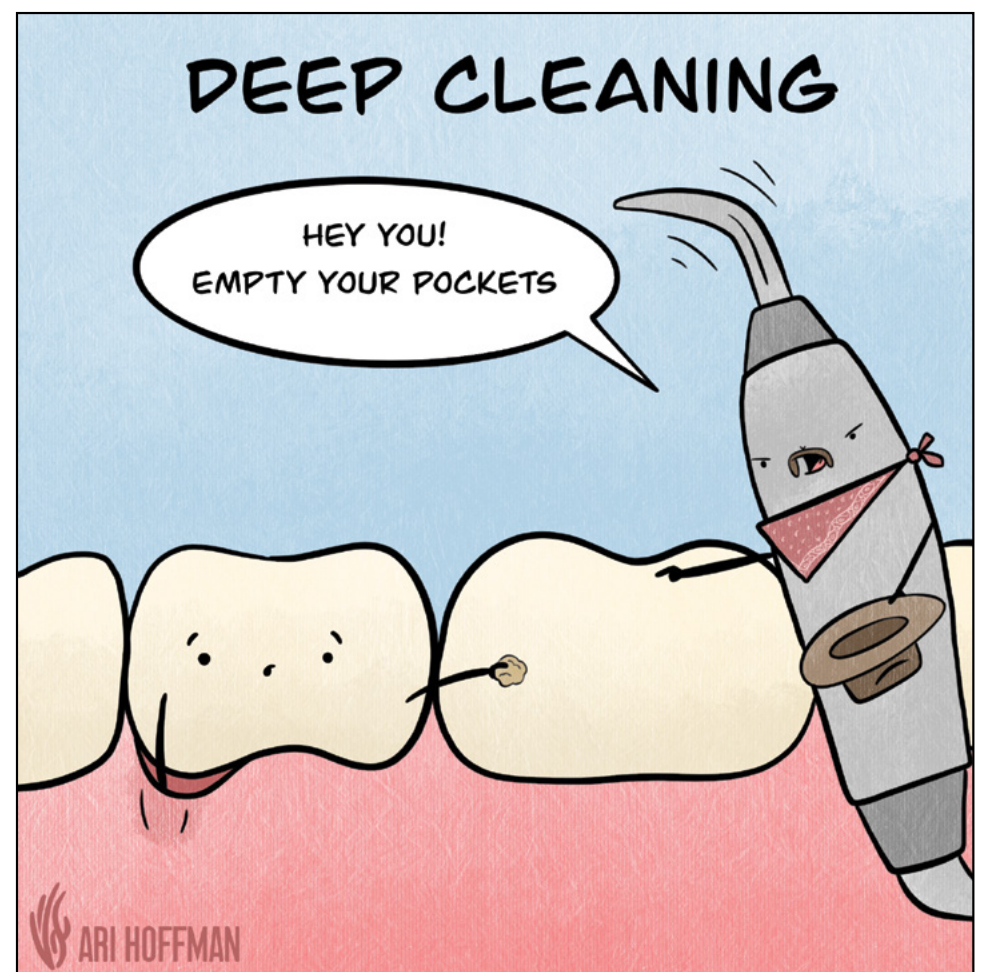
The foundation awarded the grant through its Litwin IBD Pioneers initiative, which supports innovative clinical and translational research projects that have the potential to impact IBD treatment. The pilot program will assess immune cells in saliva samples from as many as 100 pediatric patients aged 7 to 17 to evaluate how effectively their disease is being managed and predict changes in symptom severity.

“We are excited to support the ADA in their pursuit of groundbreaking research,” said Caren Heller, M.D., chief scientific officer for the Crohn’s & Colitis Foundation. “Saliva testing has the potential to change the way we think about diagnosing and managing IBD in pediatric patients. This initiative will address critical gaps in understanding the role of saliva in IBD.”

ADASRI’s team of gastrointestinal, pediatric and oral specialists began their research in September and will share results in summer 2025. To learn more about ADASRI, visit ADA.org/adasri. ■



DENTAL Doodles





Letters

VALUE OF ADA TRIPARTITE

Thirty-four state dental associations filed dental insurance reform legislation in 2023 resulting in 28 new laws in 13 states. I don't believe any of this success would be possible without the support of the American Dental Association and its commitment to supporting dental insurance reform at the state level.

Tennessee recently hosted a Legislative Advocacy Workshop to prepare TDA members for the rigors of our own upcoming dental insurance reform campaign. The ADA responded by sending Chad Olson, director of ADA state government affairs, and Paul O'Connor, ADA senior legislative liaison, to Nashville to moderate. Sharing their vast knowledge and experience, they did an amazing job preparing our members, leaders and staff. I feel far more confident that we will make a compelling case to our legislators after this workshop. Earlier in the summer, ADA State Government Affairs assisted Tennessee in securing and preparing for a meeting with the Tennessee Attorney General's office to ask for enforcement of current laws related to dental insurance. The ADA also regularly supports our state dental associations' legislative efforts with grants, strategy development and opportunities for idea sharing. The support provided by the ADA is crucial in enabling state dental associations to effectively advocate for dental insurance reform legislation and navigate the legislative process.

“

I'm not sure why we have some colleagues that don't value the tripartite. I feel certain they may not fully recognize the benefits or may not have explored the opportunities and resources available through their state dental association and the ADA.

- George "Chip" Clayton, D.D.S.

The collaboration between the ADA and state associations demonstrates the importance of a unified approach to achieving common goals for dentistry. I'm not sure why we have some colleagues that don't value the tripartite. I feel certain they may not fully recognize the benefits or may not have explored the opportunities and resources available through their state dental association and the ADA. Such initiatives highlight the value of collaboration, education, and advocacy in the field of dentistry.

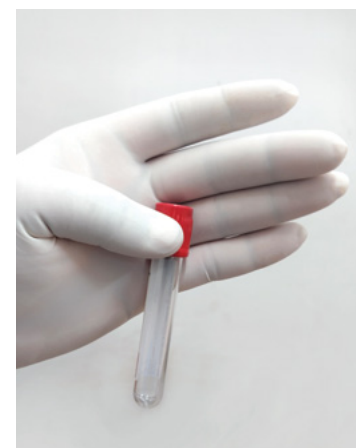
George "Chip" Clayton, D.D.S.
President, Tennessee Dental Association

SALIVA-BASED TESTING

The article "August JADA Explores Saliva-Based Testing," was very interesting. Unfortunately, what was omitted from the article was which clinical applications it could be used for. It indicated that it could be used for systemic disease determination, such as cancer. Might it be used to confirm a bacterial or viral infection? Could it tell us if the saliva components of an individual had a predilection for dental caries? Might it confirm the presence or level of periodontal disease? Would it tell if an oral ulcer is carcinogenic or if the oral lesion represents an indication that an autoimmune disease is the causative factor?

If a dentist could use that technology to identify a disease, what could he do with the information? A typical dental insurance form has room only for procedures. He or she would need training in how to complete a medical form where there is room on it for a diagnostic code and a treatment code. There does exist ICD-10 medical codes that describe diagnostic findings. There are little to no CPT (medical treatment codes) that describe dental procedures. If a breakthrough ever does arrive for using saliva for dental diagnoses we will need a second breakthrough on how to supply the information to which insurance company.

Stanley Markman, D.D.S.
Cliffside Park, New Jersey



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