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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

JANUARY 21, 2019 VOLUME 50 NO.2

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BRIEFS

Send GKAS photos

Give Kids A Smile program coordinators are encouraged to have their cameras ready to capture the festivities of their events.

Feb. 1 is the national Give Kids A Smile Day kickoff. ADA News and the ADA Foundation welcome digital photo submissions from GKAS program participants, including candid pictures of children, dentists and team members interacting with one another, as well as clinical photos of patients in the dental chair. Please ensure that dental team members are wearing gloves, masks, protective eyewear and gowns and include identification of those pictured and facts about the event.

Send high-resolution pictures for consideration in the ADA News and online to adanews@ada.org as soon as possible following the event.

Program coordinators can tag the ADA Foundation on Facebook so the photos can be shared on the Foundation's

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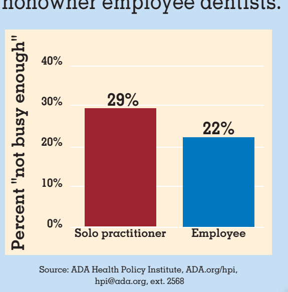
JUST THE FACTS

Not busy enough

Among general practitioner dentists, 29 percent of solo practitioners reported they were "not busy enough" and could have treated more patients, compared to 22 percent of nonowner employee dentists.



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

Taxes: What dentists should know

BY JENNIFER GARVIN

Dentists who own and operate practices who have purchased or financed equipment during the calendar year may elect to take the Section 179 deduction when filing their taxes in order to maximize their savings.

Internal Revenue Service Code Section 179 allows business owners to deduct the purchase price of equipment and/or software put into service during the year.

In 2017 the ADA successfully advocated to ensure the dental profession benefits from the tax reform law that passed Congress. The Tax Cuts and Jobs Act was the first major rewrite of the U.S. tax code in more than 30 years and contained many changes that could affect dentists' financial planning. With the 2019 filing deadline approaching, the ADA News is featuring a series of articles focusing on how the new law will affect dentists beyond the revised standard deductions. The first article in the series ran Dec. 10 and discussed the Student Loan Interest Deduction.

ADA News talked with Allen M. Schiff, a certified public accountant and president of the Academy of Dental CPAs, to see what dentists need to know about 179 expensing. Mr. Schiff is the president of the academy, which is made up of 24 dental CPA firms representing

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Veteran's 'priceless' smile

'Inseparable bond': Dr. Thomas E. Sullivan, former ADA vice president, left, poses with patient Christopher Flynn after Mr. Flynn received treatment from a team of volunteer dentists, including Dr. Sullivan, who met him at a Mission of Mercy event in Illinois in 2018. Mr. Flynn is a veteran of the Army who has served in Iraq and Somalia.

Chicago MOM dentists follow up with Army vet

BY DAVID BURGER

Springfield, Ill. — Christopher Flynn, an Army veteran who served in Desert Storm and Somalia, welcomed the new year with a new smile.

"I haven't had this kind of smile and confidence for years," Mr. Flynn told ADA News.

Mr. Flynn's smile is a result of extensive work done by dentists who first met Mr. Flynn at the Illinois State Dental Society's volunteer charity event Mission of Mercy in July. Led by Dr. Thomas E. Sullivan, former ADA vice president, a team of volunteer dentists treated Mr. Flynn over several months to transform the man's teeth — for free.

"Sgt. Flynn was a veteran," said Dr. Sullivan, who is affectionately called "Sully" by Mr. Flynn. "Not unlike other returning veterans, he

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Save the date: ADA FDI World Dental Congress 2019

BY DAVID BURGER

San Francisco — It's been more than 20 years since the ADA annual meeting has been held in conjunction with the annual congress of the FDI World Dental Federation. The last time was in 1996 in Orlando.

That all changes in 2019.

The ADA FDI World Dental Congress will take place Sept. 4-8 at the newly renovated and expanded Moscone Center in San Francisco. It's a joint meeting of the ADA and FDI World Dental Federation with support

See ADA 2019, Page 23

ADA, American Academy of Pediatric Dentistry comment on Medicaid, CHIP managed care revisions

BY JENNIFER GARVIN

Washington — The ADA and American Academy of Pediatric Dentistry are jointly commenting on proposed revisions to a Centers for Medicare and Medicaid rule on Medicaid and Children's Health Insurance Plan managed care plans.

In formal comments submitted Jan. 11, ADA President Jeffrey M. Cole and AAPD President Joseph B. Castellano praised CMS Administrator Seema Verma for the agency's efforts to find balance "between maintaining critical beneficiary protections and providing states with flexibility in overseeing their managed care programs." The two organizations offered the following suggestions — including adopting minimum rates and expanding network access — on how this can be achieved in dentistry.

Regarding the delivery system and provider payment initiatives, Drs. Cole and Castellano said "there is a strong correlation between beneficiary access to dental services and payment rates."

"ADA and AAPD support states requiring managed care plans to adopt minimum rates to ensure adequate access to providers," they wrote. "States and managed care plans should reach out to dental stakeholders, utilize existing dental fee and claims data, and analyze utilization patterns when developing these rates."

For network adequacy standards, they stressed the "importance of ensuring that dental plans offered within Medicaid managed care plans include an adequate provider network that meets beneficiary needs." This network "must include" pediatric dentists and other specialty dental providers and general dentists and states "should not be given the flexibility to create definitions for specialists and instead should recognize providers certified by the appropriate dental specialty board."

The ADA and AAPD said they are also concerned about the rule's proposal to eliminate the time and distance standards in favor of allowing states to choose from a variety of quantitative standards.

"Rural areas of states can face dental provider shortages that are not found among medical providers," wrote Drs. Cole and Castellano. "We ask CMS to require states to address geographic variations when establishing network adequacy standards," adding that states should be required to have quantitative and nonquantitative standards such as wait time, appointment availability and the ratio of Medicaid patients to non-Medicaid patients.

Both ADA and AAPD said they would be happy to assist CMS and states in defining network adequacy standards for dental services and encouraged CMS to look at the Dental Quality Alliance, a multi-stakeholder coalition established at the request of CMS, and its efforts on developing service utilization measures.

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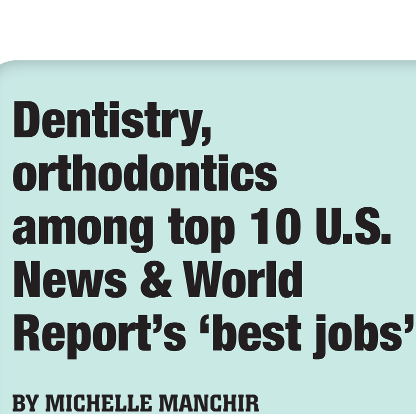

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Dentistry, orthodontics among top 10 U.S. News & World Report's 'best jobs'

BY MICHELLE MANCHIR

Dentists have one of the best jobs in the country, at least according to U.S. News & World Report's 2019 rankings of "100 Best Jobs."

Dentist came in at No. 4 while orthodontist came in at No. 5 (tied with nurse anesthetist) and oral and maxillofacial surgeon was among a four-way tie for No. 9 along with obstetrician and gynecologist, physician and prosthodontist. Software developer was ranked the No. 1 best job, according to the list, which is ranked based on salary, employment rate, growth volume and stress level, among other factors.

Dentist also came in at No. 2 for best health care jobs, just below physician assistant. Oral and maxillofacial surgeons claimed No. 3 for best paying job, with a $208,000 median salary, according to U.S. News & World Report. Meanwhile, dental hygienist was No. 2 for best health care support job.

To see the complete list of rankings, visit USNews.com. ■

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Viva Las Vegas with the Alliance of the ADA

Las Vegas — Registration is open for the Alliance of the American Dental Association's Conference 2019, scheduled for April 11-13 at The Cosmopolitan of Las Vegas.

Alliance of the American Dental Association
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All Alliance of the ADA members and interested members are invited to attend seminars about community water fluoridation, improving communication skills, beating burnout, self defense and business management.

The conference also offers networking and entertainment opportunities, a legislative breakfast sponsored by the American Dental Political Action Committee, award presentations and more.

To register for the conference or to learn more about the Alliance of the ADA and its leadership, mission, events and projects, visit AllianceADA.org. ■

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VIEWPoint

MyView

Two-legged stool

Robert Darling, D.D.S.

What better way is there to illustrate the institutional and cultural divide in American health care than with a government form? I was asked to complete a leave of absence form for a patient and was troubled that I had to choose a reason among one of three highlighted boxes — medical, mental health or dental. It seems that at least one bureaucrat found it necessary to build border walls delineating health care above the neck versus health care below the neck.

So, how many fascial planes does an infection of odontogenic origin have to cross before you can check the medical box instead of the dental box? Now suppose the large carious lesion which preceded that infection was exacerbated by the xerostomic effects of the psychotropic medications the patient needs to address a serious mental health problem. Do you then check the mental health box on the form? Remember, the form instructed you to check just one box.

The medical community, and to a certain extent the general public, are finally realizing what our dental profession has known for years — the oral environment is intimately connected to the rest of the body. Oral pathogens and inflammatory products of periodontal disease can hitch a ride to anywhere the circulatory system can take them. Conversely, the body's inability to regulate glucose levels or to muster necessary immune system defenses can wreak havoc on the oral tissues.

As a profession, we have learned to accept, and in many cases regularly treat, patients with a whole host of complex medical issues including transplanted organs, artificial parts, chronic diseases and cancer. We have learned to deal with increasingly longer life spans and the polypharmacy which often accompanies those individuals.

The medical community, and to a certain extent the general public, are finally realizing what our dental profession has known for years — the oral environment is intimately connected to the rest of the body.

While efforts to integrate dental health and systemic health have improved, there are few conversations about the third component to overall well-being — mental health. The human mind is the one system which provides our greatest challenge. When it is not functioning well, it is hard for us to deal with it, especially because current means of providing and paying for health care in American is one of our biggest obstacles.

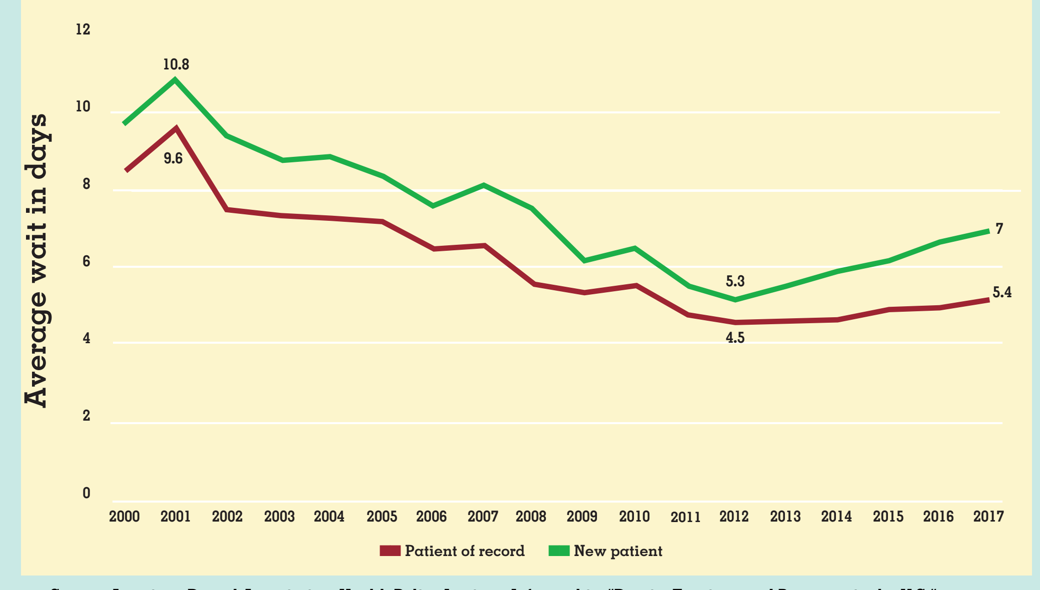
The majority of our special needs patients run the gamut from children with significant cognitive impairment or autism to seniors with dementia. Nearly all psychotropic medications have some impact on salivary production, and those dry mouth issues coupled with poor diet and inadequate home care lead to rampant decay. Individuals with addictions, and/or serious or untreated mental health issues make up a large segment of the homeless population, who, as a result, often have difficult access to dental care or even basic hygiene. In short, the patient populations which provides

See MY VIEW, Page 5

SNAPSHOTS OF AMERICAN DENTISTRY

Average wait time for a general practitioner dentist appointment

The average wait time for new patients and patients of record for general practitioner appointments decreased significantly from the early 2000s, in part illustrating stagnating dental care utilization and lack of busyness among dentists. However, wait times have been rising steadily since 2012.



Source: American Dental Association, Health Policy Institute Infographic, "Dentist Earnings and Busyness in the U.S." Available at ADA.org/en/science-research/health-policy-institute/publications/infographics.

Letters

Dentistry's role

I agree with Drs. Craig S. Miller, Nelson L. Rhodus, and John C. Robinson, in their My View editorial "Does Dentistry Have a Role in Health Care?" in the Nov. 19, 2018, issue of ADA News. However, I don't think they went far enough in advocating that dentistry become a specialty of medicine.

I believe strongly that all dentists should have medical degrees, obtained through a program similar to that proposed by Dr. David A. Nash, Ed.D., in 1995 when he was dean at the University of Kentucky School of Dentistry. As I understand it, Dr. Nash had gained the approval of the medical and dental faculty for five-year medical-dental education plan in which students would spend the first three years in medical school (supplemented by the traditional basic sciences pertinent to dentistry) and the last two years in dental school. The medical faculty recognized that the traditional fourth year of medical school was spent in elective clinical rotations and that two years of dental studies would meet the requirements of the fourth year of medical school. Thus, the students would have been able to meet all the requirements for both an M.D. and a D.D.S. degree in five years, including taking the national board exams in both disciplines.(1) The program was initiated, but because of the resistance of the dental faculty who had lost the narrow vote to approve the project, the medical school eventually withdrew its support and the project failed. (D.A. Nash, personal communication, November 5, 2012)

His proposals would have gone a long way towards a true bridging of the dental-medical divide had they been carried out at the University of Kentucky and at the nation's other medical-dental schools. Dentistry would have become a true specialty of medicine. Medical students would have been exposed to a basic knowledge of dentistry in the same way that basic medical education exposes them briefly to all specialties of medicine. Dentists would have been exposed to basic medical sciences and clinical medical experiences, way beyond that which is currently taught in dental schools. It would have been a true remaking of the dental profession towards integration with medicine.

Oral medicine should be on the front lines in trying to steer the basic education of dentists towards Dr. Nash's model. The survival of the dental profession is at stake.

There are many other reasons that dentistry needs to have closer ties to medicine other than the ones mentioned. Dentists need to increase their competence to handle medical emergencies in their offices, beyond that taught in continuing dental education courses at dental meetings. Most dentists have no skill in starting an IV or in listening to heart sounds. Other basic physical examination skills are sorely lacking, such as cranial nerve testing, screening for dermatological conditions on visible areas of the head and neck, etc.

Increasing the professional competence of dentists would increase the respect and prestige

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LETTERSPolicy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to ADANews@ada.org.

Letters

Continued from Page 4

given to the profession by the medical profession and the general public, which is necessary to insure the long-term sustainability of the dental profession. I worry about what's going to happen to the profession of dentistry over the next few decades.

Will dentists become "tooth jewelers" like Dr. Nash, and others, fear, symbolized in the mind of the public by a dancing molar on a placard held up on the nearest street corner?

Will the medical profession eventually decide that they can train their own technicians to handle basic dental care, and refer to dentists only those patients who need more involved treatment, in the same way they would refer a patient for physical therapy; by writing a prescription order for the dentist to carry out?

If the dental profession cannot compete with medicine in attracting the highest quality students, the ultimate loser is the patient.

Kenneth H. Bateman, D.D.S.
Fort Worth, Texas

Image of dentistry

I would like to thank Drs. Craig S. Miller, Nelson L. Rhodus, and John C. Robinson for their My View "Does Dentistry Have a Role in Health Care?" in the Nov. 19 issue of the ADA News.

It fascinates me that anyone would think that dentistry isn't part of health care in the first place.

I agree that dentists do work with patients when they have been diagnosed with head and neck cancers, but they also should be — and are — at the forefront of helping prevent and diagnose these diseases.

Every patient should be checked for oral cancer, with special attention given to those using tobacco products.

It is the obligation of all dental health care professionals to discuss with their tobacco and nicotine addicted patients the role of tobacco products on oral and systemic health and guide them to those who can provide tobacco cessation therapy.

Oral cancer can be prevented and, if detected early enough, cured.

Many patients are seen in dental offices more frequently than by their physicians, which allows dentists and their staffs the ability to serve as an integral part of the patient's overall health care in addition to oral care.

I have always enjoyed working with my medical colleagues and always shared a mutual respect for what each of us could contribute to our patients' health.

Dental schools across the country have been integrating the teaching of oral and systemic diseases in their curricula for years.

We should all embrace the new roles of the dental professional as it continues to evolve over the years.

I heartily agree with the authors' statement that "the image of dentistry needs to evolve and grow" as well.

Nevin Zablotsky, D.M.D.
South Hero, Vermont

Millennial students

I thoroughly enjoyed the My View Article in the Dec. 10, 2018, ADA News "The Four Millennials You Meet in Dental School."

As stated in the article, this has been the case even before this millennial generation.

I graduated 30 years ago and this was true then, too.

My observation is that this also holds true for the dentists out in practice today. Especially how it relates to continuing dental education, the philosophy of dental practices and the quality of care given to patients.

Another thing I have noticed is that there is not necessarily a correlation between the type of dental student one is and the type of dentist one becomes.

There is a definite need for mentoring beyond dental school to mature, grow and shape dentists.

Saskia C. Vaughan, D.D.S.
Mineral Wells, Texas

MyView

Continued from Page 4

some of our great professional challenges is also the population which is least able to afford and ultimately maintain the care that we can provide.

There will never be real health care form in our nation until oral health and mental health are included in the discussion. The dental profession championed the importance of the oral and systemic connection. However, ignoring the mental health component in favor of just the systemic component as we strive to reform American health care is spending a lot of time and money on a two-legged stool.

This editorial, reprinted with permission, first appeared in the September/October 2018 issue of the Wisconsin Dental Association Journal, of which Dr. Darling is the editor.

GOVERNMENT

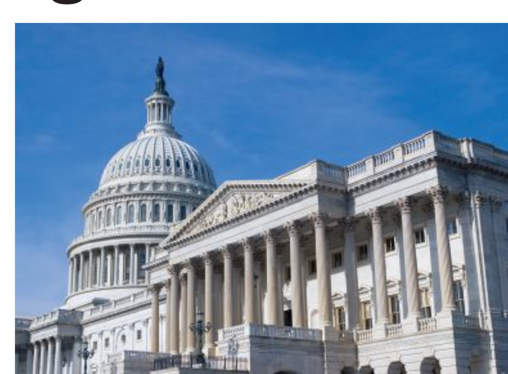
Over-the-counter drug monograph bill passes House of Representatives; ADA thanks legislators

BY JENNIFER GARVIN

Washington — The same day the ADA sent a letter urging legislators to call for a floor vote on the Over-the-Counter Monograph Safety, Innovation, and Reform Act of 2019, the legislation passed the House, 401-17.

In a Jan. 8 letter to Speaker of the House Nancy Pelosi, D-Calif., and Minority Leader Kevin McCarthy, R-Calif., ADA President Jeffrey M. Cole and Executive Director Kathleen T. O'Loughlin thanked the legislators for the bill, which would authorize the FDA commissioner to update a drug monograph by administrative order instead of following a laborious rulemaking process. The Association also expressed interest in the development of acetaminophen-ibuprofen products for treating postoperative pain in lieu of opioids.

Companies currently bring new over-the-counter drugs — also called OTC drugs — to



market by going through either a new drug application process or adhering to a drug monograph.

A drug monograph is a predetermined checklist covering active ingredients, doses, formulations and product labeling that the agency considers generally safe and effective for self use. The bill would also provide an innovative pathway for federal safety and effectiveness regulations that can directly align and benefit the ADA Seal of Acceptance program.

"The monograph drug approval process is generally less expensive and more efficient than filing a new drug application. However, it can take years and in some cases decades to review and update a monograph to account for ingredients, formulations and methods of

> **"Streamlining the approval process will, among other things, allow for the submission of nonnarcotic pain relievers with a combination of two or more active ingredients, which is particularly important in the context of preventing opioid abuse."**

scientific testing that were brought to market after 1972," wrote Drs. Cole and O'Loughlin.

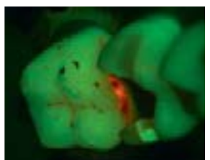
According to the letter from the ADA, "streamlining the approval process will, among other things, allow for the submission of nonnarcotic pain relievers with a combination of two or more active ingredients, which is particularly important in the context of preventing opioid abuse."

"The current regulatory scheme prohibits these active ingredients from being combined into one pill/tablet, meaning patients have to buy them separately and take different numbers of different pills at different times of day. In the wrong combinations, these medications could be harmful even though they are generally considered safe," wrote Drs. Cole and O'Loughlin.

This legislation would "establish a pathway for a single strength-controlled acetaminophen-ibuprofen combination drug to be developed and made available over-the-counter. These types of combination drugs, which are already used in some countries, can be safe, effective and easily accessible alternatives to opioid pain relievers," the letter concluded.

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

—garvinj@ada.org



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[1] Jahrbuch der Endodontie 2017, Marktübersicht Mikroskope, OEMUS Verlag
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References: 1. Colgate Clinical Report 20180316BAC. **2.** OC_SnF2_C_PG_Report_20181001. **3.** OC_SnF2_C_TAR_Report_20181002. **4.** OC_SnF2_C_OM_Report_20181002.

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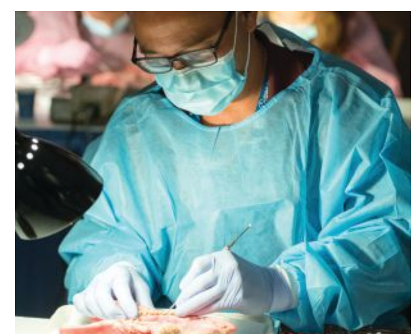

Registration fees start at $0!

ADA's 2019 annual meeting will be jointly held with FDI World Dental Federation. Save the date for the **ADA FDI World Dental Congress** in San Francisco on September 4–8.

Registration opens **February 13** at ADA.org/meeting. We've streamlined registration to give you a better meeting experience.

Be a part of something extraordinary.

ADA offers resources to help keep hackers at bay in wake of Ohio attack

Toledo, Ohio — The ADA Center for Professional Success contains resources to aid dentists to fight off cyberattacks and hackers and to potentially prevent a ransomware attack similar to what happened to the Dental Center of Northwest Ohio.

According to the center's website, in late 2018 the center's information technology vendor made it aware that ransomware had infected the vendor's systems, resulting in a disruption to storing the center's information. Upon investigation, the center confirmed that sensitive information — such as social security numbers, medical treatment and history, diagnoses and clinical treatment information, medical records, health insurance and benefit information and financial account information — were potentially accessible to an unknown actor.

Although the Dental Center of Northwest Ohio has not received any reports of actual access to that information as a result of the incident, the center is providing access to credit monitoring and identity theft protection services to affected patients and employees, at no cost to these individuals.

Information on the ADA Center for Professional Success includes several tips on protecting dental offices from ransomware and phishing, as well as examples of how ransomware can be particularly devastating. Visit Success.ADA.org and search for "ransomware" to access the resources.

Ransomware is a cybersecurity attack that can happen when someone clicks on a link or attachment in a scam email that installs software that subsequently holds the practice's data hostage by encrypting the data. Once the software is installed, it may be able to spread to other systems on your network. The attackers can then ask for money or cryptocurrency to decrypt and restore the data, though there is no way of knowing if they will restore or delete the encrypted files.

Phishing is when hackers try to trick an email recipient into providing account information or ask the victim to click on a link or open an attachment that deploys ransomware. Phishing emails sometimes mimic trusted email addresses or senders.

The ADA Center for Professional Success recommends actions dentists can take to help protect their dental office, including:

- Backing up data regularly and keeping a copy offsite. Backing up data regularly and keeping an encrypted copy offsite can help protect dental practices from ransomware, and may also be useful for restoring data in the case of a disaster like fire or flood.
- Be wary of email attachments. Opening attachments or clicking on web links from unknown sources is what many hackers rely on to infiltrate systems. If not absolutely sure of the sender or the attachment or link, don't open the attachment or click on the link.
- Maintain cyberdefenses. Make sure anti-virus and anti-malware software is updated promptly. Apply software patches for operating system, browser and browser add-ins like Flash and Java as soon as they are available.

In addition, the Federal Trade Commission has a new webpage, available at ftc.gov by searching "ransomware," containing resources to help small business owners protect themselves from ransomware and phishing. The webpage contains information on how ransomware attacks happen, how to protect a small business and what to do if a business is attacked. There is also a video on ransomware and a quiz to test knowledge on cybersecurity. ■

ADA Dental Wellness Advisory Committee seeks nominations

The ADA Council on Dental Practice is seeking nominations to add a representative of the disabled dentist community to the council's Dental Wellness Advisory Committee for a three-year term.

If someone has dealt with a disabling illness or injury they are encouraged to send in a nomination to serve as a subject matter expert who can provide guidance for dentists suffering from a disability. Applicants should send their CV and a statement of interest to Alison Bramhall, ADA manager of dentist health and wellness, at bramhalla@ada.org by Feb. 11. Self-nominations are allowed.

The need springs from Resolution 4H-2018, adopted by the House of Delegates at ADA 2018 – America's Dental Meeting. The amended resolution specified that the ADA encourage the states to create and maintain well-being programs that address substance use disorders as well as other mental and physical challenges that dentists might experience throughout their career. It also said that the "ADA encourages the states to maintain a list of volunteer dentists experienced with health and well-being challenges to provide support and make it available to dentists faced with like challenges."

The chosen representative would be asked to attend an annual in-person meeting of the committee, scheduled for March 22. Members of the advisory committee are also expected to participate in conference calls as needed. ■

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Apply for National Health Service Corps Loan Repayment Program by Feb. 21

Washington — The National Health Service Corps is seeking clinicians, including dentists and dental hygienists, who want to work in the nation's underserved rural, urban and tribal communities.

The NHSC Loan Repayment Program offers clinicians the opportunity to receive up to $50,000 for their service. Those interested can apply through 7:30 p.m. ET, Feb. 21. Dentists and hygienists qualify for the program if they are:

• A U.S. citizen or U.S. national.

• A provider (or be eligible to participate as a provider) in the Medicare, Medicaid and the State Children's Health Insurance Program, as appropriate.

• Fully trained and licensed to practice.

• A health professional with qualified student loan debt for education that led to your degree.

Participants serve for at least two years at a National Health Service Corps-approved site in a designated Health Professional Shortage Area.

Program benefits include an opportunity to increase access to primary care services to communities in need; options to serve full-time or half-time clinical practice an National Health Service Corps-approved site; and receive funds to help repay outstanding, qualifying, educational loans.

To learn more about the program or to apply, visit nhsc.hrsa.gov/loan-repayment and click on "NHSC Loan Repayment Program." ■

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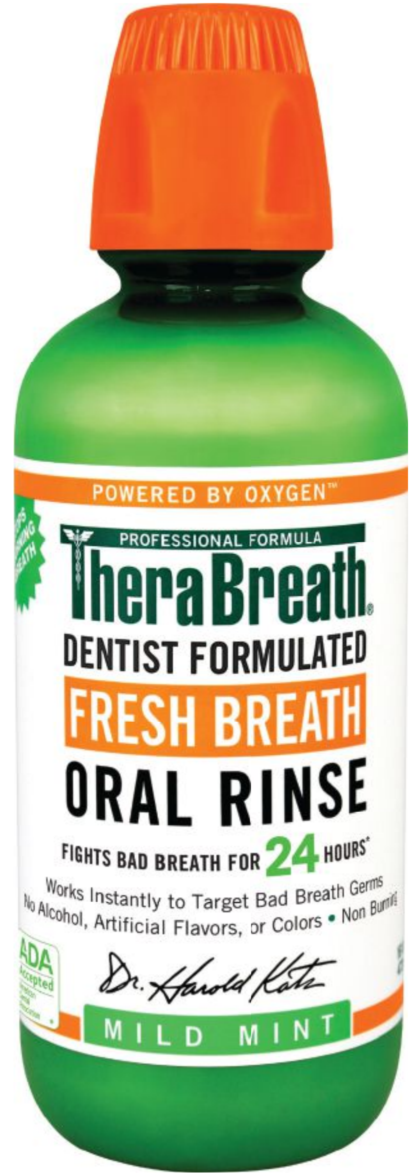

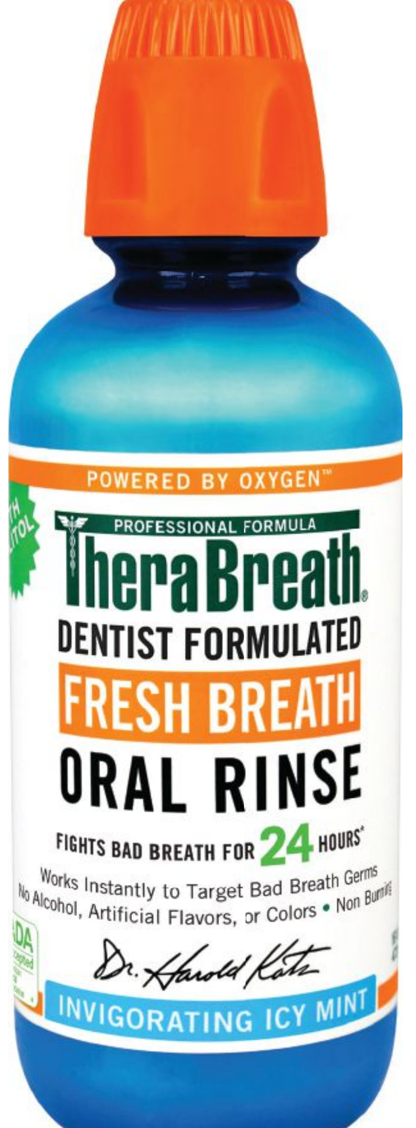

Helps reduce bad breath

ADA Institute for Diversity in Leadership seeks 2019-20 class applicants

BY KIMBER SOLANA

The American Dental Association Institute for Diversity in Leadership is accepting applications through April 12 for its 2019-20 class.

The Institute is designed to provide education and leadership skills to dentists who are members of racial, ethnic and/or gender groups that have been traditionally underrepresented in leadership roles within the profession and their communities.

Selected applicants will attend three leadership education sessions conducted by faculty from Northwestern University Kellogg School of Management and Duke University's Fuqua School of Business at ADA Headquarters in Chicago. Participants will be reimbursed for their hotel and travel expenses.

During their program year, the Institute class members will develop their leadership abilities through faculty seminars and experience designing and leading projects for their dental associations or other community organizations.

Previous graduates of the program, which began in 2003, have created nonprofit organizations in their communities to provide dental health care and education to underserved populations, took on leadership roles on Mission of Mercy events, created programs introducing high school students to health care professions and raised awareness on a preventive approach to the opioid epidemic.

Since 2003, over 200 dentists have been enrolled in the program. Institute alumni have since served as volunteer leaders at the local, state and national levels of the ADA, and other dental associations and service organizations.

The ADA Institute for Diversity in Leadership is made possible through the support of Crest + Oral-B and Henry Schein, Inc.

To learn more about the Institute and how to apply, visit ADA.org/diversityinstitute or contact Susana Galvan at galvans@ada.org or call the ADA toll-free number at ext. 2809. ■

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ADA advocacy highlights from 2018

BY JENNIFER GARVIN

Washington — The past year was full of big wins for the Association, including advocating for the Action for Dental Health Act and supporting landmark opioid legislation — both of which were signed into law.

Here follows some of the key advocacy issues the ADA addressed in 2018.

For the dental practice

Medicare regulations: The ADA worked with the Centers for Medicare and Medicaid Services to publish a final rule that changes the requirement to enroll in or opt-out of Medicare for the purpose of prescribing medications to Medicare beneficiaries covered under Medicare Part D. The CMS also eliminated a requirement that was not yet implemented that would have required dentists who participate in Medicare Advantage plans (Medicare Part C) to enroll in Medicare. The rule went into effect Jan. 1. For more information, visit ADA.org/medicare.

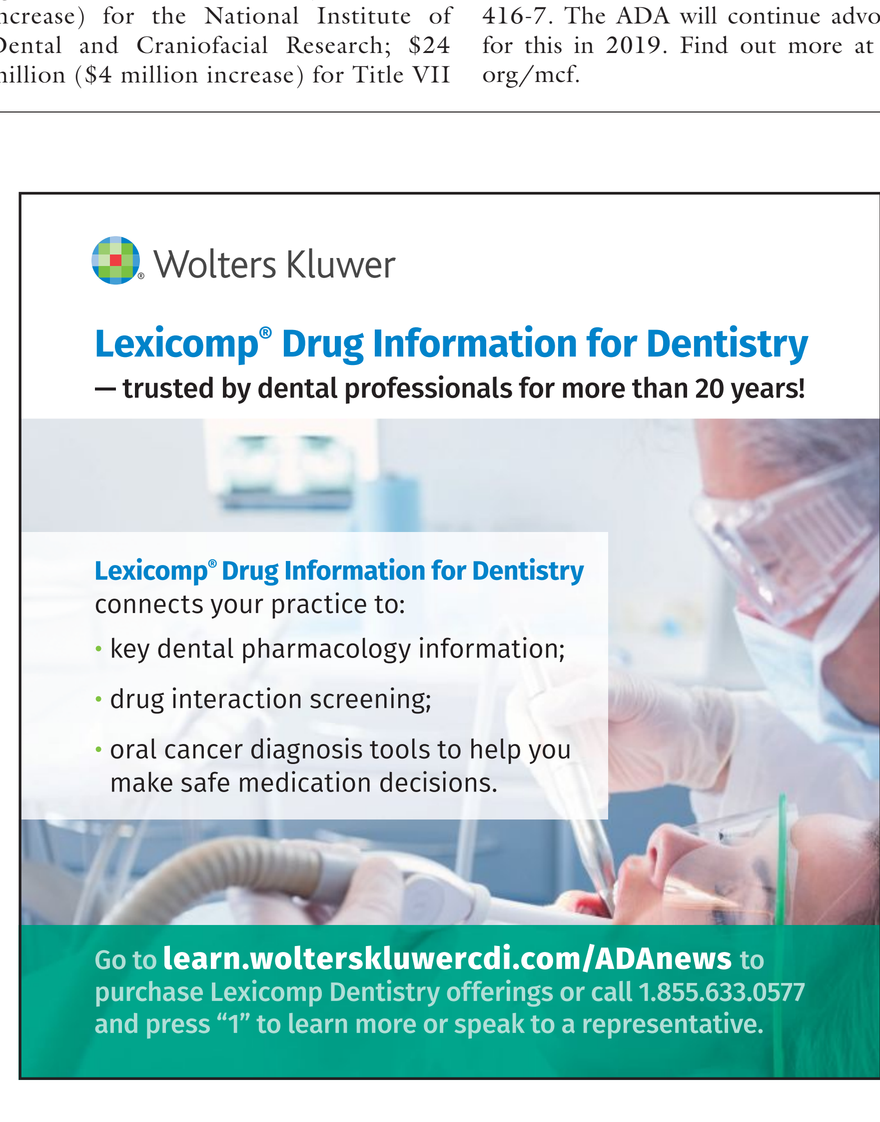
For the dental profession

Indian Health Service reform: The Senate Indian Affairs Committee passed S 1250, the Restoring Accountability in the Indian Health Service Act of 2017, and the House Natural Resources Committee passed HR 5874, the companion legislation. Both bills call for a centralized credentialing process for health care providers at IHS facilities. The ADA remains engaged with IHS on how to best implement the centralized credentialing system and continues to advocate for its efficient implementation and management at IHS facilities.

Appropriations for federal dental programs: Congress passed the Labor-Health and Human Services and Defense minibus for fiscal year 2019. The spending package includes $461 million ($14 million increase) for the National Institute of Dental and Craniofacial Research; $24 million ($4 million increase) for Title VII Oral Health Training; $39 million ($1 million increase) for Area Health Education Centers that support programs to help patients find treatment outside of hospital emergency rooms; and $10 million for military dental research. In report language accompanying the AHEC funding, legislators encouraged the Health Resources and Services Administration to work with state dental associations to address patient referral programs, supporting a key initiative in the ADA's Action for Dental Health Program. They also recommended using $250,000 to develop an oral health awareness and education campaign across all relevant HRSA divisions. The ADA testified before the House Appropriations Labor, Health and Human Services and Education Subcommittee to advocate for $44 million in funding for the Centers for Disease Control and Prevention and HRSA oral health programs.

Tax Reform: The ADA continues to monitor how the new tax provisions that were part of the 2017 Tax Cuts and Jobs Act will affect dentists. In conference calls to the Internal Revenue Service, the ADA has worked to ensure that dentists can fully take advantage of tax reform. The ADA has also communicated with Congress about the Association's support of making permanent certain tax provisions and also how legislators can continue to reform tax policies to be even more advantageous for dentists and their patients.

McCarran-Ferguson Reform: In December, Sen. Steve Daines, R-Mont., introduced the first-ever Senate version of the Competitive Health Insurance Reform Act. This bill would amend the McCarran-Ferguson Act to authorize the Federal Trade Commission and the Justice Department to enforce federal antitrust laws against health insurance companies. In 2017, the U.S. House of Representatives passed the bill, 416-7. The ADA will continue advocating for this in 2019. Find out more at ADA.org/mcf.



For patients and the public

Action for Dental Health Bill: In December 2018, the ADA-championed Action for Dental Health Act — which aims to improve access to oral health care in rural, underserved and Native American communities — became law. The new law will allow organizations to qualify for oral health grants to support activities that improve oral health education and prevent dental disease. It will also enable groups to develop and expand outreach programs that facilitate establishing dental homes for children and adults, including the elderly, blind and disabled. For more information, visit ADA.org/adhlaw.

Noncovered Services: The Dental and Optometric Care Access Act — also called the DOC Access Act — was introduced in the 115th Congress by Rep. Earl "Buddy" Carter, R-Ga. This noncovered services bill prohibits all health plans offering a dental or vision benefit from dictating what a doctor may charge a plan enrollee for items or services not covered by the plan. The bill now has more than 100 bipartisan co-sponsors in the House — the most co-sponsor support ever garnered for this legislation. The ADA will continue advocating for noncovered services legislation in 2019.

Children's Health Insurance Program: In early 2018, Congress reauthorized this program for 10 years. The program's authorization expired on Sept. 30, 2017, and the ADA, along with numerous stakeholders, advocated for its reauthorization. CHIP is a critical safety-net for American children who do not qualify for Medicaid, but whose families would struggle to afford private coverage, particularly dental coverage. The ADA has joined with the Organized Dentistry Coalition and numerous other stakeholder groups in this effort. Find out more at ADA.org/chip.

Opioid abuse: In October 2018, President Trump signed bipartisan legislation to address the opioid crisis that covered everything from continuing education and prescription drug monitoring programs to clinical guidelines and safe drug disposal. The ADA-supported bill was consistent with the ADA's opioid-related policies, including the House of Delegates opioid prescribing policy that was adopted last October. Leading up to the bill's passage, the ADA provided statements for congressional hearings, responded to requests from individual members of Congress, and commented on a range of federal agency proposals and requests for information about dentistry's role in preventing opioid abuse. ADA leaders also met with top officials at Health and Human Services, the Food and Drug Administration, National Institutes of Health, and the White House, including the U.S. surgeon general. Opioid prescribing was one of several issues taken up at the 2018 ADA Dentist and Student Lobby Day. Find out more at ADA.org/opioids.

Surgeon General report: ADA President-elect Jeffrey Cole and Past President Joseph P. Crowley met with the U.S. Surgeon General to discuss how the ADA can play a leading role in updating the Surgeon General's landmark report on oral health. The first report, which is now 20 years old, addressed determinants for oral health and disease. The forthcoming update — expected in 2020 — will document progress in oral health since 2000 and articulate a vision for the future. ■

—garvinj@ada.org

Study reaffirms efficacy of water fluoridation in preventing decay

BY MICHELLE MANCHIR

Kids with Medicaid in Juneau with no access to optimally fluoridated water had more dental caries-related procedures than youth who grew up before the Alaskan capital ceased its fluoridation program, according to research published in December in BMC Oral Health.

For the study, "Consequences of Community Water Fluoridation Cessation for Medicaid-eligible Children and Adolescents in Juneau, Alaska," public health researchers analyzed Medicaid dental claims records of about 1,900 0- to 18-year-old patients in Juneau's main ZIP code. They compared claims from a year in which the city water was fluoridated at an optimal level for tooth decay, 2003, and from 2012, five years after the city ended its fluoridation program.

Researchers found that "by taking the fluoride out of the water supply, the tradeoff for that is children are going to experience one additional caries procedure per year at a ballpark of $300 more per child," said Jennifer Meyer, lead author of the article and an assistant professor of allied health at the University of Alaska, in an NPR article about the research.

Furthermore, children born after community water fluoridation cessation in Juneau underwent the most dental caries procedures and incurred the highest caries treatment costs on average, according to the study.

"These results expand our understanding of caries epidemiology under community water fluoridation cessation conditions and reaffirm that optimal community water fluoridation exposure prevents dental decay," the authors concluded. "These findings can offer fiscal estimates of the cost burden associated with (community water fluoridation) cessation policies and help decision-makers advance oral health, prevent dental caries and promote equity in oral health outcomes."

To read the full article, visit bmcoralhealth.biomedcentral.com and search for the article title.

The ADA has endorsed since 1950 the fluoridation of community water supplies as safe, effective and necessary in preventing tooth decay.

For more information or resources about fluoridation, visit ADA.org/fluoride. ■

ADA seeks comments on guideline for antibiotic use for dental pain

BY MICHELLE MANCHIR

ADA members are invited to share their expertise and insight on antibiotic use for symptomatic irreversible pulpitis, symptomatic apical periodontitis and localized acute apical abscess.

A panel of subject matter experts and methodologists from the ADA Center for Evidence-Based Dentistry is developing a clinical practice guideline on this subject. They are asking the public to review and comment on the guideline's recommendation statements, which were informed by a systematic review of the best available scientific evidence.

"There is a widespread overuse of antibiotics in general, to include dental practice, which stems in part from the lack of professional guidelines and a lack of science on the clinical situations where antibiotics are appropriate to either prevent or treat oral infections," said Dr. Peter Lockhart, chair of the panel developing the guideline and research professor in the department of oral medicine at Carolinas Medical Center.

He added that "what is critically important at this stage of guideline development is that a broad spectrum of clinicians, generalists and specialists, review this guideline's recommendation statements to ensure that they seem appropriate and understandable."

The guideline's recommendation statements are available to view online at ADA.org/antibiotics.

Members can submit comments until Feb. 11, after which the panel and ADA methodologists will review them as they further develop the guideline. The ADA Center for Evidence-Based Dentistry plans to publish the guideline later this year with an accompanying systematic review.

For more information and to submit comments, visit ADA.org/antibiotics or email the ADA Center for EBD at ebd@ada.org. ■

Tax

Continued from Page 1

more than 9,000 dental practices.

ADA News: Who is eligible to use 179 expensing form?

Mr. Schiff: Any dental practice filing a U.S. Business Income Tax Return in 2018 is eligible to elect the Section 179 deduction so long as they acquired the equipment during 2018 and it was placed in service and installed by Dec. 31, 2018. I highly encourage you to use this deduction if you paid for the equipment with cash and without incuring any long-term debt (financing).

Certain types of equipment may also be eligible. You can use Section 179 with a dental chair and unit, digital X-ray, computer software, computers, etc. This equipment also applies towards the Bonus Depreciation deduction, discussed below.

ADA News: What are the limits? What are examples of a purchase?

Mr. Schiff: A dental practice can deduct up to $1 million in equipment purchases during 2018 as long as the total purchases of equipment during 2018 did not exceed $2.5 million. If you elect to use the Section 179 Depreciation, you cannot create a tax loss in the year of such tax election. With the Bonus Depreciation, you can create a tax loss.

ADA News: How is the 2018 form different from previous years?

Mr. Schiff: For 2018, you can now use both new and used equipment for Section 179 as well as Bonus Depreciation. In the past, this was not available as only new equipment applied to Section 179 whereas Bonus Depreciation allowed both new and used equipment acquisitions.

ADA News: What's the difference between the Section 179 and Bonus Depreciation deductions?

Mr. Schiff: There is a lot of confusion over the difference between Section 179 and Bonus Depreciation. Many dentists use these tax strategies, but they may not be aware of the differences, because a CPA can achieve the same result. Let's take a look at the difference.

Let's assume the dental practice has a net income prior to any Depreciation decision of $100,000. With both Bonus and Section 179, you could bring the net income down to zero. With Bonus depreciation, you could even create a tax loss. This is not available with Section 179.

How is this accomplished? Here are two examples:

Example 1	Bonus	Sec. 179
Net income	$100,000	$100,000
Depreciation	($50,000)	($50,000)
Taxable income	$50,000	$50,000

On the surface, these two concepts look the same. Let's go one step further:

Example 2	Bonus	Sec. 179
Net income	$100,000	$100,000
Depreciation	($120,000)	($100,000)
Taxable income	($20,000)	None

You may ask, how is this possible? What causes one concept a loss of $20,000 and another to break even with no taxable income? The difference between Section 179 and Bonus Depreciation is as follows: Section 179 allows the dentist to choose which equipment (asset) they choose to deduct as a Section 179 Depreciation, whereas Bonus Depreciation uses an "Asset Class." The difference between equipment (asset) and an asset class can be explained as follows: Let's assume you purchase a digital panoramic X-ray machine for $40,000 and also computer-aided design/computer-aided manufacturing equipment in the amount of $160,000 for a total of $200,000. This $200,000 is considered a "asset class," whereas the indidivual assets (Digital PAN and CAD/CAM) are considered an individual asset.

Bonus Depreciation is "automatic" for tax purposes. So if you chose not to use bonus, you must elect out of bonus prior to filing your 2018 income tax return. Section 179 is an election each year, so you can decide prior to filing your tax return whether you want to elect out of bonus and use Section 179 in place of that.

With Bonus Depreciation, you can create a tax loss, but with Section 179, you can only bring the taxable income down to $0.

ADA News: What are the new rules for auto depreciation in 2018?

Mr. Schiff: Congress has changed the rules for depreciation for a luxury automobile for 2018 and beyond. The chart below, shows you a comparison of luxury auto depreciation for 2017 vs. 2018. Keep in mind, in order to obtain the tax benefit of using this luxury auto depreciation, your business automobile must be used at least 50 percent of the time for business:

	2017	2018
Year 1	$11,160	$18,000
Year 2	$5,100	$16,000
Year 3	$3,050	$9,600
Year 4 and beyond	$1,875	$5,760

As you can readily see, it may make sense to purchase your luxury auto in the future as opposed to leasing it.

Other concerns

In order to use Section 179 or Bonus Depreciation, the equipment must be placed and installed by Dec. 31, 2018 and be in service.

If you pay for the equipment in advance and it was not installed by Dec. 31, 2018, Section 179 and Bonus will not apply during 2018.

Be careful with expensing equipment when you acquire equipment with long-term debt as opposed to paying for the equipment with cash. To ignore this concept, you could create phantom income for you in the future.

Part of the Internal Revenue Service audit procedures within this area, is to review freight bills and bills of ladding, and to confirm when the equipment was delivered and installed. The IRS will also review dates of occupancy and related occupancy permits, when you are starting a practice in a given year where you take substantial depreciation in that given year. Be cautious here.

Auto Depreciation — be sure you are maintaining a daily automobile log to track your business use percentage. You can track it manually or use new app such as MileIQ, Mileage Tracker and Auto Mileage Tracker.

ADA News: Any other items of note?

Mr. Schiff: In conclusion, if you have additional questions surrounding Section 179 Depreciation, Bonus Depreciation or the luxury auto depreciation rules for 2018, reach out to your CPA or if you are looking for a dental CPA, please visit adcpa.org for a dental CPA closest to you and your practice.

The information in this piece is not intended to be, nor should it be construed as, tax, accounting or legal advice. Readers are urged to consult a qualified professional when seeking such advice. The ADA makes no endorsement of the above advice, nor of any website or organization mentioned in the above piece. ■

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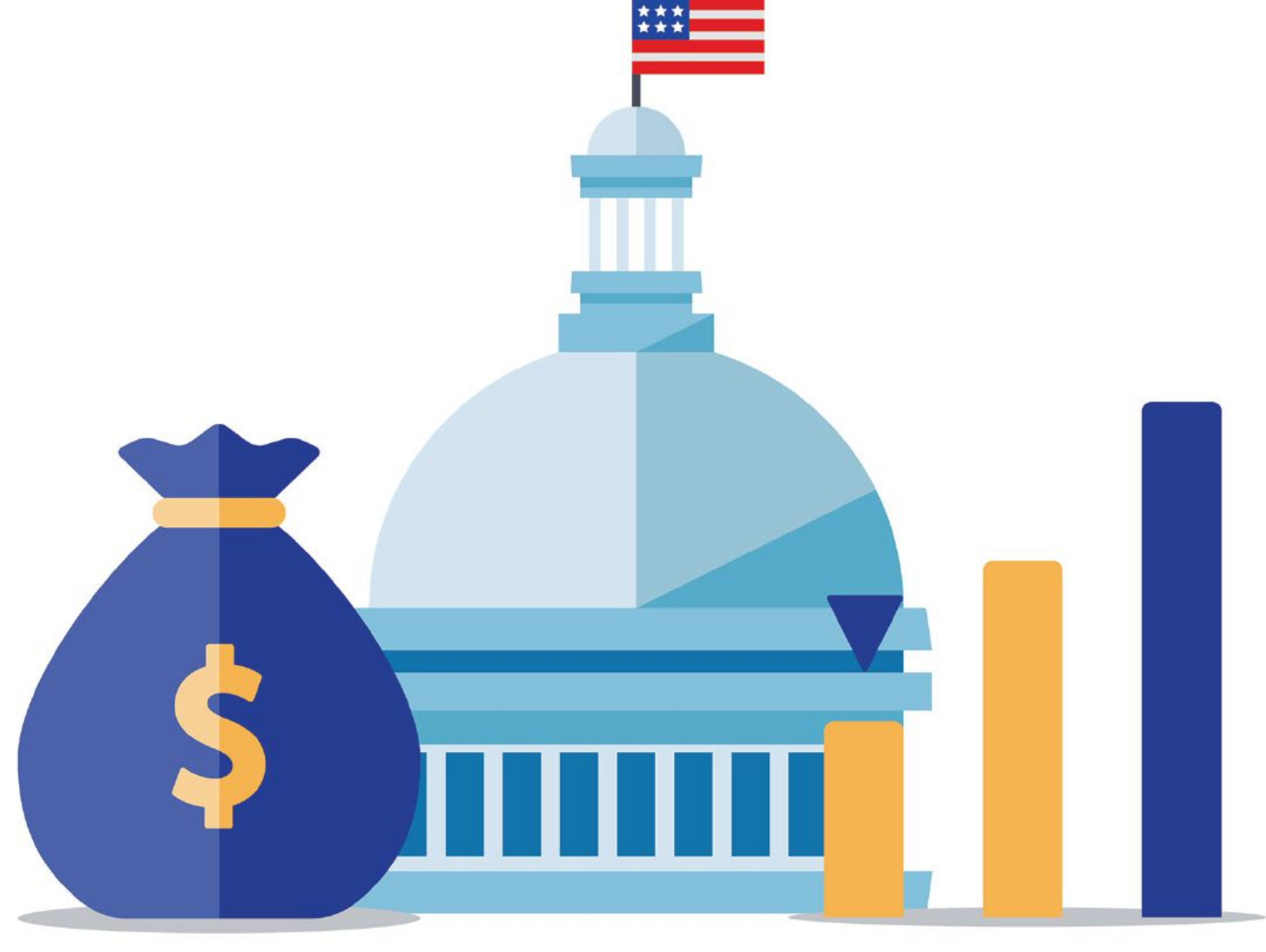

New ADA guide prepares dental teams for medical emergencies

BY DAVID BURGER

With American Heart Month coming in February, the ADA released the “Medical Emergencies in the Dental Office,” a 37-page guide coupled with a video training program.

The product is currently available for sale via the ADA Catalog.

The guide, according to author Dr. Larry J. Sangrik, an Ohio clinician, is meant to help dentists and dental teams prepare for potential medical emergencies in the dental practice and to give them a helpful resource for managing many of the potential medical emergencies that may occur.

Whether a patient has a seizure, an allergic reaction or another instance that requires immediate care, this manual is intended to be a dentist’s go-to staff training guide, he said.

The key, Dr. Sangrik said in an ADA News interview, is that every member of the dental team should be involved in the care of any patient who experiences an emergency in the office. “We should, as a profession, expect more,” he said.

The genesis of the guide was a December 2017 white paper that Dr. Sangrik wrote for the American Association of Dental Boards. That paper recapped the results of two previously unpublished surveys, one of which was designed to assess the dental community’s overall awareness of how to respond in the event that a patient experiences a medical emergency during dental treatment.

Dr. Sangrik

According to Dr. Sangrik, those surveys revealed that:

• Patients overwhelmingly believe their personal dentist and the members of the team are already highly and comprehensively prepared to manage a medical emergency.

• The public has higher expectations regarding dental personnel’s medical emergency preparedness than state dental boards currently require.

• Many dentists underestimate the potential for a medical event to occur in their office.

Risk factors for medical emergencies during dental care indicate that they are increasing in frequency, intensity and diversity, Dr. Sangrik said. The factors include an aging population, patients with more complex medical histories, more sophisticated and invasive dentistry and increased use of implants and sedation, he said.

The guide addresses these issues by including:

• A list of recommended equipment and supplies for a dental emergency kit.

• A detailed duty sheet that outlines each team member’s tasks during a medical emergency.

• Step-by-step instructions to aid in identifying and managing common medical emergencies, such as: fainting; asthma attacks; allergic reactions; seizures; diabetic events; high and low blood pressure; strokes; and cardiac arrest.

This publication also includes a continuing education test worth three credits and four videos that feature Dr. Sangrik discussing the subject. The videos are “It Won’t Happen Here,” “My Role in a Crisis,” “Using Medical Equipment” and “Crisis in the Clinic.”

Save 15 percent on all ADA Catalog products by using the promo code 19106 by March 29. To order, visit https://ebusiness.ada.org/productcatalog or call 1-800-947-4746.

The ADA website has a number of other resources available that help dentists prepare for medical emergencies at ADA.org/medicalemergencies. It also includes information from a 2018 survey on preparedness for medical emergencies in the dental practice that was conducted by the ADA Council on Dental Practice at ADA.org/emergencymedicalsurvey.

ADA Member Advantage has endorsed select HealthFirst Practice readiness solutions, including emergency medical kits. ADA members can receive a discount on selected products by entering “ADAMEMBER” in the discount code field at checkout at healthfirst.com/ADA. ■

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Nashville 'gentleman,' editor Dr. H. Clifton Simmons III dies at 69

BY DAVID BURGER

Nashville — Dr. H. Clifton Simmons III, immediate past president of the American Association of Dental Editors and Journalists and past president of the Tennessee Dental Association, died Jan. 1 from cancer.

The author, clinician, professor and expert on craniofacial pain and temporomandibular joint disorders had just turned 69.

Dr. Simmons

Dr. Dan Jenkins, past president of the American Association of Dental Editors and Journalists, said, "Dr. Simmons was a gentleman with a sense of humor even though he would stand his ground when he felt his science was correct. He was easy to have a conversation with and would often mention his upbringing as being 'just a Tennessee farm-boy.' This 'Tennessee farm-boy' reaped quite a crop of achievements in his career as a dentist."

Dr. Simmons was an assistant clinical professor in the department of dentistry at the Vanderbilt University Medical School since 1993 and a clinical assistant professor at the University of Tennessee College of Dentistry in the department of restorative dentistry since 2009.

He also ran a private practice in Nashville since 1978, with about 85 percent of his patients suffering from craniofacial pain or temporomandibular joint disorders, according to his office's website.

A native of Portland, Tennessee, Dr. Simmons graduated from the Tennessee Technological University in 1971 and earned his dental degree from the University of Tennessee College of Dentistry in 1977. He served in the Tennessee Army National Guard from 1971-77, receiving an honorable discharge as a combat medic.

Dr. Simmons had risen to the office of president in multiple organizations, including the Nashville Dental Society, Tennessee Academy of General Dentistry, American Academy of Craniofacial Pain and the American Board of Craniofacial Pain.

He authored more than 40 articles regarding temporomandibular joint disorders, sleep disorders and orthodontics, according to Dr. Jenkins.

At the Tennessee Dental Association's annual session in 2017, the state association presented Dr. Simmons with its highest honor — the Dr. Jack Wells Memorial Dedication to Dentistry Award. He also was the recipient of the Tennessee Academy of General Dentistry's Dentist of the Year Award.

Dr. Mary Jennings, American Association of Dental Editors and Journalists president, said Dr. Simmons "did a beautiful job as our president. We are stronger as friends, leaders and as an association for having known him."

"Dr. Simmons was a terrific individual who wore many hats and wore them all in spectacular fashion," said Michael S. Dvorak, executive director of the Tennessee Dental Association. "He will be missed by many."

He is survived by his wife, Joan; his daughter, Megan (Erich); his son, Matthew; two brothers, Nathan, David; sister, Eva; seven grandchildren; and four great-grandchildren.

Gifts in memory of Dr. Simmons can be made to the H. Clifton Simmons III, DDS, Endowed Scholarship and mailed to UTHSC Office of Alumni Affairs & Development, 62 S. Dunlap (Ste. 500), Memphis, TN 38163; or to the Interfaith Dental Clinic in Nashville. ■

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Two dental research organizations prohibit sugar-sweetened beverage investments

Alexandria, Va. — The International Association for Dental Research and the American Association for Dental Research announced Jan. 15 the divestment of sugar-sweetened beverage companies from their investment portfolios, according to an IADR news release.

In the release, IADR President Rena D'Souza said, "The initiative to remove all investments in sugar-sweetened beverage companies matches IADR/AADR's previous divestment of tobacco stocks and more clearly embodies our investment philosophy and health-based values."

The IADR and AADR called on other health-related professional associations with investment portfolios to adopt similar policies regarding sugar-sweetened beverage companies.

IADR is a nonprofit organization with over 11,400 individual members worldwide, and AADR is the largest division of IADR with 3,300 U.S. members. ■

Comments

Continued from Page 2

The ADA and AAPD also said they "strongly believe" in the timely and accurate updating of provider directories and said they are concerned about the proposal to allow for quarterly, rather than monthly, updates to paper directories since many low-income Medicaid beneficiaries may not have access to a smartphone. Requiring beneficiaries to call the plan's customer service line or the state to confirm if a provider is still in-network "adds another layer of complexity and burden for these already vulnerable beneficiaries."

The ADA and AAPD "support the proposed requirement that provider directories include the provider's cultural and linguistic competencies," and think this is "critical" in ensuring patients are comfortable selecting a provider.

"This is especially important in Medicaid where patients have low incomes, English may not be their first language and health literacy levels may be low," Drs. Cole and Castellano wrote. "These problems are compounded in the field of dentistry where patients often have a fear of visiting the dentist and need to connect with a provider who can explain dental procedures to them in simple, meaningful terms."

For the Medicaid Managed Care Quality Rating System (QRS), the ADA and AAPD appreciate the 2016 final rule's provision requiring states to operate a Medicaid managed care quality rating system. The two organization urged CMS and states to seek input from the Dental Quality Alliance, which is "well positioned to collaborate, coordinate, and lead efforts on access to care measures." Additionally, the DQA has developed a comprehensive set of measures and obtained their endorsement from the National Quality Forum.

Drs. Cole and Castellano said that ADA and AAPD recognize the challenges in applying quality ratings across different states, and "support the proposed revisions that would balance the goal of facilitating these comparisons of plan performance with the need for state flexibility." Since many states provide the dental benefit through a prepaid ambulatory health plan, they encouraged CMS to assure that states have dental-specific QRS systems that includes a comprehensive measure set to assess oral health rather than a single measure within a broader set.

For the enrollee encounter data, ADA and AAPD agree with CMS that encounter data is critical for properly monitoring and administrating the Medicaid program and supports the agency's proposal to include the allowed amount and paid amount in the data collected in the Transformed Medicaid Statistical Information System.

Finally, regarding the Children's Health Insurance Program, the two organizations said they agreed with CMS' proposal to apply the Medicaid changes described above to CHIP.

"This program provides much needed oral health services to children. Good oral health is an essential part of children's overall health and dental disease is linked to other medical conditions," Drs. Cole and Castellano concluded. "Untreated dental disease can also lead to problems in school and can persist into adulthood, resulting in higher treatment costs and making it harder to find employment. It can also impact military readiness and the deployment of troops. The protections offered to children enrolled in Medicaid managed care should also apply to children enrolled in CHIP."

Read the comments in full at ADA.org. ■

—garvinj@ada.org

CareCredit integrates into Henry Schein's dental practice management software solutions

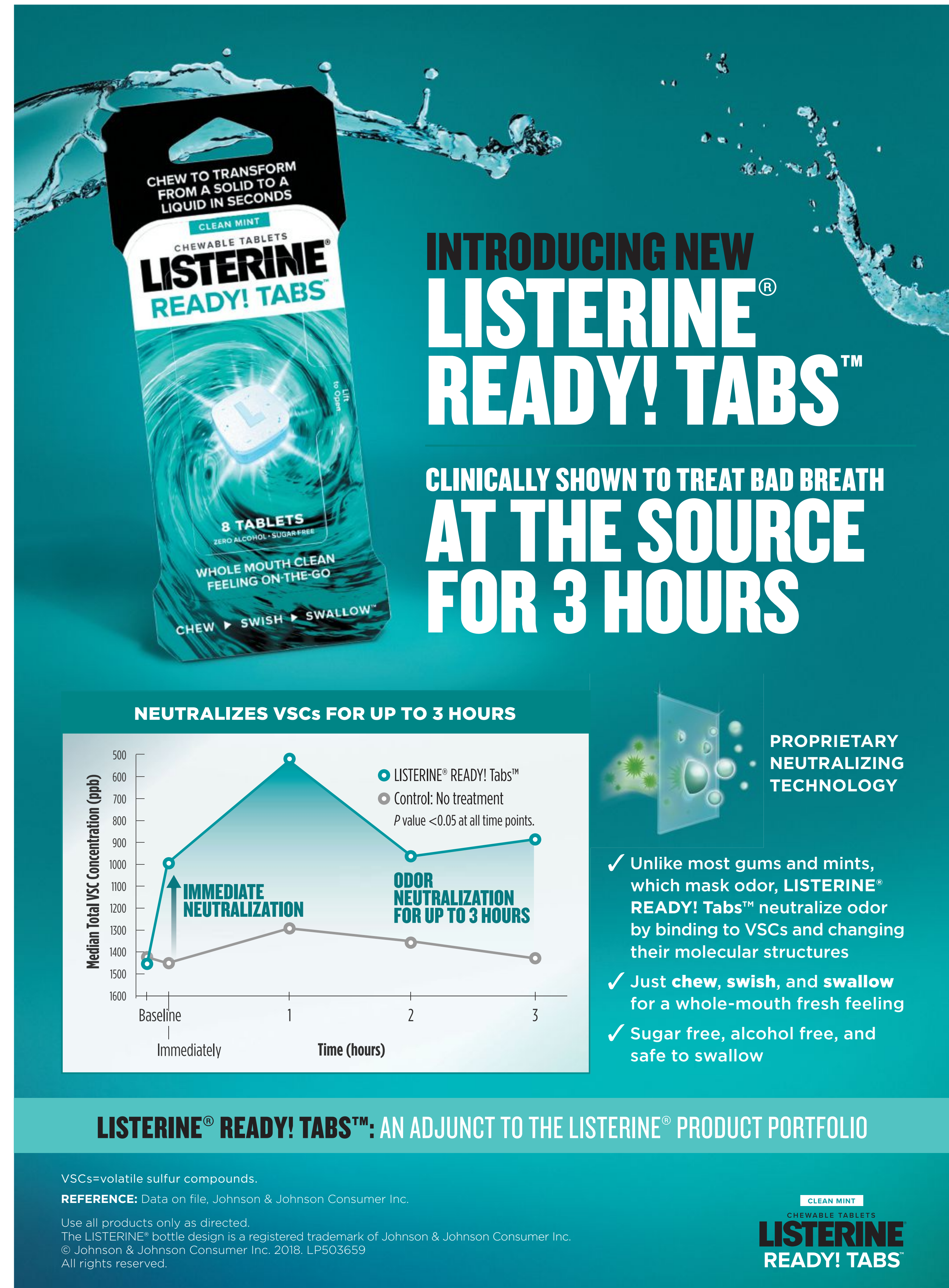
CareCredit, the provider of patient financing endorsed by ADA Member Advantage, and Henry Schein, Inc. announced in December the integration of CareCredit's financing tool into Henry Schein's dental practice management software solutions.

The integration offers dental practices more financing options for their patients, according to a news release. CareCredit provides flexible financing options for families who may not be covered by insurance.

CareCredit integrates into Dentrix and Easy Dental, practice management software solutions that Henry Schein One offers to dental professionals. CareCredit will give Henry Schein's customers the ability to process CareCredit transactions that automatically write back to the ledge, which can help save time and minimize human error.

Practice teams who accept CareCredit and use Dentrix and Easy Dental practice management software should contact their software provider for more information and to request a demo of the integration features.

For more information on CareCredit, visit carecredit.com/dental. ■



ADA Foundation®

Volpe Research Center celebrates 90th ANNIVERSARY

BY KELLY GANSKI

Ninety years of research. Ninety years of talent. Ninety years of opportunity.

The memories are endless when it comes to the nostalgia of the ADA Foundation Volpe Research Center. The research center has had name changes throughout the years but has always kept a consistent mission. For 90 years, scientists have developed materials, tools and technologies for the dental community, resulting in over 200 products that have provided the foundation for how dentistry is practiced throughout the world.

"Through working with scientists from the ADA, National Institute of Standards and Technology, National Institutes of Health, military, industry and academia, our scientists have helped develop materials, tools and technologies that have provided a foundation to how we diagnose and treat dental diseases," said Dr. Tom Hart, Ph.D., senior director of the ADA Foundation Research Division. "We have also played an important role in development of standards and development of instruments such as the tensiometer that help determine how well dental materials perform. Other programs such as the ADA Seal program were initially developed by our scientists."

VRC scientists are now focused on developing improved "smart" dental materials such as dental composites that are resistant to breakdown, are capable of self-healing and have antimicrobial properties. Together these properties will extend the lifespan of restorations more than threefold. Scientists are also focusing on developing improved sensors to help early detection of dental decay, periodontal diseases and systemic diseases including heart attacks.

"More is to come on research developments but we've had a wonderful 90-year run and in our 91st year, we're spreading our wings," Dr. Hart said. ■

Looking back: Past innovations in dentistry

Research sector: The entire Dental Research Section as the post-World War II era began. From left are Mr. George Dickson, Dr. Wilmer Souder, Dr. Irl C. Schoonover, Mr. John R. Beall, Dr. George C. Paffenbarger and Mr. Harold J. Caul. The latter three men were ADA research associates.

High-speed handpiece
A dental drill with higher cutting speeds.

Panoramic X-ray
A two-dimensional dental X-ray examination that captures the entire mouth in a single image.

Dental composites
Revolutionary tooth-colored dental restorative, invented by Dr. Rafael Bowen in the 1960s.

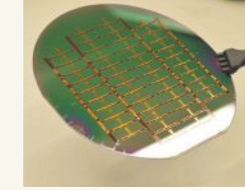
Bone cement
Self-setting material utilized to repair bone defects.

Remineralizing products
Dental restoratives based on sustainable release of remineralizing calcium and phosphate ions capable of repairing decayed tooth structures.

On the horizon: The future of dentistry

New dental materials
New generation composite restorations that are stronger and longer-lasting, self-healing, easy to use clinically and have antimicrobial properties.

Sensors
Sensors capable of identifying disease processes both inside the mouth and body.



Nano biosensor

Pulp on a chip
A replica of living pulp tissue outside the tooth for the purpose of testing new and exciting treatments for pulpal disease.

New bone grafts
Bone graft materials with added molecules to make them work better in the mouth.

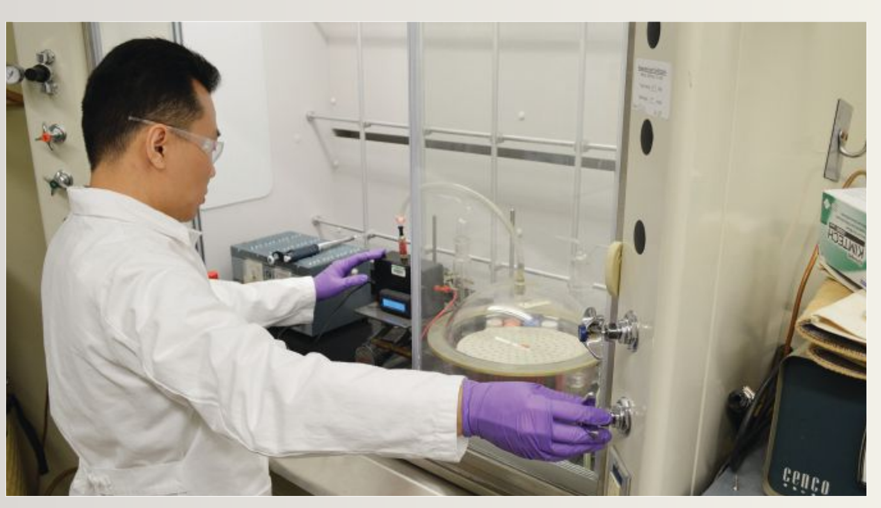
Hazard mask

Nanotechnology and occupational hazard in dental offices
Exploring the level of current protection from the nanoparticle-containing aerosol created when removing composites using a high-speed handpiece.

Effects of electronic-cigarette on oral health
Exploring the potential oral health problems caused by vaping so dentists can provide important information to their patients concerning the potential risks.

Electronic cigarette

Innovation: Dr. Walter E. Brown (left) and Mr. Harold J. Caul examine crystals with the aid of an X-ray machine. Dr. Brown, a section member since 1962, was the senior ADA research associate.



Focused testing: (above, left to right) Dr. Jeffrey Kim studies e-cigarette vapor with the VRC's standardized vaping equipment. Dr. Shinae Kim fabricates an oral biosensor in the nanofabrication facility.

ADA Member Advantage endorses OnPay as payroll provider

ADA Member Advantage announced Jan. 21 it named OnPay as the exclusively endorsed payroll solution for Association members.

OnPay provides a full-service payroll solution along with support available via chat, email and phone. The platform integrates with accounting, timekeeping and attendance software, and was recognized as a top payroll solution by PC Magazine and Entrepreneur, according to ADA Member Advantage.

With the endorsement, ADA members can take advantage of preferred pricing and services to help make the switch to the solution smooth and easy.

"OnPay has a really great product," said Dr. James Mercer, ADA Member Advantage board chair. "The company passed a rigorous [request for proposal] process with flying colors. We think that dentists will appreciate the simplicity of the platform, and after our thorough review, ADA Member Advantage can assure the excellence of the customer service and the soundness of the company."

Dr. Mercer added that he has started using the payroll solution in his practice at the beginning of the new year.

"So I'll vouch for the smoothness of the transition between our old payroll provider and OnPay," Dr. Mercer said.

According to ADA Member Advantage, Association members can expect to save 50 percent or more — with an average of over $1,500 a year — with OnPay compared to traditional payroll solutions. In addition, OnPay's fee includes the automated processing of all state and federal tax payments and filings. Users also receive an error-free guarantee.

"We are so pleased to have received this endorsement," Mark McKee, president and chief operations officer at OnPay, said in a news release. "We already serve a large number of dentists across the country and see this as a chance to really expand our services within the dental community."

As a special endorsement launch promotion, a practice that wants to switch to OnPay will have all of its employee data migrated and receive the first month of payroll for free. Users have access to unlimited pay runs for a $36 monthly base charge, plus $4 per active person with no additional hidden fees, according to ADA Member Advantage.

For more information or to sign up for OnPay, visit onpay.com/ada or call 1-877-328-6505. ■

PBHS launches drag-and-drop file transfer app

PBHS, Inc., the website and marketing services provider endorsed by ADA Member Advantage, announced Jan. 7 it released a drag-and-drop file transfer application that can help dental offices remain in compliance with the Health Insurance Portability and Accountability Act.

Aptly called Secure Drop, the application is designed to distribute and share all types of digital radiography and documents. Secure Drop integrates with SecureMail by PBHS, the ADA Member Advantage-endorsed secure communication solution to assist practices in remaining HIPAA compliant, and is a free PC and Mac desktop add-on application for all paid SecureMail email users.

"With over 30,000 SecureMail users, we expect Secure Drop to become the most popular file transfer application available," said Jay Levine, president of PBHS, Inc., in a news release. "It will now be easier than ever to share CT scans, digital panorex, periapical images and most other file types for practices using the ADA Member Advantage-endorsed SecureMail platform."

Secure Drop enables a quick drag-and-drop approach to image and document transfer among colleagues, according to PBHS. All files are encrypted for secure transfer, and dentists can enable an option to auto-delete files after a certain amount of time has passed.

"We're excited to leverage the technical expertise of PBHS to make it even easier for a practice to maintain HIPAA compliancy while sharing digital patient images, referrals and all types of documents," said Deborah Doherty, managing director of ADA Business Enterprises. "This product enhancement will continue to set our members up for success."

For more information or to subscribe to SecureMail, visit pbhs.com/securemail. ■

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Court approves $80 million settlement in class action lawsuit against dental companies

BY JENNIFER GARVIN

Brooklyn, N.Y. — A federal court has approved the $80 million settlement agreement in a class action lawsuit against dental product companies accused of violating antitrust laws by fixing prices on dental equipment and supplies.

According to the Jan. 8 court documents signed by Judge Brian M. Cogan of the Eastern District Court of New York, the following "settlement class" comprises "All persons or entities that purchased [d]ental [p]roducts directly from Schein, Patterson, Benco, Burkhart, or any combination thereof, during the period beginning August 31, 2008 through and including March 31, 2016 (the 'Class Period')." Although Burkhart Dental Supply was not ultimately a defendant in the class action, customers who purchased its products during the relevant time are included as class members and are entitled to participate in the recovery.

Dental products and equipment covered in the suit include such items as gloves, hand instruments, face masks, toothbrushes, anesthetic solutions, imaging devices, dental chairs, CAD/CAM systems and the like.

The Eastern District court also released a schedule for the settlement administration.

Event	Deadline
Commencement of direct notice and publication notice to the class	Feb. 22
Submission of motion for attorneys' fees, expenses, and service awards for the class representatives	March 24
Deadline for class members to opt out of the class or object to the settlement	April 18
Plaintiffs' notice to court identifying persons or entities requesting exclusion from the class and completion of the notice program	May 3
Submission of motion and memorandum in support of final approval of the settlement and any responses by the parties to any objections filed by class members	May 3
Fairness hearing	10 a.m. EST on May 22
Claims hearing	Sept. 19

(See chart above.)

According to the lawsuit, which was originally filed in March 2016, the dental product supply companies are alleged to have conspired to suppress price competition so that "they each could charge artificially inflated prices for dental supplies and equipment."

In September 2018, the ADA News reported that the dental supply companies had reached an agreement and included comment from Henry Schein Inc., saying the company agreed to the settlement in part to "avoid long, distracting litigation" and denied any wrongdoing in a statement.

Once the class action settlement is final, customers whose names and addresses are included in the defendants' databases will be notified of the next steps. The class attorneys will contact organizations such as the ADA to obtain additional information, and the law firms will also set up a website to explain the terms of the settlement and the process for making a claim.

Once the class action is final, customers whose names and addresses are included in the defendants' databases will be notified of the next steps. The class attorneys will contact organizations such as the ADA to obtain additional information.

The website will also serve as a way for dentists who believe that they are entitled to participate in the suit but have not been contacted to inform the law firm that they should be added to the class.

The ADA Legal Division has heard from ADA members that third parties unaffiliated with the lawsuit have offered to collect settlement money on their behalf for a 20 percent cut of the recovery. The ADA believes these types of services offer no real value as the distribution of settlement money is well-established and virtually automatic. While each member should make his or her own decision, we believe that utilizing such a service will not result in expedited or increased recovery.

The ADA News will continue to provide updates to this story as they become available and members should bear in mind that the current schedule provided by the court above may be modified if needed. ■

There could be a way to negotiate higher reimbursement rates

BY DAVID BURGER

Editor's note: This is the 22nd story in the Decoding Dental Benefits series featuring answers and solutions for dentists when it comes to the world of dental benefits and plans. The series is intended to help untangle many of the issues that can potentially befuddle dentists and their teams so that they can focus on patient care.

Decoding Dental Benefits

Nazareth, Penn. — To some dentists, it seems as if reimbursement levels from insurance companies are trending downward — and negotiating with those companies has become increasingly difficult.

Dr. Cynthia Olenwine, a member of the ADA Council on Dental Benefit Programs and dentist in northeast Pennsylvania, knows the feeling.

"Negotiating for the sole practitioner is almost impossible," she said. "Dental insurance is a difficult landscape to navigate."

Businesses that liaison between dentists and insurance companies are on the rise, promising to help dental practices improve their stagnant or decreasing preferred provider organization reimbursements through negotiation and optimization.

That's why Dr. Olenwine hired one of those businesses to negotiate higher fees from third-party payers.

"A negotiation and optimization vendor was very helpful in the ever-changing dental insurance landscape," Dr. Olenwine said. "Using an insurance vendor reduced my time spent reviewing contracts, credentialing, reviewing fees, et cetera," she said. "They took care of all those ancillary functions that were time-consuming and not profitable."

Best of all, she said, was that it allowed her more time to focus on the patient. "The reduction in the time that is needed to perform all the ancillary functions associated with being an insurance provider led to more patient and chair time," she said. "I was able to make informed decisions on the insurance programs that made sense for my practice. It allowed me additional time at the chair that is more productive than doing paperwork."

Nick Partridge is president of the Ohio-headquartered Five Lakes Professional Services, which, among other services, specializes in fee negotiation for dentists who seek higher reimbursement levels from third-party payers.

In an interview with ADA News, Mr. Partridge said that dentists choose companies like his to help providers negotiate their contracted rates.

"First, every business owner wants to realize as much of their professional fee as possible", Mr. Partridge said. "Second, dentists invest significant resources — time and money — to manage the revenue cycle. As a result, there is a real cost to the provider to accept insurance. Next, as the number of Americans covered by a dental benefit continues to increase and more doctors go in-network, it puts pressure on margins. A majority of revenue becomes fixed in terms of contracted rates, but costs rise every year. Lastly, I think there has always been an underlying feeling amongst providers that insurance benefits somewhat dictate treatment and certainly affects patients' willingness to accept treatment."

Mr. Partridge argued that negotiating fees can lead to improved patient care when providers have more margin in their operating budget. "This manifests in many ways: time spent, materials used, staff investments in training, continuing education, et cetera. Providers should be able to do more and do better when margin pressure subsides."

Matthew Hironaka, chief operating officer of the Arizona-headquartered Unitas Dental, also talked to ADA News about its fee negotiation services, which is among a suite of services it provides to dental practices.

"The majority of dentists we speak with are very frustrated by what they consider to be the large write-offs they are required to take by participating in-network with PPO insurance plans," Mr. Hironaka said. "Dentists agree to discount their usual and customary fees often as much as 30-40 percent in order to participate as an in-network provider. This obviously has a significant impact on a practice's revenue and leaves dentists looking for answers to increase PPO revenue and improve profitability."

Mr. Hironaka said most, if not all, of his company's clients become more profitable after fee negotiation. "The vast majority of our customers experience an increase in their PPO reimbursements," he said. "The level of improvement in financials from year to year resulting from negotiated increases depends upon multiple factors, including the specific PPO plans increased and number of procedures completed by the practice and reimbursed by the plans. Many practices see a positive impact immediately following the effective date of the increase. For others, the impact of negotiations is realized in the future and when a specific employer group or larger group of insured patients switches their PPO plan to one where reimbursements were increased through negotiations."

Like Mr. Partridge, Mr. Hironaka added that his firm's services can augment patient care: "While most dentist and dental team members recognize that many PPO insurance carriers are willing to negotiate reimbursements, this process takes time and can be a little frustrating in some instances. Dentists and office team members focus on providing great care to their patients and evaluating and negotiating reimbursements is simply a lesser priority for many practices. Also, some practices may not know who specifically they should contact, how to go about evaluating their current PPO participation and reimbursements and how to evaluate an increase or what other options they may have for participation. All the dentists we speak to want to continue to provide the highest quality of care to their patients."

"If you participate in many plans, these services in my experience were invaluable," Dr. Olenwine said. "It allowed me to make better business decisions, based on information that would have taken me hours to obtain. More time at the chair is a benefit to the patient as well as a benefit to the bottom line."

Dr. Olenwine

Dr. Olenwine noted that "third-party payer issues are the top-most concern for all dentists. The council hears about this all the time. However the ADA as an association legally cannot negotiate fees. It is up to the individual dentists to make business decisions. So at the council we are constantly developing tools and resources to assist dentists to provide high quality care and support thriving practices."

The ADA's online landing page for dental benefits information can help dentists address and resolve even their most vexing questions: ADA.org/dentalbenefits, part of the ADA Center for Professional Success.

Staff from the Center for Dental Benefits, Coding and Quality can help dentists with dental benefits-related and coding problems, questions and concerns. Call the ADA's Third Party Payer Concierge at 1-800-621-8099 or email dentalbenefits@ada.org.

Previous installments in the Decoding Dental Benefits series are available at ADA.org/decoding. ■

Roundtable highlights need for improving health literacy

BY JENNIFER GARVIN AND MICHELLE MANCHIR

Washington — The more dentistry and medicine work together, the better it is for patients.

This was the overarching theme of the Dec. 6 workshop, Integrating Oral and General Health Through Health Literacy Practices.

More than 40 health professionals that included dentists, dental hygienists, Community Dental Health Coordinators, physicians, nurses, educators, policy experts, social workers and industry leaders gathered to discuss the ways health literacy can lead to improving the integration of oral and general health care and providing coordinated, patient-centered care for patients.

"We know that oral health is an integral part of overall health," said Dr. Nicole Holland, a member of the Roundtable on Health Literacy and an assistant professor and director of health communication, education and promotion in the department of public health and community service at Tufts University School of Dental Medicine. "We also know that dentistry and medicine have historically been two siloed systems of care. The navigation of separate systems can prove difficult for many. The premise of this workshop focused on how health literacy can be used as a catalyst to integrate oral health and general health."

The workshop featured the commissioned paper "Integrating Oral Health, Primary Care, and Health Literacy: Considerations for Health Professional Practice, Education, and Policy" by presenter Dr. Kathryn Atchison, a professor at the University of California, Los Angeles, School of Dentistry. Drs. Jane Weintraub and R. Gary Rozier coauthored the paper with Dr. Atchison.

The paper and a video of the proceedings are available on nationalacademies.org by searching "integrating oral health" and "primary care" and "literacy."

"Although more research on integration practices is certainly needed (as stated in the commissioned paper as well as acknowledged at the workshop), dentists play a key role in shaping the future of an integrated health system — one that will minimize system burdens and maximize health outcomes for our patients," said Dr. Holland, who is a member of the ADA National Advisory Committee on Health Literacy in Dentistry.

The ADA also offers health literacy resources online at ADA.org/healthliteracy. ■

ADA questions conclusions in study linking dental floss with toxic chemicals

The Association commented in January on the release of research that the ADA said "may raise unwarranted concern about the safety of certain types of dental floss" by continuing to encourage people to clean between their teeth daily.

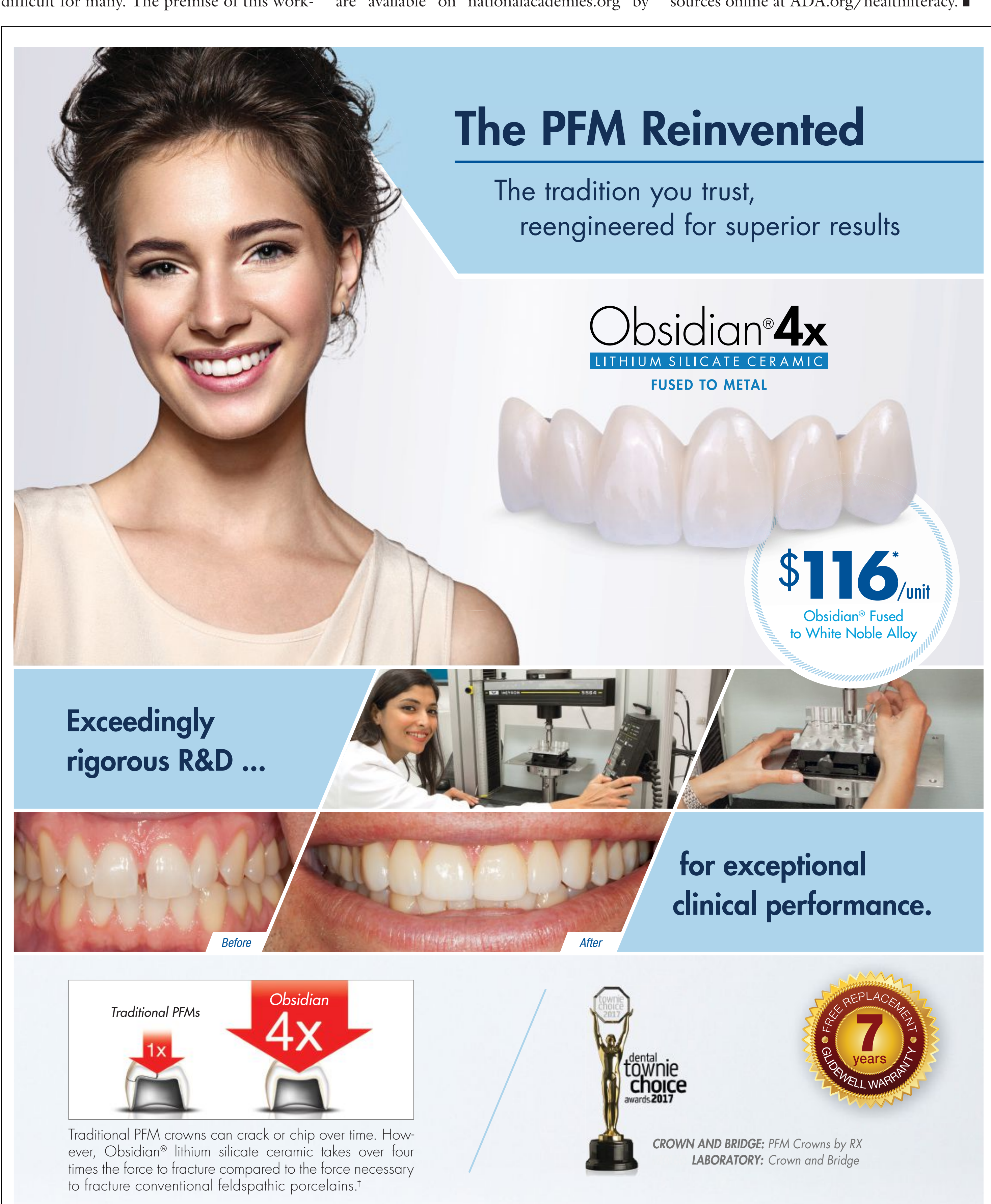
The study, "Serum Concentrations of PFASs and Exposure-related Behaviors in African American and Non-Hispanic White Women," was published in January in the Journal of Exposure Science & Environmental Epidemiology.

PFAS are a class of exceptionally stable chemicals that repel both oil and water. The study measured the concentration of 11 different PFAS analytes in blood samples from 178 women and found that those who self-reported using Glide dental floss had higher levels of one, PFHxS, than those who didn't, according to the study authors.

In its statement, the Association said the ADA Science Institute finds the study data "insufficient to support the conclusions presented," pointing out that among the study's shortcomings were that they measured a marker for PFTE, even though the women in the study who reported using Glide were found to have elevated levels of PFHxS.

"PTFE is often used in food and beverage, pharmaceutical and cosmetic applications," the ADA statement says. "The fact that the researchers were able to find the PTFE marker in several brands of floss does not mean that it is the source of the PFHxS in the women. Given that this was a retrospective study including self-reported use of products, there are likely many other differences between women who did and did not report having used the brand of floss mentioned."

The full study can be read online at nature.com/jes by searching for the article title. The ADA's full statement is on ADA.org under the "Press/Media" tab. ■



ADA helps Daniel Tiger visit the dentist

BY KIMBER SOLANA

It was a beautiful day in the neighborhood to visit a dentist.

Daniel Tiger, an original resident of “Mister Roger’s Neighborhood” and now the feature of his own animated children’s show, felt a little nervous about visiting a new dentist for a cleaning and exam.

Dr. Shenkin

But with some help from the ADA, his visit would be a success.

Dr. Jonathan Shenkin, ADA spokesperson and former ADA vice president, worked with producers of “Daniel Tiger’s Neighborhood,” an American-Canadian animated children’s television series on PBS Kids, in shaping the episode.

“It was nice that the show focused on a dental visit,” Dr. Shenkin said. “There’s very little out there, when it comes to cartoons, that focuses on helping kids get ready to visit their dentist.”

In the episode, Daniel and his mom visit Dr. Plat the platypus. Dr. Plat makes Daniel feel comfortable, allowing Daniel to sit on the dental chair with his stuffed animal, Mr. Dino. When Daniel sits back and opens his mouth, he does a little roar. After putting on her gloves and mask, she brushes Daniel’s teeth and sings a song on how to brush your teeth properly.

“Ah, nice teeth, I see you’ve been brushing real carefully,” Dr. Plat tells Daniel. “Your teeth are nice and strong.”

Daniel then tells Dr. Plat he brushes his teeth twice a day, once in the morning and at bedtime.

During the cleaning, Dr. Plat tells Daniel she’ll use another tool to clear off the plaque and the germs that are hard to reach. She let’s Daniel pick the flavor of his toothpaste. After asking the audience what they would choose, Daniel picked berry stripe mint.

Dr. Plat sings another song outlining to the audience what to expect when they visit their dentist.

Courtesy of the Fred Rogers Company

Roar: Daniel Tiger and his mom visit Dr. Plat for a cleaning and dental exam during an episode of “Daniel Tiger’s Neighborhood,” an animated children’s television series on PBS Kids. Dr. Jonathan Shenkin, ADA spokesperson and former ADA vice president, helped the series’ producer shape the episode.

“Dentists are there to help to make sure you have a healthy mouth,” Dr. Plat sings.

Dr. Shenkin said the producers had sent him the script, which he helped revise. In the original script, Dr. Shenkin said, Daniel’s mom was directing the steps of how the visit would be conducted, including hovering over Daniel during the cleaning and exam.

“It was critical to show the autonomy of the child,” Dr. Shenkin said. “Kids are surprisingly well-behaved when given the chance to be independent.”

Dr. Shenkin said the producers were very receptive to the changes, which included several revisions to the script. He gave the producers an outline of what a dentist would do when first meeting a child, including reviewing their health history, asking about brushing and diet, asking if they have any dental concerns or tooth pain and what to expect during a cleaning and an exam.

“Working with the ADA and Dr. Shenkin was extremely helpful,” said Christopher Loggins, producer at Fred Rogers Productions.

Not all of Dr. Shenkin’s ideas made the episode, he said, adding that producers were concerned about young children comprehending the dangers of sugar or the science behind how fluoride works. However, Dr. Shenkin said, the overall process was positive.

“It was a great experience,” he said. “We were able to show the real steps kids can expect when they visit the dentist, show how we speak to kids and how kids respond.”

Recently, Dr. Shenkin said, he had a new 2-year-old patient come in for an exam. The patient’s mom mentioned that they watched the Daniel Tiger’s visit to the dentist episode before coming in.

“They had no idea I was involved with it,” he said. “When [the child] sat back, he went, ‘roar.’”

To view the episode, visit pbskids.org/Daniel/videos and click on “episodes.” Possibly a nod to dentistry’s early age, when barbers also served as dentists, after Daniel’s visit to the dentist, he gets his first haircut. ■

Mission

Continued from Page 1

fell on hard times. A Mission of Mercy is just the program that can help people like Sgt. Flynn. I knew we could make a significant difference.”

Mr. Flynn was the first in line when the Mission of Mercy opened its doors at the Bank of Springfield Center on July 20, 2018. After years of going to emergency rooms for excruciating dental pain, he was determined to get some treatment. He admitted he didn’t expect much, since so many other underserved people showed up that day for free dental care.

Fellow dentist Dr. John Kozal, of Chicago, took Mr. Flynn through dental triage and Dr. Sullivan said those two really “hit it off.”

Mr. Flynn had multiple teeth that were bothering him and was looking for relief. “The panoramic radiograph detected numerous teeth and root tips on both maxillary and mandibular arches that required extractions, along with several carious lesions on teeth that were salvageable. Dr. Kozal walked over to oral surgery and introduced Chris to me,” said. Dr. Sullivan.

“I really took a liking to the guy,” Dr. Sullivan said. “I could close my eyes and see him smile.”

Dr. Kozal agreed. “I didn’t want Sgt. Flynn to get lost in the crowd,” he said. “I didn’t want him to get lost in the shuffle.”

New smile: Army veteran Christopher Flynn flashes his pearly whites after a treatment from a team of volunteer dentists who met him at a Mission of Mercy event in Illinois in 2018.

Mr. Flynn had a simple reason why the dentists decided to become invested in him. “I was blessed that day,” he said.

The dentists decided upon a treatment plan that would involve surgery later that day with restorations the next day done by Dr. Chris Larsen, of Moline.

“Dr. Larsen then spent a great deal of time and effort to restore nine mandibular teeth that would assure Mr. Flynn could wear a partial denture,” Dr. Sullivan said.

They weren’t done.

“Although we accomplished a great deal in getting Sgt. Flynn out of pain and infection, we felt the job needed follow-up,” Dr. Sullivan said. “I told Chris if he could get up to Chicago — he lives in Springfield — that we would see the treatment plan to completion, making the upper full denture and lower partial denture.”

With Dr. Brandon Maddox, of Springfield, agreeing to be the local contact dentist to monitor the post-op healing, Mr. Flynn was finally able to make it to Chicago, where Dr. Sullivan completed all treatment the week of Veteran’s Day.

“Sgt. Flynn’s smile is priceless,” Dr. Sullivan said. “We have formed an inseparable bond of friendship.”

Mr. Flynn echoed the sentiment. “Sully is one of the greatest guys walking on Earth,” he said. He bestowed his Liberation of Kuwait medal to Dr. Sullivan as a sign of gratitude.

“None of this would be possible without the Illinois State Dental Society and the Mission of Mercy,” said Dr. Sullivan. “I am forever grateful for being able to participate in these programs with dedicated colleagues and staff. It’s worth its weight in gold.” ■

—burgerd@ada.org

ADA 2019

Continued from Page 1

from the California Dental Association and the San Francisco Dental Society.

"This is a great opportunity to get high-quality, low-cost education and engage with dentists from all over the world," said Dr. C. Roger Macias, Jr., chair of the ADA Advisory Committee on Annual Meetings. "It will be global education at your fingertips."

The meeting is about a month-and-a-half earlier than typical ADA annual meeting dates, so registration will commence earlier: Feb. 13.

As an incentive to register, this year registration is free to all attendees from North America, as well as to ADA international members.

Yes, free.

Free registration includes access to the Exhibit Hall, free continuing education offered on the exhibit floor, and for ADA members, the Opening Ceremony and General Session. Dentists who are not members of the ADA are welcome to attend the Opening Ceremony and General Session subject to a fee.

What's special about this year's meeting?

- A new VIP upgrade option is offered this year. The package gets attendees access to sold-out hotels, A Taste of San Francisco ticket (a large party scheduled for the Friday of the meeting), a private concierge phone line, registration packet delivery to the attendee's hotel and a free one-year ADA CE Online individual subscription.
- To simplify planning, the ADA has standardized CE lecture pricing into three brackets — $25, $50 and $75 — for ADA members and dental teams.
- Enhanced continuing education offerings, with an expanded selection of hands-on workshops and small-group Campfire Sessions, as well as the new two-day ADA Dental Sleep Medicine Conference. In the conference, experts will guide attendees through the ADA Policy Statement on

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the Role of Dentistry in the Treatment of Sleep-Related Breathing Disorders. Experiential learning opportunities at the summit will allow participants to create action plans for implementation.

- The Women in Dentistry program will continue, along with the Leadership Lessons program and the two-day New Dentist Conference.
- Streamlined enrollment procedures will give attendees a better meeting experience. With new digital ticketing, attendees will print their badges onsite at one of several convenient locations. This means no more paper tickets to shuffle around as badges will be scanned for entry into courses and events. Registration packets will not be mailed unless attendees request that option during online registration. A $10 mailing fee applies.
- Rich in natural beauty, arts, entertainment and multicultural attractions, San Francisco is an attractive site for this historic joint meeting. Explore the city's fascinating neighborhoods or head out to nearby Redwood forests, charming Sausalito or wine country. "It's one of the most cosmopolitan cities," Dr. Macias said. "And it's absolutely beautiful — so picturesque."

FDI World Dental Parliament business meetings will take place Aug. 31-Sept. 8. The ADA House of Delegates will convene Sept. 6-9. Dr. Kathryn Kell, former ADA trustee, will conclude her two-year term as FDI president in San Francisco.

Registration information and Congress details will be available at ADA.org/meeting. ■

Iconic view: San Francisco landmarks include the Golden Gate Bridge.

GKAS

Continued from Page 1

GKAS Facebook page. Coordinators can also use the hashtag #GKAS. Clinical photos submitted on Facebook must show dental professionals using universal precautions, and program coordinators must have signed release forms for photos the ADA Foundation shares.

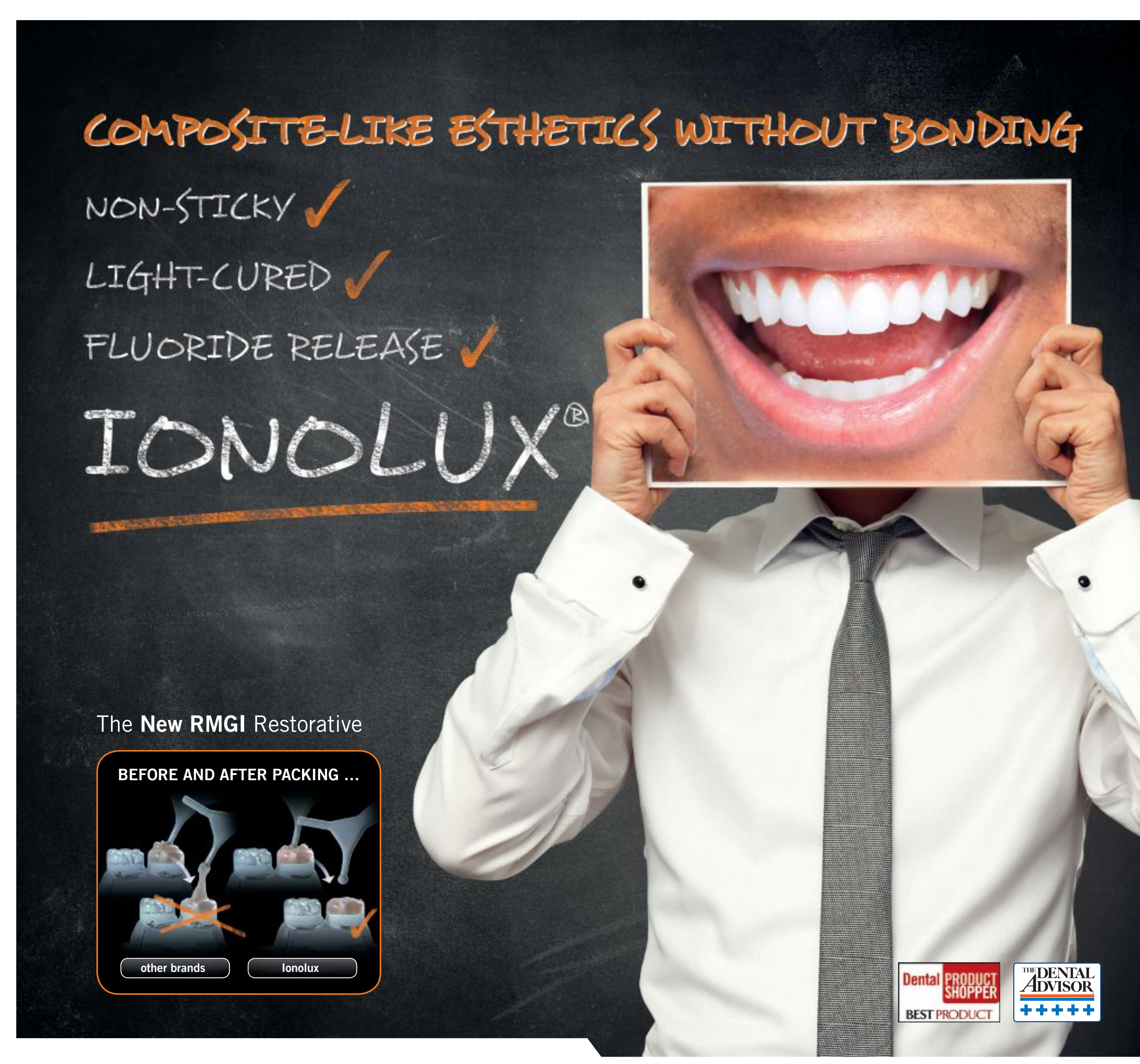
The ADA Foundation is also seeking GKAS photos for use in promotional materials. These pictures must be accompanied by a signed photo release form for each subject in the photo. Download the form and a how-to guide for taking good quality photos from the GKAS Program Planning Toolbox on ADAFoundation.org.

As of Jan. 8, 1,435 GKAS events have registered. It is estimated that more than 341,000 underserved children will receive free oral health care from about 6,300 dentists and 57,600 other dental team members and lay volunteers at GKAS programs throughout 2019.

Coordinators are encouraged to register their GKAS events if they haven't done so already, and all program coordinators are asked to report their actual program totals following their events.

The 2018-19 national GKAS program is supported by Henry Schein, Colgate, 3M, Premier, and Centrix, with additional support from the following: CareCredit, Young Dental, KaVo Kerr, Dukal Corporation, Henry Schein Cares, Septodont, Hu-Friedy, Medicom, DMG America, Tidi Products, Crosstex International, Dentsply Sirona, Sempermed USA, Ansell Healthcare, DASH and Sunstar Americas. For a complete list, visit ADAFoundation.org/gkas.

Visit ADAFoundation.org or email GKAS@ADA.org for more information. ■



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References: 1. Data on file. GSK, Study RH01515. January 2014. **2.** Data on file. GSK, Study RH01823.

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