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American Dental Association, Publishing Division

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**JADA**  
April issue examines  
children's oral health  
care

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**Oral health  
curriculum**  
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**Cadaver course**  
Start dissecting at ADA FDI  
World Dental Congress

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# ADA News

APRIL 1, 2019

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

VOLUME 50 NO.7



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## BRIEFS

### Dental Quality Alliance conference is May 17-18 in Chicago

Registration is open for the 2019 Dental Quality Alliance Conference for dentists looking to strengthen their understanding of quality measurement within dentistry by educating themselves about opportunities for system-wide improvement.

The conference, named Pathway to Improvement and offering 10 hours of



continuing education credit, is scheduled for May 17-18 at ADA Headquarters in Chicago.

Highlights include a keynote presentation from Michelle Schreiber, director of the quality measurement and value-based incentives group for the Centers for Medicare & Medicaid Services, as well as second keynote from Marko Vujicic, Ph.D., chief economist and vice president, ADA Health Policy Institute, and a panel on systems improvement moderated by Dr. Jim Crall of the University of California, Los Angeles division of public health and community dentistry.

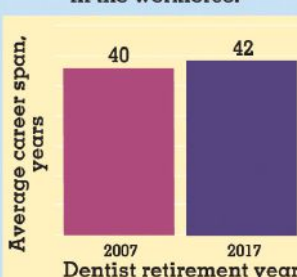
"Quality improvement should be taken seriously by

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## JUST THE FACTS

### Dentist career span

Dentists who retired in 2017 spent, on average, 42 years in the workforce.



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

## Coalition thanks legislators for supporting deferred interest for dental, medical residents

BY JENNIFER GARVIN

Washington — A coalition of 32 stakeholders, including the ADA, are thanking Congress for introducing bipartisan legislation that would allow medical and dental students to defer interest accrual on their federal loans while they are in their residency programs.

The Resident Education Deferred Interest Act, or REDI Act, was introduced March 6 by dentist/Rep. Brian Babin, R-Texas. Cosponsors included Reps. Paul Gosar, R-Ariz., and Jeff Van Drew, D-N.J., who like Rep. Babin, are also dentists and ADA members.

In a March 19 letter, the groups

— led by the American Association of Oral and Maxillofacial Surgeons — thanked the representatives for their support and noted that passing the legislation is an important part of student loan repayment reform.

"This bill would save physicians and dentists in residency thousands of dollars in interest," the groups

wrote. "Providing interest accrual relief during residency also would make the concepts of opening practices in underserved areas or entering faculty or research more attractive and affordable to residents."

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

—garvinj@ada.org

## 10 Under 10 Awards: Recognizing dentistry's brightest rising stars

CONGRATULATIONS award winners

10 UNDER 10

ADA

BY KIMBER SOLANA

Nevada's dental health officer tasked with devising sustainable tactics for providing oral health to the state's 2.9 million residents. A Navy officer researching treatment for medication-related osteonecrosis of the jaw. A dentist advancing oral health care protocols at long-term facilities and end-of-life dental service utilization.

The ADA announced March 25 the recipients of its second annual 10 Under 10 awards, which rec-

ognizes 10 new dentists who demonstrate excellence early on their careers.

Selected by the ADA New Dentist Committee from more than 120 nominations, the winners showcase the devotion and time new dentists have put towards their profession, said Dr. Lindsay Compton, chair of the Subcommittee on New Dentist Engagement, which selected the winners. Nominees and winners had to be active ADA members who graduated between 2009 and 2018.

"New dentists really have their eye on the future of the profession and making it better for everyone," Dr. Compton said. "They willingly take on large tasks and contribute to the integrity of the profession. Many of the pursuits were selfless and took an extreme amount of time of sacrifice to make the profession better."

The winners were chosen for making a difference in science, research

See AWARDS, Page 15

## Matching dentists during practice transitions

BY KIMBER SOLANA

Dentists seeking to join a practice in Wisconsin and Maine or owners in those states who are looking for a partner, associate or someone to purchase their practice can fill out their online profiles to begin the match-making process.

On April 1, the ADA Business



Innovation Group launched the profile functionality of ADA Practice Transitions, a new online service focused on helping dentists make the process of joining, expanding or leaving a practice easier and more predictable.

ADA Practice Transitions is expected to release the rest of the online platform's functionality on June 3 and begin to make matches between participating dentists. The online service will match dentists with practice owners by considering aspects such as philosophy

See TRANSITIONS, Page 13





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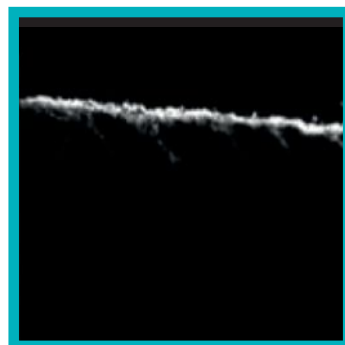
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\*Crest ProHealth Clean Mint (1100 ppm fluoride as stannous fluoride). Sourced in March 2018.

\*\*Colgate Enamel Health Sensitivity Relief (1100 ppm fluoride as sodium fluoride). Sourced in March 2018.

**References:** 1. GSK data on file. Study number 181024. 2. GSK Data on File. IQVIA, Claim Substantiation Validation Statement. November 2018.



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Photo provided by the American Student Dental Association

## ADA Foundation awards \$20,000 scholarships to dental students

BY KELLY GANSKI

Four dental students will each receive a \$20,000 scholarship from the ADA Foundation.

The ADA Foundation Dental Student Scholarships are designed to recognize dental students who are strong academically and demonstrate outstanding promise in leadership, public service and/or research.

The 2019 ADA Foundation Dental Student Scholarship recipients are:

- Jeffery Coon, University of Nevada Las Vegas School of Dental Medicine.
- Pegah Khosravi-Kamrani, University of North Carolina at Chapel Hill School of Dentistry.
- Allyn LaCombe, Louisiana State University School of Dentistry.
- Dylan Salem, University of Detroit Mercy School of Dentistry.

"I continue to be impressed by both the number and quality of applications for our Dental Student scholarships. I congratulate the recipients and hope that these awards help in the formative years of your careers," said Dr. William R. Calnon, president of the ADA Foundation.

## ADA Foundation®

"These scholarships demonstrate the importance the ADA Foundation places on making important investments in the future of our profession," Dr. Calnon continued.

"The selection process is difficult and I commend the ADA Foundation Committee for their time and thorough approach to this activity."

Dental students must be enrolled full-time in their second year of study at the time of application at a dental school accredited by the Commission on Dental Accreditation to be eligible.

Scholarship recipients are selected based on a variety of qualitative and quantitative considerations.

The application period for the next ADA Foundation Dental Student scholarships will open in January 2020.

Visit ADAFoundation.org for details.

To make a donation to the ADA Foundation or to learn more about this and other programs, visit ADAFoundation.org. ■

## April JADA study finds oral health services for young children lagging

BY KIMBER SOLANA

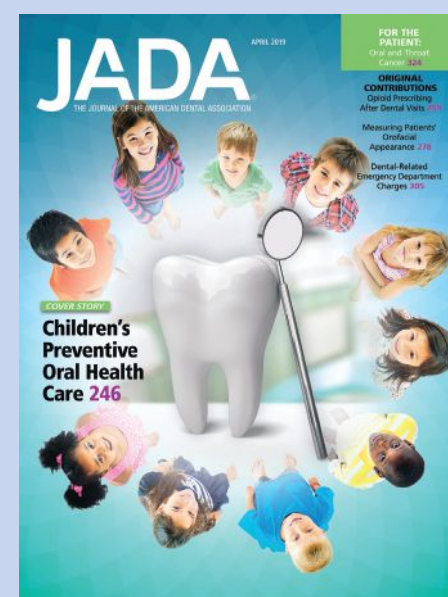
Preventive oral health services are lagging among young children and children from lower socioeconomic backgrounds, according to the cover story of the April issue of The Journal of the American Dental Association.

Authors of the article, "Preventive oral health care use and oral health status among U.S. children: 2016 National Survey of Children's Health," used data from the survey, including information on 46,100 children aged 2 through 17 years.

According to the study, 8 in 10 children had a preventive dental visit in the past year but had lower rates of specific services, as reported by parents or caregivers. These include 75 percent prophylaxis, 46 percent fluoride, 44 percent instructions and 21 percent sealants. Of the children in the study, 12 percent had carious teeth or caries and 6 percent had fair or poor teeth condition.

"In adjusted analyses, young children (aged 2-5 years), children with no health insurance, and those from lower-income and lower-educated households had decreased likelihood of a preventive dental visit as well as specific preventive services," the authors wrote.

The authors recommended that dentists should work with caregivers and primary care providers to promote preventive oral health care, especially among young children and those from lower socioeconomic backgrounds.



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

Other highlights of the April issue include a look at opioid prescribing patterns after dental visits among Medicaid beneficiaries, current estimates of volume and charges of dental-related emergency department visits, and a study on the effect of the Great Recession on the demand for general oral health care and orthodontic care in the U.S.

Each month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ■

## DEA warns registrants of extortion scam

**Washington** — The Drug Enforcement Administration is urging registered practitioners to be cautious of any telephone calls from persons claiming to be DEA agents for "supposed violations of federal drug laws or involvement in drug-trafficking activities," the agency said March 13.

According to an agency email to registrants, the DEA has received information from practitioners and the general public who reported calls from individuals identifying themselves as DEA personnel threatening legal action if a fine is not immediately paid over the phone.

When calling health care practitioners, the agency said callers often reference National Provider Identifier numbers and/or state license numbers. The callers may also claim that patients are making accusations against the provider and may threaten arrest, prosecution, imprisonment

and revocation of their DEA numbers

Additionally, callers may:

- Use fake names, badge numbers or actual names of well-known DEA senior officials.
- Falsify the number on caller ID to appear as a legitimate DEA phone number.
- Ask for personal information, such as social security number or date of birth.

The DEA stressed that its personnel "will never contact practitioners or members of the public by telephone to demand money or any other form of payment" and urged anyone who receives such a call to refuse the demand and report the threat.

To report a scam call, visit dea.gov or call 1-877-792-2873. Any urgent concerns or questions, including inquiring about legitimate investigations, should be directed to the local DEA field division. ■



# VIEWPoint

## MyView

### Making a difference through synergy



David J. Manzanares, D.D.S.

People frequently ask me why I am so active in my involvement with the state dental association. It's a good question. I don't get paid for it, and it takes a lot of time out of my schedule, something that is tough when you are a new dentist. However, the ultimate answer is best told through an experience that I have had that spanned all three levels of the tripartite.

I have long struggled with the concept of antibiotic prophylaxis. It seemed to go against everything that we have been taught about the use of antibiotics, and it seemed arbitrary in the circumstances in which it was required.

Nevertheless, on solely a medical-legal basis, I followed the ever-changing recommendations.

One day, things really changed for me. I had a patient who had a failed knee transplant call up and tell me that his orthopedic surgeon said that the joint failed because of a dental infection. The patient came in, and had an immaculately healthy mouth. There was absolutely no infection to speak of — the surgeon had no basis for his claim. This situation was resolved without incident, but it led me to wonder something: If the orthopedic surgeons were willing to scapegoat us for their failures, why didn't they ensure that the patients were free of infection or dental disease before they operated?

I asked that question at a meeting of my local dental society — the Albuquerque District Dental Society — and found that no one had a good answer. At the time, I was a delegate to the New Mexico Dental Association House of Delegates, the governing body of my state dental association. I wrote a resolution asking that we petition the ADA to study this issue, and, if appropriate, issue guidelines to the orthopedic surgeons requiring a dental clearance prior to joint replacement surgery. During deliberations in the House, this resolution was expanded to explore what medical procedures required dental health optimization. Our ADA delegates then took this resolution to the ADA House of Delegates, where it passed and the Council on Scientific Affairs was directed to explore this issue. The council convened several expert panels and did a great deal of research on this topic. I recently spoke with Dr. Marcelo Araujo, Ph.D., vice-president of the ADA Science Institute and our Association's head scientist, who told me that this is one of the most important projects that he's ever worked on and that the first paper will be released in 2019, concerning dental clearance for cardiac issues. He also said that future manuscripts are under preparation and will be released in the upcoming years. This process isn't fast — the original resolution was submitted five years ago — but ensuring that the ADA issues proper recommendations is more important than doing something that is quick but inaccurate.

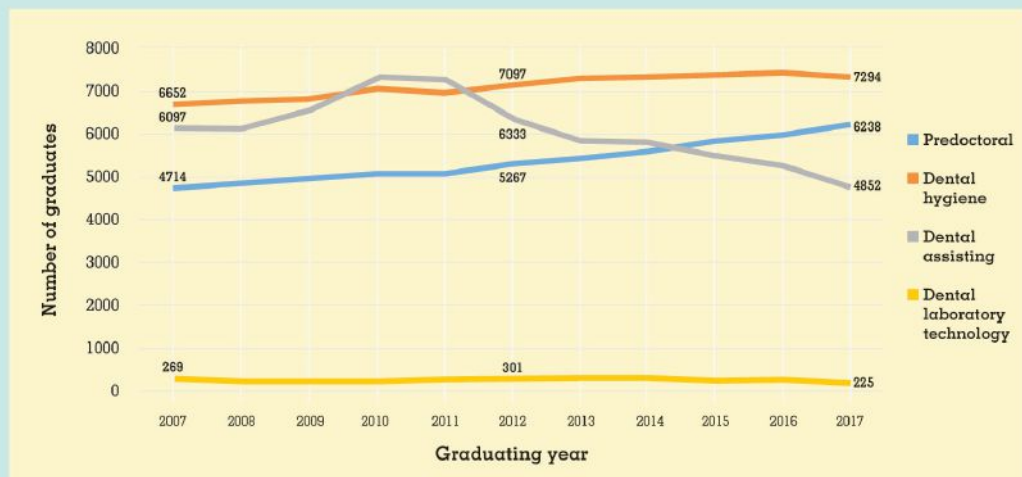
This project came about from a question asked by a new dentist who was working on a patient who was covered by Medicaid in rural New Mexico. It was improved by the contributions from dentists at the local, state and national levels of the ADA. And hopefully, it will help our profession demonstrate the importance of oral health to our colleagues in medicine. Despite what my mother might say, I'm not that special. Every single dentist has

See MY VIEW, Page 5

## SNAPSHOTS OF AMERICAN DENTISTRY

### Allied dental vs predoctoral dental graduates

From 2007-17, the number of graduates from predoctoral dental programs in the U.S. consistently increased. Trends differed among allied dental programs in the same time period. The number of dental hygiene graduates saw a more modest — but consistent — increase, whereas the number of dental assisting and dental laboratory technology graduates has fluctuated.



Source: ADA Health Policy Institute, 2017-18 "Survey of Dental Education" and "Survey of Allied Dental Education" reports. Available at [ADA.org/en/science-research/health-policy-institute/data-center/dental-education](http://ADA.org/en/science-research/health-policy-institute/data-center/dental-education).

## Letters

### Small-town dentists

You're right, Dr. Nigel Schultz ("It's A Good Life," March 4). One hundred percent. For those that can take the responsibility and revel in it, being a small-town dentist is everything. For the rest, they'll more likely to be happy in a nine-to-five, corporate-style practice where they can produce good — and even great — products, earn big bucks and go home to their other world after work. As for the need for consultants, there's nothing like word-of-mouth to build a huge loyal practice. Thanks for thinking of your patients and community. I hope you find a compatible partner and thrive for many years to come.

Rocky Siegel, D.D.S.  
Lakewood, New York

### Selling your practice

I enjoyed reading Dr. Nigel Schultz's perspective of the young dentist seeking to potentially take over his practice ("It's A Good Life," March 4 ADA News).

Dr. Schultz is correct in his assertion that "I'm not selling something on Craigslist to the first one who shows up with the money." He put 30 years of his life into building

his practice and cultivating the relationships with patients and community.

However, having bought my own practice within the last year from a retiring dentist, allow me to share the other side of the coin. Thankfully, I had the foresight to shadow many dentists throughout dental school and learn about the business as well. I went

on the business aspect of dentistry, he is scared of the prospect of ownership. He is equally scared of his monster student loans. This is exacerbated by all the talk of corporate dentistry taking over and putting small private practice out of business. He is told by the corporate reps about the comfortable lifestyle he or she can lead if he sells out to them with benefits and all.

At the same time, he listens to the invaluable advice of dental podcasters like Shared Practices, DentaTown, Dental Entrepreneur, Dental Hacks, etc. telling him how many millions he will leave on the table over a career by bypassing ownership.

He didn't sign up for dental school to be a corporate pawn. He doesn't want to end up one day doing dentistry at Walmart or CVS or treatment planning according to the goals of his nondentist owner. He wants to give his patients the care and respect they deserve.

Armed with the knowledge that he will need to find his way into ownership quickly in order to practice ethical dentistry the way he was taught, as well as set himself up for financial independence, he starts looking for the right practice but doesn't know where to start.

Albeit, there are consultants out

See LETTERS, Page 5

### 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](mailto:ADANews@ada.org).





# Letters

*Continued from Page 4*

there who may take advantage of the young dentist, with due diligence and research he will find plenty of excellent consultants who have been through his exact journey and will help him find and succeed in the right practice.

Understand that despite being very confident in his clinical skills, the young doctor may not trust his own judgment on the business side, especially when there is so much at stake including family relocation, new practice loan, etc. There have also been stories of young doctors relocating for associateships with the promise of ownership that never materialized, leaving the young doc trapped. A qualified consultant will help him navigate the choices and reach the best decision.

It was very generous of Dr. Schultz to say, "I still wanted to talk, even if he wasn't interested in this practice," and giving him his personal contact information. The dentist certainly has a ton of knowledge to gain from Dr. Schultz. Just consider not being dismissive of his decision to use a consultant who knows his personal situation and skillset. It may even save you some time and headache. If the practice is a good match and the consultant is qualified, there will be an excellent transition for yourself, your patients and the young doctor and his family.

*Joseph Schwimmer, D.D.S.  
Point Pleasant, New Jersey*

## It's a good life

I read with great interest Dr. Nigel Schultz's My View column "It's A Good Life," in the March 4 ADA News. I, too, have been in practice for 30 years in a small town. I can so relate to what he writes about. I hope Dr. Schultz finds someone that will take care of his patients and becomes a part of the community he or she serves. As I see how dentistry has changed and continues to change, I hope there are still young people who strive to be a part of the community they serve.

*Bart Benson, D.D.S.  
Mount Juliet, Tennessee*

## Dr. Schultz My View

As a practicing dentist for 34 years, I suspect Dr. Schultz and I are becoming dinosaurs ("It's A Good Life," March

# MyView

*Continued from Page 4*

ideas that could improve the profession. They are the things that we talk about when we go out to dinner with our colleagues. They are the things that frustrate us as we drive to and from the office each day. Involvement in our Association can foster these important discussions and help make these ideas into a reality.

So why am I so active in the dental association? Because we can make a greater difference in our profession and the patients we serve when we work together than we ever can when we work alone.

This editorial, reprinted with permission, first appeared in the 2019 winter edition of the New Mexico Dental Journal. Dr. Manzanares is a general dentist from Albuquerque, New Mexico. He is the secretary-treasurer of the New Mexico Dental Association and serves on the ADA Council on Communications.

4 ADA News).

I hope I'm wrong. My favorite M.D.'s, regardless of age, are the ones who create connection with me beyond my stats. But, that seems less and less common with younger physicians and dentists.

Technology, insurance, dental service organizations and debt from school loans make it difficult for new dentists to acquire a practice like ours and continue in the same manner. It has been a good life.

I just hope the evolution in this business leads to improvements that I don't yet see.

*Elysa Daniels, D.D.S.  
Carefree, Arizona*

## Read Dental Practice Success for tips on acquiring a practice

The road to practice ownership can include acquiring an existing practice. But there are lots of questions and considerations involved in the process.

Kirk Dewart, director of US Healthcare Programs at BMO Harris Bank, discusses key considerations for dentists considering a practice acquisition in the Winter 2019 issue of Dental Practice Success.

Is this the right time in your career to make the move? "Some associates are ready to step into practice ownership after just a few years," said Mr.

Dewart. "Others look to take additional time to become more efficient in treating patients, to start a family or build a small nest egg. In BMO Harris Bank's experience, we've found that associates who acquire a practice after at least two years are best positioned for success."

He recommends that dentists looking to acquire a practice ask themselves key questions about their ideal lifestyle, practice size and transition plans with the selling dentist, and offers tips on working with the selling dentist, practice valuation and more. Read this article at [ADA.org/dps](http://ADA.org/dps).



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# ADA curriculum helps dentist spearhead dental literacy program

BY KIMBER SOLANA

*Davis, Calif.* — Dr. Samer S. Alassaad and his wife said they were amazed by how much their daughter was influenced by her first-grade teacher.

The teacher had told her students a story about what her family does when trying new food. They don't only take one bite, but three bites, before they decide whether they like a certain food or not.

"Our daughter shied away from trying new food," Dr. Alassaad said, adding that one day, his daughter wanted to try a fig from their backyard tree which she was never interested in before.

"The braver approach to new tastes opened her mind to other new experiences," he said. "Our daughter adored her teacher and listened to her instruction. Her teacher became very influential by being a role model."

In November 2017, Dr. Alassaad attended an oral health literacy panel in Chicago where the attendees were challenged to go back to their communities and find a way to contribute to oral health literacy.

Dr. Alassaad said his mind immediately went to a singular idea: schools.

Children, like his daughter, are very receptive to new information, he said. This can include oral health education.

"From there, I joined the Yolo County Oral Health Advisory Committee and here we are just over a year later," Dr. Alassaad said.

In February and March of this year, Davis Joint Unified School District teachers and school nurses held 17 30-minute classroom sessions at four elementary schools, providing oral health care lessons to 494 kindergarten and fourth grade students.

The success of the program, which was a first for the school district, was due to a collaborative effort between Dr. Alassaad, local health and school officials — with some help from the ADA. To make it easier for the group and for the teachers, who will ultimately take the lead in their classrooms, the group utilized and adapted the ADA's Smile Smarts Dental Health Curriculum.

"I hope the efforts and the success of the program excite others around the country to duplicate it in their own communities," he said.



**Answers:** Kindergarteners at Davis Joint Unified School District raise their hands to answer the question, "Who has already brushed their teeth today?" asked by, from left, school nurse Laura Bork, Mighty Molar and Yolo County Oral Health Program coordinator Rebecca Tryon, who dressed up as the tooth fairy.

## Creating the curriculum

The biggest challenge in addressing a need for oral health education in local schools was putting together a curriculum.

"This task seemed extremely daunting," Dr. Alassaad said. "To be able to utilize [Yolo County] oral health program funds and make a legitimate proposal to the [school district], the curriculum needed to be evidence-based and provided by reputable organizations."

Luckily, ADA member dentists who served on the Yolo County Oral Health Advisory Committee found out about the ADA's Smile Smarts Dental Health Curriculum.

Smile Smarts is a dental health curriculum for preschool through eighth-grade students that offers flexible, modular lesson plans, support materials, hands-on classroom demonstrations, student activity sheets and suggestions for future dental health activities.

The ADA program helps young children develop good dental health habits that can

last a lifetime, according to MouthHealthy.org, the ADA's consumer website.

The program helps children understand the importance of their teeth; provide basic information, appropriate to their age and experience, about keeping teeth clean and healthy; and introduces the dentist as a friendly doctor who helps them take care of their teeth.

"To create our own curriculum for each grade level, that would have been impossible in terms of the time and resources needed," Dr. Alassaad said. "With Smile Smarts, we found an evidence-based oral health curriculum that we could use as a framework."

## Helping teachers

The school district formed a small committee made up of Dr. Alassaad, school district nurse Claire Benning and elementary school teacher Ruthie Bowers to review the curriculum.

They made some modifications such as adding more colors to the activity sheets and put-

ting all materials from MouthHealthy.org in one PDF file, saving teachers time in finding materials they may need to teach each grade.

"Teachers are so busy," Dr. Alassaad said. "We have to do the hard work for them and let them know that we're there to support them."

In addition, Dr. Alassaad provided curriculum training to the school nurses, so the nurses can either present the curriculum to the students or train the teachers at the schools' monthly staff meetings.

The Yolo County Oral Health Program and the school district also provided the schools all the additional educational materials including giant plastic teeth models and toothbrushes for demonstration.

## Planting a seed

The school district started implementing the curriculum in February while celebrating National Children's Dental Health Month.

Dr. Alassaad attended one of the classroom sessions and immediately saw why teachers and school nurses should take the lead when it comes to oral health education in schools.

"I was glad I wasn't the one teaching it," he said. "I could not have connected with that many children in such a short period of time the way their teacher and nurse did. There's already a relationship they've formed with their students."

Dr. Alassaad said the children were receptive and engaged, asking several questions to the presenters. Their excitement only grew when a tooth fairy and Mighty Molar the mascot showed up. To Dr. Alassaad, instilling good oral habits in children requires a three-pronged approach: dentists during dental visits, parents at home and from educators in schools.

"Statistically speaking, our effort seems small in the overall oral health picture," Dr. Alassaad said. "But what we're doing is planting the seed for something much bigger. It's a success because this has never happened in our school district before. If we can show other school districts around us what we can do, it gives them a chance to do the same."

For more information on the Smile Smarts Dental Health Curriculum, visit MouthHealthy.org and search for "Smile Smarts." ■

# New York County Dental Society GKAS serves nearly 1,400

BY MATT CAREY

*New York* — Manhattan was the host to an oral health initiative on a massive scale Feb. 1 when the New York County Dental Society hosted a Give Kids A Smile day during which volunteers screened 1,392 children from underserved neighborhoods.

The event had 129 volunteers at five sites serving nine schools in East Harlem, West Harlem and the Lower East Side of Manhattan. There was a 65 percent increase in children treated from last year when 845 children were screened. Students received screenings, oral hygiene instruction, and fluoride treatment. The estimated cost of all care provided was \$156,010.

"It is quite rewarding to see the incredible number of wins that come from a program such as ours," said Dr. Deborah Weisfuse, general chair of GKAS NYC 2019. "Besides the obvious one of helping children and their families learn about and move towards better oral health, I have really enjoyed watching the personal development of my leadership team, their increased engagement in GKAS NYC, and even greater engagement in our component."

Dr. Weisfuse was the first female president

of the New York State Dental Association and is a current member of ADA Advisory Committee on Annual Meetings. As past legislative chair for the NYCDS, she realized that a high-profile community event was needed to get on the radar of elected officials in Manhattan.

"This project has raised the visibility of organized dentistry and oral health locally," said Dr. Weisfuse. "Local city council members, the borough president, the public advocate, local representatives of the state legislature, the U.S. Congress, and the speaker of the New York City Council have all become aware of Give Kids A Smile run by the New York County Dental Society."

Another important feature of this program is that it has the approval of the New York City Department of Health and the New York City Department of Education and both their legal departments. In going through this process these agencies have become cognizant of the significant community effort of the society, said Dr. Weisfuse.

In 2018, Dr. Weisfuse, encouraged by U.S. Rep. Adriano Espaillat, created a multidisciplinary community task force that includes New York County Dental Society leaders and representatives from local gov-



**Open wide:** Dr. Bruce Blau examines one of the 1,392 patients seen at the New York County Dental Society Give Kids A Smile event.

ernment, the city departments of Education and of Health, industry, and the New York State Dental Association. With their support, the committee is looking for more ways to solve inequalities in dental health care in the underserved areas of Manhattan.

But it all starts with a tremendous community event, said Diane Laurenzo, NYCDS executive director, "If you are considering volunteering for a Give Kids A Smile program, just do it," she said. "It will become your favorite day of the year." ■



# Kansas City University hires vice provost to assist with new dental school

*Kansas City, Mo.* — In his new role as vice provost for oral health initiatives, Dr. James Koelbl will help conduct a feasibility study for opening a new dental school at the Kansas City University of Medicine and Biosciences, the university announced Feb. 27.

The new dental school is planned for the university's Joplin, Missouri, campus and will serve the "four-corners" region of southwest Missouri, northwest Arkansas, northeast Oklahoma and southeast Kansas, according to a news release.

"Dr. Koelbl is a steady and experienced hand in this work," said Marc B. Hahn, KCU

president and chief executive officer, in a news release. "He has extensive knowledge of oral health needs and understands the resources required to establish a successful community-based college of dental medicine."

The feasibility study began in 2018 in response to a shortage of dental health providers in the region, according to KCU. The vast majority of counties within a 125-mile radius of Joplin, Missouri, are designated as Dental Health Professional Shortage Area.

"Building on the osteopathic philosophy of 'whole health,' the addition of oral health education would help bridge the gap



**Dr. Koelbl**

innovative, community-based dental educa-

tion program on its Joplin campus." Previously, Dr. Koelbl served as founding dean for both the University of New England College of Dental Medicine in Portland, Maine, and Western University Health Sciences College of Dental Medicine in Pomona, California. Dr. Koelbl also served as dean for the West Virginia University School of Dentistry.

In addition, Dr. Koelbl served as associate executive director of the ADA, with responsibilities for the divisions of dental education, dental practice and science. He was also a member of the Commission on Dental Accreditation, serving as vice-chair and chair. ■

## Brief encourages states aligning with CMS to improve access for children

*Washington* — A new report from the Children's Dental Health Project outlines the role dentists and others can play in improving access to dental care for children.

The report, Medicaid Dental Guidance to States: An Opportunity to Aim for Equity, is CDHP's response to the Centers for Medicare & Medicaid Services' May 2018 informational bulletin, Aligning Dental Payment Policies and Periodicity Schedules in the Medicaid and Children's Health Insurance Programs. The CMS bulletin discussed the importance of state Medicaid and CHIP programs and encouraged states to align their dental periodicity and payment policies.

"CDHP has long urged for Medicaid and CHIP programs to better align their periodicity and payment policies to better reflect clinical guidelines for preventing and managing tooth decay," wrote Meg Booth, CDHP executive director, in a blog post on the organization's website. "The clarifying guidance promotes equity in children's oral health care by ensuring more kids get individualized dental care. This standard falls in contrast to the 'one-size-fits-all' approach to oral health care often used today."

Highlights from the report include:

- Encouraging the use of the American Academy of Pediatric Dentistry's Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents that was supported by the ADA and American Academy of Pediatrics. (The report also cites the Dental Quality Alliance's User Guide for Pediatric Measures.)

- Details on the importance of shifting to a risk-based or individual care model to more efficiently manage oral disease.

- Calling for states to clearly define Medicaid and CHIP benefits and "set expectations for how contracted insurers administer those benefits, while upholding the programs' goals."

The report also offers resources for stakeholders to help make Medicaid and the Children's Health Insurance Program more responsive, accountable and oriented toward equity in children's oral health care. These include a video explaining the CMS bulletin and CDHP's brief; a fact sheet on oral health risk assessments; and recording and slides from an August 2018 webinar that breaks down the CMS bulletin.

Visit [CDHP.org](http://CDHP.org) for more information. ■

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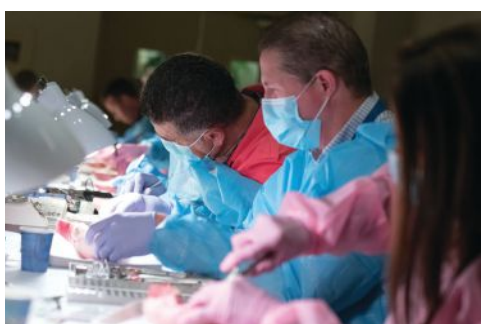
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# Cadaver workshop helps advance anesthesia skills

*San Francisco* — Most dentists can remember the cadavers at dental school.

Dr. Alan Budenz remembers, and as a leader of a cadaver workshop at September's ADA FDI World Dental Congress, he promises a different experience.

"We use lightly embalmed specimens so these are not the heavily embalmed, gray specimens attendees may remember from school," said the professor in the department of biomedical sciences and vice chair of the department of diagnostic sciences at the University of the Pacific Arthur A. Dugoni School of Dentistry.

He continued: "This is the real thing. These are not models or typodonts. This shows what the tissues — the nerves, blood vessels, muscles — really look like. These dissections are as real as you can get without performing surgery on a live patient. And our cadaver specimens are the most compliant patients you'll ever treat."

Drs. Budenz and Mel Hawkins, a Toronto-based dental anesthesiologist, will lead The Cutting Edge: A Human Cadaver Dissection for Local Anesthesia (course code 4202) on Sept. 4 from 8 a.m. to 4 p.m. in San Francisco, offering eight hours of continuing education credit.

The full-day workshop is also different from past cadaver workshops in other ways, Dr. Budenz said.

"Our programs have usually been limited to half-day sessions. This year, we will be able

needle insertion points on each other. No actual injections will be given.

Dr. Roger Macias, general chair of the ADA Advisory Committee on Annual Meetings, said the full-day workshop was added because "cadaver courses are one of the best ways to rediscover the complexity and beauty of the body. It's amazing to see how everything works together."

The ADA FDI World Dental Congress will be held Sept. 4-8 at the Moscone Center in San Francisco. Register at [ADA.org/meeting](http://ADA.org/meeting). ■

—burgerd@ada.org

Photo courtesy of San Francisco Travel



**Golden Gate:** The iconic bridge connects San Francisco, the host city of this year's ADA FDI World Dental Congress, to California's northern counties, with more than 10 million annual visitors.



to present a full-day program at the ADA FDI meeting so this workshop will be a truly comprehensive review of anatomy for local anesthesia, and a whole lot more."

With a whole day to dedicate to dissection and discussion, the workshop "is a unique opportunity for practitioners to review human head and neck anatomy from a clinical perspective," Dr. Budenz said. "Our emphasis is on a more thorough understanding of the anatomy in order to more successfully obtain profound local anesthesia, but we will be reviewing the anatomy of the oral and nasal cavities and of the temporomandibular joint as well."

Dr. Budenz acknowledges that some may get queasy about revisiting cadaver dissection. "We have our course attendees work in pairs, so if one person is a little bit squeamish, they can work more as an observer or assistant to a partner, and we encourage everyone to move around and view each other's dissections so that they get a fuller appreciation of the variability of human anatomy," he said.

Attendance for the workshop is limited to provide participants with an individualized opportunity to dissect and learn detailed anatomy of the oral cavity and face and specific landmarks of injection sites. The techniques reviewed include Gow-Gates, Vazirani-Akinosi, conventional inferior alveolar and long buccal mandibular nerve blocks, palatine approach for maxillary quadrant anesthesia and infiltration techniques, Dr. Budenz said. Other techniques may be reviewed by request.

Drs. Budenz and Hawkins will lead another hands-on workshop at the ADA FDI World Dental Congress that doesn't involve cadavers: Location, Location, Location: Local Anesthesia Simulation Hands-on Workshop, offered twice on Sept. 5 (5210 for 9:30 a.m.-noon, and 5211 for 1:30-4 p.m.) This workshop is an opportunity to develop and practice injection techniques with colleagues, Dr. Budenz said. Attendees will work in pairs to identify intraoral landmarks and



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# ACE Panel Report focuses on antibiotic use

BY KIMBER SOLANA

Dentists can get insight on antibiotic use in endodontic infections from an ADA Clinical Evaluators Panel Report released in March.

For the report, 391 practicing U.S. dentists and ADA members shared when they are most likely to prescribe antibiotics, changes in their antibiotic prescribing patterns, their most prescribed antibiotics in adults and their most prescribed antibiotics to those allergic to penicillin.

“We wanted to see if we are using antibiotic appropriately without contributing to the development of antibiotic resistance,” said Dr. Raymond Dionne, member of the ADA Council on Scientific Affairs and its Product Evaluation Subcommittee. “What impressed me with those surveyed was that dentists are very prudent in their use of antibiotics and used them consistently with the evidence available.”

The document also includes clinical insight on the American Association of Endodontists guidance regarding the use of systemic antibiotics in endodontic treatments. View the entire ACE Panel report online at [ADA.org/ACE](http://ADA.org/ACE).

ACE Panel Reports feature data compiled from by surveys completed by ADA member dentists who have signed up to participate in short studies related to dental products, prescribing habits and other clinical topics. The ADA Council on Scientific Affairs’ Product Evaluation Subcommittee, along with ADA Science Institute staff, write the reports.

The resource aims to offer ADA members a way to understand their peers’ opinions on various dental products and practices, offering insight and awareness on new products and techniques that can benefit patients and the profession.

Past ACE Panel Reports focused on dental erosion, bioactive materials, posterior composite restorations and fluoride varnishes. These reports are available to view online at [ADA.org/ACE](http://ADA.org/ACE).

ADA members are invited to join the ACE Panel and contribute to upcoming surveys, which usually take five to 10 minutes to complete and are sent no more than once a month.

For more information or to join the ACE Panel, visit [ADA.org/ACE](http://ADA.org/ACE). ■

## ACE Panel Report

### Antibiotic Use in Endodontic Infections

[ace@ada.org](mailto:ace@ada.org)

#### Survey Results

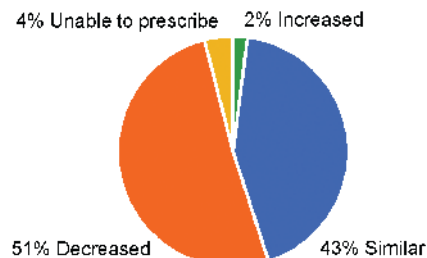
Data reflect the responses of 391 ACE Panel member dentists in the United States.

Of the many clinical interventions where dental care is possible, respondents were most likely to prescribe antibiotics in immunocompetent adults:

- 96%** for pulp necrosis with symptomatic acute apical abscess and systemic involvement
- 53%** for pulp necrosis with localized acute apical abscess
- 36%** for pulp necrosis with symptomatic apical periodontitis
- 29%** for symptomatic irreversible pulpitis with symptomatic apical periodontitis
- 11%** for symptomatic irreversible pulpitis

This question allowed for multiple answers

#### Current Antibiotic Prescribing Patterns Compared to 5 Years Ago



#### Prescribed antibiotics in adult population

- 49%** Amoxicillin 500 mg, three times a day, for 3 to 7 days
- 27%** Penicillin VK 500 mg, four times a day, for 5 to 7 days
- 11%** Amoxicillin-clavunate 875/125 mg, twice a day, for 3 to 7 days
- 7%** Other amoxicillin regimens with a different dose, frequency or duration

#### Prescribed in adults allergic to penicillin

- 63%** Clindamycin 600 mg day 1, then 300 mg four times a day, for 3 to 7 days
- 14%** Azithromycin 500 mg on day 1, then 250 mg daily on days 2 to 5
- 9%** Cephalexin 500 mg, four times a day, for 7 days
- 9%** Other clindamycin regimens with a different dose, frequency or duration

#### Clinical Insight: Antibiotic Stewardship for Endodontic Infections

In 2017, the American Association of Endodontists provided guidance\* regarding the use of systemic antibiotics in endodontic treatments. The guidance stated that the key to successfully managing an infection of endodontic origin is through proper root canal debridement accompanied by disinfection and abscess drainage when swelling is present. Here are three reasons, in immunocompetent adults, to reserve systemic antibiotics to pulp necrosis associated with acute apical abscess and systemic involvement:

- Usually necrotic tissue ceases to receive blood supply, therefore systemic antibiotics may not reach the site of infection; thus the importance of debridement and drainage.
- Frequent, and unnecessary antibiotic use have been shown to increase multidrug-resistant organisms that affects 2 million people yearly and results in 23,000 deaths.
- Long term antibiotic use is associated with adverse drug reactions; in particular, Clindamycin can cause *Clostridium difficile* infection, which affects 453,000 people yearly and results in 29,000 deaths per Center for Disease Control and Prevention.

\*Full position statement, J Endod 43(12):1419-1421, December 1, 2017. <http://www.aae.org/positions/2017/12/1419-1421>

For additional guidance and information, stay tuned for an upcoming ADA clinical practice guideline focused on antibiotic use for the emergency management of symptomatic irreversible pulpitis, symptomatic apical periodontitis, and symptomatic acute apical abscess.

ADA Clinical Evaluator (ACE) Panel Report content is for informational purposes only, is neither intended to nor does it establish a standard of care or the official policy or position of the ADA, and is not a substitute for professional judgment, advice, diagnosis, or treatment.

ADA American Dental Association\*

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## 2019 BIG Idea conference to focus on practice transitions

BY DAVID BURGER

What’s the BIG Idea?

The 2019 ADA BIG Idea conference aims its lens on solutions for the challenges facing dentists looking for guidance on various dental practice transition options and strategies for taking the next step.

The one-day conference, with a theme of transitions and hosted by the Practice Institute, will be held at ADA



Dr. Van Scoyoc

Headquarters in Chicago on Aug. 9 and is billed as a way dentists can learn about their transition options to best meet their needs professionally, financially and personally. Key topics for the conference include helping dentists identify the right time to start thinking about expansion and moving on or adding an associate, as well as identifying and analyzing the factors that drive the value of a dental practice.

“No matter where you are in your career, this conference can help you assess all of the elements you should consider before a major practice transition,” said Dr. Nima Aflatooni, chair of the ADA Council on Dental Practice’s practice management subcommittee.

Six hours of continuing education credit are offered.

Speakers include:

- Kirk Dewart on Plan Your Exit Strategy, in which he will teach dentists the right time to formulate a plan; what dentists should look for in an associate or buyer; how dentists can help the buyers prepare; and the establishment of realistic expectations in preserving the dentist’s legacy after he or she is gone.

- William P. Prescott on You’ll Need a Lawyer, in which he will teach attendees the structure, ownership, practice valuation, agreements and legal compliance of dental transitions.

- Dr. Roger P. Levin on 15 Ways to Increase Practice Value ASAP. He plans on teaching dentists how to increase the value of their dental practices through essential data that can be measured and reviewed, so that performance, operations and profitability can be improved.

- Allen Schiff on Considering A Sale Of Your Dental Practice? How To Make It Tax Efficient. In this presentation, attendees will learn how to structure the asset allocation to minimize taxes and maximize value when selling a dental practice. (See Mr. Schiff’s tax advice in the March 18 issue of ADA News.)

“The council is committed to the ADA’s goal to present meaningful CE on topics of interest to member dentists, and we encourage dentists to attend those events that have relevance to their practices,” said Dr. Stacey K. Van Scoyoc, chair of the ADA Council on Dental Practice.

For more information on the conference, visit [ADA.org/transitions](http://ADA.org/transitions). ■

—burgerd@ada.org

## ‘Evolving’ CDT 2020 on the way after maintenance committee meeting

BY DAVID BURGER

The Code Maintenance Committee in March added a code to the CDT Code that applies to patients with special needs, as well as other codes that fill gaps and have broad applications.

The code applies to “special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations, which requires that modifications be made to delivery of treatment to provide comprehensive oral health care services.” It will appear in the case management section of the Code on Dental Procedures and Nomenclature.

The Code Maintenance Committee held its most recent meeting at ADA Headquarters in Chicago on March 15. The committee convened to address code additions, revisions and deletions submitted for CDT 2020, which goes into effect on Jan. 1, 2020.

One-hundred forty-six requests were addressed during the meeting, said Dr. Mark Mihalo, member of the ADA Council on Dental Benefit Programs and chair of the council’s Coding and Transactions Subcommittee. Of those, 37 additions and two revisions were approved, along with six de-

letions and 18 editorial changes.

Dental procedures continually advance and the CDT Code provides a means to document services that dentists are delivering, said Dr. Christopher Bulnes, chair of the Code Maintenance Committee as well as chair of the Council on Dental Benefit Programs. “It’s an evolving, live document,” he said, because “the dental industry is moving forward so quickly.”

In regards to the code for patients with special needs, Delta Dental Plans Association wrote in its request that “currently there is no method for identifying dental services provided to patients with special needs. This nonclinical administrative code would facilitate the processing of claims and documentation of services directed at this high-need population. It would also facilitate payment under government and other third-party payer systems where specific fee schedules are provided for services to these patients. One example is the state of Wisconsin, where state legislation provides for a higher payment for Medicaid dental services to qualifying providers, but there is currently no method for providers to identify which patients are eligible for those fees. There is also a lack of data in general on the existing provision of care for

patients with special needs due to inability to identify these patients in claims and electronic records.”

Dr. Mihalo said that often treatment of patients with special needs — especially in pediatric practices — requires different procedures or equipment in addition to extra staff being required.

Another approved addition applied to the placement of intra-socket biological dressings to aid in hemostasis or clot stabilization. Prior to this code, only the extraction itself had a code, Dr. Bulnes said. One more addition relates to assessment of salivary flow by measurement, a procedure that helps dentist evaluate patients for hyposalivation and dry mouth, which can be markers for other systemic diseases (e.g., diabetes).

Other changes to the existing CDT Code generally revolved around being more specific, Dr. Bulnes, in regards to implant-supported crowns, implant-supported retainers and orthodontic appliances.

The committee will disseminate a complete report to member organizations and post it May 1 on [ADA.org/cdt](http://ADA.org/cdt). Code numbers will be assigned in CDT 2020, available this fall. Dentists with questions can email [dentalcode@ada.org](mailto:dentalcode@ada.org). ■

—burgerd@ada.org



# Two April webinars address identifying signs of abuse

BY DAVID BURGER

Two upcoming webinars can help dentists learn more about identifying and reporting abuse in some of their most vulnerable patients.

The free one-hour webinars with one hour of continuing education credit are:

- Recognizing and Reporting Child Maltreatment: Child Abuse, Neglect and Sex Trafficking of Minors, April 10, led by Debra Schilling Wolfe, executive director of the Field Center for Children's Policy, Practice and Research at the University of Pennsylvania.

- Diagnostic Signs of Human Abuse, April 24, led by Dr. Lawrence A. Dobrin, chief forensic odontologist in New York City's Office of the Chief Medical Officer.

The ADA Council on Advocacy for Access and Prevention is presenting the webinars in response to House of Delegates Resolution 74H-2018, which called for the ADA to provide CERP-accredited courses about identification and reporting of abuse to ADA member dentists as a free member benefit. It also states "that the appropriate ADA agency be encouraged to draft model regulations for the use by each state regulatory board for the purpose of including continuing education for the identification and reporting of abuse of children, people with disabilities, intimate partners and elders in continuing education requirements

**"Not only are dentists mandated by law to report suspected child abuse, they are afforded an opportunity to help vulnerable children and youth whom they see in their practice."**

courses for ethics."

Ms. Wolfe said she had an overarching message to dentists who participate in her webinar. "Not only are dentists mandated by law to report suspected child abuse, they are afforded an opportunity to help vulnerable children and youth whom they see in their practice," she said.

Although the issue of sex trafficking might seem faraway to dentists, they should be concerned about victims appearing in their offices, Ms. Wolfe said. "Sex trafficking happens more frequently and is more widespread than most of us could imagine," she said. "By learning about signs of sex trafficking and who is at highest risk, dentists and dental office personnel can best be prepared to recognize and respond to red flags in their offices."

Ultimately, dentists and dental team members have an obligation to report abuse, Ms. Wolfe said. "Dentists are mandated to report suspected child abuse in all 50 states," she said. "Each state has a specific procedure for reporting suspected child maltreatment. Dentists should familiarize themselves with the procedure in their particular state so that they know who to contact in the event of needing to make a report. Reports should be made as soon as possible. If a dentist feels that a child is in immediate danger, he or she should contact local law enforcement, who are prepared to respond immediately. We all have a moral obligation to keep children safe; mandated reporting laws tell us how to do so."

Dr. Dobrin, an ADA member, said dental professionals are often the first or only point of contact for domestic violence victims in a health care setting. By his count, up to three-fourths of physical abuse involves injuries to the head, face and neck areas, and dental team members may be the most capable of recognizing the signs of abuse.

In his webinar, Dr. Dobrin said, all aspects of abuse will be covered — including that of people with disabilities, intimate partners and elders. But most of the injuries that he sees are due to child abuse and/or



Dr. Dobrin

neglect. "They can't speak for themselves, so they are vulnerable and easy victims," he said.

Distinguishing between accidental injuries and inflicted injury is vitally important, Dr. Dobrin said, and actual cases and visual examples will be discussed in his webinar to drive home the difference.

"Early intervention is the key," Dr. Dobrin said.

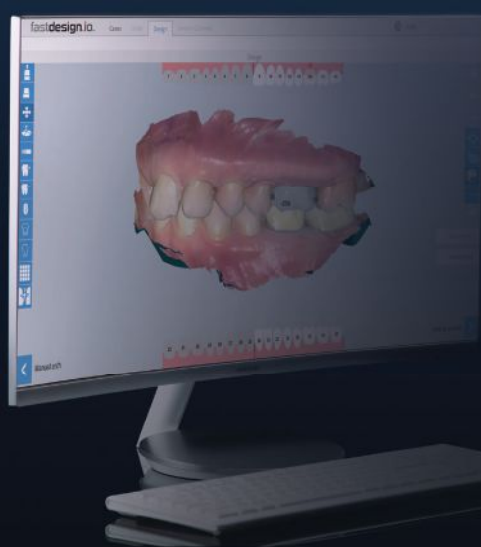
To register for Ms. Wolfe's webinar, visit <https://cc.readytalk.com/r/xsbdsa5nt917&eom>.

To register for Dr. Dobrin's webinar, visit <https://cc.readytalk.com/r/jwtcr8paxtfb&eom>.

National Child Abuse Prevention Month in the United States is dedicated to raising awareness and preventing child abuse. April is the designated Child Abuse Prevention Month ■

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## Transitions

*Continued from Page 1*

of care, personality traits, location and desired practice characteristics.

More than 100 dentists have already expressed interest prior to the release of the platform, according to ADA Business Innovation Group.

"I believe this service will offer a great new opportunity for both owner dentists and younger dentists who are looking for new opportunities," said Dr. Joseph P. Crowley, member of the ADA Business Innovation Group Board of Directors and former ADA president. "[The service] offers some much-needed help to the solo and smaller group practitioners who are serving less densely populated areas, as well as dentists in urban and suburban communities."

As the first two states to test the program, the Wisconsin Dental Association and Maine Dental Association worked closely with the ADA Practice Transition team to help make the platform helpful for their members.

ADA Practice Transitions includes a profile functionality that includes demographic information, a personality assessment and a detailed section that helps a dentist articulate their philosophy of care. The platform also includes worksheets and templates to help dentists customize and organize their thoughts.

Once a match is made, an ADA advisor will be assigned to the matched dentists to help facilitate the process and foster a positive relationship for both parties.

"Every decision along the way has been thoughtful, careful and well-reasoned," said Dr. Kirk Norbo, 16th District trustee, who was part of the governance team that provided oversight in the program's early stages and is now a member of ADA Business Innovation Group Board of Directors. "There is every indication that we are on to something here that will provide a tremendous benefit to our members and the dental profession."

The pilot program was developed after field research uncovered a need in the marketplace for dentists who want to connect for both employment opportunities and to facilitate the transition of a practice from one owner to another but have had difficulty doing so. Research also found additional needs around learning skills related to basic business management, ownership, patient acquisition, purchasing and staff relationships. The ADA Business Innovation Group unveiled ADA Practice Transitions during the House of Delegates town hall meeting at ADA 2018.

For more information on ADA Practice Transitions, visit [ADAPracticeTransitions.com](http://ADAPracticeTransitions.com). ■

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## April webinar's focus on claim denials, delays

Dentists and dental team members who have ever had denials or delays with their claims are invited to a free ADA webinar on April 18 at noon Central time called Claims Submission in the Eyes of a Dental Consultant – Session 1.

Dr. Linda Vidone of Delta Dental of Massachusetts is the guest, along with two members of the ADA Council on Dental Benefit Programs.

To read the complete story, visit [ADA.org](http://ADA.org) and search for "Dental consultant the star of April webinar on claims processing denials, delays."

The registration link is located on the online version of this story. ■

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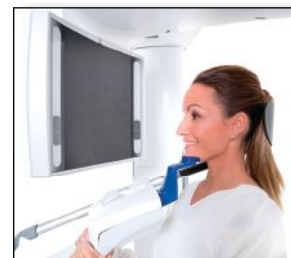
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# Awards

*Continued from Page 1*

and education; practice excellence; philanthropy; leadership; and advocacy. The 10 Under 10 award recipients are:

- Dr. Courtney Burrill, of Eagle River, Alaska. A U.S. Air Force veteran, Dr. Burrill continues to serve in the Alaska Air National Guard, initiated the University of Alaska pre-dental program and graduated from the ADA Institute of Diversity in Leadership in 2018.

- Dr. Antonina Capurro, of Las Vegas. Dr. Capurro is a leader in dental education and advocacy in Nevada, serving as Nevada State Dental Health officer, leading the Medical Miles for Rural Smiles initiative and helping design the D.M.D.-Masters in Public Health Fast Track program.

- Dr. Amanda Fitzpatrick, of La Plata, Missouri. Dr. Fitzpatrick serves as co-chair for a local Mission of Mercy and teamed with the county health department to conduct annual school screenings and fluoride treatments for children in eight area schools.

- Dr. Dan Hammer, of Fort Worth, Texas. Dr. Hammer is a diplomate for the American Board of Oral and Maxillofacial Surgery, a Maxillofacial Oncology and Reconstructive Surgery fellow and a Navy officer. In addition, he is a grant-funded researcher who evaluating a nonoperative treatment of medication-related osteonecrosis of the jaw.

- Dr. Brian Hathcoat, of Moraga, California. Dr. Hathcoat volunteered at the Berkeley Free Clinic for six years before taking over as dental director. Most recently, he co-founded Oakland, California-based Just Health 510, a program that helps provide complete oral health care regardless of a person's ability to pay.

- Dr. Onika Patel, of Scottsdale, Arizona. Dr. Patel testified before the Arizona state legislature on new dentists' perspectives on dental therapy. In addition to advocacy, Dr. Patel serves in the ADA Council on Ethics, Bylaws and Judicial Affairs and as an ADA alternate delegate.

- Dr. Kadambari Rawal, of Boston. Dr. Rawal has been involved in research including standardizing oral health care protocols at long-term care facilities, end-of-life dental service utilization and geriatric dentistry. In addition, she provides free dental care to women, children and the elderly and teaches geriatric dentistry in her home country of India.

- Dr. Danielle Riordan, of St. Peters, Missouri. Dr. Riordan is a constant presence in Give Kids A Smile, Donated Dental Services and Mission of Mercy programs. She serves

on the ADA Council on Membership, as the 2019 first vice president of the Greater St. Louis Dental Society and as chair of the Missouri Dental Association Foundation Board.

- Dr. Jason Tanguay, of Bozeman, Montana. One year out of dental school, Dr. Tanguay was elected to the Montana Dental Association board of directors. In 2018, he served as vice president of MDA, making him the most junior officer in the society's history. He led the MDA Medicaid Symposium and successfully lobbied on McCarren-Ferguson legislation in his state.

- Dr. Tim Treat, of Indianapolis. Dr. Treat is a clinical faculty at Indiana University School of Dentistry and serves as a comprehensive care clinic director, which allows him

to work with faculty, staff and administrators to develop new pedagogical models that inspire students in clinical and didactic settings.

"I am super humbled to have been selected as one of ADA's 10 Under 10," Dr. Tanguay said. "It is a reminder of the amazing opportunities that I have been presented with in my early practice life and the great people I have had a chance to work with."

Several recipients echoed those sentiments.

"I have made a personal commitment to serving and being involved in my profession, and it is humbling to have been recognized and chosen by my colleagues and peers for this," said Dr. Patel. "I hope that my enthusiasm for and dedication to organized dentistry can encourage and inspire other young leaders."

The winners of the ADA 10 Under 10 awards will receive a \$1,000 gift card and be recognized in various ADA publications and channels, including the ADA News, ADA New Dentist News and the New Dentist Now blog.

Whittling the number of nominations to only 10 was a difficult process, Dr. Compton said. The committee members read through every application and the nominee's CV. In addition, the applications gave the New Dentist Committee a fresh view of the accomplishments and concerns of new dentists around the country.

"By the end we were so appreciative and in awe of our colleagues," Dr. Compton said.

For more information on the 10 Under 10 award recipients, visit [ADA.org/10under10](http://ADA.org/10under10). ■

—[solanak@ada.org](mailto:solanak@ada.org)

# DQA

*Continued from Page 1*

all dentists and this conference will identify ways in how we — including patients — can all benefit from measures to assess quality that can implemented in the clinical environment," said Dr. Marie Schweinebraten, chair of the Dental Quality Alliance education committee.

The Dental Quality Alliance was established by the ADA to develop performance measures for oral health care. The DQA is an organization of major stakeholders in oral health care delivery who use a collaborative approach to develop oral health care measures. The mission of the DQA is to advance performance measurement as a means to improve oral health, patient care and safety through a consensus-building process, according to the DQA's website.

For registration and more information, visit [ADA.org/en/science-research/dental-quality-alliance](http://ADA.org/en/science-research/dental-quality-alliance). ■

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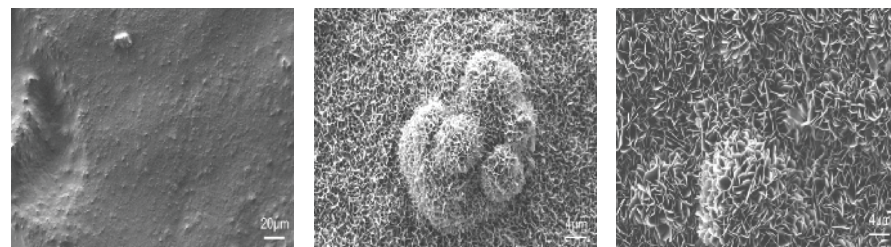
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