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Veterans
UNLV clinic named for fallen soldier

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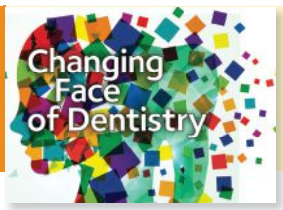

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ADA News

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BPA WORLDWIDE

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BRIEFS

Nominations sought for evidence-based dentistry awards

The ADA and the American Association for Dental Research are searching for dental educators and clinicians who have made significant contributions to implement and advance evidence-based dentistry.

The nomination deadline for the Evidence-Based Dentistry Faculty & Practice Awards is May 19. Awards, which include a plaque, $1,000 and airfare and lodging to receive the award at the 2019 ADA FDI World Dental Congress, will be presented during the meeting in San Francisco on Sept. 5. The awards are supported by an unrestricted educational grant from Colgate.

The three awards include the Evidence-Based Dentistry Accomplished Faculty Award for full- or part-time faculty members with 15 or more years at an accredited U.S. university; the Evidence-Based Dentistry

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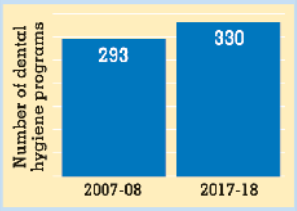
JUST THE FACTS

Dental hygiene education programs

There were 330 accredited dental hygiene education programs in the U.S. in 2017-18, a net increase of 37 programs since 2007-08.



Source: ADA Health Policy Institute, ADA.org/hpi, hpi@ada.org, ext. 2569

ADA asks Congress for increased funding for oral health initiatives

BY JENNIFER GARVIN

Washington — The ADA, American Dental Education Association, American Academy of Pediatric Dentistry and American Association for Dental Research are urging Congress to increase funding in 2020 for initiatives important to dentistry and the nation's oral health.

In letters sent March 27 to the House and Senate Labor, Health and Human Services, Education, and Related Agencies Subcommittee on Appropriations, the four organizations asked lawmakers to prioritize the nation's oral health as they prepare the Labor-HHS-Education-Appropriations bill.

"Dental access, education, prevention, care and research initiatives are leading to improved oral health across the country," they wrote. "The modest programmatic increases we are requesting, together with the continuation of programs, will allow more Americans to have access to improved oral health care."

One of the groups' top requests is to increase funding for the National Institute of Dental and Craniofacial Research, a branch of the National Institutes of Health. Currently, President

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INSIDE
Amazon's Alexa now HIPAA-compliant, Page 10

Kansas City dentist brings smiles, tears of joy on Netflix's 'Queer Eye'

Makeover: From left, Netflix's "Queer Eye" fashion expert Tan France, Mary Jones, Dr. Holli Careswell and grooming expert Jonathan Van Ness pose for a photo during an August 2018 filming of the reality TV show.

BY KIMBER SOLANA

Kansas City, Mo. — Deborah and Mary Jones, sisters and owners of Kansas City's Jones Bar-B-Q, love to joke around and laugh. That was obvious from the first moments the duo was featured on the third season of Netflix's "Queer Eye."

It was also obvious that when Mary, aka "Shorty," laughed or smiled, her hand almost instinctively went to her face.

"I noticed, the first day, you kept covering your mouth when you laughed and smiled," said Tan France, a fashion expert on the Emmy-award winning reality series which involves a team performing a makeover on matters of fashion, style, personal grooming, interior design and culture. Mary is missing a front tooth that resulted from a childhood bicycle injury.

"Queer Eye" is known for its ability to bring viewers both laughter and tears, and this particular episode reached its emotional peak inside a place familiar to ADA members: the dental office, thanks to the work of Dr. Holli Careswell and her team.

"For me, it was just overwhelming," Dr. Careswell told ADA News. "I just knew it would make such a big difference in her life."

After replacing Mary's missing tooth and getting rid of a gold tooth, Dr. Careswell held up a mirror to Mary.

"No more hiding. Are you ready to see?" Dr. Careswell said to Mary in the episode. "Let's take a look at your new smile."

Tears immediately start forming in Mary's eyes. At first, she was speechless; her hand went up to her face, not to cover her smile but to hold back her emotions. She managed to turn to Dr. Careswell, Tan and grooming expert Jonathan Van Ness, and simply said, "Thank you."

As soon as those words came out, emotions burst and the tears began to flow.

"I can smile again," Mary said.

"Girl, you look amazing. Are you obsessed?" Jonathan said. "Look at that smile."

That scene was not only an emotional moment for Dr. Careswell and her patient. To her, it was also a

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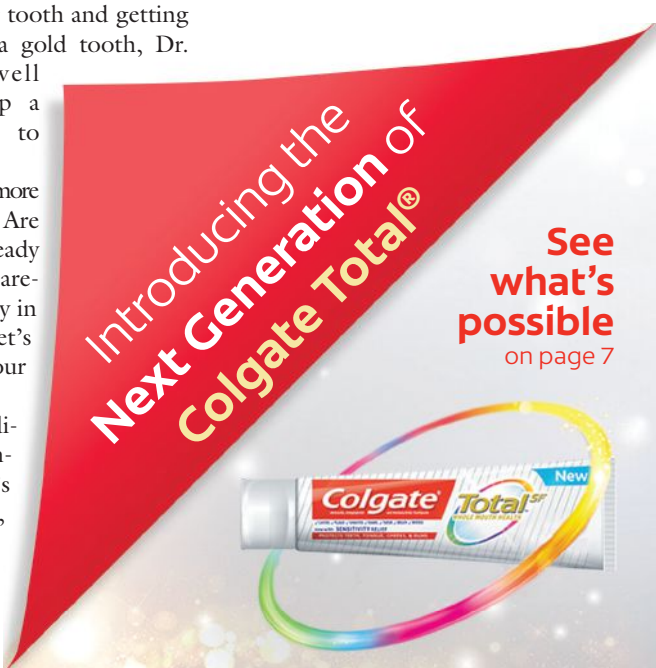

Live-streaming deployed for first time at airway conference

BY DAVID BURGER

Working remotely has become more popular in recent years, and now it could become a viable option for "attending" ADA conferences or meetings.

The ADA Children's Airway Conference, held March 3-4 at ADA Headquarters in Chicago, became the first conference or meeting to be live-streamed by the ADA, with 92 attendees watching the conference from home or their practices, compared to 152 who attended the conference in person.

The new initiative, spearheaded by the ADA Division of Conference Services and Continuing Education, is seen as a member benefit for dentists who can't make it to the ADA Headquarters but still want to take advantage of the continuing education opportunities in Chicago.

Dr. Ratner

Dr. Tertel

Dr. McKelvey

Dr. Craig Ratner, the immediate past chair of the ADA Council on Dental Practice, live-streamed the conference from his home in New Jersey. "Viewing the conference remotely allowed me to attend this important conference without having to travel away from home and office," he said after the conference. "The summit coordinators and speakers all were very mindful of the remote attendees, making us feel like we were there. We were able to interact with the speakers and ask questions through the portal. This is uncommon with most remote learning."

Dr. Nanette C. Tertel, a member of the ADA Advisory Committee on Annual Meetings, also watched the conference from her home in Ohio. "It was really enjoyable to sit and relax in my home in my comfy clothes and be able to attend an airway conference with the leading authorities in this area," she said. "It was very easy to follow along, even though I wasn't present in person. The availability of the online CE is wonderful for dentists like me — those who spread their time thin between family, patients and volunteering."

Dr. Tertel added that she was able to attend her son's basketball playoff game the same day as the conference.

Dr. Charles H. McKelvey, also on the advisory committee, was able to deal with an unanticipated water leak at his California home while still watching the conference online on his phone. "Due to the water leak I took the presentation outside on my cell phone with 4G," he said. "Audio and video continued to stream well. Indeed, on my trip to the hardware store, still had a solid signal. Great for dentists on the move."

"The availability of the online CE is wonderful for dentists like me — those who spread their time thin between family, patients and volunteering.

The ADA decided to deploy the live-streaming option about two weeks prior to the conference, when staff sent an email to everyone outside of the driving distance range who had signed up to attend. The pricing was different, with it being cheaper to stream, and there was an option to purchase sessions a la carte so an attendee did not have to view or buy the whole conference stream.

Even if a person did not attend or stream the conference, the lessons can still be learned, as the entire conference is available to purchase on ADA CE Online. "Access to post-production videos of the live course is a further benefit because I am able to review any and all parts of the course to reinforce my knowledge of airway issues," Dr. Tertel said.

The conference, along with a wealth of other CE offerings, is posted online on the ADA CE Online website, ebusiness.ADA.org/education, For the airway conference, look at the left-hand side of the web page for "Live conference recordings."

The ADA plans on live-streaming other conferences and meetings to accommodate other virtual audiences in the future.

"The subject matter was pertinent and timely," Dr. Ratner said. "All dentists should be learning about, or at least aware of, pediatric airway issues as they so heavily impact oral growth, development and overall health. Since the ADA adopted policy in 2017 asking all dentists to be aware of airway issues with patients, continuing education is key. The ability to participate in such high-quality education remotely makes it that it is much easier for the practicing dentist to learn about these important topics and apply them." ■

— burgerd@ada.org

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All hands on deck: Dentists and assistants pose at the Give Kids A Smile event at San Juan College in Farmington, New Mexico. Left to right: Dr. Gene Hilton, Dr. Anthony Quintana, Dr. Phil Dunn, Janice Hefner, Dr. Robert Thompson, Teresa Johnson and Paulette Rivera. The Northwest District Dental Society of New Mexico Feb. 1 provided 35 children with free dental care. Eighteen dentists and two area orthodontists donated their time.

VIEWPoint

MyView

Embracing program integrity

Rhonda Switzer-Nadasdi, D.M.D.

I love it when I see our new ADA vision statement "empowering dental professionals to achieve optimal health for all" being embraced. One way to accomplish this is by participating in Medicaid. As an incentive, the ADA's Medicaid Provider Reference Guide and Advocacy Toolkit serves to educate providers and encourages greater collaboration with state Medicaid agencies.[1] Practical Medicaid reform must improve enrollee access, quality of care, reduce administrative burdens, be cost effective and prove beneficial for dentists, patients, the state Medicaid agency and taxpayers. Often, this entails increasing provider reimbursement rates, which is not always feasible, but removing disincentives can be equally as valuable.

To this end, the ADA's Council on Advocacy for Access and Prevention's Medicaid Provider Advisory Committee seeks to reduce the administrative burdens and perceived risks associated with provider participation in Medicaid. This article explores four practical ADA resolutions that could be a game-changers.

The 2015 ADA House of Delegates passed two actions that laid a solid foundation for states to support strong dental Medicaid programs (Trans: 2015.275):

1) The American Dental Association encourages all state dental associations to work with their state Medicaid agency in hiring a chief Medicaid dental officer, who is a member of organized dentistry.

2) The American Dental Association encourages all state dental associations to actively participate in the establishment or continuation of an existing Medicaid dental advisory committee that is recognized by the state Medicaid agency as the professional body to provide recommendations on Medicaid dental issues.

Tennessee is one of about a dozen Medicaid managed-care states that have carved out their dental program, meaning that the state contracts directly with a dental benefits manager for administering dental benefits versus contracting with a medical managed-care company that subcontracts for dental services. Benefits of a dental carve out include greater dental benefits manager accountability due to a dedicated dental budget and detailed dental contract provisions, such as scope of services, enrollee access, dental network adequacy, utilization management, utilization review, quality of care and oral disease prevention, program integrity, claims processing, adjudication and payment, enrollee outreach and education. There are also liquidated damages assessed to hold the dental benefit manager's feet to the fire in instances where specific requirements have not been met.

Tennessee has had a Medicaid chief dental officer, Dr. Jim Gillcrist, for almost 17 years. Dr. Gillcrist is also the TennCare dental director, who has direct oversight of all Medicaid and Children's Health Insurance Program dental contracts. He understands dentistry, has treated patients, has a specialty degree in dental public health, and is an ADA member dentist. Dr. Gillcrist is a dedicated public servant who understands how to improve

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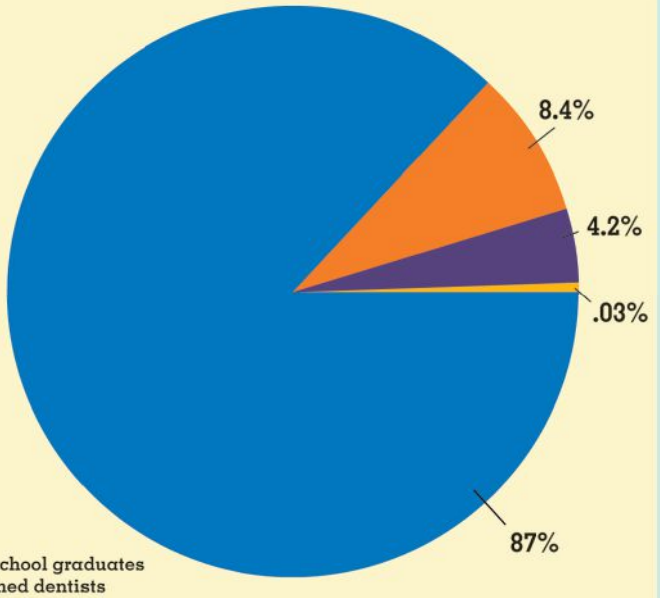
LETTERSPolicy

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.

SNAPSHOTS OF AMERICAN DENTISTRY

Sources of inflows into dental workforce

Of the 32,022 dentists who entered the U.S. workforce from 2012-17, the vast majority were new U.S. dental school graduates. Lesser sources of inflow included foreign-trained dentists (licensed after completing a U.S. dental school program or holding a special faculty license in their state), relicensed dentists and dentists returning from retirement.



Source: ADA Health Policy Institute Research Brief, "Supply of Full-Time Equivalent Dentists in the U.S. Expected to Increase Steadily." Available at ADA.org/en/science-research/health-policy-institute/publications/research-briefs.

Letters

Dentistry and the opioid crisis

After reading Dr. George D. Conard Jr.'s letter in the March 4 issue of the ADA News regarding dentistry and the opioid crisis, I find myself in complete agreement with his views and observations. While dentistry's proportional contribution to the opioid problem in our country is reported to be in the mid-single digits from a percentage view, I believe even that is much higher than it need be.

As Dr. Conard did, I also served on my state's board of dental examiners. I served for 10 years with five years serving as chair. That was over 25 years ago, but according to my recollection, the majority of the disciplinary cases to come before the board even then dealt with illicit prescribing of controlled substances. The triggering mechanism for investigation in many of these cases was the very large number of doses that were being prescribed or ordered.

I practiced general dentistry for 42 years in a middle class predominantly blue collar area. My practice was made up, for the most part, of good hard-working, honest people. Many of them did not want to be, or often couldn't afford to be, referred out for treatment unless absolutely necessary. As a result, when people refused endodontic treatment or wouldn't take their children to a specialist for third molar removals, we did considerable exodontia in our office in order to serve our patient's needs. With common sense and informed and prudent case selection we provided a good safe accommodation for our patients. For about the first 20 years of my practice I prescribed codeine-based analgesics for postoperative pain control, because that is what was taught and was the prevailing standard.

In the mid-1980's after several good discussions about drug abuse with my good friend, who was the physician who practiced next door to me for many years, I essentially quit prescribing opioids or opioid derivative analgesics. On the very rare occasions that I did resort to an opioid, I had a rule to never have more than 10 doses dispensed. I relied almost exclusively on prescription strength anti-inflammatories (in some cases with pre-loading prior to treatment) and long-term local anesthetics. Very rarely did we have post-operative pain control problems except from the occasional patient who would inform me, "That stuff doesn't work on me. The only thing that I can take is Oxycotin or SynalgosDC." They would often still be perplexed when they observed that if I did prescribe their drug of choice, I had only ordered that 10 tablets be dispensed.

As I am sure many experienced practitioners will agree, another quite probably equally important part of post-operative pain control in dentistry is a genuine concern for the patient by taking the time to explain to the patient what they should expect to experience and then often following up with a phone call later in the day or in the evening of the procedure inquiring about the patient and allaying any concerns that they might have.

Based on my many years of clinical experience, I believe that if dental

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MyView

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the oral health of underserved populations through thoughtful collaboration with others. A chief dental officer establishes the overall vision for the Medicaid dental program, which is moving from dental treatment to oral health prevention and value-based care.

Tennessee utilizes a Medicaid Dental Advisory Committee, which serves as a forum for participating dentists to bring forth their concerns. It allows for brainstorming, problem solving, sharing of ideas, enhanced communication, state updates and professional input for improving enrollee utilization and quality of care. Although the committee recommendations are not binding on the state, the majority of its recommendations have been adopted, which improved quality of care and cost efficiency.

Committee members include representatives from multiple dental associations; major dental specialties; the Tennessee Dental Hygienist Association; dentists from all three grand divisions of the state; colleges of dentistry (University of Tennessee and Meharry Medical College); the Tennessee Primary Care Association (representing federally qualified health centers); the state Department of Health; faith-based charitable dental care; and the dental benefits manager. This committee seeks to increase the use of proven oral disease prevention modalities, medical necessity criteria and periodicity scheduling. Some states include a consumer representative. In Tennessee, this committee is weighted more towards representing dental professionals, rather than member advocacy or politically oriented actions.

The 2017 and 2018 ADA House of Delegates passed subsequent actions that encouraged fairness and equity within audits conducted via the state Medicaid agency itself or through a contracted entity (Resolutions 33H-2017 and 69H-2018)

3) The American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to ensure that Medicaid dental audits be conducted by dentists who have similar educational backgrounds and credentials as the dentists being audited, as well as being licensed within the state in which the audit is being conducted.

4) The American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to create a dental peer review committee, made up of licensed current Medicaid providers who provide expert consultation on issues brought to them by the state Medicaid agency and/or third party payers.

In Tennessee, the Medicaid dental contract requires, as part of the utilization review process, that the dental benefits manager have a

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Letters

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practitioners followed a protocol similar to what I have described, and that worked well for me and I am sure Dr. Conrad for many years, we could almost eliminate dentistry as a significant contributor to the opioid crisis in our country.

Marvin B. Dvorak D.D.S.
Omaha, Nebraska

Think twice about prescribing

As a practicing periodontist with over 40 years of clinical experience, the opinions expressed here are based upon my own patient population, as well as clinical research examining the efficacy of nonopioid pain medication as an alternative to narcotics.

On a daily basis over the decades, I have performed surgical extractions, sinus augmentations, dental implants and various types of periodontal surgeries without the use of an opioid. After reading the research and hearing lectures on the benefits of nonsteroidals, I stopped prescribing opioids in 2005. I have had little or no patient feedback indicating that the nonsteroidals, which are often combined with acetaminophen, had failed to provide them adequate pain relief. One particular patient who said that nonsteroidals don't work for her, resulted in me prescribing Meloxacam, telling her that this is a powerful medication that she had never taken. Lo and behold, she reported back that it provided her with more than adequate pain relief.

Medicine and dentistry must move to an evidence-based treatment. Colleagues in medicine and dentistry have often been influenced to prescribe opioids in order to satisfy a patient's desire, requiring the practitioner to prescribe them with opioids when it was not necessary. Additionally, as one physician told me, "They come to me in pain and they want a prescription that will relieve it. If I tell them to take three Advil and two Tylenol they will think the visit was of no value. It would hurt my practice's reputation."

I have experienced, sadly, the death of five of my patients' children due to opioid overdoses and have literally dozens of patients whose children are currently fighting addiction.

I would strongly urge all of my colleagues to think not twice, but multiple times, before prescribing a narcotic, and be aware that it is not the best medication for treating dental pain.

Victor M. Sternberg, D.M.D.
Briarcliff Manor, New York

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Netflix

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a good moment for dentistry.

"I'm just thrilled to show how dentistry can have an impact a person's self-confidence and how they project themselves to others," she said. "This is something, as dentists, we do on a daily basis."

Dr. Careswell said the show first reached out to her in July 2018 through the Kansas City Film Office. They filmed the episode a few weeks later. It was her first dental segment on a television show.

Before filming, Dr. Careswell said she had a chance to sit down with Mary to create a treatment plan. Mary is now a regular patient of Dr. Careswell's.

"The film crew were phenomenal," Dr. Careswell said. "They were respectful to what Mary needed and her dental fears. They did everything to make her feel comfortable."

The response from Dr. Careswell's family, friends, patients and dental community has been very positive.

"Especially from the dental professionals," she said. "They're appreciative that this show put the impact of dentistry in the forefront for millions of viewers."

Along with a new smile, Mary and her sister received help with their business in the episode. The Fab Five helped them get their barbecue sauce bottled for retail, and interior designer Bobby Berk turned their barbecue stand from a no-frills shack into a stunning and functional restaurant. Dr. Careswell said she has yet to visit Jones B-B-Q but she hopes to go soon. The Jones sisters have sent her and her staff bottles of their barbecue sauce.

"And it's really, really good," she said, adding that the sisters planned to cater the dental office. "But obviously, they're a little busy right now with their business."

Dr. Careswell said she hopes the show releases some clips that didn't air on the episode.

"They were hilarious, fun and they were awesome with Mary," Dr. Careswell said of the Fab Five. "They were just like you see on T.V." ■

—solanak@ada.org

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MyView

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peer review committee made up of licensed dentists in good standing with the Tennessee Board of Dentistry, who are well-versed in TennCare's medical necessity guidelines. I serve on the dental benefits manager dental peer review committee along with other Tennessee general dentists and specialists, all of whom are Medicaid providers themselves.

This peer review committee reviews complaints arising from patients, dental staff or other providers; however, the vast majority of reviews concern dentists whose treatment practices deviate significantly from other in-network dentists performing similar procedures based on dental specialty and where chart audits reveal suspected fraud or abuse. Close professional scrutiny by the committee in such instances is a serious undertaking. Everything is conducted with the utmost professionalism and confidentiality. The committee is not informed of the names of the dentists or where they practice.

The committee reviews quality of care concerns, lack of compliance with the office reference manual policies, and/or medical necessity criteria and delivers its consensus findings in writing. Its recommendations may necessitate review of additional enrollee case files, site visits, provider and staff education, recoupment of provider payments and/or any combination of these actions.

In egregious cases, the committee has recommended the removal of a provider from the dental benefit manager's network. Usually education is enough to modify errant behavior and re-establish the dentist as a beneficial member of the dental provider network. Its findings and recommendations are also shared with TennCare's Program Integrity Unit.

Though these actions have helped improve the oral health of Medicaid-eligible individuals, there remains an ongoing challenge of recruiting and retaining enough dentists to provide care. It would help if participating dentists know when questions about their practice arise and that their unique circumstances be evaluated in a fair and equitable manner by peers.

I have served on my state dental association and our state Medicaid program peer review committees. They are distinct entities having entirely different rationale and standards. The TDA peer review committee mediates patients and dentists to satisfy dissatisfied customers.

The dental benefits manager peer review committee seeks to ensure that participating dentists are following policies and medical necessity criteria in the Medicaid reference manual, so that enrollees receive appropriate care. Dentists voluntarily agree to follow these rules upon signing their Medicaid provider agreements.

Improving Medicaid necessitates collaboration among many stakeholders. To be leaders and advocates for oral health, dentists must work closely with these stakeholders to implement practical measures that everyone can benefit from, such as those presented in these four ADA resolutions.

1. https://www.ada.org/en/public-programs/action-for-dental-health/strengthening-the-dental-safety-net/medicaid-provider-reference-guide

Dr. Switzer-Nadasdi is a former member of the Council on Advocacy for Access and Prevention, a current ADA delegate, the past president of the Nashville Dental Society and chairs her state association access committee.

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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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Addressing acute pain management in teens, young adults

ADA offers recommendations, urges federal panel to apply best practices consistently

BY JENNIFER GARVIN

Washington — The ADA is urging a federal panel to better address dental care and teen and young adult patients in recommendations to ensure best pain management practices are being applied consistently throughout the federal government.

In comments filed April 1, ADA President Jeffrey M. Cole and Executive Director Kathleen T. O'Loughlin praised the federal Pain Management Best Practices Inter-Agency Task Force for addressing acute pain in its draft report to Congress, but urged the panel to also address the nuances of managing acute pain in teens and young adults when their brains are at a critical stage of development.

"[Third] molars (or wisdom teeth) generally erupt between late teens and early twenties," Drs. Cole and O'Loughlin wrote. "In some cases, a wisdom tooth extraction can be a teen or young adult's first exposure to an opioid."

They also noted that the ADA recommends that dentists use nonsteroidal anti-inflammatory drugs as a first-line therapy for managing acute pain.

While the ADA supported the task force's findings, Drs. Cole and O'Loughlin did note the need to change a section of the report suggesting that dentists are clinical specialists "on par" with physician assistants and nurse practitioners.

"This is not an accurate observation given the scope of dental practice and the nature of a dentist's education and training," they wrote, adding that dentists "receive a sound general medical training during their professional education and supervise and perform surgical procedures outside the scope of other trained dental personnel, such as dental hygienists and dental assistants."

"In some cases, a wisdom tooth extraction can be a teen or young adult's first exposure to an opioid."

Drs. Cole and O'Loughlin added that "routine dental care is a primary care service and general and pediatric dentists are primary care clinicians. Their primary function is to provide comprehensive oral health care beginning before age one and continue doing so throughout the patient's lifetime, with appropriate referrals as necessary."

Authorized by a 2016 law, the Pain Management Best Practices Inter-Agency Task Force was created to propose updates to best practices and issue recommendations to address gaps or inconsistencies for managing chronic and acute pain.

For more information on ADA efforts to address the national opioid crisis, visit ADA.org/opioids. ■

—garvinj@ada.org

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[1]Molina, B., Five steps to cutting your expensive cable TV bill. (2018, Jan. 12), usatoday.com

[2]Hamm, T., Don't eat out as often (188/365). (Updated 2017, Oct. 18), thesimpledollar.com

[3]The monthly premium shown is for $1,000,000 of ADA Term Life without options at the preferred rate and rounded to the nearest dollar. Premiums increase annually based on age, are effective as of 1/1/19 with a monthly billing frequency and include a 48% Premium Credit discount that shares favorable financial results with Plan participants. The Premium Credit discount is not guaranteed, but reevaluated periodically.

[4]How to cut the average cell phone bill by more than 80%. (Updated 2019, Feb. 7), howlifeworks.com

[5]Millennials spend more on coffee than retirement plans. (2017, Jan. 18), foxnews.com

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CMS unveils Part D opioid safety policies

Washington — The Centers for Medicare and Medicaid have introduced new Medicare Part D opioid safety policies to help reduce prescription opioid misuse.

In a March 28 blog post, CMS said, the new policies are not "one size fits all," and are "deliberately tailored to address distinct populations of Medicare Part D prescription opioid users." The policies do not apply to residents of long-term care facilities, beneficiaries receiving end-of-life care or beneficiaries being treated for cancer-related pain, the agency noted.

The new policies include improved safety alerts at pharmacies for Part D beneficiaries filling their initial opioid prescription and those who are receiving high doses of prescription opioids.

CMS said the new policies also permit Part D plans to put drug management programs in place to help beneficiaries use opioids and other frequently abused medications safely.

For more information, including a roadmap and training materials for prescribers, visit CMS.gov. ■

Proposed new ADA standards available for review

The ADA Standards Committee on Dental Products is seeking comments on the following proposed standards:

• Proposed revision of ADA Standard No. 119, Manual Toothbrushes. This newly revised standard presents requirements and test methods for the physical properties of manual toothbrushes to assist in making sure these products are safe for their intended use. A test method for determining the resistance of the tufted portion to deflection is included.

• Proposed revision of ADA Standard No. 139, Dental Base Polymers. This newly revised standard classifies various types of denture base polymers, including heat-polymerizable materials, auto-polymerizable materials, thermoplastic blank or powder, light-activated materials and microwave-cured materials and specifies the requirements and test methods for their physical properties. It also specifies requirements for the products' packaging and the instructions provided for their use.

• Proposed ADA Technical Specification No. 150, Method for Determination of Polymerization Shrinkage Stress of Polymer-based Restorative Materials. This new specification provides a simple and easy-to-use test method for documenting a claim of measurement for the polymerization shrinkage stress developed under clinically relevant conditions and describes the instrument to be used. Polymerization shrinkage stress generated because of constrained volumetric shrinkage upon curing of polymeric restorative materials can significantly impair the integrity of the tooth-restorative interface and reduce the clinical longevity of dental restorations.

• Proposed ADA Standard No. 158, Coupling Dimensions for Dental Handpiece Connectors. This new standard classifies the coupling systems manufactured to connect handpieces to motors that are connected to dental units. The standard specifies the dimensions, tolerances, the extraction force of coupling systems and the test methods to be used.

The ADA Standards Committee on Dental Products develops standards for dental materials, oral hygiene products, infection control products, dental equipment, dental instruments, CAD/CAM and more. Standards for dental materials, instruments and equipment are formulated by working groups of the committee. The committee has representation from all interests in the U.S. in the standardization of materials, instruments and equipment in dentistry.

To obtain copies or make comments on the standards, call 1-312-440-2506 or email standards@ada.org. ■

Standards Committee on Dental Products plans 2019 meetings

The ADA Standards Committee on Dental Products and the U.S. Technical Advisory Group for the International Organization for Standardization Technical Committee 106 Dentistry are inviting all interested parties to their upcoming meetings.

Their annual meetings are set for June 17-19 in Vancouver, Canada, at the Fairmont Waterfront Hotel.

More than 30 meetings will take place over the course of the three days to discuss national and international dental standards covering a wide range of dental products that affect nearly every aspect of a dental practice.

The meetings commence prior to the kickoff of the International Association for Dental Research/American Association for Dental Research/Canadian Association for Dental Research General Session.

Although there is no charge, registration is required to attend any of the meetings and events. Contact the ADA Standards Department at 1-800-621-8099, ext. 2506, or email standards@ada.org for registration information.

To receive the discounted hotel rate, reserve through iadr.org, the website of the International Association for Dental Research.

The ADA is accredited by the American National Standards Institute to develop American National Standards and to provide the U.S. vote on international dental standards for products and information technology used by the dental profession and consumers. Participation in dental standards development serve the dental profession by ensuring product safety and efficacy for both clinician and patient and by providing information on new and emerging technologies. ■

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Amazon's Alexa HIPAA-compliant

BY DAVID BURGER

Seattle — Amazon announced April 4 that its Alexa Skills Kit now enables select covered entities and their business associates subject to Health Insurance Portability Accountability Act regulations to build Alexa skills that allow it to transmit and receive protected health information as part of an invite-only program, the company said in a blog post.

"Every day developers are inventing with voice to build helpful and convenient experiences for their customers," the blog post said.

"These new skills are designed to help customers manage a variety of health care needs at home simply using voice — whether it's booking a medical appointment, accessing hospital post-discharge instructions, checking on the status of a prescription delivery, and more."

"Voice technology could be a big part of what health care looks like in the future," said Dr. Nima Aflatooni, a member of the ADA Council on Dental Practice. "We are interested in seeing if Alexa can really help patients connect to dentists and get more efficient access to care while securely protecting patient information in a HIPAA-compliant manner."

Dr. Aflatooni

For example, Express Scripts, one of the developers of the new Alexa health care skills, enables its members to check the status of a home delivery prescription and can request Alexa notifications when their prescription orders are shipped. Mark Bini, vice president of innovation and member experience of Express Scripts, said in the blog post, "We are trying to make it easier for people to make better informed health care decisions. In particular, we believe voice technology, like Alexa, can make it easy for people to stay on the right path by tracking the status of their mail order prescription, helping us further solve the costly and unhealthy problem of medication nonadherence."

Stephen Cassell, senior vice president of global brand and customer communications for health services organization Cigna, another developer of the new Alexa health care skills, said in the blog post, "We are meeting customers where they are — in their homes, in their cars — and making it simpler to create healthier habits and daily routines. Through our Amazon Alexa skill, customers can simply use voice to understand the full range of their health benefits and receive personalized wellness incentives for meeting their health goals, empowering them to take control of their total health."

"Voice technology could be a big part of what health care looks like in the future."

HIPAA regulations require certain health plans and health care providers and their business associates to meet data privacy and security standards for safeguarding health information.

To learn more about development, visit: developer.amazon.com and search for the name of the blog post, "Introducing New Alexa Healthcare Skills."

Get the ADA Complete HIPAA Compliance Kit to help you design and implement a comprehensive program for HIPAA compliance.

This kit comes with two tools to assist you in creating a step-by-step approach: the ADA Practical Guide to HIPAA Compliance manual and the ADA Practical Guide to HIPAA Training CD-ROM. The compliance manual is a book filled with comprehension and documentation tools. The training guide is a CD-ROM training program. Use the promo code 19112 by June 21 to receive a discount on the kit. ■

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EBD

Continued from Page 1

Mid-Career Faculty Award for those with between five and 15 years as a full- or part-time faculty member at an accredited U.S. university; and the Evidence-Based Dentistry Practice Award for those who've completed an evidenced-based dentistry project within the past two years or demonstrated leadership in implementing evidence-based dentistry in private practice or a public health setting.

All awardees must be members of the ADA and/or the American Association for Dental Research.

Applicants may nominate themselves.

For additional eligibility information or to make a nomination, visit ADA.org/EBDawards. ■

From Alaska with love: Dentist recognized for volunteerism in Nepal

BY DAVID BURGER

Anchorage, Alaska — Dr. Brian Hollander's work in Nepal stems from the 29 years he and his wife Judy spent living, practicing dentistry and raising their two children in the country.

On World Health Day, April 7, Association member-dentist Dr. Hollander was honored with the 14th annual Health Volunteers Overseas Golden Apple Award for his leadership and contributions to oral health care in Nepal. The award recognizes individuals who have demonstrated a commitment to the nonprofit's mission of improving global health through the education, training and professional development of health workers in resource-scarce countries.

"The Golden Apple award was a complete surprise but greatly appreciated," said Dr. Hollander. "After spending the majority of my dental career in Nepal it warms my heart to be able to give something back to the country that welcomed me for almost 30 years," Dr. Hollander said. "We have had dedicated and amazing volunteers and I look forward to helping future volunteers in an assignment guaranteed to change their lives and the oral health of the Nepali people."

Dr. Hollander joined the ADA Foundation International Programs Committee and HVO Oral Health Steering Committee in 2012, and he has completed HVO volunteer assignments in Cambodia, Laos, and Nepal since joining the organization. In 2015, he collaborated with the Dhulikhel Dental School in Kathmandu to launch HVO's oral health project in Nepal.

Dr. Hollander

The ADA Foundation sponsors the oral health programs of HVO.

"Dr. Hollander has been instrumental in the recruitment and coordination of numerous volunteers, including general dentists, oral surgeons, endodontists, oral pathologists and orthodontists," according to a HVO news release. "He works closely with the project's onsite coordinator Dr. Dashrath Kafle — the 2018 Golden Apple recipient — to facilitate the teaching and training delivered by HVO volunteers, facilitating improvement in the quality of dental service and dental graduates in Nepal."

"I am very proud to have received the award because I was nominated by Dr. Kafle, the onsite coordinator at the Dhulikhel Dental School in Nepal," Dr. Hollander said. "The HVO volunteer dental project has been a success because Dr. Kafle and I have a mutual goal of producing world-class dentists in a developing country. This award is special to me because it shows that our HVO collaboration is appreciated by the school."

"The HVO Golden Apple Award recipients are an integral part of HVO's work to bring quality health care to all," said Nancy Kelly, HVO executive director, in a statement. "As we focus on universal health coverage this World Health Day, it is only fitting that we celebrate their individual and collective efforts, which lead to more people accessing quality health care delivered by local health professionals."

While in dental school, Dr. Hollander was awarded a health professions scholarship by the U.S. Army and spent two years in Germany. Upon returning from the Army he went on a four-month volunteer assignment providing dental care to locals in Cameroon, West Africa, and next spent three years traveling the world providing volunteer dental care and learning about different cultures.

Over his lifetime, he has provided international volunteer dentistry in Kenya, Nepal, Bangladesh, Mongolia, Thailand and Australia. Dr. Hollander founded and ran the American Embassy Dental Clinic in Kathmandu for 25 years, and then started a dental clinic at the CIWEC Travel Medicine Hospital, also in Kathmandu.

Health Volunteers Overseas
Golden Apple Award

One of his proudest accomplishments was helping found the world's highest dental clinic at 11,400 feet in Namche Bazaar in 1990.

In 2009, Dr. Hollander moved to Bethel, Alaska, to serve as the dental director for the Yukon Kuskokwim Health Corporation, where he worked with his staff to serve remote villages throughout the state. Now living in Anchorage, he continues to serve remote villages as a dentist for Southcentral Foundation, a health care organization that seeks to improve the health and social conditions of Alaska Natives and American Indians.

The HVO Board of Directors established the Golden Apple Award in 2006 to recognize and thank the individuals and health educators who make exceptional contributions to HVO and its mission to improve global health.

For resources and information on international volunteering offered by the ADA Foundation, visit adafoundation.org/internationalvolunteer. ■

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New sleep medicine conference offered at ADA FDI World Dental Congress in September

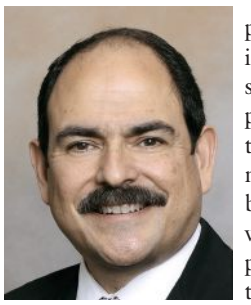
BY DAVID BURGER

San Francisco — With the American Academy of Dental Sleep Medicine estimating that about 30 million adults in the U.S. have obstructive sleep apnea, this September's ADA FDI World Dental Congress will shine a spotlight on what presenters are calling a hot topic.

"On a day-to-day basis, we're the first ones to encounter sleep disordered breathing in our patients," said Dr. Roger Macias, general chair of the ADA Advisory Committee on Annual Meetings. Overall health and oral health go hand-in-hand, he added.

The ADA Dental Sleep Medicine Conference, in collaboration with the ADA Council on Dental Practice, is set for Sept. 4-5, with 14 hours of continuing education credit offered.

Over two days in San Francisco, participants will hear leading experts in dental sleep medicine explain each point in the ADA policy statement on sleep-related breathing disorders while supporting practical wisdom and the latest in medical science, professional guidelines and protocols, said Dr. Steve Carstensen, the Washington state-based co-founder of Premier Sleep Associates, a dental practice dedicated to treating obstructive sleep apnea and snoring. A presenter at the conference, he has been intimately involved with organizing the two airway conferences the ADA has hosted over the last year.



Dr. Macias

Dr. Carstensen

Dr. Berley

In 2017, the ADA House of Delegates approved a policy statement addressing dentistry's role in sleep-related breathing disorders. The adopted policy emphasizes that "dentists are the only health care provider with the knowledge and expertise to provide oral appliance therapy." The adopted policy statement outlines dentists' role in treating the disorder. The entire policy can be found online at ADA.org by searching for "The Role of Dentistry in the Treatment of Sleep-Related Breathing Disorders."

One of the speakers, Glennine Varga, a sleep medicine coach and expert, believes that dentists and dental teams need to be trained in identifying and managing sleep disorders and should collaborate with physicians on the best treatment plan.

"My feelings mirror the ADA's in that all dental offices should be involved in screening for airway issues in both children and adults and work together with physicians to diagnose and treat patients with compromised airway structures," she said. "Every dentist and dental team member should be screening for airway issues in a comprehensive dental examination and should be identifying risk factors with signs and symptoms of compromised breathing during sleep."

The Arkansas-based Dr. Ken Berley has practiced dentistry for over 35 years and has concentrated on the treatment of obstructive sleep apnea for the last 10 years. Dr. Berley is also a licensed attorney with over 22 years of legal experience and a member of the bar in Arkansas and Texas. He plans on discussing the legal ramifications of the ADA policy statement at the conference.

Dr. Berley said, "The field of dental sleep medicine is unique in that dentists are providing a treatment for a serious medical condition for which dentists are not providing the

See SLEEP, Page 13

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Report: ADA Members Retirement Program investment option among top 2018 performers

BY KIMBER SOLANA

A new AXA target-date fund series option offered in the ADA Members Retirement Program ranked among the best performers in 2018.

AXA Equitable Life, which administers the ADA Members Retirement Program, saw its target-date mutual fund — called the 1290 Retirement series — among the top 5% performers of U.S. target-date mutual funds, according to Ignites, a publication service of the Financial Times, which used data showing rankings based on average returns across various funds. Target-date mutual funds is a type of "set it and forget it" investment where funds are allocated from higher risk mutual fund investments to more conservative investments over time.

The Council on Members Insurance and Retirement Programs welcomed the news of the high performance ranking, which equates to good news for ADA members taking advantage of the AXA Equitable 401(k) retirement program's diverse investment fund line-up.

"AXA's introduction of these new lower-cost target-date fund options helps broaden the competitive marketability of the ADA Members Retirement Program and enhance value to our members and their employee participants," said Dr. Naomi Ellison, CMIRP chair.

The ADA Members Retirement Program is designed to meet the needs of dentist employers and their employees by offering an affordable, flexible way to build retirement assets. The program provides lower-than-typical start-up and maintenance fees compared to retirement plans arranged through commissioned sales agents/brokers; a diverse range of investment fund options; full recordkeeping and plan administration including plan updates that comply with changing laws; and a dedicated service center for ADA plan participants.

The ADA Members Retirement Program also offers a broad and diversified selection of investment options across the asset class spectrum including a guaranteed option, asset allocation funds based on either conservative, moderate or aggressive investment strategies and target-date allocation funds, such as the new AXA 1290 retirement fund series, which are designed using a mix asset classes to maximize return yet minimize risk as the target or retirement date approaches.

Leadership: Dr. Naomi Ellison, right, with Dr. Jon Johnston, smiles as she presides as chair of the Council on Members Insurance and Retirement Programs meeting at ADA Headquarters March 29.

"Unlike many target date fund managers who often select funds solely from one mutual fund family, AXA has virtually an entire universe of Exchange Traded Funds from which we can choose to invest," said Ken Kozlowski, managing director and chief investment officer of AXA Equitable Funds Management Group. "That not only gives us the means to provide full diversification across asset classes, but helps us keep costs competitive."

"It's part of an investment strategy that allows [dentists] to take advantage of the equity market while protecting [their] position over time," said Santo Loporto, senior director of AXA Equitable Life.

For more information on the ADA Members Retirement Program, visit ada.axa-equitable.com or call 1-800-523-1125. ■

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Sleep

Continued from Page 12

diagnosis. In dental sleep medicine, dentists must learn to develop referral-based practices where we work closely with our physician colleagues to achieve the best care of our patients."

Key components of the 2017 policy include assessing a patient's risk for the disorder as part of a comprehensive medical and dental history and referring affected patients to appropriate physicians. In children, the dentist's recognition of suboptimal early craniofacial growth and development or other risk factors may lead to medical referral or orthodontic/orthopedic intervention to treat and/or prevent the disorders. The policy also covers evaluating the appropriateness of oral appliance therapy as prescribed by a physician; recognizing and managing appliance side effects; continually updating dental sleep medicine knowledge and training; and communicating patients' treatment progress with the referring physician and other health care providers.

The ADA FDI World Dental Congress will be held Sept. 4-8 at the Moscone Center in San Francisco. Register for the congress and the ADA Dental Sleep Medicine Conference at ADA.org/meeting. ■

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LOCAL NATIONAL AESTHETIC TECHNOLOGY

UNLV dental students treat vets at clinic named for fallen soldier

BY DAVID BURGER

Las Vegas — U.S. Air Force veteran Robert Bennett long harbored a fear.

"I would have rather faced a dinosaur than a dentist," said the Las Vegas resident, who served from 1965-72, leaving as a captain.

But once it got the point where the now-71-year-old started losing weight because he couldn't eat properly, Mr. Bennett knew he couldn't avoid dental treatment any longer.

A friend told him about the Sgt. Clint Ferrin Dental Clinic at the University of Nevada, Las Vegas, and once he arrived early on a bright Saturday morning, he said the clinic immediately put him at ease and subsequently out of pain.

"I couldn't be happier," Mr. Bennett said. "I can smile again."

The UNLV School of Dental Medicine's veteran clinic is now in the midst of its second decade of service, and it is one of several student-run clinics that are supervised by licensed dentists.

Valor: Dental students at the Sgt. Clint Ferrin Dental Clinic at the University of Nevada, Las Vegas, treat a veteran. A licensed dentist supervises all dental students.

More than 70,000 patients each year visit the dental school clinics throughout Nevada. Its low-cost fees saved residents more than $5 million during 2018, according to Marcia Mastracci Ditmyer, Ph.D., associate dean of academic affairs, assessment and instruction at the dental school. Combined with community outreach and free clinics at the school during the same year, that equates to nearly $6.3 million in free services to those in need, she said.

The clinic Mr. Bennett visited was started in 2007 by then-student Dr. John Ferrin (and now Oregon-based dentist) in memory of his brother Sgt. Clint Ferrin. Sgt. Ferrin was killed in action in Iraq, said third-year dental student Sean Fitzgibbons, the president of the clinic. Mr. Fitzgibbons is a veteran himself, having served in the Marine Corps for seven years before departing to become a dental student.

According to Dr. Ditmyer, Dr. Ferrin's brother was a member of the U.S. Army's 82nd Airborne Division, and had several teeth that caused him pain during his service — he eventually lost a tooth during a training session. He received a temporary prosthetic two years later, which he rarely wore because it fit poorly. In 2004, he was killed by an improvised explosive device while leading his platoon in a mission.

"Flossing and brushing are not priorities among soldiers because they are mostly focused on their missions and staying alive," said Dr. Ditmyer. "Unfortunately, the bone loss from periodontal disease is not easily replaced."

Many veterans do not qualify for dental benefits, as the U.S. Department of Veteran Affairs will provide care only if the person is 100% disabled, has been a prisoner of war or developed a specific condition during his or her active service, Mr. Fitzgibbons said. "They go from total health care to nothing," Mr. Fitzgibbons said. "We get a lot of vets who say they haven't seen the dentist since they were in the service."

The Sgt. Ferrin clinic serves the oral health needs of the underinsured or uninsured veterans for free, and takes place 10 times per year and has completed more than 7,000 procedures, ranging from cleanings to root canals and tooth extractions, valued at more than $1.2 million, Dr. Ditmyer said.

The Sgt. Ferrin clinic is 100% volunteer-based, Mr. Fitzgibbons said. At each clinic date, about 30-40 dental students volunteer, with about twice that number having served in the clinic over the past year, he said. "Everyone embraces it," Mr. Fitzgibbons said.

Mr. Fitzgibbons said that even though Dr. Ferrin has moved on, the memory of his brother lives on. "We're carrying the torch for him," he said.

For Mr. Bennett, having visited the Sgt. Ferrin clinic was a godsend. "They gave me my life back," he said. "The good life." ■

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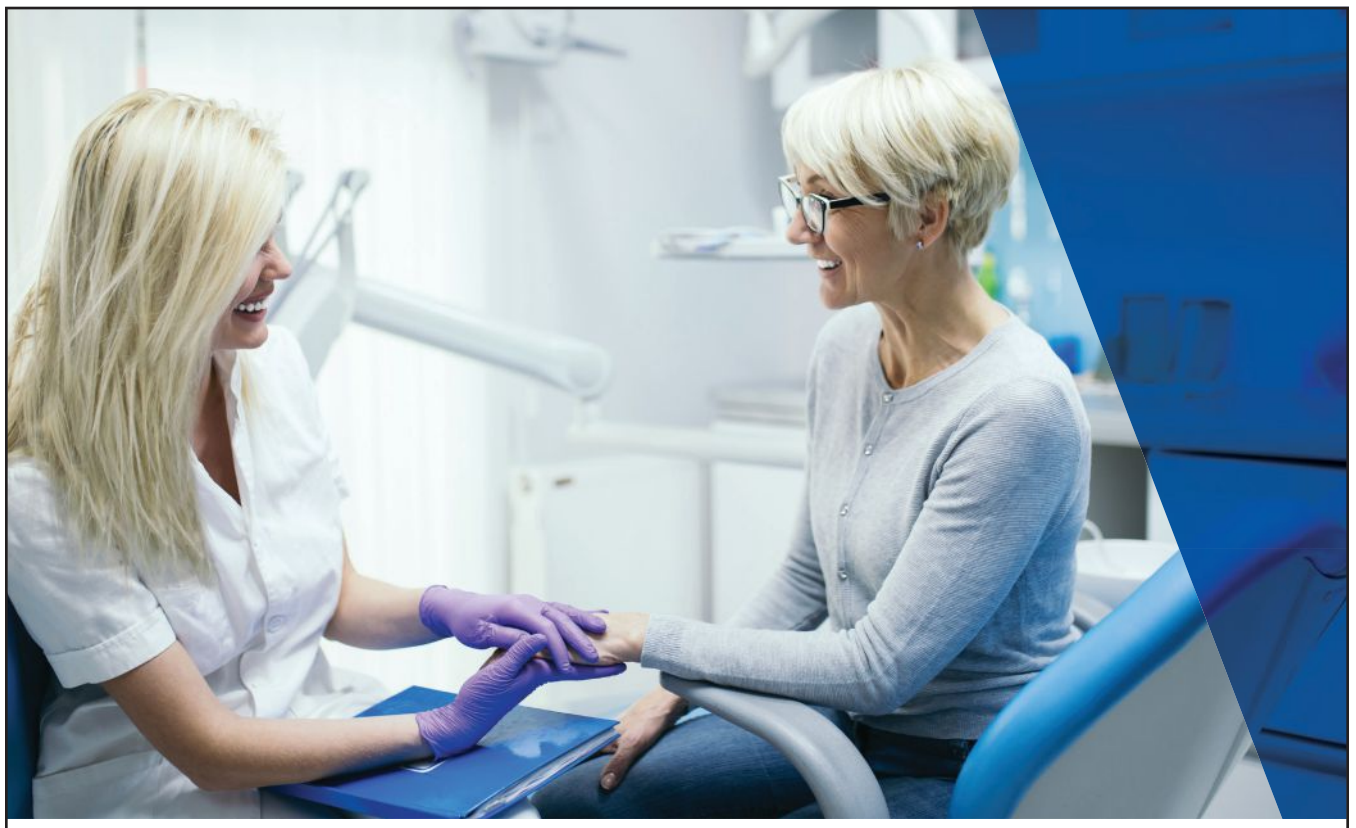

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Wonder women of dentistry

Female dentists go from rarity to building profession, communities up

BY KIMBER SOLANA

Editor's note: This is the second article in an ADA News series examining the changing demographics and increasing diversity in dentistry.

For every dollar a male dentist makes, women, on average, earn 65 cents. While 13 cents of that gap is accounted for by things like differences in experience levels, specialty and hours worked, there still remains 22 cents of earnings differences that remain "unexplained." Female dentists made up 32% of the workforce in 2018 but the percentage women in leadership positions in organized dentistry fall short of that, according to ADA data.

Gaps in wages and leadership representation — and the need and ways to close them — were among the subjects Dr. Kathleen T. O'Loughlin, ADA executive director, discussed March 7 at this year's Women's Executive Forum, an annual assembly of female association CEOs and emerging leaders designed to facilitate candid conversations around specific issues, challenges and opportunities. Dr. O'Loughlin served as the event's keynote speaker.

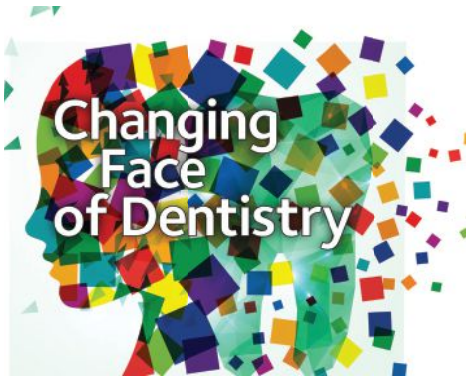
In recognition of her achievements and leadership as the first female executive director of the ADA, Dr. O'Loughlin was also the recipient of the Association Forum's 2019 Woman of Influence award.

"She has broken down barriers and paved the way for future generations of women to believe that they can accomplish the previously unimaginable," said Michelle Mason, Association Forum president and CEO.

"Over the course of my career, it's been gratifying to see the growth of both women dentists and women leaders," Dr. O'Loughlin said. "We're not done yet, and I'm excited to work with the next generation of women."

While female dentists continue to face unique challenges in the profession, they have found and continue to find opportunities to move dentistry forward, contributing in various fields including academia, science and research, organized dentistry and advocacy.

Influence: Dr. Kathleen T. O'Loughlin, center, receives the Association Forum's 2019 Woman of Influence award on March 7 at the Women's Executive Forum. In the photo are, from left, Eric Chin, InnerWorkings, Inc. director of operations; Michelle Mason, Association Forum president and CEO; Minal Patel, senior vice president, market manager for Metropolitan Chicago Global Banking & Markets, Bank of America Merrill Lynch; and Lynne Thomas Gordon, American Association of Orthodontists executive director.



Moving the profession forward

Forty years ago, only 7% of dental school graduates in the U.S. were women. In 2017, according to the ADA Health Policy Institute, that percentage was up to 49%.

The increasing number of women pursuing dentistry is shifting the demographics in various fields in the profession.

At the Association Forum event, Dr. O'Loughlin showed how the number of women in dental leadership continues to grow. Women dentists today make up 18% of dental school deans and 28% of state dental society presidents.

In the latest ADA 10 Under 10 awards, which recognize new dentists who are demonstrating excellence early on their careers, six of the 10 recipients were women. These include Dr. Antonina Capurro, who is serving as the Nevada State Dental Health Officer; Dr. Courtney Burrill, a U.S. Air Force veteran who initiated the University of Alaska's pre-dental program; Dr. Amanda Fitzpatrick, who works with her county health department to conduct annual school screenings and fluoride treatments in eight area schools in La Plata, Missouri; Dr. Onika Patel, who testified before the Arizona state legislature

See WOMEN, Page 17

Trailblazers in dentistry

Today's growing number of women pursuing a career in dentistry can be traced back to 1861 when 28-year-old Lucy Beaman Hobbs opened a dental practice in Cincinnati. She had been denied to study at the Ohio College of Dental Surgery because of her gender but managed to convince the college dean to tutor her privately.

A year later, Dr. Hobbs moved her dental practice to Iowa where she became a member of the Iowa State Dental Society. The dental society helped her get accepted as member of the Ohio College of Dental Surgery's senior class in 1865. On February 1866, Dr. Hobbs would become the first woman to earn her doctorate in dentistry.

About 158 years later, there has been a lot of firsts for women dentists:

In 1890, Dr. Ida Gray became the first African-American woman to earn a dental degree.

Dr. Emma Eames Chase of St. Louis is identified as the first female member of the ADA because her full name appears in the rolls in 1890. It's possible other women came before her, however, the ADA in the 19th century only published initials instead of full first names.

First: In 1866, Dr. Lucy Hobbs became the first woman to earn her doctorate in dentistry.

In 1917, Dr. Maude M. Tanner became the first female delegate to the ADA House of Delegates.

In 1951, Dr. Helen Myers became the first woman commissioned in the U.S. Army Dental Corps.

In 1975, Dr. Jeanne Sinkford was appointed dean of Howard University's College of Dentistry, becoming the first female dean of a dental school.

In 1991, Dr. Geraldine Morrow became the first woman president of the ADA.

Before Dr. Hobbs, the first woman recognized today to be the first to own a dental practice is Emeline Roberts Jones, whose husband begrudgingly allowed her to practice with him in 1855.

According to the American Association of Women Dentists, before the 1970s, dentistry was almost exclusively a male profession. The U.S. had the lowest percentage of women dentists in the Western World. For example, according to the AAWD, roughly half of the dentists in Greece were women; about one-third in France, Denmark, Sweden and Norway; and four-fifths in Russia, Finland, Latvia and Lithuania.

In 2003, women made up 17.3% of active private dental practitioners in the U.S. Today, about 32% of active practicing dentists are women. That percentage will only continue to grow as more women pursue dentistry. ■

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Women

Continued from Page 15

on new dentists' perspectives on dental therapy; and Danielle Riordan, who chairs the Missouri Dental Association Foundation Board.

"I could name, without even looking online, another 20 or more who are driving the profession forward today," said Dr. Mary Martin, past president of the American Association of Women Dentists,

Dr. Martin

There's Dr. Winifred J. Booker, founder of Brush-Time Products, Inc., which make child-friendly dental hygiene products. There's Dr. Dushanka Kleinman, a University of Maryland associate dean for research, whose research has been connecting oral health's role in a person's overall health for decades. There's Dr. Theresa S. Gonzales, executive director of American College of Dentists, who retired with the rank of colonel in the United States Army.

Dr. Martin believes dentistry continues to be male-dominated and that dental equipment is largely made for male bodies and dental publication ads often target a more male audience. However, the growing number of women entering and taking on leadership roles in the profession continues to change the landscape, Dr. Martin said.

Dr. Martin said one way for women dentists to contribute to the profession is to become a mentor.

"The greatest gift women leaders can give to other women is to take them under their wing," she said. "My biggest guidance to give young women dentists is that every time you take a step up, turn around and see who you can bring up with you."

Start with community service

Until this past year, Dr. Twana Duncan was the only dentist in Pushmataha County, Oklahoma, caring for patients in one of the poorest areas in the state.

"Our patient population is 68% below poverty level," she said. "Where I live and our

See WOMEN, Page 19

Community work: Dr. Twana Duncan, left, and Dr. Trena Steward pose for a photo with Averie Mitchell, a gold medalist gymnast at the 2018 Amateur Athletic Union competition. Dr. Duncan's dental practice sponsor Averie's gym, along with sponsoring activities at over 25 schools in her Pushmataha County, Okla., community.

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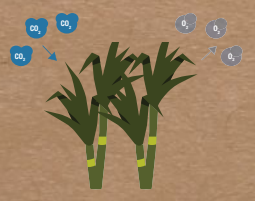

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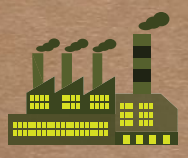

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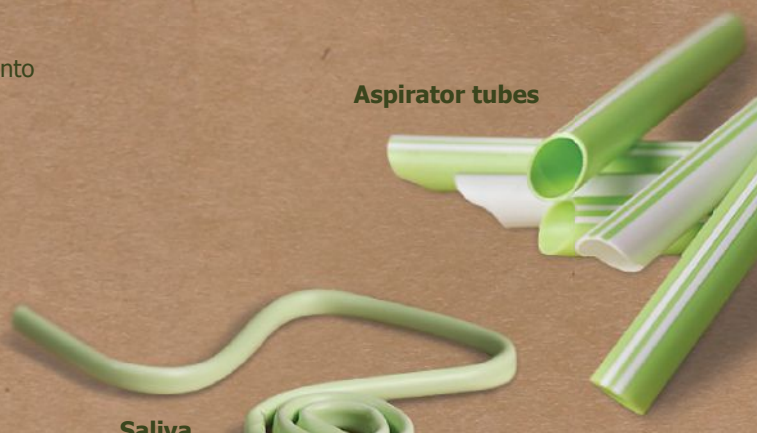

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Vermont Community Dental Health Coordinators shine

Legislation to boost CDHC programs headed to White House

BY JEAN WILLIAMS

Burlington, Vt. — Barriers to dental care are not created equally. Even when they spring from socioeconomic conditions, like low income and poverty, the particular array of challenges can be as diverse as the people. Still, the challenges often mean parents, children and other family members must deal with those challenges instead of having needed time in a dental chair.

But there are some barriers that are experienced enough so that trained health care professionals can run interference to assist the many patients who might otherwise miss out on care. Where these common and predictable problems exists is where community dental health coordinators can make a huge difference. CDHCs typically receive specialized training which builds upon their already established dental skills that helps them to anticipate, recognize and ameliorate access to care barriers, particularly in underserved communities nationwide.

In Vermont, children benefit from uniquely prepared dental hygienists who work in some schools districts as dental care coordinators through The Tooth Tutors Dental Access Program — a Vermont Department of Health vehicle. Though not all "Tooth Tutors" have formal CDHC training, there is a lot of crossover in the work, said dental hygienist Tracy Towers, who is both a CDHC and Tooth Tutor.

"They're still doing the same awesome job of connecting kids with dental care and acting as a liaison between school, home and the dental office," said Ms. Towers, a dental hygienist for 27 years. "Hygienists have been working in the Tooth Tutors program for years in Vermont."

Teach: CDHC Tracy Towers teaches a student proper brushing technique.

Ms. Towers works in Dr. Charles "Chuck" Seleen's two-office private practice in Winooski, Vermont. The practice serves a low-socioeconomic population, she said. She also encounters a high refugee and immigrant population.

"Where I feel that my CDHC training benefits me is in everything I've learned about cultural competency and motivational interviewing," Ms. Towers said. "I feel like clinically and dental hygiene wise I know my skills, I know what I need to say, and, when I'm seeing a patient, I know what I need to do. But I think the CDHC for me has given more resources and more knowledge and information about taking that next step in being able to reach families in a way that's culturally competent."

Ms. Towers points to training in cultural competency as one of the biggest values she associates with CDHC training.

"Some cultures don't like people looking in their mouths," she said. "They're offended by that. So that might come across as us trying to invade them. For me to be able to explain that in America, it's not an invasion — just being more educated on the public health dental system and the cultural competence — that goes with reaching out to this patient population group."

Through the Tooth Tutors program, she and other trained coordinators work with nurses in coordinating patients' access to information and resources pertaining to their dental health and overall health. In the school populations the office serves, other big values Ms. Towers pointed to include helping to reduce school children's missed appointments due to common challenges like transportation.

"In the Winooski School District, I probably have close to 200 kids that take advantage of the transportation program, meaning from September to May, they're scheduled appointments, they get picked up from school and delivered to my dental office in Winooski for care and then returned to school. In Burlington, there's a school-based dental clinic. So the students either go to that school and they just walk down to the dentist, or they are in one of the Burlington School District schools and it's the same thing. Their nurse and their Tooth Tutor hygienist coordinate their visit. They get transported from their schools to the school-based clinic at another site."

In Dr. Seleen's office, Tower's colleague, Senada Sokocevic, performs separate functions as a CDHC/Tooth Tutor. Ms. Sokocevic is known for going the extra mile, Ms. Tower said.

See CDHC, Page 19

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CDHC

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She's a dental assistant, a refugee from Bosnia. She survived the war in Bosnia, and is a passionate dental assistant. She has tirelessly educated patients on the importance of oral health.

Ms. Towers said there can be a lot of misconception about what CDHC's do and it's important to clarify that, "CDHCs are not replacing anybody. It's just a dental liaison (role) for communication between schools, parents and dental offices — and the community."

"I'm a liaison or a quarterback in getting kids into dental offices. I happen to work in two school districts that have offices locally that support these programs and see Medicaid kids routinely. I think that's probably a challenge in other states, and I know it's a challenge in other parts of our state."

CDHCs and Tooth Tutors also coordinate referrals for dental specialist care. "I can't just in good stead send a child that doesn't speak good English home with a referral slip that says call this whole other office that they're not even associated with and make an appointment for this special procedure," Ms. Towers said. "It just doesn't happen."

"Translators are a huge piece of this in my school districts because they're actually going to work with the parents, call the offices, and make sure that child gets scheduled. I'm constantly like, 'Oh, my gosh, I wonder if John really did go to that appointment,' and I call. There's a lot of follow-up. There are a lot of steps and a lot of people to make these appointments happen. I'm just one piece of the puzzle."

In December 2018, The Action for Dental Health Act was passed into law. The ADA-supported bill is significant because it will allow organizations to qualify for oral health grants through Health and Human Services to support activities that improve oral health education for dental disease prevention.

CDHCs are not replacing anybody. It's just a dental liaison for communication between schools, parents and dental offices — and the community.

These activities will also help develop and expand access to dental services by breaking down geographic and linguistic barriers. It will also help reduce use of emergency rooms by connecting individuals seeking dental services more appropriate for dental primary care settings, thus potentially improving patients' oral health.

Grants from the ADH Act could support training and development of a nationwide supply of CDHCs. In the interim, some towns, cities and states already employ CDHCs effectively. There are currently 150 students enrolled in CDHC programs among 17 CDHC curriculum approved schools, with more than 300 CDHC graduates. Residents of underserved communities, and every vulnerable population group, no matter where they reside, could benefit from trained Community Dental Health Coordinators. ■

Women

Continued from Page 17

two neighboring counties, Choctaw and McCurtain, are the lowest in graduation rates, the highest in drug use, teen pregnancy, incarcerated parents and much more."

Dr. Duncan's work in and out of her dental practice is among the often-unheralded contributions of women dentists today, said Dr. Martin. Dr. Duncan was one of the many names that came to Dr. Martin's mind when asked about women dentists making a mark in the profession today.

For 25 years, Dr. Duncan has made it a mission for her dental practice team to be ingrained in the fabric of the community and as a way to improve the lives of her patients and neighbors. Whether it's through sponsoring activities at over 25 schools in the area, donating school supplies and books through the FirstBook program, working in the concession stands so the parents can watch their children's band performance and football games or educating young girls about careers they can pursue, Dr. Duncan and her staff are there.

"I want to give the easy answer and say, 'Because giving back starts at home,'" Dr. Duncan said on why her dental practice has decided to extend its service into larger community. "While that is true, the truth is that our rural communities are suffering. At what point do we stand back and say, 'OK, these are our problems, what are our solutions?'"

The school systems are the best place to start, said Dr. Duncan. These include volunteering for a reading program, going to schools during dental health month, sponsoring a safe-after-prom party, hosting a career day, sending snacks when [students] have field trips or rewarding for math and reading programs, judging science fairs, sponsoring ball teams, giving scholarships to college and trade school bound high school graduates.

Women dentists, Dr. Martin said, can make their impact by improving their communities.

"The most important advice I can offer [to women dentists] is to show up, be present in your community, be a part of the conversation, be the person you want children to look up to," said Dr. Duncan. "Women have brought a new level of compassion to dentistry. Women in the industry are also motivated to work together and build each other up because for a time, there were not many of us in dentistry." ■

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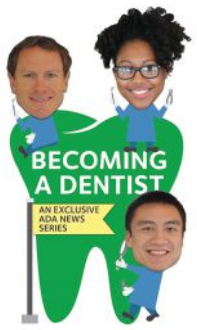


Editor's note: In November 2017, the ADA News launched Becoming a Dentist, a series of stories that follows three dental students at the University of Maryland School of Dentistry — Dan Yang, LaShonda Shepherd and Ben Horn — during their journey to becoming dentists. See all the stories in the series at ADA.org/BeADentist.

BY JENNIFER GARVIN

The humanity of the dental profession is something that is stressed often. And nowhere is that more keenly felt than when playing the role of patient.

Dental students, like the dentists they are training to be, must never lose sight of what it feels like to be in the chair. And so, the first patients they learn to deliver anesthetic to are not really patients at all — they're their fellow students. And the dental anesthesia lab — humorously referred to as "stab lab" or the "stick 'em clinic" — is the place where they do it.

Here, everyone gets a chance to experience how it feels to be both doctor and patient. For the first time, the students will be working in real mouths.

"It's different when you're looking at a skeleton or pictures on a wall. Everyone has different anatomy, and everyone has a different jaw. Plus, now there's tissue over everything," said Dr. Cynthia Idzik-Starr, course instructor and clinical assistant professor in the department of oral and maxillofacial surgery, at the University of Maryland School of Dentistry. "They need to know how it feels for their patients. That's what it's all about."

Dan, LaShonda and Ben have all eagerly anticipated this lab, albeit a little nervously.

"It's good to be on this end, to see what it's like," said LaShonda.

For today's lab, the students are charged with practicing four injections, including two blocks, using 27-gauge needles with Carbocaine:

- A local infiltration on the second upper premolar.
- A posterior superior alveolar block — PSA for short.
- A palatal infiltration on the first upper molar.
- An inferior alveolar nerve block — or IAN.

Dr. Matthew Frykenberg, a clinical instructor in UMSOD's department of oral and maxillofacial surgery, gets things started with a tutorial on how to properly load the syringe and cartridge.

"Let's pick one of the premolars, maybe No. 4 or No. 5, and think about where the apex of the tooth root is," said Dr. Frykenberg, holding up a mannequin head for a demonstration of a buccal infiltration. "You're going to come in at a 45-degree angle, and you're going to go in with the needle and aspirate. When we're about to give an injection, first we place the needle in the area. In this case, we slide it into the tissue at the apex of the tooth, and we're going to aspirate a little bit. What we're looking for is a negative aspiration to make sure we're not in a blood vessel."

More than once, the students will be reminded of this: "Before you inject, aspirate." The goal is not to damage any blood vessels and cause a possible hematoma for the patient or cause the epinephrine that's in most anesthetics to directly enter the bloodstream.

"If you do aspirate blood into the cartridge, what do you do?" Dr. Idzik-Starr asked. "First, throw the cartridge out. Have you done something wrong? No. This is why we aspirate, because we're not Superman. We can't see what's going on. What you're doing is seeing if you're anywhere near a vessel. So make sure you're aspirating."

The two doctors share more tips:

- Keep your thumb back, not down.
- Use the mirror to feel your way.
- Figure out what works for you. There's no one way to do this.

For the inferior alveolar nerve block — called the IAN, for short — the big signifier that you're doing the injection properly is the shock.

"With IAN, you're going to feel a couple carpet shocks," Dr. Idzik-Starr said. "You want to tell the patient before you inject. Because patients, when they feel that shock, they think you're doing something wrong. Now that they know what to expect, they're going to feeling positive [about the shock] because they know they're going to get nice and numb. I ask patients to raise their hand when they feel the shock."

Once the demonstrations are done, the students head into operatory rooms in pairs where each pair is assigned a fourth-year dental student to walk them through the injections and answer any questions they have. Throughout it all, Drs. Idzik-Starr and Frykenberg supervise and provide encouragement.

"I'm more nervous about getting injected than giving the injection," admitted Dan. "I knew I would be under solid supervision from the oral surgery faculty and the D4s, but I've always been sort of afraid of needles."

After applying a topical anesthetic to his partner/patient Erin Golueke's gums, Ben gets ready to execute his first injection — a buccal injection of the second upper premolar.

"Is this angle right?" he asks Sara Knox, his fourth-year guide.

"Perfect," Sara said. "You want to be in the buccal vestibule and you want to hit a little bone and then, just inject."

"And I'll feel that bone?" Ben said.

"Yep. You're not going into very deep because the canine eminence is there, too," Sara replied.

And just like that, Ben completes his first injection, earning praise from his patient.

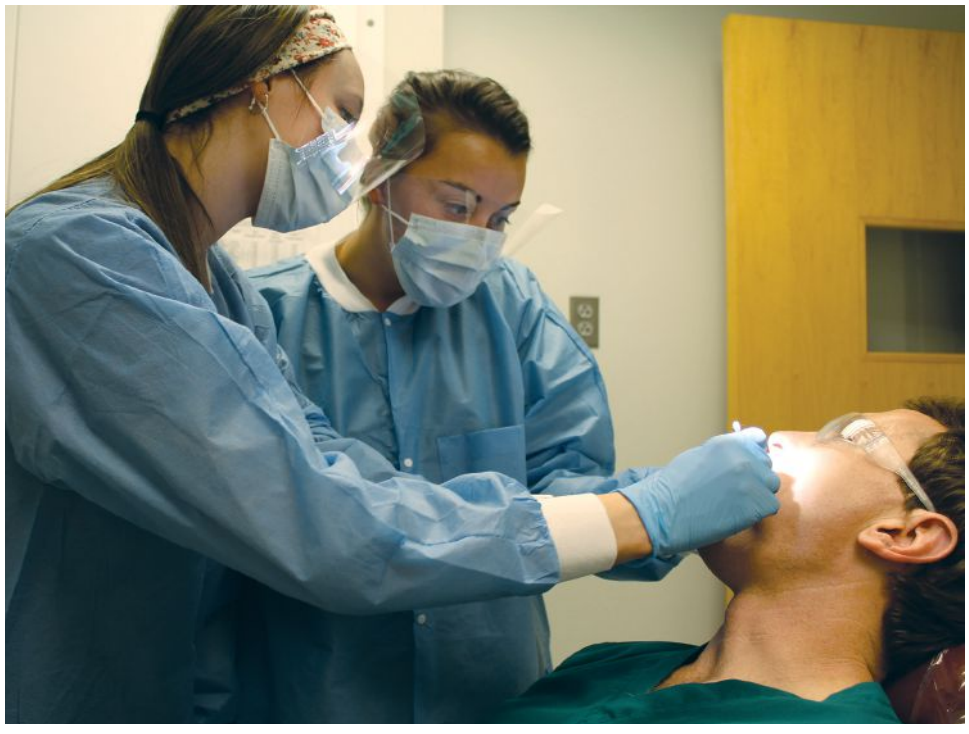
"Great job with the pressure, Ben," Erin said. "That didn't hurt at all."

"Administering anesthesia will quickly become our bread and butter and to do it for the first time, is a pretty big milestone. I called my brother (an orthodontist) because he told me one of his best memories of dental school was injecting each other. He told me that if my hand is shaking to just tell Erin that I was mixing the carpule," Ben said.

Next door, LaShonda climbs into the chair as her partner, Mimi Macauley, gets ready to perform an inferior alveolar nerve block — which they have deemed to be the most difficult of today's four injections — with D4 Sam

Learning by doing: Ben prepares to administer a posterior superior alveolar block on his lab partner, Erin, as instructor Dr. Matthew Frykenberg and fourth-year Sara Knox observe.

Look here: Dr. Matthew Frykenberg demonstrates during anesthesia lab as students Mimi Macauley, left, and LaShonda look on.



Instrumental knowledge: Sara Knox, left, shows Erin Golueke how to use the mirror to figure out placement for an injection on Ben.

Photos by Holly Selby.

Dastrup guiding her all the way.

"Keep going until you're about three-quarters of the way and you're going to feel a little jolt," Sam said as Mimi locked her thumb to begin the injection. "Go a little bit more, a little bit more, and you might feel bone. Keep going. Do you feel bone? OK, right there. Now, aspirate. No blood? OK, now slowly administer. The slower you go, the less pain they feel. That's good."

In addition to playing patient, LaShonda is actively trying to absorb Sam's teaching.

"How'd you feel during that?" Sam asks LaShonda.

"Not too bad. I definitely felt the jolt. When you said, 'Keep going,' I thought, she can't possibly have any place left to go, but it wasn't too bad."

After completing his injections on Erin, Ben takes a turn in the chair.

"I've been waiting my whole life for this," he joked, sharing this would be his first time receiving an anesthetic.

For this injection, the PSA, Erin uses the mirror to help find the right spot in Ben's mouth.

"You're going to want to apply a lot of pressure — it'll be a lot more than you think it is," Sara instructed. "You want to see the tissue blanche."

"Do you feel numb, Ben?" asked Erin.

"I'm starting not to feel my tongue. Oh yeah, that's super numb," he said.

LaShonda credited her preparation — which included watching videos and shadowing one of Dr. Idzik-Starr's fall classes — with giving her confidence. Her main goal in the lab was not to hurt Mimi.

"Administering injections feels sort of like working blindly," she said. "You learn where the nerves should be, but we all have subtle differences so it's crucial to have a good grasp of anatomy. A few minutes after I administered the IAN block, Mimi started to describe the numbness she felt, and I think that was the highlight for me — that I had gotten it right."

Dan felt relieved as well.

"I'd actually never gotten a dental injection before in my life so this was my first time!" Dan said. "The day turned out to be a lot of fun! I will definitely try to make my way down to oral surgery more to try to practice giving injections. [I'm] still scared about getting injected though, but at the end, my hand was definitely steadier giving the injections." ■

Photos by Holly Selby.

Teaching moment: Dr. Cynthia Idzik-Starr, left, and LaShonda discuss ways to administer anesthesia as Mimi Macauley looks on.

Feeling her way: LaShonda feels her cheek following an injection during her anesthesia lab.

Lab partners: Second-year dental student Kevin Barnes administers an injection to Dan.

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YOUR GUIDE TO A HEALTHY PRACTICE
Selections from the Winter 2019 issue

Your team is EVERYTHING!

BY DR. WILLIAM VAN DYK

Dentists spend a long time learning all there is to know to provide patients with the best dental care in the world. Patients should understand that and praise and brag about their dentists on every occasion possible.

But, in reality, patients have very little understanding of the quality and skill of their practitioners. Unless there is an egregious lack of clinical quality, they most often judge the quality of care based on the relationships they develop in the office. Sometimes it's the dentist, but more often it's a member of the team who has taken the time and interest to create a positive bond.

In spite of our great efforts to impress patients with the quality of our treatment, the beauty of our preparations, our almost painless injections, the excellence of the laboratory work and finished restorations, patients are most often impressed by our service. In fact, dentistry is mainly a service business. We don't sell crowns, we sell smiles. We sell efficient chewing. We sell comfort at every level. And we sell concern for our patients' welfare. We even sell family-like relationships. Team members who work closely with patients on multiple levels are the practice representatives that sell these things best. To totally impress our patients, we need teams that understand the power and effectiveness of their role in the practice.

To train team members in the art of relationships, begin with a clear understanding of the importance of those relationships. Use examples from outside dentistry that demonstrate how consumers chose certain businesses. We may just want a new hammer from the hardware store, but we return for more supplies when we appreciate the time the clerk spent with us to patiently educate us about the differences among hammer choices. We like the food in the restaurant, but come back again because the wait staff is solicitous of our choices and seems eager to please. And we'll be impressed by the haircut we receive, but will return because it's a very comfortable environment and stylists take their time to make sure we are satisfied.

Once team members understand the importance of their roles as ambassadors for the practice (in addition to the job description duties that keep the practice functioning), they can begin to learn specific techniques that will have patients raving about the care they receive.

First of all, team members should be professional, but also personable. Every team member must try to develop a personal relationship with every patient. Team members should be curious about the whole patient: where they live, how long they've been in the area, what they do, what they study, who else they know in the practice, who referred them, what they like in music, sports, travel, etc. Use the notes area of the chart to document information about the patient and remind the whole team at the morning huddle so that everyone can build connections. What are their kids' names? Where did they last travel? Who passed away recently in their family? The opportunities are endless to construct a relationship with the whole person.

Specifically, a well-trained team knows that they need to go the extra mile. At the front desk, they don't just acknowledge a new patient with a wave toward an empty seat. They stand up, welcome with a hand shake, look them in the eye, and smile. In fact, it's well known that people can often see a person smiling even when they are talking on the phone. Smile first, talk second.

Treat every single patient with respect. Some patients just draw you in with their warmth and openness, and it's easy to respect them. But others take work. They need that extra mile. They need the whole team to treat them with respect so that one or more can reach them. Hygienists, with their 50-plus minutes of providing gentle care to patients, are often the best to break down barriers and make patients really feel welcome. One disgruntled patient can spread a lot of bad press about the office to family and friends, just as an impressed patient will do the opposite.

Remove negative comments from the practice. "How can I help you?" "It's my pleasure!" "Certainly, I can take care of that." Even, "I'm not sure but I'll be happy to look into that for you." It's a common cliché in management that some team members in a business look at the customer (our patients) as the person who gets in the way of doing their job. But it's exactly the opposite. We need to let every patient know continually how grateful we are that they chose us for their dental care. We do that by doing the best we can and showing true interest in them as a person.

A final note: finding the team members who will provide the awesome service that the practice needs is not an easy job. Most of the best dental team members are already working somewhere else. When one becomes available, it's a wise dentist who hires that employee and does what it takes to keep him or her. In this employment environment, the best team member candidates will be interviewing the practice more than the practice interviews them. Make the practice a magnet for quality team members by providing good examples of patient care, showing real interest in every patient, paying team members a decent wage, sharing in financial and practice success, and mostly complimenting team members wherever possible and in front of patients at every opportunity. Most excellent employees have a choice of where to work. Get them to choose you! ■

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Going lean

BY DR. ROGER P. LEVIN

As competition rises in dentistry, it's more important than ever before for practices to develop a business philosophy that allows them to become and remain successful. To that end, I firmly believe in a concept that I refer to as "Lean Dentistry." It's an excellent business approach for dental practices looking to improve their performance.

What is Lean Dentistry?

Lean Dentistry is based on a concept originally created by Toyota that revolutionized how large, multi-national manufacturers approached business in the late 1980s — increasing production while controlling overhead and eliminating waste of money, movement and time.

Too many practices today are struggling to maintain production and profitability. This is due to increased competition from other dentists and dental support organizations, reduced insurance reimbursements moving to a preferred provider organization level and a growing number of dentists putting off retirement and remaining in the workforce longer. These and other factors are putting downward pressure on dental practice production and profitability.

The Mighty Few

In applying the Lean Dentistry approach to production, there are certain key actions that any practice can take to improve performance. I like to think of these as the "Mighty Few." While they may be small in number, they make a powerful impact. The Mighty Few should include concepts such as:

- **Scheduling** 98% of all active patients at all times. The key is to get the patient's cell phone number and have a follow-up process where you continue to contact the patient using positive language and compassionate messaging that encourages them to call and schedule an appointment.

For every 1% practice overhead is higher than it should be, the practice loses $1,000 of income for every $100,000 of production. This means that an $800,000 practice with 4% overage in overhead will lose $32,000 of income per year.

- **Reactivating** 35% of inactive patients from the last three years. Reactivating patients is more difficult than many would lead you to believe. However, what seems to work well is reaching out to them by cell phone rather than simply sending a text, email, or letter. You must try to reach the patient at least six times over six months.
- **Decreasing** no-shows and last-minute cancellations to under 1%. In eliminating no-shows, it's important for patients to know that it's not OK to miss appointments. The next time you have a no-show, push out their rescheduled appointment for a reasonable period of time to create a sense of demand and let them know that there is a fee for missed appointments. However, do not charge it to them the first time letting them know the doctor has decided to waive the fee. This will send a powerful message.
- **Increasing** case acceptance by 15% to 25%. Case acceptance is a complex process needing a sophisticated methodology. Perhaps the most important factor is to be very comfortable in presenting the case and fees. A relaxed, confident dentist is perceived much better than one who isn't as comfortable talking about cases and associated fees.

For maximum success, the Mighty Few must be identified, implemented and carefully measured.

Overhead

The other major factor in Lean Dentistry is an intentional focus on overhead. In fact, controlling and reducing overhead is just as critical as increasing production. Practices should analyze every key overhead category — and possibly every expenditure — monthly. Areas such as staff labor, rent, lab costs, supplies, investment capital, equipment, technology, marketing and accounting all need to be evaluated, benchmarked against key standards and reduced.

Why is this so important? Because for every 1% practice overhead is higher than it should be, the practice loses $1,000 of income for every $100,000 of production. This means that an $800,000 practice with 4% overage in overhead will lose $32,000 of income per year.

If this doesn't sway you, then consider this: for every bit of overhead that's too high, the dentist must work longer in order to reach financial independence. And these days "longer" doesn't mean days or months, it means years. If you choose not to analyze, measure and reduce overhead on a regular basis, how many extra years are you willing to work?

Summary

The challenges of increasing competition in dentistry can be daunting. Using the business approach of Lean Dentistry — increasing production and controlling overhead — will ensure that your practice generates long-term success. ■

Dr. Levin is a third-generation general dentist and the founder and CEO of Levin Group, Inc., a dental management consulting firm, and has written 65 books and more than 4,300 articles. He is also the executive founder of Dental Business Study Clubs — Dentistry's only All-Business Study Clubs, the next generation of dental business education. Learn more at levinsgroup.com.

What is Dental Practice Success?

Dental Practice Success is a quarterly digital magazine that the ADA's Publishing Division produces in cooperation with the ADA Center for Professional Success. DPS features articles from well-known experts on a broad range of useful topics and fresh ideas on how to improve your practice.

Read the current issue at ADA.org/DPS or read past issues at the Center for Professional Success website, Success.ADA.org. Search for Dental Practice Success under the Practice tab on the left side of the home page.

Webinar on prescribing analgesics during overdose epidemic set for May 8

The ADA is hosting a May 8 webinar on the opioid overdose epidemic to help dentists learn how to deal with the root causes of the epidemic.

Analgesic Prescribing in the Opioid Overdose Epidemic: A Milligram of Prevention is Better than a Pound of Rehabilitation will take place from 2-3 p.m. EST, and is part of the ADA's opioid webinar series. The webinar is free and participants are eligible for one hour of continuing education through ADA Continuing Education Recognition Program.

Dr. Raymond Dionne, a dentist and clinical pharmacologist who conducted clinical pain research at the National Institutes of Health for more than 25 years, will moderate the event. Dr. Dionne is currently a visiting professor at the University of Connecticut School of Medicine and a research professor at the East Carolina University School of Dental Medicine.

At the end of the webinar, dentists will:

• Understand the causes that have contributed to the current opioid overdose epidemic in the U.S.

• Appreciate that non-opioid alternatives are more effective and can be administered to prevent acute pain and inflammation rather than attempt to manage acute pain poorly with opioids that do not have anti-inflammatory efficacy.

• Better understand how they can contribute to minimizing the overdose crisis by educating patients, evaluating their opioid prescribing history using the Prescription Drug Monitoring Program and managing an opioid overdose in the dental office.

Register for the webinar at https://cc.readytalk.com r/4u8fq60pawhd&eom.

The 2019 Health and Well-Being Conference will take place on Aug. 16. The council's ADA Dental Wellness Advisory Committee will host the conference at ADA Headquarters in Chicago and focus on continuing education on career burnout and stress management. For more information, contact Alison Bramhall at bramhalla@ada.org or 1-202-898-2410. ■

Initiatives

Continued from Page 1

Donald J. Trump's budget proposes $397 million for the agency in 2020, down from $461.8 million in 2019. The dental groups are asking for $492 million, noting that any cuts would undermine the "research and advancements to improve oral and overall health for all Americans."

"Investments in NIDCR-funded research during the past half-century have led to improvements in oral health for millions of Americans and continue to show promise in areas encompassing pain biology and management, regenerative medicine, and in assessing the efficacy of a human papilloma virus vaccine for oral and pharyngeal cancers," the groups wrote.

For the Centers for Disease Control and Prevention, they pointed out that the agency's Division of Oral Health is a "much needed (and highly valued) source of support for state health departments to help reduce oral health disparities" and used community water fluoridation, school-based dental sealant programs and oral health literacy programs as success stories.

The organizations also singled out the Action for Dental Health Act, which became law in 2018. The ADH initiative "will allow CDC's Division of Oral Health and HRSA to expand their roles in dental disease prevention, education, and continuity of care in underserved communities." For 2020, the groups are asking for $25 million, up from $19 million in 2019.

For oral health training programs, including Title VII general and pediatric dental residency programs within the Health Resources and Services Administration, the groups asked for a total of $40.7 million. All workforce training programs were left off the president's budget for 2020.

They urged lawmakers to continue funding the residency programs, pointing out that they provide primary oral health care services in some of the most remote and underserved locations.

The groups also noted that in 2019, grantees of Title VII funding trained 5,291 dental and dental hygiene students in predoctoral training degree programs; 460 dental residents and fellows in advanced primary care dental residency and fellowship training programs; and 1,180 dental faculty members in faculty development activities.

Other funding requests included $40 million for Area Health Education Centers; $18 million for HRSA's Ryan White Part F Dental Programs; $15 million for HRSA's Health Careers Opportunity Program; and $5.25 million for HRSA's Maternal Child Health Special Projects of Regional and National Significance program.

"We understand the difficult task you face as you put together the FY 2020 Labor-HHS-Education-Appropriations bill in the current environment of tight budget constraints, and we greatly appreciate your consideration of our requests," the letter concluded.

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

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