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Dental news
ADA responds to article
in The Atlantic

2



ADA FDI 2019
Meeting features Digital
Workflow Experience

10



EXCEL Awards
ADA Publishing honored

11

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JULY 8, 2019

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BRIEFS

Campaign rules updated for president-elect, second vice president candidates

The 2018 ADA House of Delegates adopted new rules governing the candidacy announcements for ADA president-elect and second vice president, effective at the opening of the 2019 House of Delegates session.

The updated Election Commission Rules Governing the Conduct of Campaigns for All ADA Elective Officers now require candidates to formally announce no later than the final day of the ADA



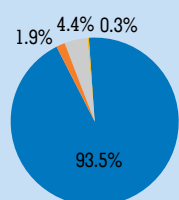
annual meeting that comes before their candidacy if they wish to campaign outside their trustee districts. Send email notification of intent to run for office to Dr. Kathleen T. O'Loughlin, ADA executive director, at oloughlink@ada.org and copy Diane Ward, Administrative Services, at wardd@ada.org.

For candidates who announce after the last day of the annual meeting preceding their candidacies, their campaigning will be limited to their own trustee districts. ■

JUST THE FACTS

Citizenship

In 2018-19, more than nine out of 10 first-year students in U.S. dental schools were U.S. citizens.



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

Virgin Islands hosts oral health summit

ADA president, others discuss territory's five-year plan

BY JENNIFER GARVIN

Baltimore — ADA President Jeffrey M. Cole traveled to the U.S. Virgin Islands June 20 to meet with the Virgin Islands Dental Association and other stakeholders to discuss the territory's five-year oral health plan.

The ADA and Virgin Islands Dental Association, called VIDA,

INSIDE CDC issues updated HPV vaccine recommendations, Page 12

are working together to address the territory's oral health care needs and how to remove barriers to care. "We are proud to work closely

with elected officials and a committed group of dentists to improve oral health for U.S. Virgin Islanders," said Dr. Cole in a news release. "Over the past several months, the ADA and VIDA have formulated an oral health care plan for the territory that VIDA dentists are ready to initiate. No one is more dedicated than Virgin Islands dentists, hygien-

ists and other dental staff to see all Virgin Islanders free of dental decay and pain. This summit was a necessary step to begin moving forward on this strategic plan."

During the visit, Dr. Cole met with Virgin Islands Gov. Albert Bryan Jr. and health officials to discuss dental

See SUMMIT, Page 12

Montana dentist parachutes into Normandy to reenact D-Day on historic anniversary



Together: Dr. Annette Dusseau and her husband, Shawn Modula, smile before Miss Montana takes off.

BY DAVID BURGER

Normandy, France — Doing what no woman could have done in 1944, Dr. Annette Dusseau jumped out of a World War II plane June 5 over Normandy, commemorating the actions of the heroic paratroopers who spurred the Allies' epochal 1945 victory in Europe.

The Montana dentist and her husband, Shawn Modula, were among the more than 200 people from around the world who jumped out of WWII-era planes over what was once a French war zone to honor the D-Day invasion of June 6, 1944.

"I am still tingling," Dr. Dusseau said three weeks after the event, in which she wore a WWII paratroop-

er uniform replica and jumped from a Missoula C-47 plane, dubbed Miss Montana. Once owned by the Johnson Brothers Flying Service of Missoula for smokejumpers, the aircraft was built in 1944.

Jumping out of perfectly good airplanes is nothing new for Dr. Dusseau, who served as a U.S. Army dentist for 13 years and once underwent airborne training in Fort Benning, Georgia. It was at Fort Benning where she met her husband, who was an Army Special Forces commander at the time. He also donned a replica uniform and jumped out of the Miss Montana immediately after his wife.

See D-DAY, Page 19

Students learn to screen for diabetes

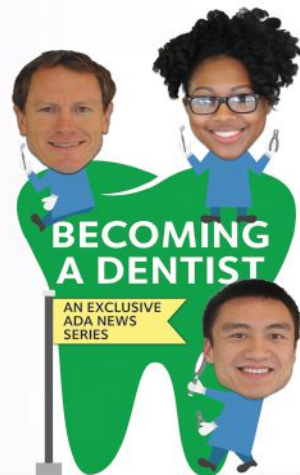
BY JENNIFER GARVIN

Baltimore — Class was just underway and already the dental students were thinking about numbers.

LaShonda was surprised to get 86 — she thought she'd be higher.

Ben and Dan were certain they'd be in the 100s. Were they wondering about their latest lab grades? Not this time. As students in Dr. Gary Hack's diabetes class, they were challenged with guessing their blood glucose levels.

Learning about the importance of blood glucose levels is part of the University of Maryland School of



See DIABETES, Page 14

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See page 7



Association responds to article from The Atlantic

BY JENNIFER GARVIN

“The American Dental Association and dentists across the country are dedicated to the health and safety of the patients they serve.”

That was the message ADA President Jeffrey M. Cole emphasized in a letter to the editor of The Atlantic, in response to the magazine’s May article “The Trouble With Dentistry.” The Atlantic published an edited version of Dr. Cole’s letter on June 16 in the online edition of the magazine. (To read Dr. Cole’s full letter, visit ADA.org/Atlanticresponse.)



Dr. Cole

ly the subject of multiple lawsuits stemming from charges of professional misconduct.

In his letter, Dr. Cole addressed the article’s shortcomings, which the ADA believes enforced negative stereotypes about dentists and failed to explain the practice of evidence-based dentistry. The article focused on a California dentist who is current-

“The ADA is dedicated to evidence-based dentistry, which integrates the dentist’s clinical expertise, the patient’s needs and preferences, and the most current, clinically relevant evidence. All three are part of the decision-making process for patient care,” Dr. Cole wrote. “To that end, the ADA successfully advocated for evidence-based dentistry to become a required component of dental-school curricula and established the Center for Evidence-Based Dentistry to develop resources that help dentists integrate relevant scientific evidence into patient care. We have the data to show that dentists all

across the country are accessing this content.”

Dr. Cole also strongly disagreed with the author’s implication that dentists are motivated by profit to pay down their student loans.

“[This implication] is not borne out by the facts,” Dr. Cole said. “For instance, dentists have for decades advocated for fluoridation of community water supplies to prevent tooth decay.

“Why does the profession advocate for something that results in less need for treatment? Because dentists are doctors of oral health, and tooth decay is a disease that we want to prevent for the good of the public,” he concluded.

The American College of Dentists has released an engagement tool for dentists who receive questions from patients who have seen the article. Visit acd.org for more information. ■

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Lands’ End launches new line of dental scrubs

Lands’ End Business, the staff apparel provider endorsed by ADA Member Advantage, announced in June it launched a new line of scrubs created with dentists in mind.

The new line is designed with an eye towards fit, fabric and pocket placement, according to ADA Member Advantage, adding it was created after Lands’ End conducted research with dentists at the ADA annual meeting in Honolulu. In addition, the scrubs material is liquid-repellent, stretchable, breathable and durable.

Lands’ End is offering separate styles for men and women, and free custom hemming to the quarter inch. Scrub tops and bottoms are sold separately and range in price from \$26.96 to \$31.46.

According to ADA Member Advantage, Lands’ End maintains a consistent color pallet across seasons to ensure consistency within an office’s uniform program across the years. Immediate colors available are black, true blue and dark cobalt blue; colors coming within the next month are true navy, harbor gray, brilliant teal and Persian plum.

ADA members receive a 10% discount on Lands’ End orders.

For more information or to order, visit ADA.landsend.com or call 1-800-990-5407. ■



New line: Lands’ End Business launched a new line of scrubs for dentists. ADA members receive a 10% discount on Lands’ End orders.



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Generational trends: Steven Shepard, Ph.D., center, presents Leading Across the Generations June 23 to the ADA Board of Trustees during its annual diversity and inclusion education session focusing on diverse perspectives in dentistry. Dr. Shepard focused on understanding what motivates, rewards, drives, attracts and retains members of each generation. Dr. Mina Kim, New York City, right, a member of the ADA Board's Diversity and Inclusion Committee, asks a question. ADA 1st District Trustee Judith M. Fisch, chair of the Board's Diversity and Inclusion Committee, introduced the speaker, noting that the sessions are intended to "enhance the flow of diverse perspectives considered by the Board in making its decisions and recommendations" to ADA governing bodies.



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Robert G. Donahue, D.D.S.

As a practicing general dentist of nearly 34 years, I frequently think of how to enhance outcomes in all phases of my personal and professional life. I have come to the conclusion that, in my opinion, we as a profession are long overdue in contributing more directly in enhancing the medical care of our patient population. Consider the mindset that we are “a physician of the mouth.” No, I am by no means a frustrated physician. I never applied to medical school. I am a dentist through and through and proud of it. I believe that dental offices are in

the unique position to be utilizing entry-level diagnostic testing of patients on a regular basis. For example, consider hypertension screening as well as cholesterol, glucose and diabetic testing, smoking cessation and drug abuse counseling, to name a few. Then these patients would be referred to qualified medical professionals for definitive treatment. Some of this may occur currently, albeit on an extremely limited basis. The dentist — the physician of the mouth — should be treating, more fully, the oral manifestations of systemic diseases. This represents more eyes looking at a problem, attempting to find solutions. Why not even consider staffing your office with a registered nurse or nurse practitioner to provide some of this initial care? Reasons abound as to why not.

To my premise, The New England Journal of Medicine Dec. 17, 2018, issue reported on a study launched by the Smidt Heart Institute in 2016. It dealt with the topic of how barbershops could help lower blood pressure and involved 319 African-American men with hypertension and 52 barbershops in Los Angeles County. Men were randomly assigned to a program led by a specially trained pharmacist or to a control group. This study proved community-based medicine closed the gaps in health care disparities. The barbershop was their safe haven. The pharmacists eventually earned the patients’ trust. Treatment modalities for hypertension probably saved lives or mitigated associated medical conditions. This type of study and treatment is spreading across the country. Hopefully, this treatment access proves sustainable.

My own barbershop performs a cursory skin cancer exam of my head, neck and face during a haircut; not uncommon in this profession. More than 80 percent of squamous cell carcinomas and basal cell carcinomas occur on these aforementioned areas. Melanomas, the most dangerous form of skin cancer, tend to be disproportionately fatal on the scalp. I know I have advised patients to get a dermatological consult due to something I detected during a dental appointment on their head, neck and face areas.

As a dentist, I conceivably deliver well in excess of a thousand injections of intraoral anesthetic annually. In some states, depending on regulations and training, dentists can perform dermal filler injections. However, it is more than likely that a dentist cannot give a flu shot, legally, without proper vaccine training.

I understand the reasons why. I get it. So why not get trained and do it? Think of all the patients you could be helping directly, indirectly and, perhaps, even unknowingly. Implementation of this one example could make

See MY VIEW, Page 5

SNAPSHOTS OF AMERICAN DENTISTRY

Dental service organization affiliation by specialty

In 2017, 9% of general practitioner dentists were affiliated with a dental service organization. Among specialist dentists, orthodontists had the highest affiliation with DSOs.



Source: ADA Health Policy Institute Infographic, “How Big are Dental Service Organizations?” Available from ADA.org/en/science-research/health-policy-institute/publications/infographics.

Letters

The Atlantic article response

In the May 2019 issue of The Atlantic, author Ferris Jabr describes an incident where a dentist purchased a practice from a retiring dentist and discovers examples of extensive overtreatment. Patients have been informed and the retiring dentist is under indictment for insurance fraud and is being investigated by the Dental Board of California. The article also describes activities such as evidence-based dentistry, supported by the American Dental Association, and other policies intended to place a strong scientific base under oral health care. The article mentions that these efforts are ongoing and not necessarily understood or applied by all dentists.

The American College of Dentists supports the growing scientific basis for oral health care, the professional ideal of service to patients and others who need oral health care and the responsibility of dentists to help each other achieve these ideals and protect the public.

We, therefore, regard The Atlantic article as an opportunity for reflection on ways to build an even stronger dental profession, grounded in strong science, service and the mutually shared standards among dentists. We honor those who make

patients’ oral health paramount.

It is understood that there are multiple, legitimate perspectives on the material presented in the article. There is an opportunity here to learn by listening to these multiple points of view. It is urged that the article be shared and discussed for what can be learned. In order to facilitate this kind of discussion, the college

The entire contents of the proposed engagement strategy are available and downloadable at the college’s website at accd.org.

Thomas J. Connolly, D.D.S.
President, American College of Dentists

Dr. Cole letter to the editor

Here is a quote from the June 18 ADA News: “The American Dental Association and dentists across the country are dedicated to the health and safety of the patients they serve.” That was the message ADA President Jeffrey M. Cole emphasized in a June 16 letter to the editor of The Atlantic, in response to the magazine’s May article, “The Trouble With Dentistry.” Dr. Cole also strongly

disagreed with the author’s implication that dentists are motivated by profit to pay down their student loans. “[This implication] is not borne out by the facts,” Dr. Cole said. “For instance, dentists have for decades advocated for fluoridation of community water supplies to prevent tooth decay. Why does the profession advocate for something that results in less need for treatment? Because dentists are doctors

See LETTERS, Page 5



LETTERS Policy

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has developed a set of suggestions for hosting small-group discussions among professionals and for interacting with patients who may have read the article. These listening tools are posted below this response. These are not prescriptive statements; they are suggestions for building stronger relationships among dentists and with patients.

MyView

Continued from Page 4

a huge difference. One does not have to look any further than our daily news feeds to be made aware of the rampant, widespread medical and public health life-threatening effects of the failure to implement vaccines. Accessibility, fear, cost and not fully comprehending the medical facts of the circumstances of the spread of diseases no doubt play a huge role. Education is key. The preliminary infrastructure of practitioner, patient and facility are already in place. Dentists could be far more encompassing in their treatment armamentarium for the enhanced health of our patients or record, as opposed to the current dental care model of “just fix the main problem.” Perhaps we could teach our medical colleagues how to perform a dental exam.

Medical clinics abound in such places as drug store chains and big box retailers. Why not utilize existing dental offices for entry-level medical diagnostic testing and very likely enhance overall patient health? Or employ a nurse or nurse practitioner to implement initial care, as stated previously? This would be a major paradigm shift on many levels, with huge hurdles to overcome: stepping on the toes of other practitioners, retraining of dentists, political, economic, insurance and legal overtones.

I am by no means advocating dentist-cen-

tric medical care delivery. I am advocating gatekeeper diagnostic testing and evaluations and, perhaps, flu vaccinations to enhance overall patient health. Patients would be otherwise referred to the medical community for proper treatment. Currently in the United States, many medical staffing studies delineate a shortage of primary care practitioners, now and in the future.

This acute shortage could be mitigated by dental offices, as shown in the barbershop hypertension study, that is a nontraditional health care delivery location.

Philosophically, perhaps we could turn our treatment from a “firefighters” mentality to a “smoke detector” mentality. Not allowing the medical/dental condition to turn from

something smoldering into a full-blown blazing inferno.

This mindset shift could also be, admittedly, mutually beneficial for all parties concerned.

I believe this time is long overdue to de-emphasize the current mindset of some dental care: online orthodontic treatment; suspect overseas medical/dental tourism; cheap non-Food and Drug Administration-approved offshore dental labs of questionable quality and materials; upselling questionable restorative treatments or excessive esthetic treatments “because that’s what the patient wants;” having our patients like us on Facebook or Instagram for marketing reasons and misleading the public into thinking they are

superior to a colleague, based on the sheer number of likes.

I have always considered that patient care is a privilege with many responsibilities and potential adverse consequences. I feel that our obligations and professional abilities fit perfectly into this scope of practice paradigm shift of medical/dental care with benefits for all.

This will not be easily transformative or without its many detractors. But it will be for the betterment of mankind. That alone, should be enough.

Dr. Donahue practices in Washington, D.C. and is a fellow of the American College of Dentists and the International College of Dentists.

Letters

Continued from Page 4

of oral health, and tooth decay is a disease that we want to prevent for the good of the public,” he concluded. I am recently retired from 39 years as a clinical dentist. My experience is that there is truth to The Atlantic article. I too often had patients come see me for second opinions because of their doubts about the unexpectedly large amount of problems diagnosed by another dentist, and more often than not, the diagnosed problems were exaggerated beyond what was actually there. No one can say for sure that the previous doctor’s motivation was to pay off burdensome student loans. Actual motivation aside, the fact remains that there is actually overdiagnosing and unnecessary treatment occurring. How widespread is it? I could not say, but I do know that it has been increasing in the past five to 10 years, and any level of that is unacceptable. I always wondered when someone would realize that there was an actual problem here, and it is obvious that the author of The Atlantic article has discovered this problem and has started pointing it out. For the ADA president to flatly deny it is disingenuous. Obviously, the problem is not caused by a majority of dentists, and is not an epidemic, but the problem must be admitted and dealt with. People are finally starting to notice.

John P. Walker, D.M.D.
Clearwater, Florida

Editor’s note: The Atlantic shortened Dr. Cole’s original letter he submitted to the publication. His original letter also stated, “Dentists hold a special position of trust and as such are obligated to adhere to the highest ethical standards with the primary goal being the benefit of patients and the public. A dentist’s ethical obligation is to meet the needs, desires and

See LETTERS, Page 6



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Letters

Continued from Page 5

values of the patient within the bounds of accepted treatment, as described in the ADA Principles of Ethics and Code of Professional Conduct. The ethical responsibility of dentists and the rights of dental patients are paramount to experiencing and receiving optimal dental care and dentists across the country encourage their patients to take an active role in their dental health. That includes being selective in finding a dentist with whom they can openly communicate in order to receive per-

sonalized care and asking questions they may have about a diagnosis or procedure before any treatment is performed.

We want our patients to know that they always have the option to discuss alternative treatment plans, decline care or seek another opinion.

The overwhelming majority of dentists are ethical practitioners, and that's why dentists are consistently ranked among the most honest and ethical professionals, according to Gallup public opinion polls. Every profession unfortunately has some individuals with questionable ethics.

This is as true in journalism as it is in dentistry. It is unfair to paint an entire profession with such a broad and negative brush."

Tobacco restrictions

I was pleased to read Jennifer Garvin's article in the June 3 ADA News "Association Supports Legislation Calling for Raising Legal Age to 21 to Purchase Tobacco." Ninety-five percent of smokers begin their tobacco and nicotine addiction well before the age of 21, and between getting these products from their legal-age peers, and being heavily targeted by the tobacco industry, the road to an early nicotine addiction has been smooth and easy. The legislation proposed by Sen. Maj. Leader Mitch McConnell would raise the minimum age to 21 for the purchase of tobacco and e-cigarettes, which would help prevent easy access. Unfortunately, there are

significant flaws to this legislation via amendments, which need to be addressed before the ADA gives its blessings. Matthew Myers, the president of the Campaign for Tobacco Free Kids, states, "It is critical that Congress enact strong Tobacco 21 legislation that is free of special interest provisions that benefit the industry."

My concern is that there are certain provisions that certain people and groups are seeking to include in state proposals that treat the industry more favorably on other issues. Some of these would prevent local governments from banning flavors or otherwise regulating e-cigarettes and tobacco products. In addition, some other amendments would make enforcement difficult, or penalize youths for buying them.

They would also not hold stores responsible for selling the products to those under the age limit. There also would be measures to prevent local governments from banning flavors or otherwise regulate e-cigarettes and tobacco products.

Congress should pass, at a minimum, a free-standing bill that would raise the minimum age for the purchase of tobacco and nicotine products. Even more beneficial would be a law that would speed up the putting graphic labels on cigarette packs, give states the right to ban flavors, and regulate e-cigarettes and tobacco products, and hold those selling these products to those under 21 liable.

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

Editor's note: The ADA gives priority to advancing public policies that align with our ADA policy, including preventing tobacco use by setting age restrictions for purchasers of traditional and nontraditional tobacco products. There have been ongoing conversations regarding the best way to curb our youth tobacco epidemic. It is important to note that Tobacco-Free Kids now supports the bipartisan compromise to raise the tobacco age to 21 nationwide. The ADA also supports H.R. 2339, the Reversing the Youth Tobacco Epidemic Act of 2019, which Tobacco-Free Kids also supports.

Participate in SNODENT review

The American Dental Association is seeking qualified individuals to join an ADA Canvass Committee to consider approval of the 2019 revision of the Systemized Nomenclature of Dentistry.

ANSI/ADA Standard No. 2000.2 for SNODENT was approved by the American National Standards Institute as an American National Standard in 2018, and it is revised annually. SNODENT provides a standardized oral health terminology designed for use with electronic health records to enable consistent retrieval, transmission and analysis of data across health care systems.

The ADA SNODENT Canvass Committee is a volunteer group that is administered by the ADA Department of Standards to review, comment and vote on whether revisions of SNODENT should be forwarded to the institute for approval.

All canvass activities will be conducted electronically through the ADA's collaborative website for standards development; no in-person meetings are planned.

To learn more or join the committee, contact Paul Bralower at 1-800-621-8099, ext. 4129, or bralowerp@ada.org. ■



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Coalition to Congress: Address Medicaid funding shortfall in U.S. territories

BY KIMBER SOLANA

Washington — The Partnership for Medicaid is asking legislators to address a pending Medicaid fiscal cliff that could affect patients and providers in U.S. territories, including American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands.

In a June 20 letter, the coalition — which includes the ADA — asked leaders of the House and Senate to pass funding legislation before Sept. 30 when temporary federal Medicaid funds ends.

Because federal medical assistance percent-

ages for Medicaid payments to U.S. territories are statutorily prescribed and don't take into consideration per capita income, Medicaid programs in the territories are underfunded compared to their state counterparts, according to the letter, sent to leaders in both chambers.

“Temporary Medicaid funds from the Affordable Care Act and subsequent legislation in 2017 and 2018 provided critical health care support in

the territories, but the vast majority of these funds expire at the end of this fiscal year,” the letter said.

Without additional funds to offset the end of the temporary federal Medicaid funds, the impact to the territories’ budgets, coverage and patients’ health “will be severe,” the coalition wrote.

Nearly half of Puerto Rico’s 3.2 million residents receive health coverage through Medicaid. According to

the letter, without additional funds, Puerto Rico’s federal Medicaid funding would be capped to \$380 million, a fifth of the funding needed for fiscal year 2020.

“We urge Congress to act ahead of the Sept. 30 deadline to address the pending Medicaid fiscal cliff,” the coalition concluded in its letter. “Recent disaster relief packages under consideration by Congress have failed to address this issue. We encourage both chambers to come together to address the short-term and long-term Medicaid financing challenges in the territories.” ■

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ADA Foundation narrows focus on science, research

The Association announced June 27 it is narrowing the focus of the ADA Foundation to research and science in order to dedicate more resources to evidence-based dentistry and the health of the public.

The ADA Science Institute and the Volpe Research Center will join forces to allow for a renewed focus on the creation and translation of scientific knowledge, as well as the development of new products and technology, according to a statement from the ADA.

The ADA Science Institute, located in Chicago, generates content through

The ADA Science Institute and the Volpe Research Center will join forces to allow for a renewed focus on the creation and translation of scientific knowledge, as well as the development of new products and technology.

the departments of Research & Laboratories — where the Seal of Acceptance and the Research & Standards programs reside — and the department of Evidence Synthesis & Translation Research, which is responsible for the development of Clinical Practice Guidelines and the support to Clinical Excellence. The Volpe Research Center is located on the grounds of the National Institute of Standards and Technology, in Gaithersburg, Maryland, where it has been since 1928. VRC scientists seek to improve clinical practice by developing research standards, multifunctional dental materials, devices and technology. Translation of their discoveries into clinical practice will enable ADA dentists to provide continual state-of-the-art, precision care to their patients.

Philanthropic activities, such as the annual Give Kids A Smile and Dentist Charitable Assistance and Access to Care grants, will continue under the umbrella of the ADA. ■

Childhood caries drops nationally among American Indian/Alaska Natives

BY DAVID BURGER

Rockville, Md. — Early childhood caries has steadily declined nationally since 2010, and untreated early childhood caries in American Indian/Alaska Native preschool children has “significantly” declined, according to a data brief released June 21 by the Indian Health Service Division of Oral Health.

“The 14% reduction in untreated decay is statistically significant and may be the first measured reduction in decay in this age group ever recorded at a national level,” said Rear Adm. Tim Ricks, chief dental officer of the U.S. Public Health Service.

The results were published in The Oral Health of American Indian and Alaska Native (AI/AN) Children Aged 1-5 Years: Results of the 2018-19 IHS Oral Health Survey, available at ihs.gov/doh.

Some Indian Health Service areas and programs have had “dramatic, statistically significant reductions” in the prevalence of early childhood caries, Dr. Ricks said. “Not only have we seen a reduction in untreated decay, but we have also seen a reduction in caries experience, and three of the more populous IHS Areas — Navajo, Oklahoma City and Phoenix — have had statistically significant reductions in caries experience ranging from 24% to 45%.”

Dr. Timothy L. Lozon, director of the Indian Health Service Division of Oral Health,



Rear Adm. Ricks

Early Childhood Caries Collaborative.”

said, “This marks an important milestone for the Indian Health Service dental program and validates the hard work and dedication of thousands of IHS, tribal, and IHS-funded urban dental program staff, and our numerous medical and community partners, over the past decade as part of the IHS

Dr. Ricks echoed Dr. Lozon’s sentiment. “We appreciate the private practitioners that provide preventive care and treatment to the American Indian/Alaska Native population,” Dr. Ricks said. “One way we can work together is by understanding and educating member dentists about the significant oral health disparities in the American Indian/Alaska Native population in order to promote and provide evidence-based dental disease prevention to our communities. We continue to promote these best practices as well as newer concepts like silver ion antimicrobials and education materials that are more oral health-literate.”

The caries collaborative was designed to promote prevention of early childhood caries in young children and was centered around four key concepts: early access to dental care; dental sealants at an early age; fluoride varnish three to four times a year; and interim therapeutic restorations, Dr. Ricks said.

The results are also coupled with some areas that present challenges, Dr. Ricks said. Early childhood caries continues to be a serious health problem for many American Indian/Alaska Native preschool children, despite declining rates, he said. ■

—burgerd@ada.org

USPHS Dental Category turns 100

BY JENNIFER GARVIN

Rockville, Md. — June 24 marked the 100th anniversary of the United States Public Health Service Dental Category. That’s the date when Dr. Ernest Eugene Buell became the first commissioned dental officer in the U.S. Public Health Service.

Every year, the USPHS Commissioned Corps honors Dr. Bell’s legacy by recognizing a junior dental officer with the Ernest Eugene Buell Dental Award.

The USPHS Commissioned Corps comprises more than 6,500 full-time public health professionals dedicated to delivering the nation’s public health promotion and disease prevention programs and advancing public health science. Dental officers serve in a variety of roles: researchers, administrators and clinicians; and serve in agencies within the Department of Health and Human Services (Indian Health Service, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, National Institute of Dental and Craniofacial Research), Department of Justice (Federal Bureau of Prisons), and within the Department of Homeland Security (U.S. Coast Guard, Immigration Health Service Corps).

“Please join me in celebrating our centennial anniversary by thanking all dental officers, past and present, who have helped carry out the USPHS mission to protect, promote and advance the health and safety of our nation,” said Rear Adm. Tim Ricks, chief dental officer of the U.S. Public Health Service, in an email to stakeholders.

For information about becoming a USPHS dentist, visit USPHS.gov and search for “dentist.” ■

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Digital Workflow Experience takes dentists through ‘office of now’

BY MARY BETH VERSACI

San Francisco — Dentists can experience firsthand how to integrate digital technology into their practices as part of the Digital Workflow Experience at the ADA FDI World Dental Congress this September in San Francisco.

New to this year’s meeting, the Digital Workflow Experience will take dentists on a guided tour through a set made to look like an actual dental practice, from the reception desk to the dental operator. Along the way, participants will address a case by following four different treatment paths in hands-on learning pods.

“It’s something that’s never been done,” said Dr. Nan Tertel, a member of the Advisory Committee on Annual Meetings and chair of continuing education for ADA FDI 2019. “It’s something that’s really unique to the dental trade shows, where we’re actually going to say, ‘This is the office of now. This is not the future — this is now — and this is how all of these pieces integrate.’”

The first pod will involve scanning a crown and understanding the connection between an intraoral scan and a laboratory, while the second will demonstrate the scanning and design of a crown and the connection to an in-house mill or 3D printer for same-day dentistry. In the third pod, dentists will learn how to integrate an intraoral scan with implant-planning software for restorative-driven planning and placement, and in the fourth, they

“It’s something that’s really unique to the dental trade shows, where we’re actually going to say, ‘This is the office of now. This is not the future — this is now — and this is how all of these pieces integrate.’”

will experience the digital protocols if an interdisciplinary approach is needed.

The technologies will be provided by sponsors 3Shape and Patterson Dental, demonstrating to dentists how the innovations they see showcased in the Exhibit Hall can be put to use in their own practices.

“We are very excited about demonstrating how 3Shape digital workflows can not only enhance patient experience but also advance clinical efficiency, like never before,” said Garrett Ogden, 3Shape general manager for North America. “Digital dentistry is the future, and we look forward to showing doctors from around the world how to embrace it the 3Shape way at ADA FDI 2019.”

Patterson Dental also is eager to connect dentists with technology solutions for their practices.

“Driven by a long history of innovation, we enable you to offer a best-in-class patient experience while building efficiencies that allow your practice to thrive,” the company stated. “Among the many benefits new technology brings are improved diagnostics, optimized workflows, a boosted bottom line and more satisfied patients.”

By taking place in a simulated dental practice, the Digital Workflow Experience will introduce dentists to these technologies and their applications in a comfortable, familiar setting, Dr. Tertel said.

Dr. Stephen Radack, another member of the Advisory Committee on Annual Meetings, said he knows dentists can be “technophiles,” who sometimes buy equipment at a conference and do not use it.



The practical applications demonstrated in the Digital Workflow Experience will prevent that buyer’s remorse, as dentists will leave knowing how to use what they purchase, he said.

“That’s what I hope comes out of it, to be able to see what it would actually look like in

your office,” Dr. Radack said.

The experience also will meet dentists where they are in terms of technology and provide benefits no matter their current level of use.

“The dentists at the meeting will come into this experience with a variety of knowledge levels and varying degrees of digital workflow integration into their practice,” said Dr. Lou Shuman, CEO of Cellerant Consulting Group, who conceived of the idea for the experience with ADA Director of Continuing Education and Industry Relations Dawn McEvoy and be-

gan developing it two years ago. “As we began development, it was important to create an experience that was relevant and scalable for all dentists at ADA FDI 2019.”

The Digital Workflow Experience will be offered at various times Sept. 5-7 at the Exhibit Hall. Dentists can earn 1.25 continuing education credit hours for attending one of the sessions. Reservations are required.

To register, go to ADA.org/meeting and click on “The Digital Future of Dentistry” under the Continuing Education tab. ■

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ADA publications win 13 EXCEL Awards

BY MARY BETH VERSACI

Washington — The ADA nabbed 13 awards for its various publications June 24 during the 39th annual EXCEL Awards Gala in Washington, D.C.

Presented by Association Media & Publishing — a trade group for association publishing — the EXCEL Awards recognize excellence and leadership in nonprofit association media, publishing, marketing and communications.

“It’s an honor to have the work we do for members recognized by peers in association media,” said Jim Goodman, senior vice presi-

dent of the ADA’s Business Group. “Every ADA publication is designed with the member in mind, whether it’s digital or print. These awards give us an objective measure of the quality of our work and its relevance in today’s association environment.”

Some 750 entries were received in the competition this year.

“The EXCEL Awards recognize the quality, skill and raw talent of the men and women who create ADA publications and make them the most read, most authoritative and most trusted source of dental information in the world,” said

Michelle Hoffman, vice president, Publishing. “It is very gratifying to have the quality of ADA publications acknowledged in this way. Congratulations and kudos to ADA’s editors, writers and production team for their extraordinary work.”

ADA winners follow:

- Gold, promotional content: brochure (educational) — Do You Have Sleep Apnea? Talk to Your Dentist about Snoring.

- Silver, promotional content: brochure (educational) — Hate to Floss? 3 Other Ways to Clean Between Your Teeth.

- Silver, promotional content: onsite con-



2019 winner: The ADA was recognized June 24 with the Gold EXCEL Award from Association Media & Publishing for its educational brochure on sleep apnea.

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vention program (digital) — Onsite Guide for ADA 2018: America’s Dental Meeting.

- Silver, newspapers: editorial excellence — ADA News.

- Silver, promotional content: onsite convention daily (print) — ADA News Convention Daily 2018.

- Silver, promotional content: onsite convention daily (digital) — ADA News Convention Daily 2018.

- Bronze, newspapers: design excellence — ADA News.

- Bronze, newspapers: design excellence (digital) — JADA+ Specialty Scans.

- Bronze, promotional content: directory, buyers guide or catalog (print) — ADA Catalog 2019 Preview.

- Bronze, promotional content: direct mail — single piece (educational) — ADA Dental Drug Handbook: A Quick Reference Mailer.

- Bronze, newsletters: design excellence (digital) — Dental Practice Success.

- Bronze, digital media: blog — blog site (overall) — New Dentist Now.

- Bronze, journals: cover design — JADA.

The ADA News is available at ADA.org/adanews, and JADA articles can be found at JADA.ADA.org. To access Dental Practice Success, visit Success.ADA.org and search for “Dental Practice Success.” To browse the ADA Catalog, visit ADAcatalog.org. Read the New Dentist Now blog at newdentistblog.ada.org.

To learn more about the EXCEL Awards, visit siaa.net/amp/Events-Awards/EXCEL-Awards. ■

ADA awards first Seal of Acceptance in dry mouth category

BY MARY BETH VERSACI

Biotene Dry Mouth Oral Rinse is the first product to receive the ADA Seal of Acceptance in the dry mouth product category.

The ADA Council on Scientific Affairs accepted the oral rinse based on its finding that the product is safe and effective in temporarily relieving dry mouth symptoms when used as directed.

“Biotene Dry Mouth Oral Rinse addresses an important problem that many people face,” said Dr. Mia L. Geisinger, chair of the council’s Seal subcommittee. “By earning the ADA Seal of Acceptance, this product has shown to be safe and effective in helping relieve dry mouth symptoms and will hopefully help consumers identify a trusted solution when shopping for products that address this issue.”

To earn the Seal, the product’s manufacturer, GlaxoSmithKline Consumer

See SEAL, Page 15

CDC committee: HPV vaccine could benefit adults up to 45

BY MARY BETH VERSACI

Men and women as old as 45 could benefit from receiving the human papillomavirus vaccine, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices voted June 26.

While the HPV vaccine is recommended for boys and girls during adolescence, this new recommendation states patients between the ages of 27 and 45 who have not been vaccinated adequately should discuss with their physician whether catch-up vaccination is right for them.

The Food and Drug Administration previously approved the use of the vaccine in men and women ages 27 to 45 in October 2018.

The committee also voted to recommend catch-up vaccination for men through the age of 26 to align with its recommendations for women. This previously had been recommended for most men only through age 21.

The ADA in 2018 adopted a policy that urges dentists to support the use and administration of the HPV vaccine, recognizing it as a way to help prevent infection of

the types of HPV associated with oropharyngeal cancer. The vaccine could prevent nearly 90% of HPV-related cancers in the U.S.

The ADA also released a brochure on the vaccine in April. "Oral Health and the HPV Vaccine" provides patients with basic information about the HPV vaccine, including CDC recommendations on those who should get the vaccine and dosage timing and amount, vaccine safety, signs and symptoms of oropharyngeal cancer, and a simple illustration of the oropharynx.

To read more about oral and oropharyngeal cancer, including HPV-associated oropharyngeal cancer and ADA policy on the HPV vaccine, visit ADA.org/en/member-center/oral-health-topics/cancer-head-and-neck.

At ADA FDI World Dental Congress Sept. 4-8 in San Francisco, Dr. Alessandro Villa of the Harvard School of Dental Medicine and Brigham and Women's Hospital will present a continuing education course on "HPV Vaccination and the Oral Health Care Community."

In the course, dentists will learn about the risk factors, signs and symptoms of HPV-associated oropharyngeal carcinoma, understand the importance of the current HPV vaccination series and learn effective ways to communicate HPV vaccine recommendations to patients.

To register for the congress, go to ADA.org/meeting. ■

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Summit

Continued from Page 1

education and establishing training programs for additional members of the dental care team. The stakeholders also discussed reforming the Virgin Islands Medical Assistance Program. The territory continues to recover from two hurricanes in 2017 that caused catastrophic damage to its infrastructure and health care system.

"My administration is deeply committed to the health of all Virgin Islanders, and good oral health is critical to that," said Gov. Bryan. "I appreciate President Cole and all of the Virgin Islands dentists and elected officials who attended the summit to help us redouble our efforts to improve dental health in the territory."

One part of improving care includes embracing the ADA's Community Dental Health Coordinator model. Several hygienists and assistants from USVI health centers and private practices are expected to participate in a 2019-20 distance learning CDHC program this year through Rio Salado Community College in Tempe, Arizona.

In addition to adding CDHCs to the university, the Virgin Islands is working to improve the territory's public dental clinics and increase funding for dental services in the territory's medical assistance program. ■

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Summit: ADA President Jeffrey M. Cole, right, meets with Virgin Islands Gov. Albert Bryan, Jr.

BIG Idea conference on dentist transitions set for Aug. 9

BY DAVID BURGER

If dentists are looking for guidance on various dental practice transition options and strategies and taking the next step, the 2019 ADA BIG Idea Conference is designed for them.

The one-day conference, dubbed Transitions and hosted by the ADA Practice Institute, will be held at ADA Headquarters in Chicago on Aug. 9 and will assist dentists in learning about their transition options to best meet their needs professionally, financially and personally.

Dr. Roger Levin, thought leader, chairman and CEO of the Levin Group and third-generation dentist, will present 15 Ways to Increase



Dr. Levin

Practice Value ASAP. He plans on teaching dentists how to increase the value of their dental practices through essential data that can be measured and reviewed, so that performance, operations and profitability can be improved, he said.

The topic of transitions is a “fantastic” conference for every dentist, Dr. Levin said in a phone interview. Each and every dentist will be faced with challenging de-

isions throughout their career, and the only thing that will remain the same is that change is inevitable, he said. Other speakers include:

- Kirk Dewart, senior program manager of North American Industry Sectors for BMO Harris Bank, on Plan Your Exit Strategy, in which he will teach dentists the right time to formulate a plan; what dentists should look for in an associate or buyer; how dentists can help the buyers prepare; and the establishment of realistic expectations in preserving the dentist’s legacy after he or she is gone.
- William P. Prescott, author and attorney, on You’ll Need a Lawyer, in which he

will teach attendees the structure, ownership, practice valuation, agreements and legal compliance of dental transitions.

- Allen Schiff, certified public accountant and founding member of the Academy of Dental CPAs, on Considering A Sale of Your Dental Practice? How to Make It Tax Efficient. In this presentation, attendees will learn how to structure the asset allocation to minimize taxes and maximize value when selling a dental practice.

Six hours of continuing education credit are offered.

For more information on the conference, visit ADA.org/transitions. ■

July JADA evaluates psychosocial measures as chronic TMD predictors

BY MARY BETH VERSACI

While psychosocial measures are important predictors of whether a person will develop a temporomandibular disorder, a study published in the July issue of The Journal of the American Dental Association found they do not predict whether the disorder will become persistent.

The cover article, “Clinical Predictors of Persistent TMD in People with First-onset TMD: a Prospective Case-control Study,” found clinical measures — such as jaw mobility, temporomandibular joint dysfunction noises and palpation pain in masticatory muscles, neck and other sites — can be used to successfully identify patients at a higher risk of having persistent TMD. When psychosocial measures are considered as well, they do not add meaningfully to the



predictive capacity of the clinical measures.

“This finding is somewhat surprising, given that TMDs are known to be complex multifactorial diseases, and the onset of painful TMD is associated with multiple psychosocial measures,” the authors stated, adding the study’s finding contrasts with previous studies in which psychosocial measures — such as physical and psychological functioning, depression, anxiety and oral overuse behaviors — were significantly worse in patients with chronic TMD.

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

Other articles in the July issue of JADA include a feature on the ethical implications of negative online reviews.

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



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Diabetes

Continued from Page 1

Dentistry's diabetes block. Each year, all second-year dental students learn how to measure the blood glucose levels of university dental clinic patients. The program, which is supported by an ongoing grant from the Maryland Office of Oral Health, helps the future dentists understand the relationship between oral health and diabetes so that they can better treat their future patients.

Diabetes continues to be a growing problem in the U.S. and worldwide. According to the Centers for Disease Control and Prevention, more than 100 million U.S. adults have diabetes (over 30 million) or prediabetes (over 86 million). Many don't realize they have the chronic disease, which can affect their oral health. Oral manifestations of diabetes can include gingivitis, periodontitis, xerostomia, thrush, impaired or delayed wound healing, increased incidence and severity of infections and parotid salivary gland enlargement.

"Twenty-seven million people will see a dentist in a year, and not see a physician," said Dr. Hack, a professor in the school's department of advanced oral sciences and therapeutics. "Since periodontal disease is one of the first signs of diabetes, dentists should begin to monitor their patients with diabetes and screen at-risk patients for diabetes and prediabetes."

Today's class begins with students testing their own blood glucose levels using a glucometer. Before arriving, they were encouraged to eat breakfast but not everyone had time for a meal. High blood sugar, known as hyperglycemia, is defined as a value of more than 140.

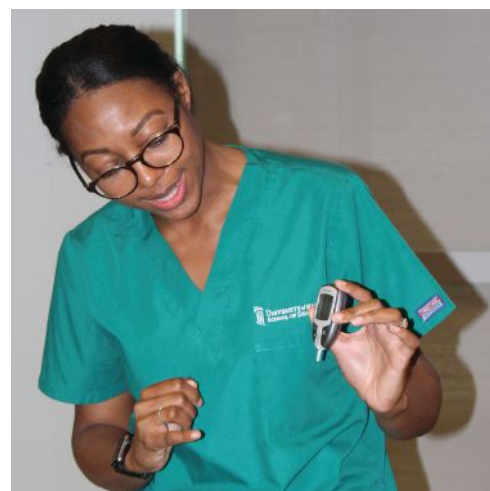
With his love of gummy bears and soda, Dan said he was a little surprised to learn his blood glucose reading was only 107. He was wor-



Test time: Dan and Ben test their blood sugar levels.



Oral-systemic connection: Dr. Hack gives a lecture on diabetes at the University of Maryland School of Dentistry on April 25.



Watch me: LaShonda demonstrates to the class how to test and read blood glucose levels.

ried it would be higher.

"I have a family history of diabetes — both grandparents on my dad's side have diabetes," said Dan.

Ben, who skipped breakfast that morning, was surprised to find his number was 93.

"Knowing my score was a little high (for me) that day is enough

motivation for me to tweak my lifestyle," Ben said.

LaShonda, who ate eggs before coming to class, guessed her reading would be around 110 instead of the 86 she measured.

Testing themselves and learning how to use the glucose meters is a key part in preparing for their upcoming work in UM-

SOD's dental clinic. In the clinic, a blood glucose test is offered to patients who have diabetes risk factors. According to the CDC, those risk factors include being overweight, being over 45, having a parent or sibling with type 2 diabetes and not being physically active. Students refer patients found to have high blood glucose levels to medical colleagues at the university or to their primary care providers. The clinic makes glucometers and A1C blood test point-of-care instruments available to do this.

"Diabetes is a systemic disease that is a risk factor for gum disease," Dr. Hack told the class. "People with poor glucose control are more prone to periodontal

disease and that makes it more difficult to control blood sugar levels.

"There is a bidirectional relationship between oral health and diabetes.

"Some people even think that chronic, severe periodontal disease can actually initiate diabetes," he continued, "so there is a huge relationship."

When it comes to diabetes and dentistry, it's personal for Dr. Hack, who has been living with the disease for more than 30 years and wears a continuous glucose monitor and insulin pump. He launched the diabetes course at UMSOD in 2014.

During his lecture, Dr. Hack broke down some typical scenarios that could occur when a person with diabetes comes in for treatment.

"There was a patient who came into the clinic and was asked what his blood sugar was and he said, 'It's perfect,'" Dr. Hack recalled. "However, the student had taken this course and when she took his blood sugar, she found it was extremely high. The student was then able to refer the patient back to his physician.

In another, he described a patient testing with a low blood sugar reading. That patient might be given orange juice and tested again 15 minutes later before proceeding with treatment.

For the future practitioners, Dr. Hack advised keeping glucose tablets or juice on hand for these situations — both of which the university clinic currently does.

"People do not generally go to a physician without symptoms, but we see otherwise healthy people every day," Dan said. "Our role in health care puts us in the perfect position

Screening for prediabetes, diabetes could help patients

In September 2018, the ADA Science Institute published an article in the *Journal of Dental Research and Clinical Translational Research* that looked at whether performing diabetes risk assessment in the dental office had the potential to identify people unaware that they might have diabetes or prediabetes.

Authors Cameron Estrich, Dr. Marcelo Araujo and Ruth Lipman, Ph.D., analyzed the data of more than 10,000 adults in the National Health and Nutrition Examination Survey from 2013 to 2014 and 2015 to 2016. The authors found that 7.7% of U.S. adults had seen a dentist but not a medical provider in the past 12 months and that 31.37% of these adults would be identified as being at high risk for prediabetes according to the CDC Prediabetes Screening Test; and that based on hemoglobin A1c, 15.8% had either prediabetes or diabetes.

From these data, they estimated that doing a diabetes risk assessment during the dental visits has the potential to alert an estimated 22.36 million adults of their risk for prediabetes or diabetes. They concluded that incorporating diabetes risk assessment into routine dental visits would enable people with prediabetes to take action to decrease their risk of developing diabetes and had the potential to get people with diabetes to engage in treatment to decrease their risk of diabetes-related complications. ■

to screen for these types of illnesses. Given the fact that a majority of people in the U.S. with prediabetes do not even know, it makes sense that we should offer these routine tests for each of our patients."

"At this point in time, dentists can't diagnose diabetes, but because diabetes is such an epidemic, I believe dentists will one day be able to. I've talked to endocrinologists about this, and they're overwhelmed. They would welcome the help," Dr. Hack said.

LaShonda said she's up for the responsibility.

"I absolutely plan to use glucose meters in the future. If they will give me a more comprehensive view of my patient's health status, they're worth the effort," she said.

The ADA currently has no policy on dentists screening for diabetes, but the ADA Code on Dental Procedures and Nomenclature approved codes in 2018 and 2019 for reporting HbA1c in-office testing and blood glucose level tests using a glucose meter. Dr. Hack attended the Code Maintenance Committee meetings to support both of these codes. ■

—garvinj@ada.org

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Governor signs Texas Dental Association-backed fluoridation legislation

BY DAVID BURGER

Austin, Texas — Dr. Matt Roberts, a general dentist in Crockett, Texas, heard from other dentists that some water engineers in the state had been unilaterally turning off the fluoride in their community's water supply, with the public or even some local government officials unaware.

So Dr. Roberts, chair of the Texas Dental Association's Council on Legislative, Regulatory, and Governmental Affairs, helped lead an effort by the association to draft a bill that called for early notification whenever a community was planning to terminate fluoridation.

The bill, HB 3552, prohibits water systems from permanently ending their fluoridation program unless written notice is provided to the customers of the system and state authorities concerning the termination at least 60 days before the termination.

It was signed into law by Texas Gov. Greg Abbott June 2, and takes effect Sept. 1.

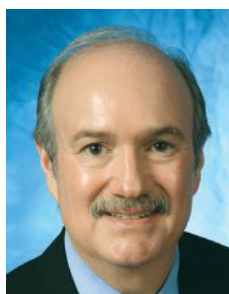
"We did it so we can rally dentists and citizens whenever a community is thinking about ending the practice of fluoridation," Dr. Roberts said.

The bill received near-unanimous support from both the GOP-dominated state House and Senate, Dr. Roberts said, even though the Republican Party of Texas has "Banning fluoride from the Texas water supply" in its platform.

Dr. Roberts credited the dedication of the Texas Dental Association and its fluoride committee for drafting the legislation over a two-year period, as well as receiving advice from the ADA and talking to other states that have passed similar bills.

Tennessee was the first state to pass an early notification law, in 2012, and Missouri and New York also have a law.

Dr. Leon Stanislav, a general dentist in Clarksville, Tennessee, is chair of the ADA's National Fluoridation Advisory Committee and was instrumental in helping pass the Tennessee law.



Dr. Roberts



Dr. Stanislav

More than 20 water districts in the state had rolled back their fluoridation programs

between 2005 and 2012, so Dr. Stanislav and others had to brainstorm ideas on how to keep fluoridation advocacy strong, he said.

"We were always a day late and a dollar short," Dr. Stanislav said about efforts to stop the termination of fluoride in their communities. "We often didn't have a fighting chance to know about it."

Now, the time required for public notice is 30 days, thereby giving the public greater opportunity to express concerns regarding the elimination of fluoridation, Dr. Stanislav said.

There was some opposition to the bill when it was introduced, but Dr. Stanislav bristled

at the notion from anti-fluoride activists that there was any kind of evil conspiracy behind efforts to add or continue fluoridation in communities. "If we have an agenda, it's to put us out of business," he said.

Dr. Stanislav praised the action pursued by Texas in getting the bill passed. He said that since the Tennessee law passed, in the seven years since, only 13 water districts have ended their community water fluoridation in the state.

For more on ADA advocacy, visit ADA.org/advocacy. ■

—burgerd@ada.org

Seal

Continued from Page 11

Healthcare, had to pass ADA Laboratory tests and meet ADA and American National Standards Institute-approved dental standards. The company also submitted studies proving clinical safety and efficacy.

"We are very honored that Biotene Dry Mouth Oral Rinse received the first ADA Seal of Acceptance in the new dry mouth category," said Ryan Chung, Biotene brand manager for GSK Consumer Healthcare. "We understand that dry mouth can cause unintended long-term consequences on a person's oral health, so we are proud to be recognized by the ADA for helping people manage their dry mouth symptoms effectively."

To learn more about the Seal program, go to ADA.org/Seal. For more information on dry mouth, visit MouthHealthy.org. ■

Correction

In the June 17 issue, the article "FDI Seeks CE suggestions for 2020 World Dental Congress" incorrectly stated that ADA members can propose continuing education sessions for the 2020 FDI World Dental Congress. Only FDI members can propose sessions. ■

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ADA urges Congress to address acute pain in response to opioids

BY JENNIFER GARVIN

Washington — The ADA is applauding Congress' response to the opioid crisis but continues to urge the federal government to place a greater emphasis on managing acute pain in its prevention efforts.

In a letter to the House Oversight and Reform Committee Chair Elijah Cummings, D-Md., and Ranking Member Jim Jordan, R-Ohio, ADA President Jeffrey M. Cole and Executive Director Kathleen T. O'Loughlin thanked lawmakers for holding the June 19 hearing, Medical Experts: Inadequate Federal Approach to Opioid Treatment and the Need to Expand Care.

Drs. Cole and O'Loughlin told Congress that the ADA remains committed to working with legislators, government agencies and other stakeholders to keep prescription opioid pain medications from becoming a source of harm, noting the Association's 2018 policy that called for mandating continuing education and initial prescribing limits for opioids for dentists.

"Our main criticism of the federal response to the opioid crisis is that it has not sufficiently distinguished pain management in dentistry from pain management in medicine, specifically when it comes to managing acute pain versus chronic pain," Drs. Cole and O'Loughlin wrote. "For that reason, the federal response to the opioid crisis has not been particularly helpful to dentists."

The ADA urged lawmakers to better address the nuances of managing acute pain following one-time surgical procedures and recommended that prescriber education opportunities be coordinated with professional

societies and administered by an accredited continuing education provider — and that the coursework be dually recognized for state licensure purposes.

"For example, the highly touted Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain does not address the particulars of managing acute pain following a one-time surgery," Drs. Cole and O'Loughlin wrote. "In fact, the document expressly states, 'Some of the recommendations might be relevant for acute care settings or other specialists, such as emergency physicians or dentists, but use in these settings or by other specialists is not the focus of this guideline.'"

The ADA leaders thanked Congress for the Substance Abuse and Mental Health Services Administration's Providers' Clinical Support System for Opioid Therapies that has enabled dentists to participate in continuing education resources, including webinars made possible by a grant from SAMHSA and the American Academy of Addiction Psychiatry. They also noted that National Institute of Dental and Craniofacial Research is currently investigating the biological triggers of dental pain and novel ways to alleviate it using non-narcotic therapies.

"Together, the findings will enable us to target our education and outreach messages to dentists and, ideally, lead them to use non-narcotic pain relievers as the first-line therapy for acute pain management," Drs. Cole and O'Loughlin wrote.

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

—garvinj@ada.org

Aug. 6 webinar to focus on emergency room referrals amid opioid crisis

BY DAVID BURGER

A free ADA webinar intends to inform dentists about how one of Ohio's largest health care providers has developed strategic approaches to pain management, emergency department referral and the opioid crisis by implementing its "Definitive Care Concept."

Emergency Department Referral Model in Action: Addressing Dental Access, Opioid Prevention and Pain Management will stream Aug. 6 from noon to 1 p.m. Central time.

Presented by the ADA Council on Advocacy for Access and Prevention, the webinar addresses the high frequency of utilization of the hospital emergency department by patients seeking care for nonemergent dental conditions and how Ohio's Mercy Health reacted to the challenge in order to "directly address the patients' needs," said Dr. Frank Beck, the webinar's featured speaker and the program director of the dental practice residency program and regional chief opioid officer of Mercy Health.

Mercy Health created its Definitive Care Concept, which includes an evidence-based pain management curriculum, a substance abuse screening tool and strategic utilization of the electronic medical record to track inappropriate prescribing profiles to alert and

educate prescribers, Dr. Beck said.

Webinar participants, Dr. Beck said, should be able to:

- Understand the development, operational approach and rationale for implementing the Definitive Care Concept.

- Recognize evidence-based approaches to pain management including preoperative, perioperative and postoperative approaches.

- Recognize the benefits of creating tools to improve identification of at-risk patients, encourage early treatment referrals, establish acute withdrawal protocols and provide more efficient access to available prescription drug monitoring program databases.

Mercy Health's approach is "a model that works and one that can be implemented," Dr. Beck said.

One hour of continuing education credit is available to all participants who remain connected for at least 45 minutes.

Register for the webinar at <https://cc.readytalk.com/r/w6s7djpifu6v&eom>. ■



Dr. Beck

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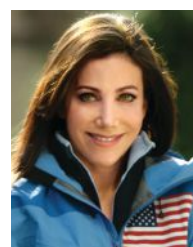
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Heidi Hanna
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D-Day

Continued from Page 1

The two of them run the Family Dental Clinic in Missoula.

“She’s always game for stuff,” Mr. Modula said of his wife, who was deployed to Kuwait and Saudi Arabia during the first Gulf War. “She’s a trooper.”

The duo’s special parachuting trip came about when their Montana neighbors told them about it in the spring of 2018. Knowing Dr. Dusseau and Mr. Modula’s history, the neighbors had signed up for the mission and encouraged the two to apply, and to their delighted surprise, they were accepted.

Meanwhile, the Museum of Mountain Flying in Missoula began preparing the Miss Montana for flight after being dormant since 2003. The group in charge of the reenactment, Daks Over Normandy, was recruiting as many Dakota C-47 aircraft as possible to drop the volunteers inland beyond the shores of Omaha and Utah beaches — just as paratroopers had done in the hours before the land invasion.

“It was a very ambitious plan,” Dr. Dusseau said. “There was an amazing amount of work to make ready to fly at all, let alone fly across the Atlantic. Most of the restoration work was done by volunteers, like rebuilding the engines.”

It came down to the wire, but two weeks before the trans-Atlantic trip, the Miss Montana made it into the air for the first time in nearly two decades.

After leaving the dental practice in good hands, Dr. Dusseau and her husband met the plane in Duxford, England, in early June. The 200 parachutists planned a practice jump as part of an airshow on June 4, but the weather was too inclement for a jump. The original D-Day was also delayed a day because of bad weather, Mr. Modula noted.

But the next day the weather took a turn for the better, so the mission was back on.

“All of us parachutists were rigged up with our gear and walked along the flight line to our assigned aircraft,” Dr. Dusseau said. “It was almost a quarter of a mile walk to Miss Montana on the flight line. The crowds were cheering and clapping. It was very moving.”

To mark the occasion, Dr. Dusseau carried a picture of her mother under her helmet, an Army nurse during WWII, and her husband brought with him a picture of his father, who was a pilot trainer during the war. Dr. Dusseau also brought memories of her uncle Bob, who was wounded in WWII in Germany, and her uncle Floyd, who was killed in Italy during the war.

The flight to Normandy took a little over two hours, and when they were 1,000 feet near the landing zone — near the site of the famed battle for Pegasus Bridge — the two jumped and landed in a barley field slightly off target. Dr. Dusseau crashed into a tree to avoid hitting the assembled crowd and their cars, but was uninjured. Mr. Modula remarked that as a home beer brewer, he was actually happy to land in barley.

“There was a huge crowd of spectators for our parachute reenactment,” Dr. Dusseau said. “As we recovered our parachutes, many of the spectators came up to tell how awesome it was to see that many parachutists. Many wanted photos with us.”

After the trip, the Miss Montana traveled to Berlin, Germany, to mark an anniversary of the 1948 Berlin airlift, while Dr. Dusseau and her husband visited a range of sites where Allied soldiers had fought and died 75 years ago, including Omaha Beach, Pointe du Hoc

(a cliff separating Omaha and Utah beaches) and Sainte-Mère-Église, the first French town liberated.

“We got to meet some veterans of D-Day that were attending,” Dr. Dusseau said. “Whenever you saw a crowd of people gathered, you knew there was a WWII veteran at its center. It was an honor to meet the true heroes of D-Day.” ■

—burgerd@ada.org

In honor of honor: Parachutists participating in a D-Day reenactment June 5 pose in front of the Miss Montana in Duxford, England. The group, including Dr. Annette Dusseau, third from left in top row, flew for about two hours from Duxford to make it to the drop zone over Normandy.



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