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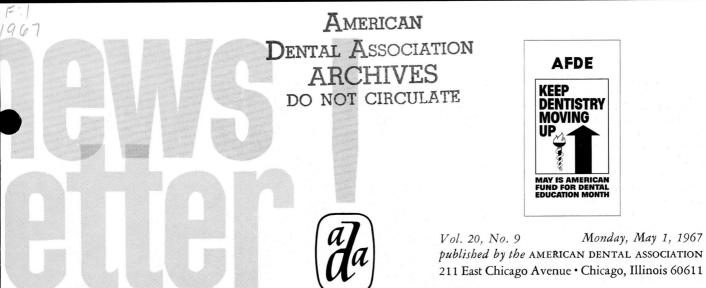
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DR. LEE STRESSES IMPORTANCE OF PRIVATE SECTOR IN CHILDREN'S PROGRAM

The highest-ranking health official in the federal government told the 18th National Dental Health Conference April 17 that the majority of federal funds in the proposed national children's dental care program would

be channeled through the private sector. Dr. Philip Lee, assistant secretary of the Department of Health, Education, and Welfare for health and scientific affairs, was asked whether governmental funds would go primarily "No. It would be prito clinics. marily through the private sector," "I think it is very imhe said. portant both in medicine and in dentistry that the provision of services is a responsibility of the private sector. The payment of the services for some people, particularly those with low incomes, has become a responsibility of both local government and state government, plus, increasingly, the federal government, so that in terms of provision of services I think that more of this should be in the private sector and we have to find ways to make it more and more possible."

Dr. Lee also said that "we would anticipate that the responsibility for the administration of the program would be in the dental division of the Bureau of Health Manpower" of the U.S. Public Health Service. A bill is now before Congress to establish a series of pilot projects to provide dental care for underprivileged children. Dr. F. Darl Ostrander, ADA president-elect, testified before the House Ways and Means Committee on March 13 in support of Section 302, Title III of H.R. 5710, an amendment to Title V of the Social Security Act.

The proposed amendment would authorize ten pilot projects in areas of acute poverty. Approximately 100,000 school-age children would be covered, and first-year costs would be about \$5 million.

Dr. Lee pointed out that the proposed program would limit free dental care "to the indigent boys and girls." In addition, studies will be undertaken to determine the feasibility of voluntary prepayment coverage for non-indigent chil-"Thus a prodren in the community. gram designed specifically to aid the economically deprived will also provide improved service for the children in more fortunate circumstances." He praised the dental profession for developing the children's program and for its excellent relationship with government, which is "one of the most active, most productive and most respected among the health professions."

Auxiliary Expansion

Describing the impact of such programs as prepayment and children's care upon dentistry, Dr. William E. Brown of the University of Michigan said that "even the cautious dentist

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Talking informally prior to the opening of the 18th National Dental Health Conference are from left: Dr. Harold Hillen-brand, ADA secretary; Dr. Philip Lee, assistant secretary for health and scientific affairs of the Department of Health, Education, and Welfare, who gave the keynote address: Dr. Edward B. Gernert, chairman of the ADA Council on Dental Health, and Hal M. Christensen, director of the ADA Washington Office.



must surely recognize the tremendous potential of increased demand for his services." He suggested that "it is time the profession determine, unemotionally, which nonprofessional technical duties can and should be preformed by auxiliaries, exert influence to change the laws, and then see to it that auxiliaries are trained in adequate numbers to do the job. The result will be more quality care for more people."

He pointed out that the dental hygienist must "devote most of her efforts to prevention, or the profes-sion will step rearward." He added that "the dental hygienist should become the technical director and coordinator of the office's preventive program. While the dentist will prescribe the preventive program for each patient, the hygienist will be responsible for its implementation." Dr. Brown also suggested expanding the duties of dental assistants. "In my opinion, the duties of dental assistants can and should be increased -- and increased first in the area of operative dentistry where the average dentist spends most of his time and where the assistant can most effectively save him time and can maintain high quality consistently." He emphasized that decisions on expanding duties of auxiliaries must "be made at the state level" and they must be made quickly because "the profession is beginning to run out of time."

Dental Prepayment

Mr. Bernard B. Berkov of Western Benefit Plan Consultants, Inc. in San

Francisco, described labor's role in prepaid care programs. He stressed that "labor wants comprehensive dental care for all of the members of the family -- care of a high quality at a reasonable cost," and he added that labor "is much opposed to plans which contain deductible features." Labor believes that "the use of deductibles discourages early care." Coinsurance is also opposed by labor, Mr. Berkov said. There will be "increasing attention" paid to dental prepayment by labor, he predicted.

Both Dr. R. Neil Smithwick, chairman of the California Dental Association's Council on Dental Care, and Mr. Christie D. Harding, assistant director of the Health Insurance Council, pointed out the need for effective review committees of dentists to counsel insurance companies in developing programs of prepaid dental care. Dr. Smith-"As we have met with repwick said: resentatives of the insurance industry, we have frequently been surprised at the lack of background information many carriers have before launching a program." Mr. Harding provided a definition of a review committee as "a medium of education and advice to insurance companies and dentists in cases involving questions of treatment and dental charges" under prepayment contracts. He said "the practical objective of a dental review committee is to establish a forum whereby representatives of the dental profession and the health insurance business

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ADA HOUSING BUREAU OPENS FOR 108TH ANNUAL SESSION IN WASHINGTON

More than 23,000 dentists and representatives of allied health groups are expected to attend the 108th annual session of the ADA in Washington, D.C., Oct. 29 to Nov. 2. Housing registration applications are available in

All housing apthe ADA Journal. plications will be processed through the ADA Housing Bureau, 1616 K Street, N.W., Washington, D.C., 20006. The ADA Housing Bureau is an agency established to process applications for hotel accommodations in the order the requests are received. Block reservations cannot be accepted by the Bureau. Following processing by the Housing Bureau, reservations will be confirmed directly to the applicants by hotels and motels. ADA headquarters will be located in the Washington Hilton Hotel.

The scientific session of the ADA session will be held Oct. 29 to Nov. 1 in the Sheraton-Park Hotel. Approximately 700 dental practitioners, educators, and scientists will participate. Among highlights of the scientific session will be a closed-circuit color television program originating from Walter Reed Army Hospital and a panel on the ADA Dental Health Program for Chil-Dentists interested in predren. senting scientific exhibits or motion pictures are requested to write for an official form to the ADA Council on Scientific Session, 211 E. Chicago Ave., Chicago, 60611. In making application for participation in the scientific session, the exact type of exhibit or presentation must be specified. Ιt will be permissible for an individual to participate in more than one area of the scientific program but it will not be permissible to give two presentations of the same type, such as two clinical lectures. The preliminary program of the scientific session will be published in the August 1967 issue of the ADA Journal.

Dr. Timothy Ryan Dies

Dr. Timothy Ryan of Waukesha, Wis., died April 26 at the age of 45. Dr. Ryan served as president of the Wisconsin State Dental Society in 1964-65 and prior to that was chairman of the WSDS Council on Dental Health. He served on the ADA Council of International Relations from 1960-66 being its vice chairman from 1963-66.

Urges "Hot Line" Between Specialties

Dr. T.M. Graber of Chicago, an orthodontist, has called for a "hot line" between the oral surgeon and the orthodontist to improve professional service to the patient. He said that excellent teamwork had been developed in the past twenty years between medical and dental specialties working on cleft palate cases. Writing in the May issue of the Journal of Oral Surgery, he said: "In the late 1940s, my doctoral thesis dealt with surgical failures and facial deformities in patients with congenital malformations produced and aggravated by inept or inadequate surgical assistance. It would be Mard to compile a similar group of facial cripples today. Yet it seems that, although we have made great progress in cleft palate care, there are other services that could profit equally well from a team effort and raise the level of professional service to the patient."

Dr. Graber, who is in the University of Michigan department of orthodontics, said that team effort too often is only lip service and not "The liaison bepatient service. tween the various specialties in dentistry and medicine is most tenuous at times; communication is often a problem. Seldom does our specialty literature show cross-fertilization of ideas. Few oral surgeons read the orthodontics journals; few orthodontists are aware of what surgery has to offer, and still fewer read the oral surgery journals," he said.

"We must seek each other's judgement in problems of resections, temporomandibular joint disturbances, impactions, cysts and supernumerary teeth, congenital absense of teeth, and extraction of pre-molars." He added: "Modern diagnostic tools make decisions easier, but there is no substitute for knowledge and clinical experience. We ought to establish a 'hot line' between oral surgeons and orthodontists."

ADA, NACDL Meet In Chicago

Representatives of the ADA and the National Association of Certified Dental Laboratories met on April 15, in the ADA's Headquarters Building in Chicago, to discuss issues of mutual concern. The agenda included: Recognition programs for dental laboratories and dental laboratory technicians; licensure of dental laboratories and dental laboratory technicians, and strengthening the industry's trade association. As a result of this meeting, future meetings are being arranged to discuss recognition of dental laboratories and education and recognition of technicians and the licensure questions. A joint report on this meeting is being prepared for appropriate distribution. Among the participants at this meeting were ADA pres. William A. Garrett, and NACDL pres. Robert W. Rivard.

Gov. Reagan Opposes Fluoridation Law

Governor Ronald Reagan in a press conference held April 18 indicated that he would oppose a bill to make fluoridation mandatory in California. Gov. Reagan, in answer to a reporter's question, said he believed the decision should be left to the local community, and added: "My only view on the whole business is I don't understand the sound and fury on both sides. It's available in any drug store in a number of different ways."

... Dr. Lee

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may, through free communication, reconcile questions of procedures and treatment and dental pricing practices with the reasonable and usual or customary fee arrangement under comprehensive dental plans."

Mr. Burton E. Burton of Aetna Life & Casulty Co., predicted that "there will be more than 20,000,000 persons insured for dental benefits by 1970." The Dental Health Conference drew approximately 350 persons including state dental directors, state and local society officials, dental educators and dental practitioners.

AFDE Month Campaign Goal \$100,000

A \$100,000 goal has been announced for AFDE Month, the mammoth campaign held every May by the American Fund for Dental Education. Over 100,000 appeal letters were mailed out in late April to dentists, hygienists, and assistants in every state and Puerto Rico. Dr. Gerald D. Timmons, Scottsdale, Ariz., chairman of the national campaign for the third year, said that dentists made an average contribution of \$9.43 last year. "I'd like to see that go well over \$10 in 1967," he said. "I know it can be done," he added, "because many dentists sent in \$15 and \$25 contributions." Over 200 dentists, he said, sent in contributions of \$100 or more. "Again this year we count on each dentist to continue making his annual gift to the Fund, large or small. Let's not have any 'dropouts' in this effort to assist our dental schools to maintain and improve the excellence of their teaching programs." The AFDE broke all its records in 1966. Contributions to \$454,031, a 29 per cent increase over 1965. The number of contributions moved from 5,455 to 10,002, an 83 per cent increase.

This is the fifth year for the massive AFDE Month campaign. Mrs. Wilma Motley, Northridge, Calif., will lead the hygienists' campaign Mrs. Motley is during AFDE Month. president of the American Dental Hygienists' Association. Mrs. Edna Johnson, New Orleans, will lead the dental assistants campaign. She is scholarship chairman of the American Dental Assistants Association. A11 contributions received from hygienists and assistants are turned back to their national organizations to create one-year scholarships. "I would like to encourage every dentist to contribute at least \$10 this year," Dr. Timmons said. "The \$10 contributions do add up but I think we can all agree that the average contribution for a member of our profession in terms of our income should be at least \$25. Let's demonstrate that the profession is solidly in back of the Fund's effort to 'Keep Dentistry Moving Up,'" he added.