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ADA NEWS

JANUARY 23, 2006

VOLUME 37 NO. 2

Dental rise

Spending up 6.1 percent in 2004 to \$81.5 billion

BY CRAIG PALMER

Washington—Dental spending increased to \$81.5 billion in 2004 but at a pace below the growth rate for all health care spending, government actuaries said in an annual report on spending trends.

"The share of health expenditures devoted to dentistry remains steady at just above 4 percent," notes Dr. Albert Guay, ADA chief policy advisor, "even though the total amount of money spent on dentistry has passed the \$81 billion mark."

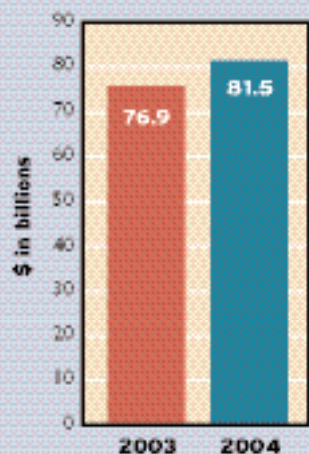
"Dentistry continues to do a good job in holding costs down, as dental spending increased almost 2 percent less than general health care spending. Interestingly, despite all the clamor, governmental spending for dental care accounted for only 6 percent of expenditures for dental care."

Total U.S. health care spending grew more slowly in 2004 than in the previous three years, increasing by 7.9 percent over the previous year compared

See SPENDING, page five

Spending

Dental spending grew 6.1 percent in 2004, with \$76.7 billion coming from private funds.



Source: U.S. Centers for Medicare & Medicaid Services, Office of the Actuary; National Health Statistics Group; and U.S. Department of Commerce, Bureau of Economic Analysis and Bureau of the Census.



Photo by Anna Ng Delort

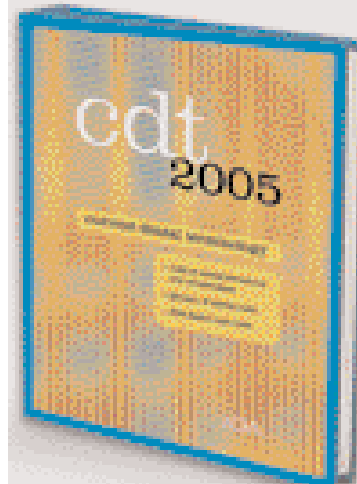
Gearing up: Dr. Thomas Sokoly, a member of the District of Columbia Dental Society, pauses with 5-year-old Malique Nelson-Hines Jan. 12 in preparation for Give Kids A Smile. Details, page four.

BRIEFS

CDT refresher:

Because the Code on Dental Procedures and Nomenclature is on a biennial revision cycle, the current code, as published in CDT-2005, is valid for services rendered through December 2006.

New versions are effective on Jan. 1 of odd-numbered



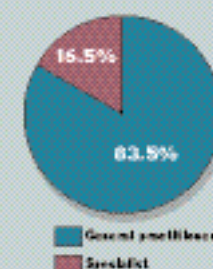
years, which means the next version of the Code will be effective Jan. 1, 2007.

CDT-2005 is available as a spiral bound book or in a binder—with or without a CD-ROM. Also available are an e-book version and a quick reference guide. All versions are available from the Department of Salable Materials. To order, call 1-800-947-4746 or go online at "www.adacatalog.org". ■

JUST THE FACTS

Specialties

Responding dentists in private practice by specialty, 2004.



Source: ADA Survey Center "survey@ada.org", Ext. 2568

Talks on national licensure examination move forward



At the table: Dr. Lorin Peterson, WREB president (left), and Dr. David Narramore, SRTA president-elect, participate in the November 2005 meeting.

BY KAREN FOX

A November 2005 meeting that gathered members of the examining and education community with ADA leadership was marked as another step forward with dialogue aimed ultimately at creation of one uniform clinical licensure examination.

"It was generally agreed that the November meeting was helpful and worthwhile and provided opportunities for needed dialogue on licensure issues," said ADA President Bob Brandjord.

There are now three exams that are being offered to individual states and regional testing agencies—the American Board of Dental Examiners (ADEX), Western Regional Examining Board and the Southern Regional Testing Agency—in addition to the independent states that conduct their own exams.

What the majority of the profession has agreed upon is that one uniform clinical licensure exam is the goal, said Dr. Brandjord, and the ADA will continue discussions among the communities of interest with an eye toward that goal.

"I'm pleased with the progress that's taken place," said Dr. Richard Haught, the ADA immediate past

See EXAM, page 13

Alabama Dental Association sues state Blue Cross

BY ARLENE FURLONG

Montgomery, Ala.—Lawyers representing the Alabama Dental Association say they aim to keep a lawsuit filed against Blue Cross and Blue Shield of Alabama out of federal court.

In its Nov. 22, 2005, filing, the dental association alleges

See ALABAMA, page five

New and improved JADA Online

BY JOE HOYLE

The best-read journal in dentistry is never more than a few mouse-clicks away. Just visit the new and improved online edition of The Journal of the American Dental Association at "http://jada.ada.org".

The JADA Online archive includes the full text of every issue of the journal dating back through 1995 along with a mix of abstracts and tables of contents dating back to 1966. Developed in partnership with Stanford University's High-



Wire Press, the new JADA portal offers streamlined access to full text articles, the ability to configure hyperlinks and bookmarks that go directly to individual article abstracts, and hyperlinked references to PubMed.

The HighWire-powered JADA Online search engine uses some of the most sophisticated technology available on the Internet. Queries can be built based on article citation, authors, title, abstract, keywords, publication date or any combi-

nation of these parameters.

Searches can be limited to just articles published in JADA or to any number of the 915 other journals hosted by HighWire, including such titles as the Journal of the American Medical Association, New England Journal of Medicine, British Medical Journal and Journal of Dental Research.

An e-mail alert service is available to any JADA reader who supplies his or her e-mail address and can provide notice when a new issue of JADA is posted, the full table of contents of the issue and other special announcements about JADA. To learn more about this service, visit "http://jada.ada.org/subscriptions/etcoc.dtl". ■

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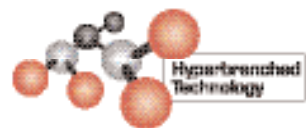
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1. Sakurano H, et al. Hyperbranched Polymer Effect on Dental Composite Properties. Lian J, et al. Dental Research. 84, 10, 1905-1910, 2005.
2. Independent laboratory study from Creighton University, date on file. Dental Research 81(1), 2002.



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Class of 2006

ADA Institute for Diversity in Leadership seeks applicants

BY KAREN FOX

The Association is now extending a call for applications to participate in the 2006 ADA Institute for Diversity in Leadership.

The Institute is a three-part program designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles.

Each class will participate in leadership training sessions led by faculty from the Kellogg School of Management at Northwestern University, one of the nation's top-ranked business schools.



On industry: Dr. Sancerie O'Rourke-Allen (left) listens to Mike Sudzina of Procter & Gamble during the Dec. 12, 2005, Institute meeting.

Participants also complete a self-selected personal leadership project that provides hands-on experience at identifying and taking action on a civic or professional issue.

The first two class sessions take place at ADA Headquarters Sept. 7-8 and Dec. 11-12. The third session is Sept. 6-7, 2007.

There is no tuition for the Institute, and dentists chosen to participate will receive a stipend to offset travel and related expenses. Those interested should contact the ADA at Ext. 4699 or "starsiaks@ada.org" to be added to a mailing list for application materials.

Or visit ADA.org (click on "Events and Meetings") to download the brochure and application.

The ADA Institute for Diversity in Leadership is made possible by the ADA Foundation through generous corporate contributions

from Colgate-Palmolive, GlaxoSmithKline, Procter & Gamble and Sullivan-Schein. ■

Diversity forum: Dr. Marsha Butler (left), Colgate-Palmolive, looks on as Institute member Dr. Amar Kosaraju speaks during the Dec. 12 Institute roundtable with corporate sponsors.



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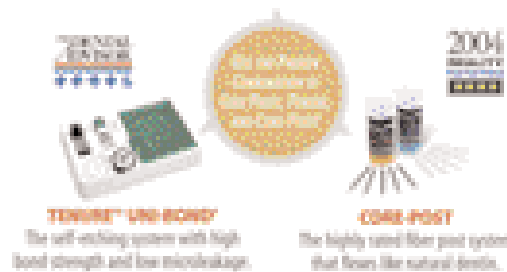
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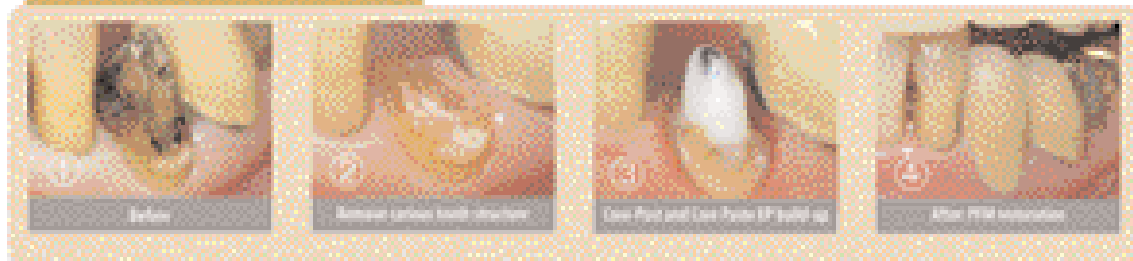
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Dr. Sidney Epstein, dentist, researcher and educator, dies

San Francisco—Dr. Sidney Epstein, a practicing dentist, researcher and educator during a career that spanned a half-century, died here Oct. 19, 2005. He was 91.

Dr. Epstein was a founder of Special Care Dentistry, a past president of the American Society of Geriatric Dentistry and the first editor of SCD's journal, Special Care in Dentistry.

According to an obituary in the Jewish News Weekly, he served from 1971-77 as president of the board of directors of Homewood Terrace, a home for Jewish orphans. He oversaw it in the year that it closed and merged with Jewish Family Services to become Jewish Family and Children's Services. ■

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There's still time to volunteer

Some 3,000 dental patients expected at New Orleans MOM

New Orleans—Plans for the weeklong Mission of Mercy clinic in hurricane-devastated New Orleans are beginning to gel as the Feb. 6-12 event nears.

Medical and dental services will be provided at the New Orleans Audubon Zoo.

The dental clinic will include 50 chairs, treating an expected 3,000 or more patients with free dental services from fillings and extractions to cleanings. Patients—including Medicaid enrollees, uninsured, underinsured and temporary residents helping rebuild New Orleans—will be seen on a first-come, first-served basis between 7 a.m. and 5 p.m. Feb. 6-11 and 7-11 a.m. Feb. 12.

Louisiana State University School of Dentistry students and residents will also be participating in the MOM.

"We're excited about being a partner in this mission," says Dr. Eric J. Hovland, dental school dean.

Since the aftermath of Katrina forced the dental school to take up temporary residence in Baton Rouge, the dental school has staffed a six-chair clinic, providing dental care to some 50-60 patients a day at New Orleans' Morial Convention Center within the "tent city" medical clinic.

"The clinic at the convention center has been pleased with our presence since we see between 20 and 25 percent of the patients that visit the New Orleans clinic now," says Dean Hovland. "Dentistry has played an active part in the clinic and will play an active part in the Mission of Mercy clinic."

It's not too late to volunteer for one, two or all



Ready for MOM: This building at New Orleans' Audubon Zoo, within earshot of resident monkey chatter, will house the Mission of Mercy dental clinic Feb. 6-12.

of the MOM clinic days, says Dr. Terry Dickinson, executive director of the Virginia Dental Association and representative of the Virginia

Dental Health Foundation, partnering organizations for the dental portion of the clinic.

"We expect more than 200 dental profession-

als from at least 20 states to travel to New Orleans to join volunteers from the Louisiana Dental Association to staff the clinic."

Clinic organizers believe the MOM clinic could be the largest medical and dental health fair in history, treating up to 6,000 patients.

Partners for the dental clinic include the ADA Foundation, which provided a \$50,000 grant to help support the clinic; the Louisiana State University School of Dentistry, the New Orleans Dental Society, the Louisiana Dental Association, the New Orleans City Department of Health, the Louisiana Department of Health, the Kansas Dental Association, the Virginia Dental Health Foundation and the Open Door Dental Clinic of Alamance County (North Carolina).

For more information, contact the Virginia Dental Association by calling 1-804-261-1610 or by e-mailing Dr. Dickinson ("dickinson@vadental.org") or Barbara Rollins ("rollins@vadental.org").

Volunteers can register online at "www.vadental.org" and must send a copy of their valid board of dentistry license to participate. ■



Photos by Anna Ng Delort

Share GKAS photos with ADA News

For those planning local Give Kids A Smile events, remember to send photos to the ADA News.

Give Kids A Smile is Feb. 3.

More than 1,800 programs are slated to take place.

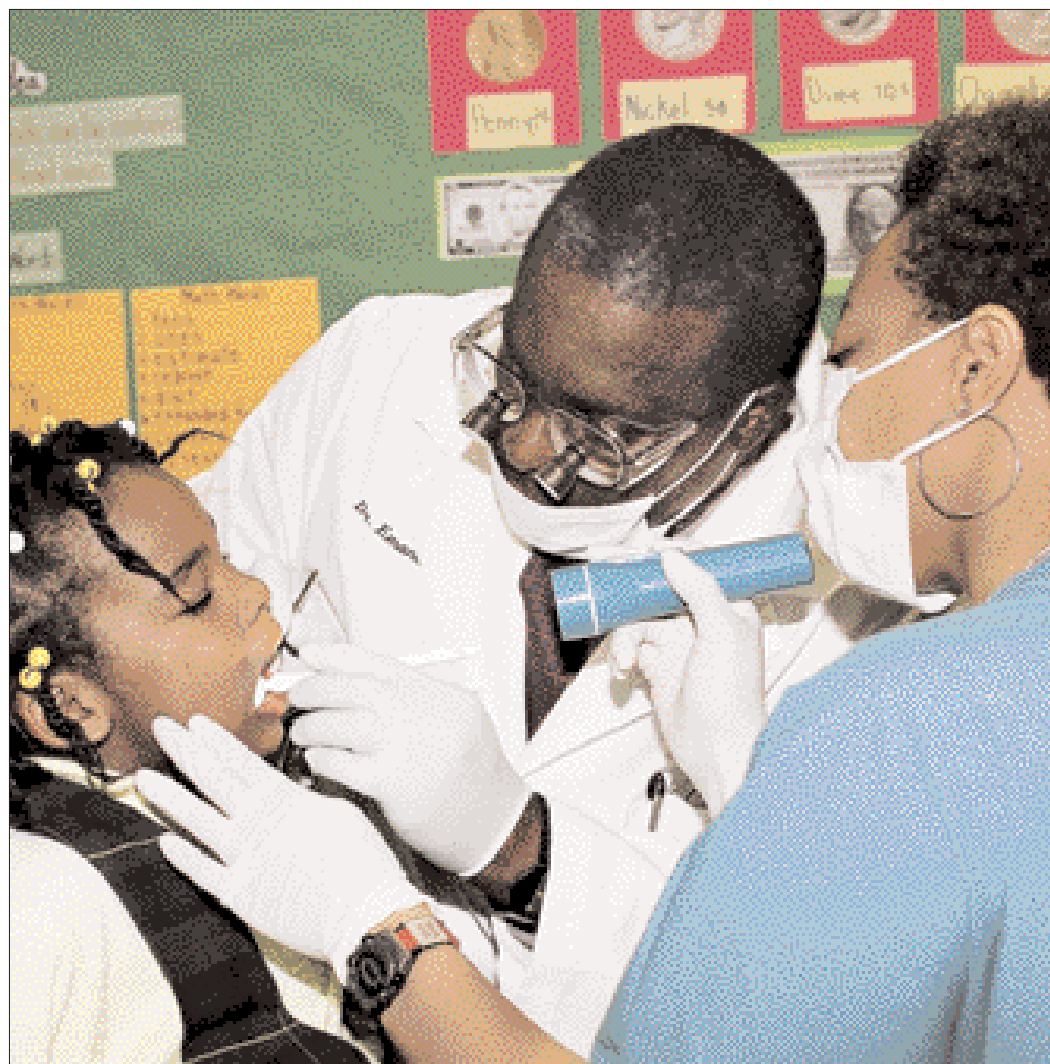
Remember also to register your program online by Feb. 3, and update the results after your GKAS event. The statistics on events are



vital to communicating year-round access issues to legislators and others.

Please note: when "value of care" is requested on the Web site, that figure refers to the dollar value of care donated on Feb. 3 had it been billable treatment.

Contact the ADA News at "adanews@ada.org" if you have questions about e-mailing digital photographs. ■



GKAS preparation: Members of the District of Columbia Dental Society, Howard University College of Dentistry students and faculty, Washington D.C. Department of Health representatives and students from Raymond Elementary School, above left, gather for a photo during a pre-GKAS screening Jan. 12. Above, Dr. Emanuel Finn, dental director for the D.C. Department of Health, and Jerri Hines, a senior dental student from Howard University, examine 4-year-old Jashae Jackson at the dental school. An estimated 400 children will receive free dental services, including education, treatment and follow-up care during a GKAS celebration set for Feb. 10.

Law

ADA legal actions on insurers listed

The ADA Division of Legal Affairs provides the following update on the Association's legal actions regarding third-party payers:

- **ADA, et al. v. Aetna, Inc.**, filed on Aug. 15, 2001 in the U.S. District Court for the Northern District of Illinois. The case was subsequently transferred to the U.S. District Court for the Southern District of Florida. The parties entered into a settlement agreement on Aug. 15, 2003, which was approved by the court in 2004. The settlement agreement remains unparalleled in the insurance industry. Among other things, the agreement mandates that Aetna can no longer automatically downcode and bundle claims, as well as compels Aetna to promptly pay dentists for claims submitted.

- **ADA, et al. v. WellPoint Health Networks Inc. and Blue Cross of California**, filed on March 6, 2002 in the U.S. District Court for the Northern District of Illinois. The case was subsequently transferred to the U.S. District Court for the Southern District of Florida, where it remains pending. The complaint alleged that the defendants, among other things, paid less than usual, customary and reasonable fees (UCR), without appropriate data, as well as falsely represented that dentists' charges were excessive and unreasonable.

- **ADA, et al. v. Cigna and MetLife**, filed on May 19, 2003, in the U.S. District Court for the Southern District of Florida, where it remains pending. The complaint alleged that the defendants, among other things, engaged in downcoding and bundling abuses, as well as intentionally delayed payments to dentists. Several of the causes of action arose under the Racketeer Influenced and Corrupt Organizations Act, a federal statute which authorizes the plaintiffs to seek treble damages against the defendants. ■

Spending

Continued from page one

with the 6.1 percent increase in total dental expenditures for the same period, the report said. Government actuaries separately projected that dental spending would exceed \$84 billion in 2005 as reported in the March 7, 2005, ADA News.

Health spending data has not been reported for 2005 but the government expects new spending estimates soon. Patients paying out-of-pocket and private insurance covered more than 94 percent of the nation's dental bill, or \$76.7 billion, with public funds, mostly federal and state Medicaid, covering the rest in 2004. Private payers played a greater role than public payers in slowing the rate of health care spending overall, the report said.

Private payments break down to \$36.1 billion out-of-pocket for dental services and \$40.5 billion from private health insurance. Total public expenditure of \$4.9 billion includes \$4.2 billion in federal and state Medicaid spending. The \$81.5 billion represents 4.3 percent of the aggregate \$1.9 trillion health care expenditure. The report issued annually by the Centers for Medicare & Medicaid Services' Office of the Actuary ("www.cms.hhs.gov") appeared in the January/February issue of Health Affairs. "While the growth rate is declining, the cost of health care continues to be a concern for government, business, individuals and families," said Secretary Mike Leavitt of the Department of Health and Human Services, CMS parent agency. ■

Alabama

Continued from page one

efforts by the insurance company to defraud some 1,600 Alabama dentists out of earned reimbursements by delaying and reducing payments. Altering dental codes, refusing to pay for two of the same dental procedures when submitted together and not reimbursing within 30 days, as required by Alabama law, are among the association's allegations. BCBS' lawyers Dec. 28 filed a notice requesting the suit be moved out of state court, saying it lacked subject matter jurisdiction.

The 15-page complaint includes allegations that BCBS denies payments based on cost cri-

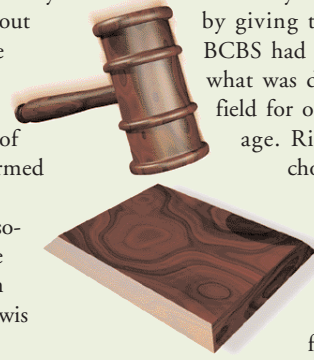
teria rather than medical necessity; denies or diminishes the payment of claims by downcoding—arbitrarily, and without prior notice, changing the code assigned to a particular service to a less expensive code, and bundling—combining the codes of two or more appropriately performed and billed procedures into one.

Joining the Alabama Dental Association as plaintiffs in the suit are two American Dental Association member dentists—Drs. George Lewis Mitchell Jr. and James Sanderson.

"Dentists have complained for years about BCBS' reimbursement practices," said Wayne McMahan, executive director of the Alabama

Dental Association. "If we prevail, it will ultimately benefit the citizens of Alabama by giving them a choice of insurers. If BCBS had to pay timely and had to pay what was due it would level the playing field for other insurers to provide coverage. Right now patients have little choice."

Some 85 percent of Alabama companies with 500 or more employees contract with the insurer for dental benefits and 70 percent of Alabama's general dentists participate in the BCBS Preferred Dentist program, according to Mr. McMahan. ■



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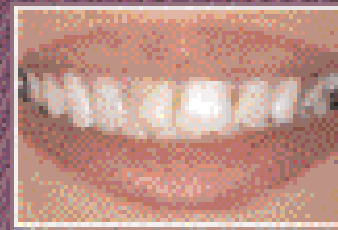
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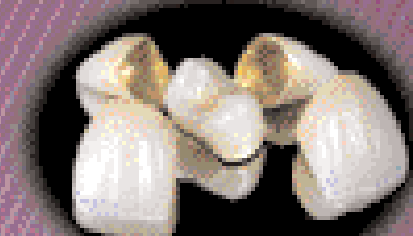
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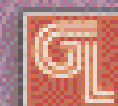


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Health&Science

ADA seeks review of oral infection, pregnancy outcomes

BY JENNIFER GARVIN

When the Agency for Healthcare Research and Quality announced last September it was seeking nominations for its next round of systematic reviews, the ADA decided to approach other dental and medical organizations that might be interested in co-submitting the topic of the relationship between oral infections and adverse pregnancy outcomes.

As a result, the ADA collaborated with four organizations for the submission: the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Pediatric Dentistry and the American Academy of Periodontology.

If selected as a topic, the AHRQ will conduct a systematic review of the scientific literature to answer the three clinical ques-

tions that were submitted:

- Are maternal oral infections, including periodontal disease, associated with an increased risk of preterm delivery, pre-eclampsia and/or low birth weight?
- Does preventive dental care before and during pregnancy decrease the risk of preterm delivery, pre-eclampsia or low birth weight?
- Does periodontal therapy for pregnant

women with periodontal disease decrease the incidence of preterm delivery, pre-eclampsia or low birth-weight infants?

The answers to these questions will enable the ADA, in collaboration with the other organizations, to develop evidence-based clinical recommendations on the treatment of pregnant women with periodontal disease.

"This is an important topic for both dentistry and medicine, and there are many unanswered questions," said Dr. Dan Meyer, associate executive director, ADA Division of Science. "It is significant that five associations joined in the submission, and that both dental and medical associations collaborated in this effort."

"Premature, low weight births are a significant problem in the United

States and, according to the March of Dimes, almost half of these births are not associated with any known risk factors," said Dr. Kenneth Krebs, president of the American Academy of Periodontology. "The Academy hopes that the review will help us understand the role of periodontal infection/inflammation in these adverse pregnancy outcomes."

"The publication of research on the relationship between periodontal infection/inflammation and adverse pregnancy outcomes has increased in recent years and definitive multicenter intervention trials are now under way," he continued. "Yet, it is difficult for practitioners to track and evaluate the emerging research. An AHRQ review will help answer important questions for dentists, physicians and patients."

The AHRQ's overall mission is to improve the quality, safety, efficiency and effectiveness of health care for all Americans. A joint letter from the ADA and its collaborators, sent to Kenneth Fink, M.D., director, Evidence-Based Practice, AHRQ's Center for Outcomes and Evidence, said that if the topic is selected, a systematic review "could yield a clinically significant improvement in the quality of dental care for AHRQ priority populations (low-income individuals, minority groups, women, children, individuals with special health care needs and so on).

"Ultimately, we hope to identify the best available scientific evidence on the potential relationship between maternal periodontal disease and adverse pregnancy outcomes that our respective associations will share with the health care community, to enhance the overall health of the American public," the letter stated.

"Obviously pre-term labor is one of the primary concerns of our obstetricians," said Nancy

See REVIEW, page seven

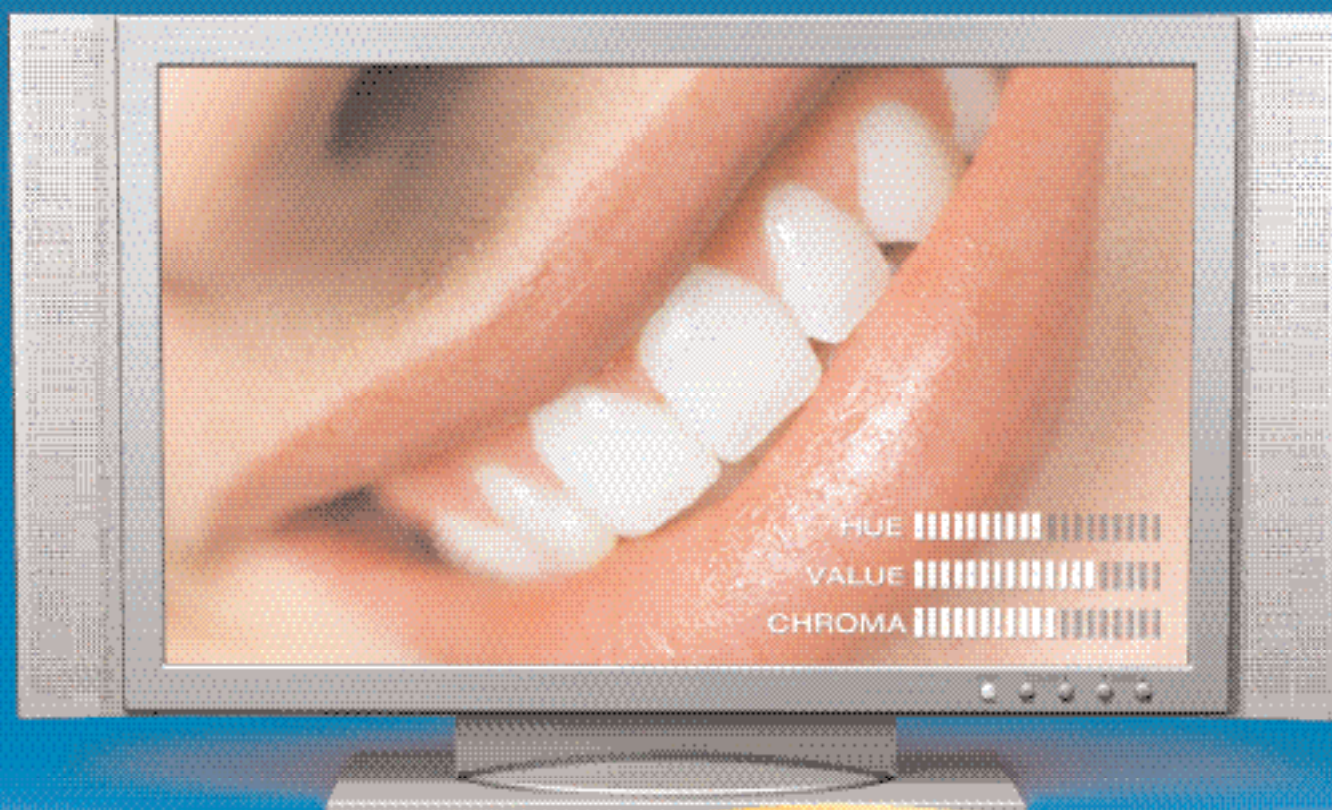


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FDA approves Decapinol as treatment for gingivitis

BY JENNIFER GARVIN

The Food and Drug Administration has approved the oral mouthrinse Decapinol as a device that reduces gingivitis.

This is the first mouthrinse that the FDA has classified as a device for the treatment of gingivitis, said Dr. Susan Runner, branch chief of the FDA's dental devices. Decapinol, a prescription used twice daily after brushing and flossing, works by reducing the formation of plaque associated with gingivitis by forming a barrier that interferes with bacterial attachment to tooth surfaces, according to the FDA's Web site.

The decision to classify Decapinol as a device and not a drug stems from its ability to help prevent and reduce gingivitis and periodontitis by forming a physical barrier. Other rinses that help prevent and reduce gingivitis are classified as drugs because they work by killing the plaque bacteria or interfering with bacterial metabolism.

"It was a conscious decision to make it a device rather than a drug," Dr. Runner said, "because (the rinse) is not metabolized nor does it act by chemical means. It's just a physical barrier to prevent adherence of bacteria to teeth."

"The FDA action in classifying Decapinol as a device is interesting," said Clifford Whall, Ph.D., director, Acceptance Program, Council on Scientific Affairs.

"In a sense, this type of product is similar to toothbrushes and floss because they also reduce gingivitis through mechanical means," said Dr. Whall. "The actual mechanisms are different—toothbrushes and floss help physically remove plaque, whereas Decapinol purportedly helps prevent it from adhering in the first place. The ADA believes that brushing twice a day and flossing once a day, if done properly, can usually maintain good gingival health, and that products like this should not replace brushing and flossing." ■

Review

Continued from page six

O'Reilly, manager of practice bulletins for ACOG. "It's a great chance to identify something that is potentially manageable. It's a great chance for everyone to get on the same page and that makes it extra important."

"I think collectively, bringing together all this expertise is wonderful," said Dr. John Rutkauskas, AAPD executive director. "From our perspective we are always working to collaborate with other organizations. I think it can only promote the issue."

Added Dr. Huw Thomas, a member of the American Academy of Pediatrics' executive committee and section on pediatric dentistry, "Obviously, we're interested in the oral health, health and well-being of children. We were very happy to endorse this."

Members who have questions about the submission can call Julie Frantsve-Hawley, Ph.D., at the toll-free number, Ext. 2519. AHRQ's Web site can be found at "www.ahrq.gov/". ■

S. mutans may survive unaided

Bacteria adapts, lives in mouth without SRP pathway

BY JENNIFER GARVIN

Scientists have discovered that the signal recognition particle (SRP) pathway, involved in the folding and delivery of proteins to cell membranes and thought to be essential for all living cells, may not be necessary for *Streptococcus mutans* to survive in the mouth, according to an article in the December 2005 issue of Proceedings of the National Academy of Sciences.

Curious about how the organism was able to survive on its own acid, a team of University of Florida researchers "tinkered with systematically

turning off several genes, individually and in combination, to see how the bacteria responded," the article reported.

"We found *S. mutans* can survive, with normal growth, without the SRP pathway," said Adnan Hasona, Ph.D., a research assistant professor of oral biology and the study's lead author.

S. mutans that lacked the SRP pathway were able to adapt and survive gradual increases in acid resulting from their own metabolism, suggesting a backup pathway was in place. But the bacteria had trouble surviving when there was a

sudden drop in pH, indicating that this pathway may be required for the bacteria to respond rapidly to environmental stress, but is not necessary during nonstress conditions. The researchers also identified a molecule essential for protein folding and delivery in the absence of the SRP pathway, YidC2.

The researchers concluded that two other molecules, YidC1 and YidC2, might be acting as alternate routes for protein delivery in the absence of the SRP pathway. They tested their

See S. MUTANS, page nine

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DentalPractice

Managing managed care

BY DR. PHILIP R. BARBELL

Another invitation to join a managed care or provider network has just been placed on your desk. You have never participated in a contractual program and now think it might be the time to consider this option for your practice. How do you approach this task that could have major implications on the way your practice runs on a day-to-day basis?

The first step, of course, is to read the information enclosed with the invitation and do a little research on the program. The Internet is a great place to start and then talk to any colleagues who may be participating in the program.

If, after this initial investigation, you are still interested, the next step is to analyze the agreement. The ADA's Contract Analysis Service is the next place to go before continuing in your decision making process. To obtain a free, informational review of an unsigned provider agreement from the Contract Analysis Service, submit the agreement to your state dental association.

After receiving the analysis from the ADA, consider consulting your own attorney for legal advice regarding any questions or concerns you may have about the contract. Be sure that your attorney is knowledgeable in the area of health

PracticeManagement

care contracts or refers you to such an attorney.

Assuming that your attorney has given his or her opinion and you have resolved in your mind any outstanding legal or contractual concerns, it is time to see how this program will fit into your daily office operations. Before signing the agreement, you must be fairly confident that the program will fit into your practice at all levels.

Carefully examine and understand the reimbursement mechanism used by the managed care organization. The reimbursement amount is not the only consideration. Does your office accounting system accommodate various fee methods such as capitation, no fee or free procedures, limited fee schedules and copayments or a combination of methods? If not, and the contract would require you to accept reimbursement in a form that would not be accommodated by your accounting system, you must decide if the cost of changes to your accounting system is acceptable. You may want to consult with your accountant to determine if there are any tax or accounting consequences. Do not forget to consider the ratio



Dr. Barbell: "If you take your time and do all of your homework, you will be able to make a well-informed decision."

of managed care to nonmanaged care patients that you are willing or able to accept.

Determine the demographics of the group or groups covered under the managed care programs. You must find out if the ages of the group are appropriate for your practice. The age mix may be such that it will require adjustments to your schedule. For instance, if there are a large number of school-age children in these groups, will it affect your after-school hours appointment schedule? The same analysis must be made of the size of the group and the percentage of the group that you can expect to seek appointments. Can your practice absorb the projected number of patient visits without affecting your current patients? If not, are you willing and able to expand your practice facilities to accommodate the additional patient load? Remember that some provider agreements require that their members be seen within a certain time after an initial call for an examination.

A close examination of the potential future financial implications to the practice's physical operation must be made. Agreements can contain clauses that mean a provider can't refuse patients from new employee groups who may be covered under the plan after the dentist signs the contract.

In this case you have to be prepared to expand your physical operations to accommodate the potential extra patient load. This is in addition to the effects of such increases on the mix of managed and nonmanaged care patients in your practice. Closely related to this issue is the start-up effect of a large group of new patients entering your practice in a very short span of time. This can mean the hiring of additional dentists, hygienists, assistants and clerical staff.

Besides the financial implications that require consideration, the implications on the everyday operations of your practice must be investigated. Your staff must be trained in the basic mechanics of the new plans(s) and must be willing to accept certain changes. There may have to be changes in financial arrangements, laboratory arrangements, office hours, computer software, specialty referral protocols and recall systems. An office staff meeting to discuss the potential effects of the new agreement is critical to make this transition successful.

Some of these managed care plans may attempt to "sell" their plan by saying that for every member in the plan you will get "x" number of fee-for-service patient referrals. You may want to ask the company to give you names of other dentists under contract with the plan who have had this experience and could provide you with additional information. If this happens to you, are you prepared to accept these new patients into your practice? Remember that friends and relatives will talk to the referee and the referred patient may want the same financial arrangement as the person who referred them.

If you take your time and do all of your homework, you will be able to make a well-informed decision. If you decide to implement managed care into your practice, it is imperative that you constantly review these same procedures and observations. In that way you will be able to manage managed care in your practice. ■

Dr. Philip R. Barbell was a practicing general dentist in New Jersey for 38 years. He is now Director of Dental Consulting/Risk Management for the Redwoods Group Inc. Dental Malpractice Insurance Program and serves on the board of The National Society of Dental Practitioners.

JCAHO seeks Codman Award nominations

Oak Brook Terrace, Ill.—The Joint Commission on Accreditation of Healthcare Organizations is accepting applications for the 10th annual Ernest Amory Codman Award.

The theme for the 2006 awards is "Advancing the Dream: A Century of Progress, A Decade of Recognition, Excellence for the Millennium."

The Codman award, bestowed in honor of the "father of outcomes measurement," recognizes excellence in the use of outcomes measurement by organizations and individuals to achieve improvements in the quality and safety of health care. Deadline for entries is Feb. 17.

More than 15,000 health care organizations and programs accredited or certified by the Joint Commission can submit one or more initiatives for consideration that reflect accomplishment of a significant performance improvement and demonstrate an organization-wide commitment and approach to data driven improvement.

For more information or an application, log on to "www.jcaho.org" or call 1-630-792-5800.

A list of 2005 winners and their accomplishments is also posted on the Joint Commission Web site. ■

January 2006

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Post-Op

6 months

Epiphany® Case of the Month

Epiphany case description and radiographs courtesy of Dr. Fabricio Teixeira, University of North Carolina, Chapel Hill

A 30-year-old female patient was referred for endodontic surgery on tooth #19 (36 European) due to a failed root canal with apical periodontitis. Clinically, the tooth presented as a retainer of a three unit fixed bridge. No caries were detected and the patient was sensitive to percussion and palpation. Radiographic examination showed radiolucency attached to the mesial root suggesting an acute exacerbation of a previous chronic apical periodontitis. The patient opted for conventional retreatment instead of surgery. The tooth was accessed and instrumented with a crown-down technique, and a 0.04 tapered apical third was achieved using ISO rotary file size #45 for the mesial canals and size #60 for the distal root. Irrigation was accomplished with 2% chlorhexidine gel and 17% EDTA. After 7 days of calcium hydroxide and 2% chlorhexidine paste as an intra-canal medicament, the canal preparations were refined and the final rinse was performed with EDTA followed by 2% chlorhexidine liquid. The canals were filled with Epiphany points and Epiphany sealer using a warm vertical condensation technique using the Elements™ Unit.

The patient remained asymptomatic throughout the follow-up period. The radiograph taken at the 6 month follow-up visit shows progressive and extensive healing of the apical periodontitis.

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NLM awards grant for dental informatics

BY ARLENE FURLONG

The National Library of Medicine last month awarded a \$280,000 grant to the Center for Dental Informatics at the University of Pittsburgh School of Dental Medicine for a project to develop and implement an online community for dental informatics researchers.

"This new initiative is important because it provides a cross-disciplinary, worldwide and open forum for dental informatics research," says Dr. Titus Schleyer, assistant professor, director of the Center for Dental Informatics and co-investigator of the project. "It has the potential to leverage the scarce resources of dental informatics for the benefit of patients and the profession."

Dr. Schleyer believes information technology is becoming an increasingly important part of the dental care system.

"Addressing large research questions, such as how computers can best help improve patient outcomes in dentistry, can only be done through rigorous dental informatics research," says Dr. Schleyer, who also serves as an associate editor on informatics and technology for The Journal of the American Dental Association. "The online community will provide access to valuable information pertaining to key areas of study."

For more information, visit the dental informatics online community Web site, funded by the National Library of Medicine, at "www.dentalinformatics.com".

The ADA develops standards for dental informatics through the ADA Standards Committee on Dental Informatics. For information on dental informatics standards and technical reports visit "www.ada.org/prof/resources/positions/standards/informatics.asp" at ADA.org. ■

S. mutans

Continued from page seven

hypothesis and found that *S. mutans* could continue to function in non-stress conditions without the SRP and YidC1 genes, but not without the YidC2 and SRP simultaneously, according to the study.

"The fact that the bacteria could survive without the SRP pathway was the most striking finding for scientists in the membrane protein insertion field," said Ross E. Dalbey, Ph.D., a professor of chemistry at The Ohio State University.

Dr. Dalbey added, "the YidC2 and the SRP pathway could become targets in fighting tooth decay because they have been shown to enable *S. mutans* to grow in acidic conditions."

"Really, we started with a very basic question related primarily to *S. mutans*, 'How does this bacteria tolerate acid?' " study investigator Jeanine Brady, Ph.D., said. "Asking that question has opened the door much more widely to learning things that are more fundamental about how living organisms insert proteins and how membrane function is determined by proteins. As far as we know, this is the first example of any bacteria that can cope without this pathway; all of the existing literature indicated it is vital." ■



Time out: Council on Dental Practice members, from left, Drs. Jeffrey Sameroff, Frank Graham, David Duncan, Paul Kenworthy and Gordon R. Isbell III (chair) on a short break during the November 2005 meeting at ADA Headquarters in Chicago.

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March 5-11 is the time to say 'Thanks!'

Dental Assistants Recognition Week brings reason to celebrate

BY ARLENE FURLONG

The importance of dental assistants' sense of fulfillment in their professional careers can't be underestimated, says Dr. Gordon Isbell III on observing Dental Assistants Recognition Week March 5-11.

"Their morale comes with knowing they have the opportunity to grow in the team effort to deliver to each and every patient the highest quality dentistry possible," says the chair of the Council on Dental Practice. "We, as dentists, should give them this opportunity and recognize their value."

That's recognition well-deserved, according to Dr. Douglas Schmidt. His Indianapolis practice earned first-place in the dental practice category



Prizes: Handsome awards await winners



in the annual DARW 2005 contest. Dr. Schmidt hung a banner at the lobby's entrance to alert all of the dentists, physicians, nurses, staff and patients in the building that it was DARW. On Friday, the office closed early. Each staff member was treated to a movie, a personal thank-you note and a flower with a fresh \$100 bill wrapped around its stem.

"I just want to take any opportunity I can to give feedback to such a hard-working staff," says Dr. Schmidt. "Some things are worth a lot more than money and recognition is one of them."

Dental assistants and hygienists consistently report that appreciation for staff efforts is key to professional satisfaction. Employees want feedback, they want to feel appreciated and they want opportunities for professional development, according to employee surveys studied by the ADA Council on Dental Practice.

"It means so much to us all to be honored in this way," says Mary Wiethoff, a dental hygienist in Dr. Schmidt's pediatric practice. "It's very rewarding to be part of a practice that does so much for its patients and recognizes a job well done."

University Park Endodontics, Leawood, Kan., won second-place among dental offices with its celebrations, which included displaying a banner with each of the dental assistant's names. The week ended with a trip to a day spa for pampering.

"It's important to set aside time just for them," says the endodontic practice's Dr. Sarah Wilhite about observing DARW. "It's something we don't have to do, but want to do. That knowledge makes

a difference to both our staff and patients."

Carol Nickelson, office manager there for the past 10 years, says the entire dental team looks forward to the week every year.

"It's the recognition that boosts morale," says Ms. Nickelson. "It makes everyone feel better about themselves."



Prevention: Dental professionals of tomorrow play after receiving dental sealants at Samuel Simmonds Memorial Hospital in Barrow, Alaska.

tants Association and the U.S. Army Dental Command designate DARW as the time to acknowledge dental assistants' unique talents.

A promotional contest is held each year to learn what dentists, dental assisting associations, schools and other organizations do to honor their dental assistants during this week.

at "dietrichj@ada.org".

Need a little special something for your dental assistant? The ADA Catalog offers a silver picture frame with the DARW logo that will display a 4-by-6 inch picture. The item number is J622, available at "www.adacatalog.org" or by calling 1-800-947-4746.



Hats off to DARW: Dental assistants at University Park Endodontics, Leawood, Kan., go Victorian then follow up with a trip to a day spa.



Sharing: Dental Assistants at South Florida Community College teach kids oral health tips.

Midland Empire Dental Assistant Association won first place in its category in 2005. Members reached out to their community by donating food and clothing to the needy in honor of their profession.

Patsy Klein says association members don't think of their work as a job, but as a career.

"We work hard and like to be recognized," says Ms. Klein. "Earning the award for our efforts in DARW 2005 meant a lot to us."

The dental assisting school at Pima Medical Institute, Seattle, won first place in its category for educational efforts at a local day care center and at the Institute. The program got its official start with a proclamation from Washington's governor.

"The event and the recognition gives us a lot of pride in our profession," says Karen Rebiger, dental assisting instructor.

The American Dental Association, the American Dental Assistants Association, the Canadian Dental Association, the Canadian Dental Assis-

Types of activities taking place during DARW typically fall into two categories—educational/charity events and team rewarding activities. Examples of educational charity events are dental assisting career promotions, donations of dental and other health-care items, and demonstrations of proper dental hygiene at community schools. Team rewarding activities span a range—from providing refreshments to a full day of pampering at a spa.

DARW participants and dentists can enter the competition by describing in 100 words or less how they celebrated DARW 2006 and ensuring the entry is postmarked by April 7. Participants should send a photo of their dental team with the entry for publication in an issue of ADA News.

For entry forms, ready-to-use ad slicks for your state publication and promotional kits, call the ADA toll-free, Ext. 2895 or download copies from ADA.org.

For photo submission specifications for ADA News and other DARW information, e-mail Joan Dietrich, dental team activities and publications,

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For more information related to this story visit the ADA's Website, using the Web address above.

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For details, call 1-888-6-DoReMi (636-7364) or 1-202-797-0700; e-mail "vanmmg@hotmail.com" or log on to the Web site: "www.medicalmusical.org". ■

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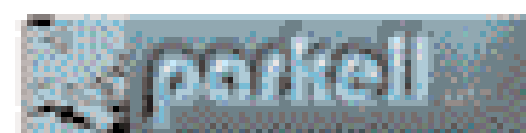
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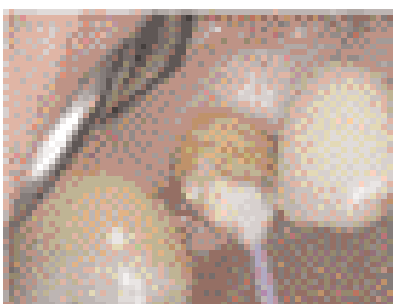
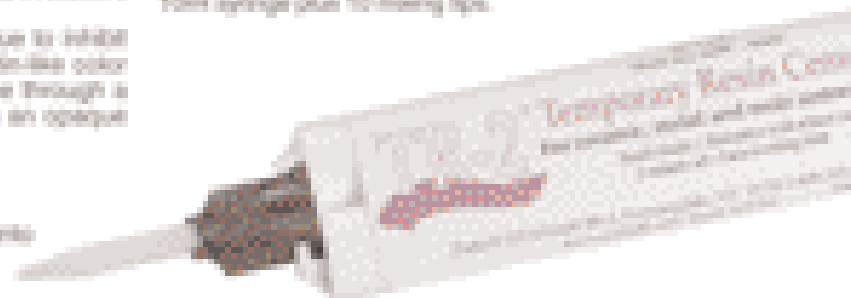
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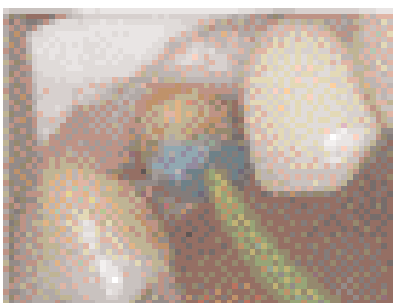
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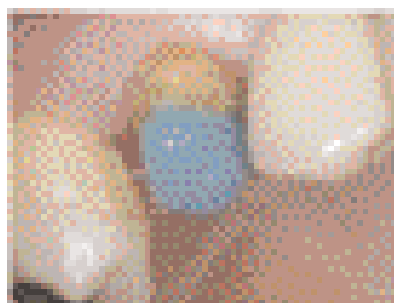
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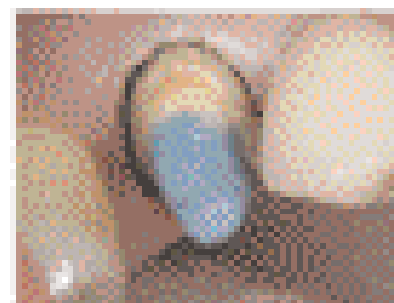
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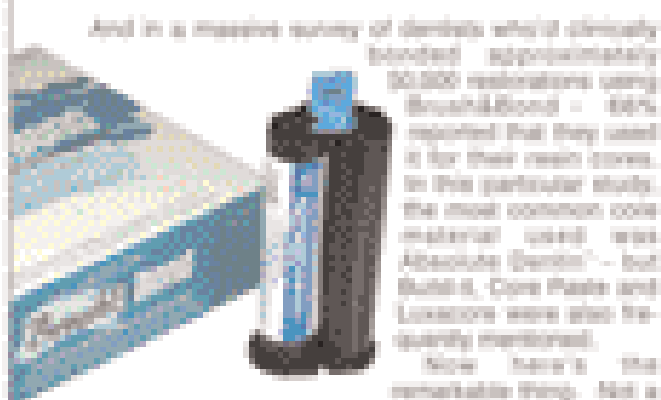
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Education

CDS donates \$1.6 million

Gifts will help Illinois dental schools address faculty shortages

BY KAREN FOX

The Chicago Dental Society has taken a major step toward curbing some of the financial pressures on publicly funded dental education programs in Illinois.

Late last year, the CDS donated \$1.6 million in grants to the University of Illinois at Chicago College of Dentistry and the Southern Illinois University School of Dental Medicine in Alton, Ill.

"We want to be part of the solution to this problem," said Dr. Ronald Testa, CDS president.

"We want to be part of the solution to this problem."

"It is our hope that these endowments will not only provide a financial uplift but also a psychological one to the schools, which have been hard hit by budget shortfalls and cutbacks," added Dr. Testa.

Since 1980, the number of dental schools in the country has dropped by 10 percent. Two of Illinois' dental schools have closed in the past 12

years, Northwestern University and Loyola University of Chicago.

The federal government estimates that more than 31 million Americans live in "dental shortage areas" where there is less than one full-time dentist for a population of 4,000 to 5,000.

The grants from the Chicago Dental Society will help both dental schools address faculty shortages. UIC will receive \$1 million to endow two clinical professorships and SIU will receive \$500,000 to endow a clinical professorship and \$100,000 to establish the Chicago Dental Society Faculty Recruitment and Retention Fund.

"Right now there are almost 275 vacant, funded dental school faculty positions across the country, and another 75 lost to budget cuts in state-supported institutions," said Dr. Bruce S. Graham, UIC dean. "These funds will be a tremendous boost in helping us recruit and retain full-time faculty."

The gift will have a significant impact on SIU's efforts to attract and maintain dental school faculty, said Dr. Ann M. Boyle, SIU dean.

"The cost of dental education is on the rise but state appropriations are not keeping pace, and that creates a gap that is difficult for us to deal with," said Dr. Boyle. "What this gift does is allow us to be more flexible in offering faculty extra training or research start-up money. We don't currently have this in our budget but it's something that new faculty find attractive when they consider job opportunities."

Dr. Testa said it is the CDS' hope that "our contribution will encourage others to support our dental schools."

The grants are among the largest gifts that a dental organization has ever made to dental schools, said Dr. Graham.

"The Chicago Dental Society has funded student scholarships and various student activities over the years, and now this very momentous gift," he said. "The College and I certainly appreciate the generosity and strong support we have from CDS."

"It should be noted that Chicago Dental Society recognized a problem, which really is a national problem, and stepped forward to do something to address it in their state," added Dr. Boyle. "We are very grateful to CDS." ■



Photo by Andrew Campbell Photography

UIC donation: On hand for the check presentation to the UIC College of Dentistry on Dec. 21, 2005, are, from left: Drs. Todd Cubbon, George Zehak, David Kumamoto and Michael Durbin, members of the 2005 Chicago Dental Society board; Dr. Ronald Testa, CDS president; Dr. John Fredricksen, member, 2005 CDS board; Sylvia Manning, Ph.D., UIC chancellor; and Dr. Bruce Graham, UIC College of Dentistry dean.



Photo by Denise Macdonald

SIU donation: Pictured at the check presentation ceremony at the SIU School of Dental Medicine Dec. 20, 2005, are, from left: Randall B. Grove, Chicago Dental Society executive director; Dr. Ronald Testa, CDS president; Dr. Ann M. Boyle, SIU School of Dental Medicine dean; Vaughn Vandegrift, Ph.D., SIU Edwardsville chancellor; and Drs. Todd Cubbon and John Fredricksen, members of the 2005 CDS board.

CE focuses on oral cancer, tobacco

BY KAREN FOX

Jamaica, N.Y.—Survey data shows that more than half of all smokers visit the dentist annually. What's more, a full 75 percent indicate a willingness to hear advice on quitting from their dental provider.

Recognizing the impact they can have on getting smokers to quit, more than 90 dentists turned out Nov. 3, 2005, for a smoking cessation course sponsored by the Queens County Dental Society and American Cancer Society.

As one of the speakers, Dr. Alan N. Queen, a QCDS past president and member of the American Cancer Society's local advisory board, discussed the importance of performing oral

cancer examinations on every patient and telling the patient what is being done and why.

"When you specifically tell the patient, 'I'm going to check your mouth for oral cancer,' and that 'The most common site of oral cancer is on the sides of the tongue,' patients will be impressed by the thoroughness of your examination," he said. "Besides being a practice-builder, this will also give the dentist an opening to discuss oral cancer and tobacco usage."

The program offered practical advice on how to broach the issue of smoking cessation with patients and segue into definitive treatment and referral information.

"Just like you talk to a patient about peri-

odontal disease and give them a referral card for a periodontist, you can give [patients who smoke] a referral card for the Smokers' Quitline and referral to a smoking cessation clinic, if necessary," Dr. Queen said.

The ADA offers a five-hour continuing education course, "Dentist Saves Patient's Life! Early Oral Cancer Detection and Tobacco Use Cessation," in the following locations: Dallas (Jan. 27; 1-866-THE-SWDC); Chicago (Feb. 25; "www.cds.org"); and New York (March 24; 1-212-998-9235).

Watch the ADA News for additional 2006 sites or contact Mary Wheatley at Ext. 2839 or "wheatleym@ada.org". ■

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ADAC E-R-P

Exam

Continued from page one

president who hosted meetings with the licensure communities of interest during the previous year.

"The November meeting was about having the testing community, the education community and organized dentistry come together to discuss areas of mutual interest and listen to each group's areas of concern, and areas that require more investigation and dialogue," said Dr. Haught.

Organized dentistry has members in both the testing and education community, said Dr. Haught, which is why the ADA maintains a vital interest in a national clinical licensing exam.

Those attending the November meeting included Drs. Brandjord and Haught; Dr. Kathleen Roth, ADA president-elect; Dr. Bruce Kinney, American Association of Dental Examiners president; Drs. Eric Hovland and Richard Valachovic, American Dental Education Association president and executive director (respectively); Dr. Scott Houfek, ADEX president; Dr. David Narramore, SRTA president-elect; and Dr. Lorin Peterson, WREB president.

The meeting's agenda included a cursory look at the exams offered by ADEX, SRTA and WREB using the 2003 AADE document, "Guidance for Clinical Licensure Examinations in Dentistry."

"The purpose was to identify areas where further dialogue would be beneficial," said Dr. Haught.

ADEA also presented a report on its Commis-

sion on Curriculum Innovation's three-year study of dental school curriculum that includes sequencing of courses, addition of new courses, need for more prerequisites, the influence of external testing agencies on what is taught and identification of the competencies a general dentist should have upon graduation.

Finally, meeting participants discussed the ADA's role in the national exam, agreeing that the Association should promote the acceptance of all clinical examination results to its constituents, said Dr. Brandjord.

"There may be different exams taken around the country, but the ADA wants any clinical licensure exam to be used as the vehicle for proving clinical competency," said Dr. Brandjord, adding that the ADA has offered to continue hosting meetings of the testing and education communities. ■



ADEA: Dr. Eric Hovland (right) presents a report on the ADEA Commission on Curriculum Innovation's study of dental school curriculum as Dr. Richard Valachovic looks on.

ADA liaison to exam committees offers input

BY KAREN FOX

As the American Board of Dental Examiners (ADEX) and Western Regional Examining Board prepared to introduce their national clinical licensing examinations in 2005, both groups invited the ADA to participate in their exam review committees.

Dr. Richard Haught, then-ADA president, appointed Dr. Ronald Lemmo, a member of the ADA Council on Dental Education and Licensure and the National Clinical Licensing Examination Consensus Committee, as the ADA's representative to the ADEX and WREB committees.

Each committee has met once: WREB in July 2005 and ADEX in October 2005. "At both meetings, I have emphasized the ADA's vision for what an ideal national exam would entail," said Dr. Lemmo.

WREB's exam review committee is charged with implementation and overview of the existing clinical exam process and development of changes in the existing exam.

The ADEX exam committee included chairs of all the working committees responsible for the newly developed exam who communicate with their respective committees.

"ADA involvement in these committees will be very helpful as examinations are reviewed for relevancy," said Dr. Lemmo, adding that he is "happy to participate on the ADA's behalf."

"We have had some very open discussions," he said. "It is important that these meetings be held regularly so that meaningful ADA input into the process can be done." ■

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BY STACIE CROZIER

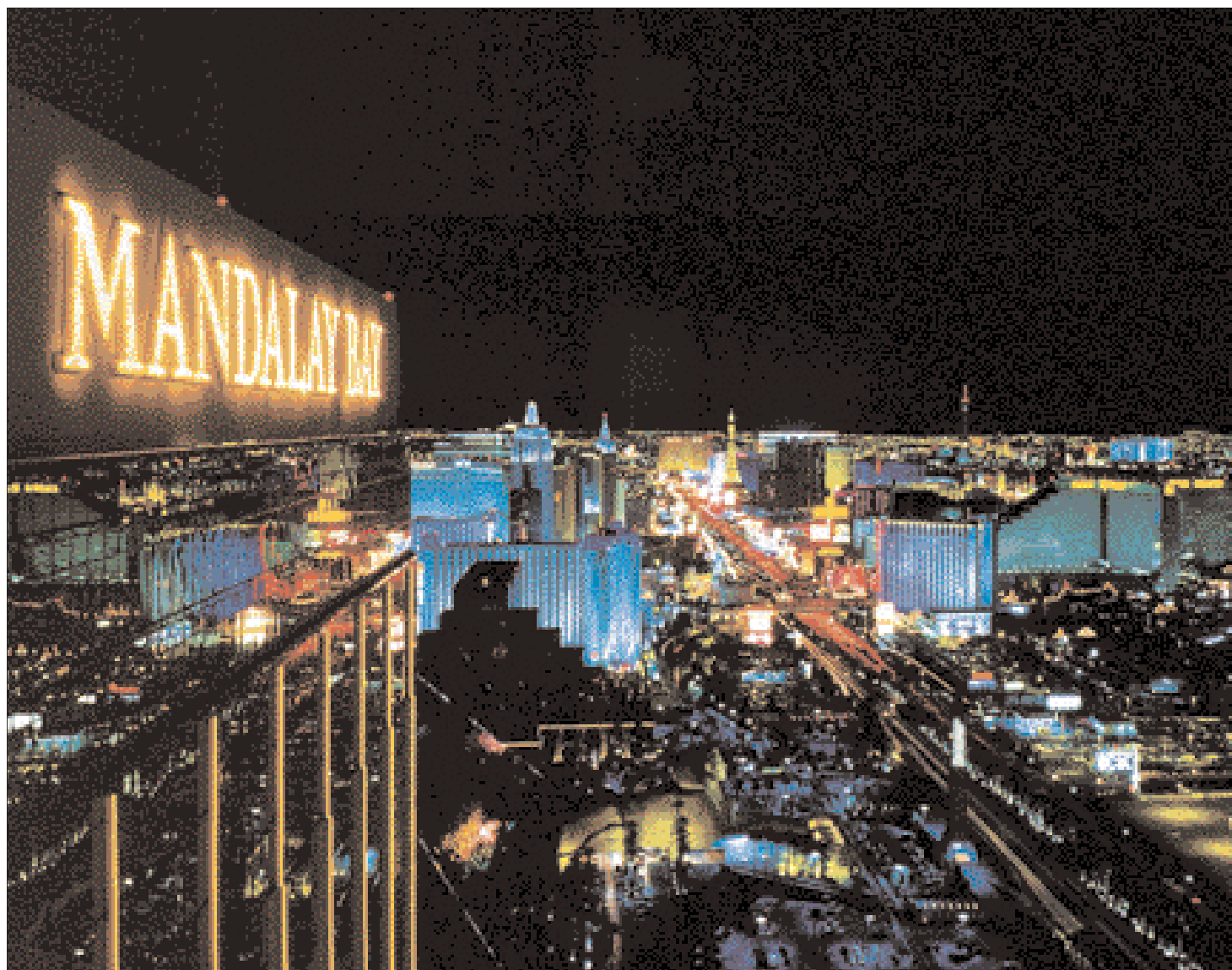
Las Vegas—For the first time in more than a decade, the ADA will welcome dentists, team members and guests from all over the United States and worldwide to Las Vegas, as the 147th Annual Session of the American Dental Association convenes at the Mandalay Bay Resort and Convention Center Oct. 16-19.



It's a sure bet those attending will find a comprehensive variety of continuing education courses. More than 300 scientific sessions are planned Oct. 16-19—better than 75 percent of them free with registration—plus brand new pre-session symposia presented by dental manufacturers Oct. 15 that will feature their latest research and educational programs.

Be sure to visit the ADA Marketplace technical exhibition, open Oct. 17-19. The ADA Marketplace features more than 700 exhibits with the latest technology and new products available. You can't lose when you shop and compare here, where the exhibition is organized in four easy-to-find, color-coded categories: over-the-counter and pharmaceuticals; instruments and equipment; materials and infection control; and dental services.

Registered attendees also receive free entry to ADA general sessions and the ADA's Distinguished Speaker Series, where world leaders in their fields share their thought-provoking insights. ADA-sponsored tours and special events will showcase the wonders of this century-old desert oasis of fun and excitement. Las Vegas has been host to the best-attended ADA annual sessions, attracting more than 55,000 attendees in 1995.



Night lights: The view from the House of Blues Foundation Room in Mandalay Bay is pure neon and pure Las Vegas.

Attending annual session won't be a gamble when it comes to comfort and convenience. Located all under one roof—Mandalay Bay Convention Center is the largest meeting facility on the world-famous Las Vegas Strip and the fifth-largest convention center in the United States. ADA annual session hotels will be contained within Mandalay Bay and its sister properties—Mandalay Bay, THEhotel at Mandalay Bay, Four Seasons Hotel Las Vegas, Luxor Las Vegas, Excalibur and the MGM

Grand Hotel and Casino. All hotels are conveniently located on the South Strip and all but the MGM Grand are connected by monorail. ADA shuttle service will be available to the MGM Grand.

Those who attend will be able to cash in on every opportunity this world-class dental meeting offers, plus enjoy the wonders of Las Vegas, one of the world's most sought-after vacation destinations. From casino gambling, sporting events, night life, lounge acts and high-caliber produc-

tion shows to upscale shopping, fine dining and sightseeing on the Strip, Las Vegas is ready to entertain you 24-7.

A special Monday-through-Thursday meeting schedule will give you a chance to come before or stay after annual session to revel in the magic and non-stop fun Las Vegas offers, including pirates and showgirls, an Eiffel Tower replica and amusement-park style roller coasters, decadent restaurant buffets, glitzy shows, nonstop neon and even family-style fun and amusements.

If you haven't been to Las Vegas in awhile, then you will be seeing a new, revamped Las Vegas. Older hotels and casinos have gotten magical makeovers or made way for new, big and upscale facilities. A monorail system helps visitors circumvent the traffic on the Strip. Fine dining and upscale shopping have moved into what was formerly the land of kitschy \$2 dollar steak joints, souvenir shops and wedding chapels. Family-style resorts and recreation are as popular as the adult-oriented nightlife. In other words, there is something for everyone here.

So mark your calendar and be a part of the excitement at ADA annual session in Las Vegas this fall. Registration for the meeting, scientific sessions and hotels opens April 12 online at "www.ada.org/goto/session". Or you can request a preliminary program by e-mailing "annualsession@ada.org" or calling 1-800-232-1432. ■

NCCHC meeting set for April 8-11

Las Vegas—How did Hurricane Rita affect Texas correctional institutions? How should correctional institutions respond to issues like transgender clients, hypertension and self-injurious behaviors?

Find answers to these questions and much more by attending Updates in Correctional Health Care, April 8-11 at the Flamingo Las Vegas hotel.

Sponsored by the National Commission on Correctional Health Care and the Academy of

Correctional Health Care Professionals, the annual conference features educational tracks on infectious diseases, legal issues, medical issues, mental health care, nursing issues and professional development.

The four-day conference features more than 40 workshops and plenary sessions, preconference seminars, an expanded commercial exhibition and many opportunities and events designed to help you network and brainstorm with colleagues from coast to coast. Continuing

education credit is available.

Those attending can also enjoy the shopping, entertainment, restaurants and nightlife of Las Vegas, as well as opportunities for golf, other outdoor sports and sightseeing at the Grand Canyon and other nearby locations.

For more information on the conference or to view a preliminary program, log on to "www.ncchc.org", e-mail "info@ncchc.org" or call 1-773-880-1460. Register by March 1 to receive early bird discounts. ■

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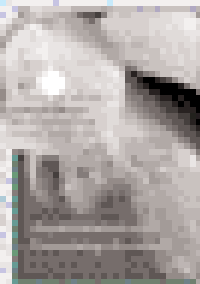
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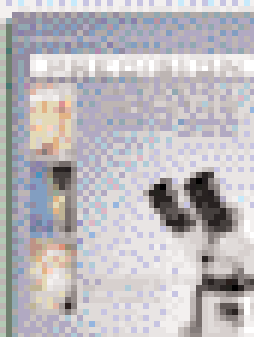
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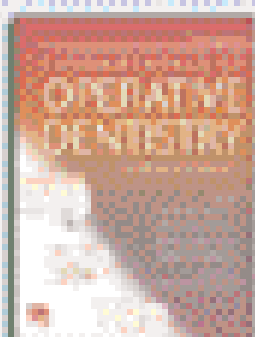
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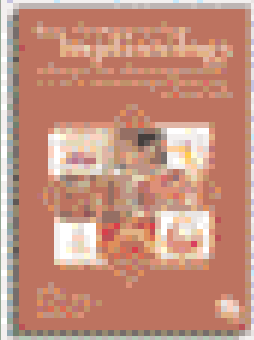
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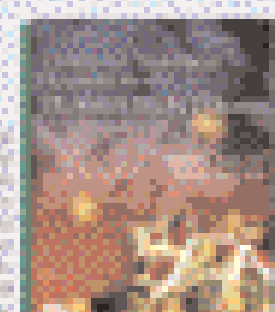


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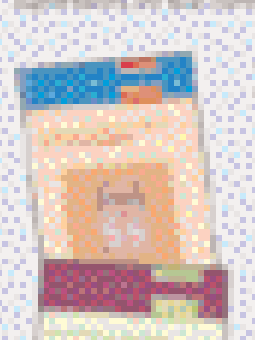


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