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ADA News - 02/06/2006

American Dental Association, Publishing Division

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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

FEBRUARY 6, 2006 VOLUME 37 NO. 3

Alaska lawsuit filed

ADA, ADS seek end to surgery by nondentists

BY JUDY JAKUSH

Anchorage, Alaska—Because they believe "Alaska Natives are being placed at risk," the ADA and the Alaska Dental Society filed a lawsuit here Jan. 31 in an effort to stop nondentists from performing irreversible dental surgery.

■ ADA proposal, page 10
■ One dentist's view, page 12

ADA President Robert M. Brandjord joined with Dr. Hugh B. Fate Jr., a retired dentist and Alaska state representative; Jim Towle, ADS executive director; and Dr. Robert Raiber, an ADA volunteer to Alaska, in a press conference in Anchorage to announce the litigation.

The lawsuit culminates two years of efforts to negotiate with Alaskan tribal health authorities to find a workable alternative to authorizing dental health aide therapists to engage in what the lawsuit terms the unlawful practice of dentistry.

"We're here today to announce, reluctantly, that the ADA and the Alaska Dental Society are filing suit in Alaska state court, because we believe that Alaska Natives are being placed at risk—unfairly and unnecessarily—by

See ALASKA page 10

Meth mouth

Dr. Brandjord briefs senators at DC forum

BY CRAIG PALMER

Washington—Dentists are seeing "more and more of a condition we call meth mouth," ADA President Robert M. Brandjord told U.S. senators trying to get a better picture of methamphetamine abuse at a Capitol Hill forum Jan. 23.

Meth mouth is characterized by rampant caries or tooth decay, the Minnesota oral surgeon testified. Some users describe their teeth as "blackened, stained, rotting, crumbling or falling apart," he testified with clinical illustration.

Photos by Anna Ng Delort

Dr. Brandjord: "Often, there is no hope of treating methamphetamine damaged teeth, leading to full mouth extractions."

Concern: Sen. Coleman asks the ADA president a question about meth mouth.

Sen. Norm Coleman (R-Minn.), one of the organizers of the Senators' National Town Hall Meeting on Methamphetamine Awareness and Prevention, pointed to an enlarged photo offered by the American Dental Association illustrating the ravages of meth mouth and said, "That picture, if you look at society, that's the impact we're seeing." Other witnesses in emotional personal testimony and government statements distributed at the forum spoke to the dental impact of methamphetamine abuse.

"The American Dental Association believes meth mouth is a very serious disease that is robbing people, especially young people, of their teeth," Dr. Brandjord testified. "In an effort to highlight this condition, the ADA has posted educational materials on our Web site for both dentists and patients."

He encouraged the bipartisan senators staging the event, the Senate audience and off-site viewers

See METH, page 18

Nonrenew rate drops as member initiative progresses

BY KAREN FOX

The year 2005 is over but don't look for the member-to-member outreach fostered by the Tripartite Grassroots Membership Initiative to end.

"The Tripartite Grassroots Membership Initiative has clearly had an impact on the way we do business at the ADA," said Dr. Raymond A. Cohlmia, chair of the Council on Membership.

The TGMI was launched in 2001 to increase the membership market share to 75 percent by 2005. At the end of 2005, the market share stood at 71.3 percent.

"We did not achieve the market share we wanted but there is much good news to report," said Dr. Cohlmia.

Most notably, the rate of dentists who opt to not renew membership is 2.8 percent—the lowest it's been in three years.

"This is very good news," said Dr. Cohlmia. "More members are seeing the value of what we're doing."

See MEMBER, page 20

BRIEFS

Dental education: Dr. Robert T. Ferris, ADA first vice president and past president of the Florida Dental Association, donated $1 million to be evenly split between the Florida Dental Health Foundation and the American Academy of Periodontology Foundation.

The FDHF and the AAPF are partner organizations of a national campaign to secure the future of dental education. Dr. Ferris' gift is a significant lead gift to the campaign, a collaborative partnership of dental schools, specialty organizations and other organizations being coordinated by the ADA Foundation.

Dr. Ferris

"I think it's important for everyone in the dental family to understand the pressing needs of the dental education system in our country," said Dr. Ferris. "I hope that this gift will encourage people to ask questions, identify needs in education and make their legacy gift to a dental education project that is important to them."

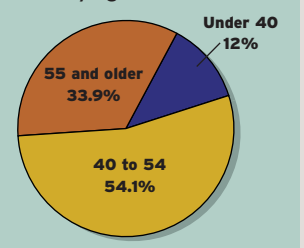
"One of the goals of the national campaign is to

See DONATION, page 21

JUST THE FACTS

Dentists by age

Distribution of independent general practitioners by age, 2003.



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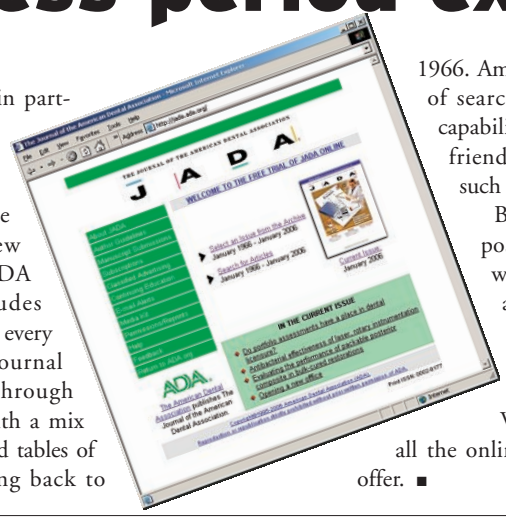
JADA open access period extended

BY JOE HOYLE

Due to the overwhelming response to the new online edition of The Journal of the American Dental Association launched last December, the open access trial period for this feature will be extended one month through March 31.

The positive response this new service has received has been very gratifying," said Laura A. Kosden, publisher and associate executive director, ADA Publishing Division. "In order to introduce as many visitors as possible to the rich features the online edition of JADA now offers, we decided to extend the introductory trial period by a month."

During its first month online, visitors to the new JADA portal downloaded some 32,000 full text articles.



Developed in partnership with Stanford University's HighWire Press, the new edition of JADA Online 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. Among its features are a superior set of search tools and advanced research capabilities, greater flexibility and "user friendliness" and specialized services such as e-mail alerts.

Beginning April 1, access to articles posted in the previous 12 months will be restricted to ADA members and JADA subscribers. Articles that have been online for more than 12 months will be open to all visitors.

Visit "http://jada.ada.org"to see all the online edition of JADA now has to offer. ■

ViewPoint

MyView

A day in the Windy City

Douglas Emery, D.D.S.

I had the pleasure of going to Chicago a couple of months ago. It was a last-minute trip as I was to meet a friend in New Orleans, but that was five days after Katrina. So we decided to go to Chicago, also known as the "Windy City."

What a magnificent city. I took a trolley tour of the downtown area and marveled in the wonderful architecture. Each building has a magnificent past and present which can only be done justice if seen in person.

My friend had to do a couple of hours of work at our hotel, so I decided to check out one last building, the American Dental Association headquarters building. It is located at 211 East Chicago Ave. in the heart of Chicago's Magnificent Mile.

I approached the receptionist at the entrance and informed her I was a member (in good standing) of the ADA and would like to tour our building. I was escorted to the elevators and was introduced to Morgan Morrison, an ADA senior project assistant. She kindly called Dean Caselli, our director of the Member Service Center, who proceeded to give me a personal tour of the building.

Here are a few facts I learned on my tour. The building was finished in 1965 and we moved in during 1966. The cost at that time was $13 million. There are 22 floors, of which we occupy 10-and-a-half while renting the remaining space to offset costs. A five-year renovation of the building is just completing at a cost of $26 million. It is truly a site to be seen.

We went to the 22nd floor which houses the executive offices. Here I was introduced to Carol Overman, associate executive director of Administrative Services. Ms. Overman has been with the ADA for 30 years. She gave me a tour of the newly completed conference room which seats 23 people in a circle with all the latest technological gadgets for presentations.

The new boardroom seats 45 and the board meets six to seven times a year. It is also used for council and committee meetings. Also, I got to peek in the ADA president's office as well as other executive offices.

During this time, Ms. Overman informed me that the ADA has about 400 full-time employees in the building. We also have 18 employees in Washington, D.C., and another 25 at the ADA Foundation Paffenbarger Research Center in Gaithersburg, Md.

Finally, Mr. Caselli took me to see our ADA Library. Here I saw over 40,000 bound books and journal volumes. There are over 600 dental periodicals alone. This was a special place, and I can't help but think it is underutilized. The Library offers book loans, reference services and access to almost any dental journal article printed. A small fee is charged for copying and shipping. The phone number of the Library is 1-312-440-2653, its e-mail is "library@ada.org", and more information can be found on the web at "www.ada.org".

So if you ever get the chance to go to Chicago, check out our building. The ADA has so much to offer. I am including just a brief overview of the many benefits available to us as members of the ADA (For more information, call the ADA Member

See MY VIEW, page five

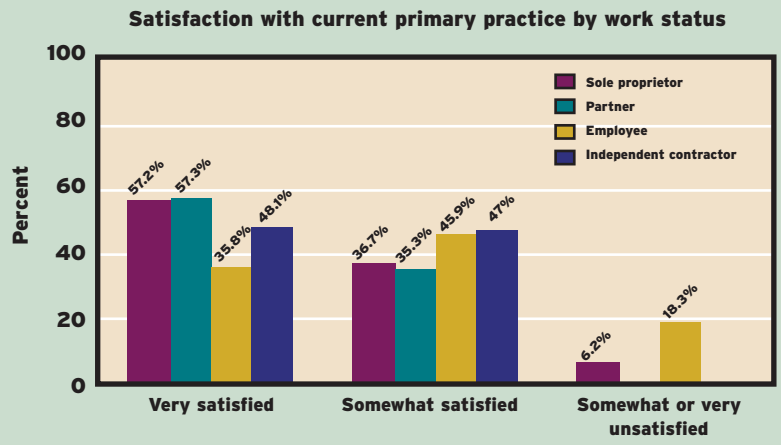
LettersPolicy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

SNAPSHOTS OF AMERICAN DENTISTRY

Dentist satisfaction

Dentists who work as employees in a private dental practice are less satisfied than sole proprietors and partners in their current primary practice. Nearly one in five employee dentists (18.3 percent) report being somewhat or very unsatisfied.



Source: American Dental Association, Survey Center, 2003 *Dentist Well-Being Survey.*

Letters

Scam?

A company called EPIC (Empire Patient Identification Co.) is calling dentists offering its marketing services.

For a fee of $2,000 per month, the company typically promises to deliver at least 15 "qualified" new patients to your office. Buyer, beware!

EPIC is reportedly under investigation by the New York City district attorney and U.S. postal inspector for allegedly not delivering on its promises.

The company has contended that once it screens patients and qualifies them, the company has satisfied its contract. Yet when these patients are contacted by the dental office, they are often far from qualified.

The company only accepts auto withdrawal from your checking account—it will not take a check or credit card. This should be a red flag warning. I hope I have saved many of you from falling victim.

Jay S. Grossman, D.D.S.
Los Angeles

Medicaid & hospitals

What a wonderful thing that the government has agreed to increase coverage for children with Medicaid ("Medicaid Dental Coverage For Children Gets Boost," Nov. 7, 2005, ADA News). What absolutely little benefit it will actually give.

In the past five years, all of the local hospitals here in the San Diego area have dropped the treatment of outpatient surgery for dental problems of the handicapped and developmentally disabled. I have

fought, been on TV, wrote countless letters and have called government officials to absolutely no avail.

The hospital administrators tell me that it costs them too much to do these patients and they get paid very little by Medi-Cal (California's Medicaid program).

However, families still hold us accountable for their child's dental care and can even sue us for this supposed neglect even though there is nowhere to treat these unfortunate individuals.

The hospitals continue to do other cases covered by Medi-Cal but refuse needy dental patients. I do not care what laws the ADA helps to pass or what you do to increase fees for Medicaid dental-covered procedures. California will continue to be an island of neglect for the developmentally disabled, nursing home patients or any other individual that needs treatment under this system.

Bruce W. Adams, D.D.S.
San Marcos, Calif.

Editor's note: The ADA Division of Government Affairs responds: While it is an ongoing challenge to help policymakers understand the importance of providing oral health care to those in need, the ADA remains committed to working toward improving access for all underserved patients. It's not quick or easy, but it's the right thing to do for our profession and our patients.

That states have experienced significant budgetary shortfalls over the last several years is well-known, as is the fact that Medicaid has grown to become the largest area of state spending. As a result, Medicaid has taken a hit as policymakers attempt to contain costs.

The article in the Nov. 7 ADA News provided a snapshot of what has

See LETTERS, page five

Letters

Continued from page four

been a lengthy effort by the ADA and its dental partners to prevent federal attempts to reform Medicaid and/or cut the program's funding in a way that would have a detrimental effect on dentistry at the state and local level. Dental benefits for children were at risk in legislation considered last year, and we continue to work to ensure that children's coverage is maintained.

The Association has also developed resources that states and communities can use to strengthen dental Medicaid programs and address barriers to care, including options for administering the dental Medicaid program by carving it out of a managed care structure. (All resources can by found on ADA.org at "www.ada.org/goto/medicaid".)

Unfortunately, there are difficulties with hospital access all over the United States. For Medicaid challenges related to the hospital system, dentists are encouraged to contact their state dental association and state and local health departments. There may be alternative settings for needed care or initiatives that can be pursued to address financial challenges and other barriers to care.

Third-party payers

In "Third-Party Audits" (Dec. 12, 2005, ADA News), Arlene Furlong quotes Thomas Harbold of United Concordia as now advocating audits on nonparticipating dentists because "we have a lot of administrative service types of contracts that are picking up the costs of members' care and we have to be good stewards of their money."

May I suggest that, first of all, UCCI does not, for the most part, pick up all the costs of members' care by any means at a "non-participating" dental office.

Secondly, and most importantly, may I suggest that the ADA on behalf of all dentists, all businesses and all corporations in the United States request an audit of UCCI nationally and state-by-state to make sure employers' money is being spent properly to ensure adequate benefits for their employees, and that fair and reasonable reimbursements are being made for that care on their behalf?

In other words, how much money is UCCI keeping for themselves?

In Pennsylvania, the state employees' contract previously administered by Delta was "awarded" to UCCI on a multimillion dollar lower bid. Now, dentists who previously saw state employees under a Delta contract will receive on average 23.5 percent less reimbursement for the same services from UCCI.

You can bet UCCI is not going to make 23.5 percent less in their bottom line. Audit who?

Douglas P. Marinak, D.D.S.
Camp Hill, Pa.

More on audits

It came as no surprise that United Concordia was the first company mentioned in your story about third-party audits. This company literally changed my dental life around. I took what could have been something extremely negative (their mandating that I pre-authorize every posterior filling I did, then denying 85 percent of those pre-auths), and changed it into something extremely positive (the dropping of virtually all insurance participation, and re-educating our patients to pay us and let them wait for the check).

In the five years since I did this, my practice has nearly doubled and I have negative accounts receivable. I don't need to participate with any insurance companies. When

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MyView

Continued from page four

Service Center using the toll-free number on the back of your ADA membership card.):

• Practice management and marketing information: How to start or sell a practice, financial planning, effective direct mail and advertising programs, successful patient communication and how to measure patient satisfaction.

• ADA Research Laboratories and scientific information: Occupational Safety and Health Administration information, dental product evaluations, ergonomics, indoor air quality, TB infection control, hepatitis B vaccine and booster information, latex allergy, waste management, safety of amalgam and many other emerging scientific concerns.

• Marketplace and managed care issues: Publications on patient considerations in selecting a dental plan and issues for employers in designing and offering dental plans.

• Contract Analysis Service: At no cost to ADA members, the ADA Contract Analysis Service can help educate dentists regarding issues to consider when reviewing a provider contract offered by a health plan or insurer. To obtain an informational analysis of an unsigned provider agreement, contact your state dental association. A good (also free) publication to read, "What Every Dentist Should Know Before Signing a Dental Provider Contract," is available. Just call Ext. 7479.

• ADA Survey Center: State and county level demographic reports that provide population statistics and numbers of dentists and their occupational status for specific areas are helpful if you are looking at a specific area to practice. There are also surveys of dental practice, dental fees and others on trends affecting dentistry. For a current publication list, visit the Survey Center online at "www.ada.org/goto/surveyresearch".

• Travel discounts: If you are thinking of visiting Chicago, the American Dental Association has specially negotiated hotel rates in the city. Discounts with Hertz are also available for rental cars. The Department of Conference Services and Meeting Planning is at Ext. 2583.

Dr. Emery is a co-editor for the Harbor Dental Society of Signal Hill, Calif. His comments, reprinted here with permission, originally appeared in the January issue of the Harbor Dental Society Journal.

Eichmiller heads national health careers committee

Youth explore health professions through 'Learning For Life'

BY KAREN FOX

Irving, Texas—Dr. Frederick Eichmiller, director of the ADA Foundation's Paffenbarger Resource Center, has been named chair of the national Learning For Life's Health Careers Exploring Committee.

Learning For Life is a national organization that helps youth develop social and life skills necessary for becoming responsible adults. One program under that umbrella is the National Health Careers exploring program, which assists local organizations such as dental societies that are interested in setting up Explorer Posts to enable youth to explore various careers.

"My early Exploring experience with a local physician as my mentor certainly played a pivotal role in my career," said Dr. Eichmiller, whose term on the committee lasts two years. He became involved with Exploring at age 14.

"Exploring programs provide a perfect venue for professionals in a community to mentor local youth during their teenage years, a time when many are first beginning to consider their career choices," he added. "Programs like this are key to shaping the future of our profession."

Dr. Eichmiller

In August 2005, Dr. Eichmiller served as the ADA's representative on a health careers panel and presented "Careers in the Dental Profession" workshops at the National Health Careers Exploring Exposition in Bethesda, Md.

The ADA provides a variety of resources to help promote dental careers. For more information, go to "www.ada.org/goto/careers".

Dental societies, dental schools and individual dentists are also encouraged to become involved with their local Learning For Life office to help promote dental careers on the local level.

To find your local office, go to "www.learning-for-life.org/exploring" and enter your zip code. ■

Letters

Continued from page five

done correctly (there is a right and wrong way to do it), I found that I did not lose families of patients.

The irony of this situation is that while UCCI continues to affect the doctor's ability to provide appropriate treatment, their Web site makes a major point of telling patients about dental fraud. In my mind, there is no bigger fraud than promising employers insurance but delivering smoke and mirrors to their employees. I urge the ADA Legal Division to consider litigation.

Go to the UCCI Web site. They've put these white hats on themselves and create an undercurrent of suspicion against "spurious" dentists.

Steve Markus, D.M.D.
Haddon Heights, N.J.

Editor's note: ADA's Legal Division welcomes input regarding alleged insurance company abuses—indeed, it is on the basis of such member input that we filed three class action suits against a number of carriers in recent years. Readers with documentation of carriers not delivering on their contractual promises are encouraged to contact the division at Ext. 2810.

Nonmembers

In the Nov. 7, 2005, ADA News ("Reaching Out: Nonmembers' Session Numbers Soar"), Dr. Raymond Cohlmia, chair, Council on Membership, was enthusiastic about 900 nonmembers attending the annual session in Philadelphia.

"This opens up a whole host of opportunities for the tripartite" was his response to this "wonderful news."

The gentleman is disoriented. If a nonmember can attend the annual meeting for $75, why pay over five times that to be a member? His generosity is going to encourage nonmembership.

Either join the ADA or do not look for benefits of membership. I encourage exclusion of all dentists too frugal to pay the membership fees.

Jeremiah J. Lowney Jr., D.D.S.
Norwich, Conn.

Editor's note: The councils on Membership and ADA Sessions note that 25 percent of ADA nonmembers live within a five-hour driving range of Philadelphia. The 2005 meeting was seen as a unique opportunity to share the ADA with dentists who have never belonged. Supported by the Council on Membership, the Council on ADA Sessions reduced the nonmember registration fee and promoted it as a one-time offer. Various strategies were developed to reach out to nonmember dentists: before, during and after the meeting. As a result, 50 of these dentists have joined the ADA so far—and the number continues to grow. We will continue to follow up with these dentists and encourage them to join the ADA. Finally, the 2007 annual session nonmember fee is $750 (member fee is $50).

Dr. Seymour Kreshover, past NIDR director, dies at 93

Dr. Kreshover: Shown at right in 1975, "viewed dentistry as part of medicine and wanted to bring dentistry and oral health into the biomedical research mainstream."

BY CRAIG PALMER

Washington—Dr. Seymour J. Kreshover, who targeted tooth decay as "largely preventable" in leading the National Institute of Dental Research from 1966 to 1975, died Jan. 23 at his home in Winter Park, Fla. He was 93 years old.

"The objective of the program is to reduce the incidence of caries and to extend the capabilities of the dentist to cope with this problem by developing improved technology for prevention," he said in an award-acceptance speech describing a targeted research effort of the NIDR with appropriations from the U.S. Congress "to make caries almost completely preventable."

Caries research and appropriations for dental research, having dramatically expanded under Dr. Kreshover's direction, continue although there is no longer a designated National Caries Program or an NIDR.

Dr. Kreshover, a former assistant U.S. surgeon general and rear admiral in the U.S. Public Health Service, held dental, medical and Ph.D. degrees, membership in the American Dental Association and American Medical Association and a belief that dental caries was a controllable disease. "He viewed dentistry as part of medicine and wanted to bring dentistry and oral health into the biomedical research mainstream," said Dr. Lawrence Tabak, who now directs the renamed National Institute of Dental and Craniofacial Research.

Dr. Kreshover was the third director of the institute established by legislation signed June 24, 1948, by President Harry S. Truman to direct the nation's dental research effort as one of the National Institutes of Health. The NIH in 1983 established an annual NIDCR lecture in his name.

As institute director, Dr. Kreshover improved the neuroscience laboratories, attracted talented researchers and supported new procedures that led to groundbreaking work in pain research, cleft palette reconstruction, caries prevention and craniofacial research, said Dr. Tabak, the institute's seventh director.

Dr. Kreshover joined the NIDR staff in 1956 from the Medical College of Virginia, where he was a professor of oral pathology and diagnosis, director of dental research and director of graduate and postgraduate studies. He received his dental degree from the University of Pennsylvania School of Dentistry in 1938, a Ph.D. in clinical medicine and pathology from Yale University in 1942, a medical degree from the New York University School of Medicine in 1949 and honorary doctoral degrees from the University of Buffalo, the University of Pennsylvania and Boston University. He served with the Army in the South Pacific during World War II.

He held offices in the Federation Dentaire Internationale (now FDI World Dental Federation), the International Association for Dental Research, the American Association for the Advancement of Science and the American College of Dentists and received numerous professional and Public Health Service awards.

Dr. Kreshover's survivors include Jacqueline, his wife of 59 years, four children, 13 grandchildren and three great-grandchildren. ■

Suze Orman to speak at WRDC

Phoenix—The Western Regional Dental Convention will convene here March 16-18.

The program, which features more than 100 open lectures and workshops, will include Suze Orman, financial management expert; Dr. Edward Pavlik, forensic dentist; John Molinari, Ph.D., infection control/infectious diseases expert; Dr. Irwin Becker of The Pankey Institute; and Dr. Harold Crossley, expert on pharmacology and street drugs.

For more information, contact the Arizona Dental Association by phone at 1-800-866-2732, by fax at 1-480-344-1442 or visit the Web site at "www.azda.org". Early-bird registration ends Feb. 11. ■

‘Dental Monologues’ in March

Mississippi hosts educational, networking opportunity for women

BY JENNIFER GARVIN

Jackson, Miss.—The Dental Monologues: Evolution of Women in Dentistry will convene here March 23-25.

The symposium, which features 12 distinguished speakers on all aspects of dentistry, is sponsored by the University of Mississippi School of Dentistry, which is celebrating 30 years of educating dental students. The conference also includes continuing education opportunities, a jazz brunch and an exhibit hall.

“I think this is the first time this has been done in the United States,” said Mississippi Dental Association President Eleanor Gill, who will also speak at the event. “It’s going to be a wonderful opportunity to network. These are women who have risen to the top of their field. This is a great way to learn from a group of accomplished dentists in different arenas of practice in one central location. Each one has helped open doors for future dentists through their individual journeys.”

Dr. Roth

Dr. Gill

“I am thrilled to be invited to this conference participating with such a strong impressive field of speakers,” said ADA President-Elect Kathleen Roth. “The dynamic agenda of diverse topics promises to bring about healthy discussion as well as outstanding networking opportunities.”

Other speakers include:

- Dr. Dushanka Kleinman, deputy director of the NIDCR;
- Dr. Teresa Dolan, dean at the University of Florida School of Dentistry;
- Dr. Marjorie Jeffcoat, dean of the University of Pennsylvania School of Dental Medicine;
- Dr. Jeanne Sinkford, associate executive director, American Dental Education Association;
- Dr. Cherilyn Sheets, Newport Coast Oral Facial Institute;
- Dr. Monica Bruce, Los Angeles;
- Dr. Marilynn Belek, executive vice president, Delta Dental of California;
- Dr. Yolanda Bonta, director of technology, Colgate Palmolive;
- Ann Battrell, executive director, American Dental Hygienists’ Association;
- Donna Brogan, dental hygiene educator.

For more information, contact the dental school regarding the women’s symposium by phone at 1-601-984-6030, by fax at 1-601-984-6039, by e-mail at “dentistry@umsmed.edu” or visit the Web sites “www.dentistry.umc.edu” or “www.aawd.org”. ■

Medical messages: AMA conference on getting yours across

BY KAREN FOX

Phoenix—Looking for ways to enhance your communications with the public and media?

The American Medical Association is hosting its 26th annual Medical Communications Conference here April 6-8.

Top health care journalists, producers and communication coaches will share tips, insights and strategies for improving how health care messages are communicated to the public and media with dentists, physicians, medical spokespeople and health care public relations professionals.

“Whether you are a spokesperson on the frontlines delivering a message or a PR professional behind the scenes developing and making the pitch, this conference offers proven strategies for improving your communication skills and effectiveness,” said Mike Lynch, the AMA’s vice president for External Communications.

Highlights this year are keynote speaker Soledad O’Brien of CNN, author and integrative medicine guru Andrew Weil, M.D., “Loveline’s” Drew Pinsky, M.D., Chicago public health director Terry Mason, M.D., and pioneer in medical broadcasting Art Ulene, M.D.

The Medical Communications Conference takes place at the Hyatt Regency Phoenix. For more information or to register, go to “www.ama-assn.org” or “www.namc.info”. ■

ADA, ADS proposal at a glance

Anchorage, Alaska—ADA President Robert M. Brandjord said the ADA and Alaska Dental Society are fully committed to taking action to improve the oral health of Native Alaskans.

The ADA/ADS alternative proposal includes:

• placing a dental health aide in every village to provide educational and preventive services;

• creating local training programs for dental auxiliaries so that Alaska Natives and others interested in dental careers need not leave the state for training;

• securing full funding to enable the Indian Health Service to fill its vacant dental positions and prevent the tribal health authorities from having to lay off additional dentists;

• establishing an educational pipeline for qualified young Alaska Natives to attend dental schools, become fully qualified, licensed dentists and return to provide care in their home communities;

• exploring new models for dental auxiliaries, like the community oral health provider; and

• jump-starting the whole process by placing volunteer dentists in the villages immediately, while the other elements of the program take shape. ■

Law

Alaska

Continued from page one

nondentists performing irreversible dental surgery," Dr. Brandjord said.

"The lawsuit seeks a decision from the court that the defendants are violating Alaska state law—and a court order prohibiting them from continuing to perform irreversible dental surgery," the ADA president added.

Additionally, ADA and ADS leaders pledged they would drop the lawsuit if the therapists and those employing them agree to stop performing surgical procedures.

The suit names the Alaska Native Tribal Health Consortium and the dental health aide therapists as defendants. Besides the ADA and ADS, plaintiffs include Dr. T. Howard Jones, ADA 2002-03 past president from Carrollton, Ga.; and Drs. Michale Boothe, Pete Higgins and George Shaffer, ADS/ADA members and residents of Anchorage, Fairbanks and Ketchikan, Alaska, respectively.

DHATs receive only 18 to 24 months training in New Zealand and generally have only a high school education or its equivalent. The procedures at issue include extracting primary and permanent teeth, preparation for restorations and performing pulpotomies.

Dr. Brandjord emphasized that all plaintiffs would drop the suit if the therapists and those employing them will agree to stop performing surgical procedures. "We urge the tribal health authorities to work with us to create a viable, long-term system of dental care for Alaska Natives," he said.

The ADA president said the ADA and ADS would continue to work on alternative solutions to getting dental care where it is needed in rural Alaska, no matter how the lawsuit progresses. (See story, this page.)

"The Alaska Dental Society is joining this action because we are committed to the well-being of all Alaskans," explained the ADS's Mr. Towle. "We cannot turn a blind eye while citizens of this state are unfairly and unnecessarily put at risk—no matter how well-meaning the authors of the therapist program may be."

Dr. Brandjord emphasized that all plaintiffs would drop the suit if the therapists and those employing them will agree to stop performing surgical procedures. "We urge the tribal health authorities to work with us to create a viable, long-term system of dental care for Alaska Natives," he said.

All Alaska residents have a right to expect that whoever is providing treatment is appropriately trained and qualified to deliver dental care, he said.

Dr. Fate, who opened a dental practice in Fairbanks in the early 1960s, described the poor dental conditions of Alaska Natives at the time—15- and 16-year-olds were wearing dentures. He contracted with the Public Health Service to provide dental care. (See Dr. Fate's story, page 12.) His experiences led him to conclude that DHATs are not the solution.

"If everyone's goal truly is to improve the oral health of Alaska Natives—and I believe that it is—the dental health aide therapist is not the answer. Let us not experiment with the health of our Alaska native citizens," the retired practitioner said.

Dr. Raiber, a dentist from New York City, spent a week as a volunteer treating Alaska Natives in the remote village of Hooper Bay in February 2004.

In order to be credentialed to provide treatment in Alaska, he had to go through numerous levels of paperwork, which he described at the press conference.

"Let me point out that I served two years as a U.S. Navy dentist and have spent 13 years treating children every week in an underserved, inner-city New York neighborhood called Bedford Stuyvesant," he said.

"In addition, I have a faculty appointment as an assistant professor of dentistry at Columbia University dental school. With these qualifications, I submitted a 16-page, detailed application, along with photocopies of my license, my diploma and my current CPR certification. I was informed that there would also be an FBI background check.

"And even that wasn't enough. They also required three specialty dentists, who also saw my patients, to fill out an eight-page questionnaire, attesting not only to the quality of my dentistry, but also to my ethical and moral character," Dr. Raiber added. "That's an awful lot of red tape to credential a fully licensed dentist to go to an underserved area and treat needy patients for free."

He said he was shocked by the dental conditions he saw when he was in Hooper Bay, Alaska, in 2004. "The children of that village have decay rates that far exceed anything I had seen before. Teenagers sat in my chair with multiple missing or severely decayed front teeth, admitting that they often drank eight cans of soda pop a day."

Dr. Raiber said he is ready to come back and volunteer again.

"We can make a difference by using auxiliary personnel to teach and practice prevention and dentists to treat the procedures we have been fully trained and educated to do. We urge the tribal health authorities to work with us to make that happen," he said.

Dr. Brandjord noted that the ADA's offer to provide volunteers has been repeatedly mischaracterized.

"More than 100 ADA-member dentists have offered to treat Alaska Natives in their villages, at no charge, for a period of no less than two weeks at any time of year," he said. "Dr. Raiber detailed the frustrating barriers to getting these volunteers credentialed. In fact, many of them have been waiting since 2004."

Dr. Fate's Alaska story, page 12

More details on ADA.org

In order to make the volunteer effort work, the ADA has hired a staff person whose sole assignment is to help place volunteer dentists in Alaska.

"Just recently," Dr. Brandjord announced, "we reached agreements with two tribal corporations to place eight volunteers in March and April. We would like to work with the other tribal corporations in a similar manner."

He again emphasized how reluctantly the ADA and the ADS are pursuing the lawsuit.

"For two years, we have tried every alternative to filing this lawsuit," Dr. Brandjord said. "And we still want to believe that the good intentions of everyone involved in this issue can lead to a solution that achieves what we all want: good oral health for all Alaskans.

"Litigation consumes time and money. It won't cure a single toothache—won't bring a smile to a single child's face," said the ADA president. "We would much rather direct those resources toward the programs that I detailed earlier—programs that we will continue pursuing regardless of the progress of this lawsuit—to help create a permanent, reliable system for delivering high quality care where it is so badly needed."

He added, "I have made this offer in private to tribal health authorities, and I say it now in public: If the therapists and those employing them will agree to stop performing surgical procedures, we will gladly drop our lawsuit. We urge the tribal health authorities to work with us to create a viable, long-term system of dental care for Alaska."

Immediately after the ADA/ADS press conference, the Alaska Native Tribal Health Consortium held its own press conference, restating its support for the current dental health aide therapists program. ■

Anchorage: Dr. Brandjord speaks to the media Jan. 31, explaining why the dental associations are "reluctantly" seeking a court solution to the issue of nondentists providing dental surgical care in Alaska. Waiting to speak are (from left) Dr. Hugh Fate Jr., Dr. Rob Raiber and Jim Towle.

Dr. Hugh Fate provides his personal perspective on dental care in Alaska

Anchorage, Alaska—Dr. Hugh B. Fate Jr., a former Alaska state representative and a retired dentist, spoke in detail at the Jan. 31 press conference about his experiences treating Alaska Natives. He brings a unique perspective to the controversy surrounding dental health aide therapists.

Here are his own words (excerpted) about his experience:

In the territorial years and shortly after statehood, Alaska had very few dentists, reflecting a sparse population. Most Alaska Natives still resided in rural parts of the state, receiving dental care primarily from U.S. Public Health Service dentists and a few private dentists under contract.

Conditions were difficult. Alaska did not receive a large public health budget in those years. The Public Health Service's operating philosophy seemed to be, "If a tooth won't hold an amalgam filling, pull it."

As a result, 15- and 16-year-olds were wearing dentures. Yet there were exceptions. A few dentists tried to do more than just alleviate pain. We provided the best restorative treatment we were capable of.

I completed dental school in 1962 and opened a practice in Fairbanks with the most up-to-date equipment available at the time. To help supplement the income, I secured a contract with the Public Health Service.

Shortly afterwards, a PHS dental officer stopped by and told me not to bother saving teeth that required extensive restorations or pulp treatment, including root canals, but rather to extract them.

That wasn't the way I'd been taught.

I expanded my relationship with the PHS to include contracts covering Galena, Ruby, Rampart and Stevens Village, all communities on the Yukon River.

I fabricated most of our mobile dental equipment, learned to fly, bought an airplane and continued serving the villages.

Other private dentists under PHS contracts were, like me, providing high-quality dental care.

The availability of that care, along with other factors—the Alaska Native Claims Settlement Act, new and powerful native organizations, and a general upsurge of native identity—all contributed to an increased demand for high-quality dentistry.

In 1978, the Public Health Service began building state-of-the-art dental facilities in many of the larger villages and all the major towns and cities.

As their budget increased, more PHS dentists arrived to staff those facilities.

Eventually, the PHS decided that its increased facilities and workforce were sufficient to provide care to the Alaska Native population. The agency gradually phased out its contracts with private dentists. In truth, the quality of dental care available to the native people had advanced light years. The question was, would it last?

If there's one thing in this debate that everyone seems to agree on, it's that too many Alaskans, especially native people, are suffering from poor dental health.

I believe the agency has had ample opportunity to educate people about oral hygiene, and to at least try to reduce the huge amounts of soda pop consumed by Alaska Natives, both inside and outside the schools. Prevention ought to be the focus of their efforts.

If everyone's goal truly is to improve the oral health of Alaska Natives—and I believe that it is—the Dental Health Aide Therapist is not the answer.

Let us not experiment with the health of our Alaska native citizens. ■

Columbia University changes name of dental school

New York—With an eye toward increasing the focus on the relationship between oral health and overall health, Columbia University is changing the name of its dental school.

The school once known as the Columbia University School of Dental and Oral Surgery is now the "Columbia University College of Dental Medicine."

"We prepare our students to help manage the total health of patients from the perspective of oral health, and our new name underscores that approach to dentistry," said Dr. Ira B. Lamster, College of Dental Medicine dean.

"Its new name reflects the college's comprehensive biomedical approach and its close work with other disciplines in the medical field," added Lee C. Bollinger, Columbia University president.

Columbia's dental school was founded in 1917 and in 1923 merged with the College of Dental and Oral Surgery of New York. ■

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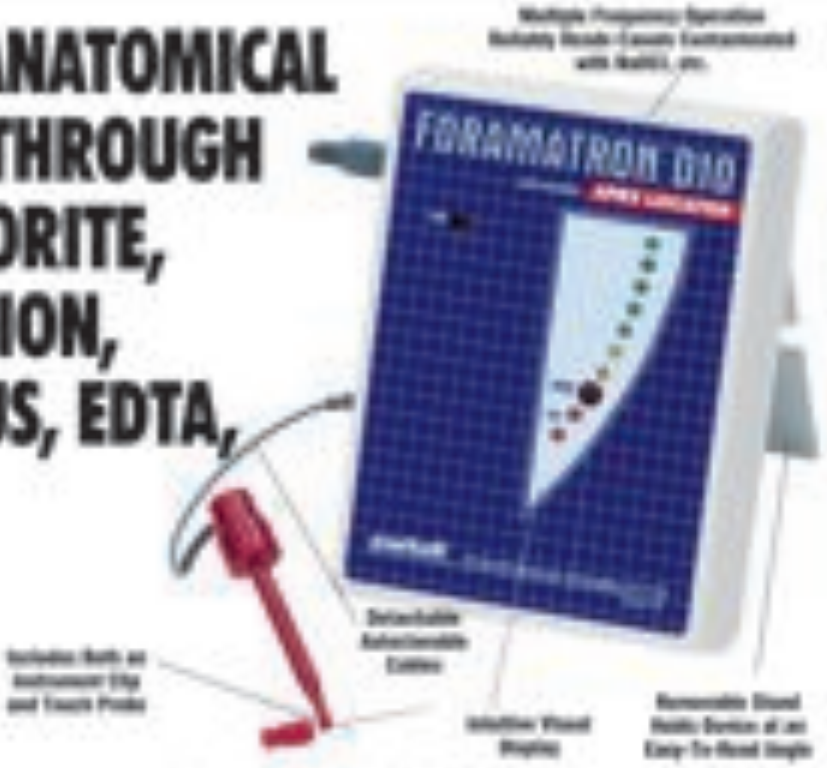

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Access

OHF awards $2 million in grants

Boston—Thousands of Massachusetts residents without access to dental care will soon be able to improve their oral health with help from grant-winning organizations and programs throughout the state.

The Oral Health Foundation awarded $790,000 in new grants Jan. 11 to eight organizations working to improve access to dental care. In addition, OHF will also contribute more than $1.2 million in continuing grants to ongoing programs and initiatives—more than $2 million total in 2006.

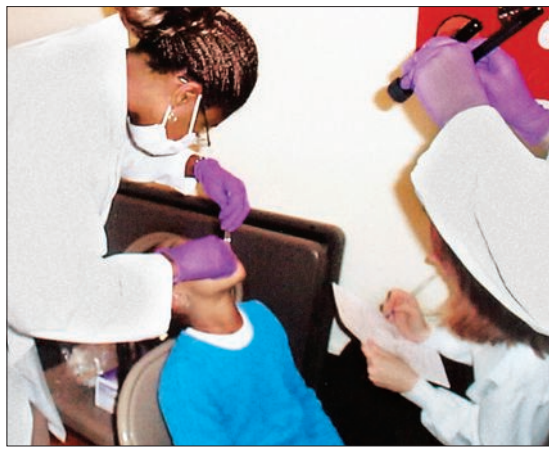
"By building strong partnerships with a wide array of safety net providers, we are able to significantly increase the comprehensive, preventive dental services available to vulnerable adults and children in Massachusetts," said Bryan Spence, OHF spokesperson.

New grant recipients include:

• Boston Health Care for the Homeless Program, which will open a new two-chair dental clinic at the Pine Street Inn, the largest homeless shelter in New England, to serve more than 1,000 homeless patients a year in the greater Boston area with free preventive, education, emergency and restorative care;

• Community Health Center of Franklin County, which will develop and equip a new dental clinic in North Quabbin to provide preventive and primary dental services to low-income, uninsured and Medicaid-enrolled adults and children;

• Community Health Connections Inc. in Fitchburg, which will expand its dental services by opening a satellite clinic in Gardner, where more than 14,000 underinsured and uninsured people, plus some 5,000 MassHealth enrollees, will receive preventive and restorative care in its first three years;



A child receives dental sealants through "Smart Smiles in the Boston Public Schools," a dental sealant and referral program of the Massachusetts Coalition for Oral Health and recipient of $180,000 in grants over two years from the Oral Health Foundation.

• Lazarus House Ministries in Lawrence, which will expand its dental clinic services to full time, increasing patient visits from 550 to more than 3,000 annually;

• Norfolk Adult Day Health Center Elder Dental Project in Norwood, which will create and coordinate a network of local dentists to see seniors at a reduced fee and to pay for a program manager to screen and manage patients;

• Boston Medical Center General Dental Clinic, which will renovate and purchase equipment for two outdated operatories to increase its treatment capacity by 33 percent;

• Dimock Community Health Center in Roxbury, which will upgrade and replace aging dental equipment to better serve the 7,000 patients it serves annually and increase treatment capacity to 1,000 individuals;

• Dukes County Health Council's Oral Health Working Group in West Tisbury, which will design a comprehensive dental program for low-income residents of Martha's Vineyard, where a shortage of dentists, language barriers and limited access to care on the mainland affect under- and uninsured adults and children.

The OHF was established by DSM (the provider of Delta Dental Plan benefits in Massachusetts) in January 2000 and has awarded nearly $6 million in grants to qualified community organizations focused on improving the oral health for underserved populations across the state through increased access to quality dental care. For more information, log on to "www.oralhealthfoundation.org". ■

AAAHC revises accreditation standards for dental services

Wilmette, Ill.—The Accreditation Association for Ambulatory Health Care has significantly revised its accreditation standards for dental services listed in its 2006 Accreditation Handbook for Ambulatory Health Care. The changes will be incorporated and take effect in March.

"The expansion to Chapter 12 in the Accreditation Association's standards recognizes the unique characteristics of organizations that offer dental services and are tailored to specifically address measurements of quality in this area of ambulatory health care," said Dr. Frank P. DiPlacido, AAAHC president and past president of the American Association of Oral and Maxillofacial Surgeons. "The annual revisions to the accreditation association's standards demonstrate our continuous commitment to maintaining high levels of quality patient care."

New standards for ambulatory dental practices are listed here:

• Dental services are consistent with the definition of dentistry according to state regulations.

• Dental services performed in the facilities owned and operated by the organization are limited to those procedures that are approved by the governing body.

• Dental procedures are performed only by dental health professionals who are licensed to perform such procedures within the applicable state or jurisdiction; and have been granted privileges to perform those procedures by the governing body of the organization (in accordance with the Handbook, Chapter 2.11).

• Personnel assisting in the provision of dental services are appropriately qualified and available in sufficient numbers for the dental procedures provided.

• An appropriate history and physical is conducted and periodically updated, which includes an assessment of the hard and soft tissues of the mouth.

• The organization develops policies and procedures related to the identification, treatment and management of pain.

• The necessity or appropriateness of the proposed dental procedure(s), as well as alternative treatments and the order of care, have been discussed with the patient prior to delivery of services.

• The informed consent of the patient is obtained and incorporated into the dental record prior to the procedure(s).

• Imaging services provided or made available meet all the standards of Chapter 17 of the handbook and the organization has guidelines to address the type, frequency and indications for diagnostic radiographs.

• The organization has a mechanism in place to evaluate and monitor dental products that the organization makes available for sale to patients to ensure such practices are done in an ethical manner.

For more information, log on to the Web site: "www.aaahc.org". ■

Access honors

The ADA Council on Access, Prevention and Interprofessional Relations is pleased to recognize the 11 individuals who received an Access Recognition Award in 2005. This award honors individuals who have demonstrated significant leadership and inspiration in gaining access to dental care at the local level for those in need. Nominations for this award may be submitted to the council by a constituent dental society at any time. One recipient each year will receive the E. "Bud" Tarrson Access to Oral Health Care Award sponsored by the ADA Foundation. In 2005, the winner was Dr. Franklin M. Boyar. For more information, contact the council by calling the toll-free number, Ext. 2673.

California
Dr. Patricia Billings
Colorado
Dr. Randall H. Payne
Connecticut
Dr. Michael M. Perl
Federal Dental Services
Rear Adm. Donald Weaver, M.D.
Florida
Dr. Franklin M. Boyar
Michigan
Dr. Jessica Ann Rickert
Missouri
Dr. Jeffrey B. Dalin
Dr. B. Ray Storm
Nevada
Dr. Patricia S. Craddock
New Jersey
Dr. Sidney A. Whitman
Washington
Dr. Tim Dolby

Meth mouth resources

BY CRAIG PALMER

Washington—The American Dental Association offers educational materials on "meth mouth" for dentists and patients at the ADA Web site, ADA.org.

• For professionals, the Dental Topics A-Z entry, Methamphetamine Use (Meth Mouth), offers multiple resources including ADA News reports and links to additional resources.

• For patients, the Oral Health Topics A-Z entry, Methamphetamine Use (Meth Mouth), offers similar resources including links to substance abuse organizations.

• In the October 2005 issue of The Journal of the American Dental Association, the For the Dental Patient page covered methamphetamine use and oral health

The Association in Jan. 23 testimony referred participants in the Senators' National Town Hall Meeting on Methamphetamine Awareness and Prevention as well as dentists and patients to ADA.org for meth mouth information. ■

Involved: U.S. Attorney General Alberto R. Gonzales testifies on methamphetamine abuse at a Capitol Hill forum Jan. 23.

Photo by Anna Ng Delort

Testimony: Ms. Smith relates her personal experience with methamphetamine addiction to a Senate audience Jan. 23.

Author reveals her experiences with methamphetamine

BY CRAIG PALMER

Washington—Ashley (Copeland) Smith, the "Unlikely Angel" with rotting teeth, wishes "Had I seen somebody's teeth rotted out like that I would have thought twice," she told a rapt Senate audience Jan. 23, encouraging the use of graphic public service ads showing the ravages of meth mouth, a condition characterized by rampant tooth decay. "I spent several thousand dollars on teeth. My teeth were rotting out."

And there she was March 11-12, 2005, cooking pancakes and offering crystal methamphetamine from her personal supply to a wanted killer holding her hostage in a Duluth, Ga., apartment. "He asked me to use it with him and I wouldn't," she said in moving testimony. "I realized this was my last chance."

Smith revealed her methamphetamine addiction in a book that came out last September, "Unlikely Angel: The Untold Story of the Atlanta Hostage Hero." ■

Meth

Continued from page one

to visit ADA.org for more information on meth mouth. The three-hour forum was Webcast nationally with a satellite feed to home states of participating senators, Sen. Coleman's press secretary said.

The ravages of meth mouth are extensive, the ADA president testified. "Often, there is no hope of treating methamphetamine damaged teeth, leading to full mouth extractions. This can, and in some cases already has, led to significant increases in oral health care costs for society."

Communities, hospital emergency rooms, correctional facilities and dental practices are directly affected by meth users, Dr. Brandjord said in testimony echoed by other witnesses. "Like prisons, hospital emergency rooms are not set up to handle extractions, certainly not extensive extractions. The patients are then referred to dentists for care and often present complex management and treatment obstacles."

Dr. Brandjord thanked the bipartisan senators for convening the forum "to put a spotlight on this growing problem of methamphetamine use." Also participating were Sens. Max Baucus (D-Mont.), Conrad Burns (R-Mont.), Chuck Hagel (R-Neb.), Mark Pryor (D-Ark.) and Craig Thomas (R-Wyo). Administration drug abuse officials also testified including U.S. Attorney General Alberto R. Gonzales. Moderating the event was Libby Haight O'Connell, Ph.D., historical adviser for The History Channel and a producer and developer of educational and community-based initiatives for A&E Television Networks. ■

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Member

Continued from page one

Other highlights from the recently completed National Recruitment and Retention Report include:

- For 2005, the number of active licensed members increased by 836 members.
- Since 2001 when TGMI began, the ADA has had a net gain of 9,284 members.
- After three years of membership decreases from 1998 to 2000, the ADA has increased the number of active licensed members for the past five years.
- There has been an overall increase in the market of active licensed dentists. That number increased 1,516 in 2005. Since 2001, the market has increased by 10,968 active licensed dentists.
- There was an increase in members in all target groups except full-time faculty and Federal Dental Service members.

"I think the important part of these findings is that we have had significant gains in an era when many associations have lost members," said ADA Executive Director James Bramson.

"It isn't unusual for associations to have nonrenew rates in the 10 to 15 percent range, and for professional associations, it often runs around 5 to 6 percent," said Dr. Bramson. "A nonrenew rate at 2.8 percent is remarkable."

The TGMI engages grassroots members in 47 constituent societies who make personal contact with nonmembers to share the benefits of organized dentistry.

"In any membership organization, the business of recruiting and retaining members can never end," said Dr. Cohlmia. "To accomplish that, we keep a constant watch on demographic trends in the profession, including who's retiring and where our new members are coming from."

The ADA has made gains with specific demographic groups in the recent past, including women dentists, new dentists and international dentists.

"Surveys of these members also indicate that they value ADA resources and are open to personal outreach, which is a central tenet of the Tripartite Grassroots Membership Initiative," said Dr. Cohlmia.

"Despite those gains," he added, "we still have work to do toward increasing the number of new dentist members to be more inclusive and reflect greater diversity."

The 2005 annual session in Philadelphia proved to be a useful tool for recruiting nonmembers, one-quarter of whom live within a five-hour drive of the Philadelphia area.

"By the end of 2005, we had picked up 50 new members who we made contact with through annual session," said Dr. Cohlmia. "Usually we don't see a bump like that until the following year, so we were quite pleased to see that 50 had already joined."

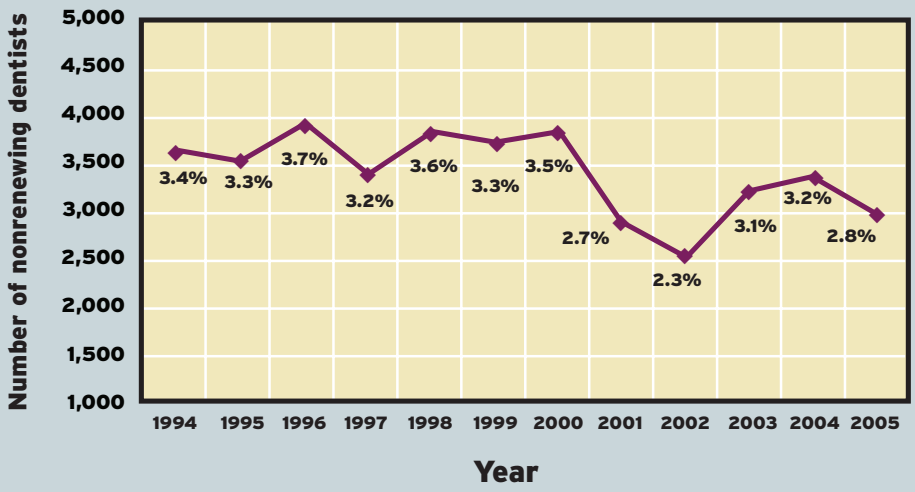
In addition, "we're doing a number of things to emphasize the value of membership. In fact, active members will receive a copy of the 2006 Member Handbook highlighting ADA services and benefits with this issue of the ADA News," he said.

The high rate of dentists renewing their membership may also be attributed to a personal outreach project undertaken by the Association at the end of 2005. The project's goal was to contact via telephone long-time members whose membership dues were unpaid at year's end and remind them to avoid having lapsed membership.

Taking the ideals promoted by the Tripartite Grassroots Membership Initiative to the next level is one of the objectives of this year's ADA Annual Conference on Membership Recruitment and Retention. Component and constituent society staff and TGMI teams will attend the March 17-18 conference with the theme, "Creating a Membership Community." ■

Retention up

The active nonrenew rate, at its lowest point in three years, shows dentists are choosing to renew their ADA membership.



Source: ADA Dentist Masterfiles

The initiative marches on

ADA, grassroots teams continue TGMI

BY KAREN FOX

The 2001 House of Delegates directed the ADA to re-invigorate membership through the Tripartite Grassroots Membership Initiative, and that's precisely what the Association has done, said ADA President Bob Brandjord.

"An increased membership market share will strengthen the profession and we're dedicated to achieving that goal," he said.

"The initiative had a 2005 goal but we never said it would end in 2005," added Dr. Brandjord. "We're pleased with the overall gains we've experienced but recognize we need to step up our efforts in other areas, such as recruiting new dentists who come from diverse racial and ethnic backgrounds."

Personal membership outreach is hard work for grassroots teams, added Dr. Raymond Cohlmia, chair, Council on Membership, "but it works, and the ADA is here to help volunteers and societies perform this important function."

In its sixth year, the TGMI now has 47 constituent societies engaged in member-to-member outreach.

"An increased membership market share will strengthen the profession and we're dedicated to achieving that goal."

ADA President-Elect Kathleen Roth, whose early ADA experience included a term on the Council on Membership, looks forward to "helping our Association become more open and inclusive to all dentists throughout the profession."

"It's my hope to make the value of membership and opportunities for involvement inviting," said Dr. Roth. "I hope to see the face of our membership reflect those in dental practice today." ■

Health&Science

Detecting Marfan syndrome

Dentists can spot oral signs

BY JENNIFER GARVIN

Port Washington, N.Y.—Since February is National Marfan Syndrome Awareness month, the National Marfan Foundation wants dentists to know that it has added information about the dental and orthodontic issues related to the syndrome to its Web site, "www.marfan.org".

The NMF estimates that about 200,000 Americans have the Marfan syndrome or a related disorder. It is a potentially life-threatening genetic disorder that affects the body's connective tissue and may affect the eyes, skeleton, blood vessels and heart. The Marfan syndrome often results in changes to the jaw and palate that affect the teeth.

"Many people with the Marfan syndrome do not know that they have the disorder, but they may be visiting a dentist or orthodontist for treatment of the specific dental aspects," said Dr. Sylvia A. Frazier-Bowers, an orthodontist and molecular geneticist at the University of North Carolina School of Dentistry. The NMF Professional Advisory Board consulted with Dr. Frazier-Bowers on the development of the new material.

Dentists who suspect the Marfan syndrome are urged to refer patients to the appropriate specialists for further evaluation, Dr. Frazier-Bowers said.

According to the NMF Web site, signs of the Marfan syndrome include high-arched palate, crowding of the dental arches and skeletal class II malocclusion. Additionally, one of the indicators of a new genetic disorder, Loeys-Dietz syndrome, is a bifid uvula or a cleft palate.

People with the Marfan syndrome tend to have two types of valve problems—aortic valve regurgitation due to aortic root dilation or mitral valve prolapse with regurgitation. Individuals with these conditions are at an increased risk for developing bacterial endocarditis. To help prevent this, the 1997 American Heart Association Prevention of Bacterial Endocarditis Recommendations state that these individuals should receive prophylactic antibiotics prior to certain dental or surgical procedures. A cardiologist would first need to determine if a Marfan syndrome patient had either of these valvular conditions before antibiotic prophylaxis would be recommended.

For more information on the Marfan syndrome, call the Marfan Foundation at 1-800-8-MARFAN or visit the Web site at "www.marfan.org". ■

OnlineXtra
www. ada.org/goto/newsextra
For more information related to this story, visit the ADA's Web site, using the Web address above.

FDA announces drug insert changes

Bethesda, Md.—The U.S. Food and Drug Administration announced Jan. 18 its plan to change prescription drug inserts, marking the first such revision in 25 years.

The new format will provide more informative and accessible prescribing information, which the FDA hopes will make it easier for health care professionals to access and read prescribing information. An FDA release said the most significant changes include:

- new "Highlights" section to provide immediate access to the most important prescribing information about benefits and risks;
- table of contents for easy reference to detailed safety and efficacy information;
- date of initial product approval;
- toll-free number and Internet reporting information for suspected adverse events to encourage more widespread reporting of suspected side effects.

"The new FDA labeling guidelines for drug inserts would hopefully resolve significant problems facing patients who may not be able to read the fine and condensed text on current labels, which is usually written for individuals with a high level of health literacy," said Dr. Amid Ismail, chair of the Council on Scientific Affairs. "Dentists would benefit from the new FDA guidelines when advising their patients for appropriate use of medications." ■

Donation

Continued from page one

encourage more philanthropists to come forward in support of dental education," said Dr. Arthur A. Dugoni, ADA Foundation president. "Dr. Ferris has demonstrated his commitment to dentistry's future through this generous gift." ■

PRODUCT news

Oraqix (lidocaine and prilocaine periodontal gel) 2.5%/2.5% is a needle-free, dental local anesthetic approved by the FDA for use in adults who require localized anesthesia in periodontal pockets during scaling and root planing. Oraqix is NOT for injection. Oraqix's eutectic mixture of prilocaine and lidocaine is applied as a liquid at room temperature using the blunt-tipped Oraqix Dispenser to periodontal pockets and transforms almost instantly into a stay-in-place gel at body temperature. Oraqix has a 30-second onset and approximately 20-minute duration and can be re-applied. Oraqix is distributed by OraPharma, Inc.

Dentsply Pharmaceuticals
800-225-2787
Booth #2207

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from Great-West

Members with ADA Office Overhead Expense disability coverage now save 44% on premiums! The ADA is able to extend Premium Credit discounts because its insurance program is sponsored on a not-for-profit basis and exists purely as a benefit to members. All ADA-sponsored insurance is underwritten and administered by Great-West, which has been protecting ADA members since 1934.

ADA Insurance Plans
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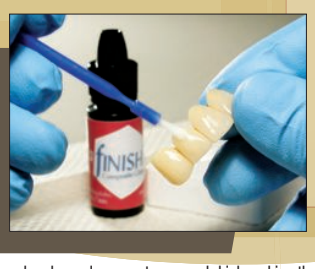
Tetric EvoCeram, the EVOlutionary development of the proven direct composite performer Tetric Ceram, is a single composite for universal use that has the low wear of a microfill, the strength of a microhybrid and superior esthetics that are fast and easy to achieve. It is the only composite to combine three types of nano-particles–nano-fillers, nano-pigments and nano-modifiers–into a single formulation. As a result, Tetric EvoCeram demonstrates low wear, extremely low shrinkage, faster and easier polishability, and excellent shade matching qualities.

Ivoclar Vivadent
800-533-6825
Booth #1026



DuraFinish clear brush-on glaze creates a much higher shine than possible with points, wheels and diamond paste. A thin coat is simply brushed onto the surface of a direct composite or temporary restoration and polymerized with a halogen light. A multifunctional molecule penetrates and permanently bonds to the composite. DuraFinish contains nanofiller to improve wear-resistance.

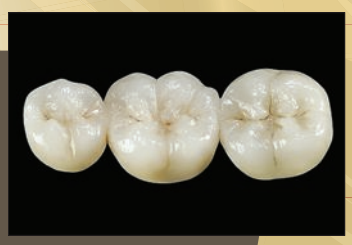
Parkell
800-243-7446
Booth #2123

LUMINEERS smiles are a pain-free alternative to traditional veneers. Patients want LUMINEERS smiles because they require no removal of sensitive tooth structure. New 3-day turnaround time is now available for rush cases! Look for LUMINEERS TV commercials starting January 16th!

Den-Mat Corporation
800-445-0345
Booth #2420

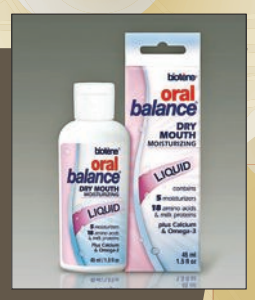
Confidently detect hidden decay with KaVo's new handheld caries detection aid, DIAGNOdent pen. This cordless, lightweight, highly accurate diagnostic device uses laser technology to extend the dentist's vision into sub-surface sites where caries can develop, multiply and thrive. Just like the DIAGNOdent, the DIAGNOdent pen is highly effective at detecting incipient pit and fissure caries that would otherwise test negative using x-rays, explorer or other diagnostic means. It aids in differentiating healthy from diseased tooth structure without resorting to guesswork and will allow you and your hygienist to provide a greater degree of preventative care to patients.

KaVo
888-275-5286
Booth #200



Glidewell Laboratories presents 3M ESPE Lava Crowns and Bridges, the most esthetic zirconia-based all-ceramic restorations available. Lava's zirconia oxide copings and bridge frameworks can withstand stresses many times greater than those that occur in patients' mouths. Strength isn't the only benefit. Beautifully vital esthetics are the result of thin, translucent and shaded zirconia frameworks. Lava anterior copings can be fabricated as thin as 0.3 mm. Best of all, PFM-like chamfer margins and conventional cementation make Lava easy to work with.

Glidewell Laboratories
1-800-854-7256
Booth #1643 and 1743

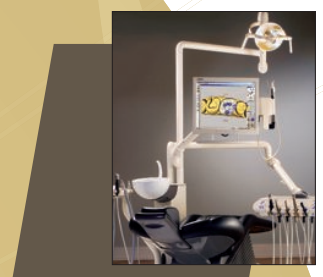


Laclede Incorporated, the makers of Biotene and Oral Balance, the world's #1 dentist recommended treatments for mild to severe dry mouth, introduces Oral Balance Dry Mouth Moisturizing LIQUID! This new long-lasting oral lubricant features Biotene's unique salivary antibacterial enzyme system to quickly and effectively soothe and moisten dry mouth while protecting dry oral tissue. Oral Balance Dry Mouth Moisturizing LIQUID contains 5 moisturizers, 8 amino acids and milk proteins to recreate the natural protection found in the mouth. Clinically proven to reduce the effects of dry mouth, it offers a pleasant flavor and provides long lasting comfort.

Laclede Incorporated
800-922-5856
Booth #2809

ViscoStat Clear is a viscous but spreadable 25% Aluminum Chloride hemostatic gel allowing for better placement and control. The gel's direct syringe delivery provides added convenience in placement. ViscoStat Clear is designed to rapidly arrest minor bleeding and sulcular fluid without leaving a residue. It is the primary choice for any restoration in the esthetic zone, including placement of anterior crowns and veneers. ViscoStat Clear is available in three convenient and affordable configurations, including a 4-syringe trial pack, a 30 ml Indispense kit for direct unit dose dispensing into 1.2ml disposable syringes and an Indispense refill.

Ultradent
800-496-8337
Booth #1833



CEREC is the first and only chairside CAD/CAM system available worldwide. It creates all-ceramic restorations in a single appointment. The CEREC 3D camera is located behind the C8+ monitor, so the camera is always close at hand. This integration eliminates the need for a separate mobile CEREC unit, creating more space in the operatory. Patient consultation can be immediately followed by CEREC treatment, improving the dentist's workflow. CEREC Chairline combines the economic and clinical advantages of CEREC with the ergonomic and hygienic advantages of Sirona's C8+ treatment centers.

Sirona
704-587-0453 ext. 129
Booth #1626

Glidewell Laboratories' award-winning veneers exhibit naturally beautiful esthetics, whether you prepare the teeth or use a no-prep approach. Glidewell veneers can be made razor-thin – as thin as 0.3mm. Depending on the clinical parameters, we use pressed ceramics in either IPS Empress or Vivaneers made with Prismatik ThinPress high-strength (155 mpa flexural strength) leucite ceramic. Our proprietary ceramic application process guarantees you'll receive exquisite veneers, case after case. If you need help getting started, our diagnostic service will eliminate the guesswork from your case

Glidewell Laboratories
800-854-7256
Booth #1643 and 1743

New in vivo studies published in the JDR show dentin bonds breaking down in five years or less. They also show chlorhexidine will stop the breakdown. Hemaseal & Cide with 4% chlorhexidine is the only product FDA approved for placement without rinsing. Already rated the best desensitizer and disinfectant, it is now the only product to assure long-term bond strength.

Advantage Dental Products, Inc.
800-388-6319
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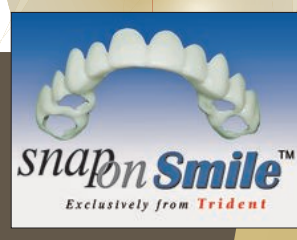

Snap-On Smile is the cosmetic alternative to permanent dental work. It has achieved amazing results in over 300 successful cases dealing with cosmetic enhancements, missing tooth replacements, restoring patients' vertical dimension or simply used as a diagnostic tool. Its specialized resin allows a thinness of .5mm without compromising its strength. It comes in a variety of 17 shades and 18 smile designs, giving patients an array of choices for their cosmetic enhanced custom fitted appliance. The only contraindication is in cases of severe, highly mobile and or periodontal disease.

Trident Dental Laboratories
800-221-4831
Booth #165

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Public health dentistry

ICD USA Section boosts support for program

Humanitarian outreach: The Dentistry Overseas dental public health program helps Cambodian dentists bring education and preventive care to their country's citizens, where the dentist-to-population ratio is 1-10,000.

BY STACIE CROZIER

Phnom Penh, Cambodia—Working hand-in-hand with small groups of dentists in a two-year dental public health course, ADA/Health Volunteers Overseas Dentistry Overseas and the International College of Dentists USA Section are trying to orchestrate a movement toward better oral health in countries where the dentist-to-population ratio is 10 to 18 times lower than in the United States.

Currently, 15 graduates of the Dentistry Overseas two-year Diploma in Dental Public Health in Phnom Penh have put their knowledge to work for the Cambodia Ministry of Health, and a second group of students began their studies last October thanks to a another grant from the ICD-USA Section.

"We're proud to play a small part in trying to help support dentists to get training in dental public health so they can make significant improvements in their country's dental health," said Dr. Ted Roberson, ICD fellow and chair, ICD Dental Humanitarian Outreach Program Committee. "The USA Section felt the importance of international involvement in humanitarian causes like enhancing dental public health and began the program several years ago in Vietnam. We plan to reach out to other countries and their dentists in the future."

Dr. Roberson, ICD Sixteenth District Regent, said the ICD USA Section conducted an exclusive fundraising campaign for the program, contacting all ICD-USA members through a direct mail campaign. Since 2002, USA fellows have donated almost $100,000, enabling 23 dentists in Vietnam and 15 in Cambodia to date to complete the two-year program.

"We're proud to play a small part in trying to help support dentists to get training in dental public health so they can make significant improvements in their country's dental health."

"We had a very generous response and now the committee has seen tangible results of the program through reports and photos that show the program in action."

The program trains local dentists in dental public health techniques. The second class of Cambodian students will receive more hands-on training and application in the field.

"This time around, much more of the teaching will take place in the field situation where students will be required to carry out in practice what they are taught immediately beforehand in theory," said Dr. Martin H. Hobdell, visiting professor, Department of Epidemiology and Public Health, University College London, and program director. "This promises to be challenging to both students and teachers. The logistics will also be complicated but manageable."

In a report to the ICD USA Section Board of Regents, Dr. Roberson indicated the program has met several objectives, including extending a western concept of cultural-scientific thinking to local faculty, initiating government public policy on fluoridation, promoting use of fluorides in toothpaste and introducing dental health as part of elementary school curriculum. Eleven ADA/HVO volunteers visited the program and taught courses. Fifteen Cambodian dentists completed the ICD-sponsored program in 2005.

In the future, the ICD hopes to expand the program to Laos and several countries in Africa.

"Without the grant from the ICD, this program would be impossible," added Dr. Hobdell. "The grant enables us to recruit good, qualified and committed teachers and get them there and house them modestly."

"A few months ago, I had the opportunity to meet with the ADA/HVO Dentistry Overseas Steering Committee," said Dr. Roberson. "I was extremely impressed with their dedication and commitment and how they've put our donations to work. The ICD is proud to be a part of it." ■

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Needle-free

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20 second onset

Can be applied to one or several periodontal pockets

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Please see the accompanying brief summary of the prescribing information.

To order or for more information on Oraqix, contact OraPharma at 1.866.273.7846 or visit our website at www.oraqix.com

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