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ADA NEWS

JULY 10, 2006

VOLUME 37 NO. 13

Dental Education: Our Legacy—Our Future

Securing the future of dentistry

BY STACIE CROZIER

The dental profession will be formally introduced this month to Dental Education: Our Legacy—Our Future, a nationwide collaborative initiative developed to raise awareness of the needs of dental education.

Dental Education: Our Legacy—Our Future is an effort that symbolizes the dental community's resolve to strengthen America's dental education system, said Dr. Arthur A. Dugoni, honorary chair.

"The issues surrounding dental

education are complex, with no single solution," said Dr. Dugoni. "So we

engaged a diverse group of stakeholders to come to the table, and they said,



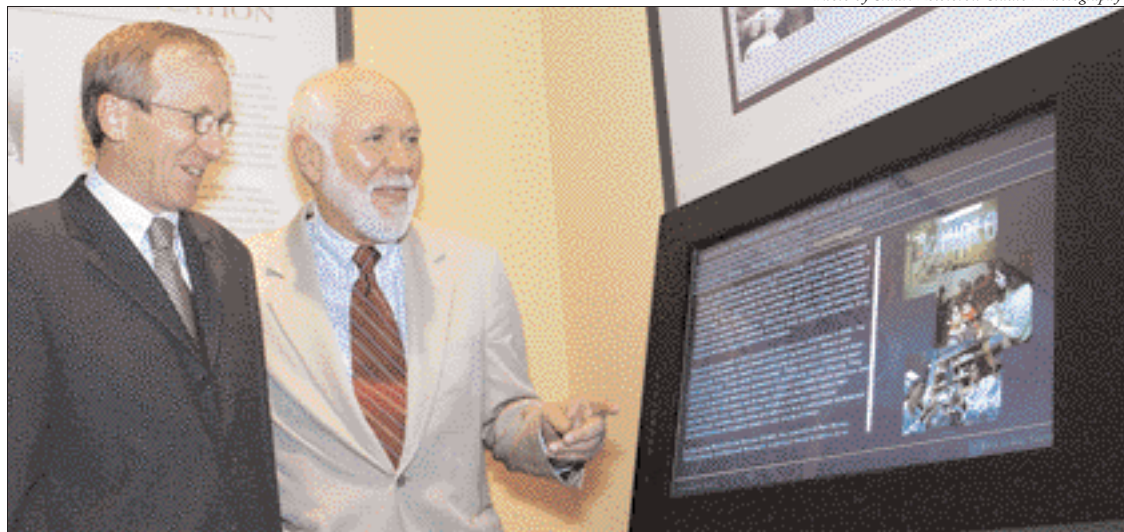
DENTAL EDUCATION
OUR LEGACY—OUR FUTURE

■ **Dr. Dugoni on the initiative; more coverage pages eight, nine**

"We must work together" to secure the future of this profession. Indeed, dental education is our legacy and our future."

The initiative, a collaborative effort involving the input and participation
See LEGACY, page eight

Photo by Stuart Zolotorow Studio ZPhotography



Museum's 10th anniversary: The Dr. Samuel D. Harris National Museum of Dentistry celebrated its 10th anniversary the weekend of June 23rd with new exhibitions, a lecture, gala reception and other special events. From left, Drs. Christian S. Stohler, dean, University of Maryland Baltimore College of Dental Surgery and Harold C. Slavkin, former director, National Institute of Dental and Craniofacial Research and dental dean, University of Southern California admire the interactive exhibition "Celebrating Dental Education." See story, page 16.

New dentists examine dental practice, educational debt

BY KAREN FOX

Boston—Faced with a high level of educational debt and investments in new dental practices, today's new dentists are under more pressure than ever.

More than 300 new dentists, students and dental office teams met June 22-24 for the ADA 20th New Dentist Confer-

■ **Diversity institute class named, page three**

ence to discuss these issues and more.

"What is so unique about this conference is that we give them the oppor-

tunity to have their opinions and concerns heard in an environment where they are surrounded by their peers," said Dr. Teri Barichello, chair of the Committee on the New Dentist.

ADA leaders and members of the Board of Trustees attend, too, giving
See CONFERENCE, page 16

BRIEFS

Compliance manu-

al: What are my waste management obligations under federal law? What should I do if OSHA contacts the office? How can I minimize my employees' exposure to pathogens?

Dentists with these questions can turn to the ADA Regulatory Compliance Manual on one CD-ROM (item S693) for help with the answers.

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The ADA is offering a special introductory price for the CD-ROM—\$99 for ADA members and \$149 for nonmembers. For more information or to order call 1-800-947-4746 or visit the e-catalog at "www.adacatalog.org". ■

JUST THE FACTS Dental hygienists' employment

Average length of employment of dental hygienists in the private practice of independent dentists, 2003.



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

Advocacy top priority in 2007 budget

Dues increase recommended

BY JUDY JAKUSH

An increased emphasis on advocacy is just one of \$2.5 million in new programs the ADA Board of Trustees has included in its 2007 budget proposal.

The Association's 2007 budget calls for \$104 million in revenues and \$107 million in expenses, income taxes and net capital expenditures, with a proposed \$23 dues increase—the first in four years—to help cover the deficit.

See BUDGET, page 15

Amalgam waste standard ready for review

The ADA Standards Committee on Dental Products has approved for circulation and comment proposed ANSI (American National Standards Institute)/ADA Specification No. 109 for Procedures for Storing Dental Amalgam Waste and Requirements for Amalgam Waste Containers for Storage/Shipments.

The purpose of this document is to provide dental offices that place or remove dental amalgam with a standard procedure for collecting, storing and preparing amalgam waste for delivery to recyclers or their agents for recycling.

It also sets requirements for amalgam waste storage and shipping containers. The document

specifies that dental offices store amalgam waste in silver/gray colored containers or silver/gray labeled containers that meet U.S. Department of Transportation requirements. By following the specified procedures, amalgam waste will be recycled and mercury will not be released into the environment, as could happen when disposed along with infectious waste.

The standard further includes a list of questions to ask an amalgam waste recycler when evaluating their services. Copies of this draft specification are available by calling the ADA toll-free number, Ext. 2533, or sending an e-mail request to "standards@ada.org". ■



Bling: In a new video news release on ADA.org, the ADA warns consumers in the market for grills or "fronts" that they might be risking their teeth and gums. Drs. Matthew Messina, ADA consumer advisor, and Kathleen Roth, ADA president-elect, talk about the removable grill that fits over teeth. For more information or to watch the VNR, visit "www.ada.org/goto/grills".

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Dr. Alfano named executive VP of NYU

BY KAREN FOX

New York—Dr. Michael C. Alfano, dean of the New York University College of Dentistry, has been named executive vice president of NYU.

He steps down as dean and begins his new post July 17.

As executive vice president, Dr. Alfano will oversee the university's budget and finance operations, the human relations division and the real estate, planning and construction operations.

"It would have been all but impossible to find a better candidate for this position than Mike," said NYU President John Sexton, J.D., Ph.D.

"As dean, he has been an extraordinary leader," continued Dr. Sexton. "Admissions has become more selective and competitive; new roles for dentists and new models for health care education have been embraced; dental care for poor New Yorkers has been expanded; fundraising has been unprecedented, leading to the creation of important new facilities; and the dental college has emerged as an important center for health care research."

Dr. Alfano called it "a high honor to have served for eight years at such an exciting place as the NYU College of Dentistry."

"I will surely miss the daily interactions with my terrific colleagues in dentistry and nursing both at NYU and around the country," Dr. Alfano said. "Nonetheless, the chance to work directly with President Sexton, one of the great luminaries in higher education today, to help achieve his vision of a transformed, common enterprise research university is an opportunity that is too important for our dental college, our profession and for me personally to decline."

A number of dentists have become executive-level administrators at major universities in recent years, said Dr. Richard Valachovic, executive director of the American Dental Education Association.

"Dr. Alfano joins a prestigious group of dental educators who have risen through the ranks of higher education to serve in very high levels of administration, including the ranks of university president, vice president and provost," said Dr. Valachovic.

Dr. Alfano's numerous awards and honors include Distinguished Alumnus Awards from the Harvard University School of Dental Medicine and University of Medicine and Dentistry of New Jersey, an appointment to the National Institute of Health's National Advisory Dental Research Council, the Jack Hein Public Service Award from the American Association for Dental Research and the Edward Shils Award from the ADA Foundation.

Dr. Richard I. Vogel, NYU professor of periodontology, implant dentistry and oral medicine, and executive associate dean for academic programs, has been named interim dean of the College of Dentistry. ■



Introductions: Dr. Kirk Gleason (left), ADA 2nd District Trustee and chair of the Board of Trustees' Standing Committee on Diversity, welcomes Dr. Oshmi Dutta to the Institute for Diversity in Leadership's class of 2006 during the ADA New Dentist Conference in Boston last month.

ADA Institute for Diversity in Leadership's class of 2006 begins

BY KAREN FOX

Last month the Board of Trustees selected the 12 members of the ADA Institute for Diversity in Leadership's class of 2006.

In September, 32 dentists will have completed the three-part program designed to enhance leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles.

Those selected for 2006 are Drs. Alejandro Aguirre, Plymouth, Minn.; Willie Beasley, Vienna, Va.; Oshmi Dutta, Portland, Ore.; Alex

Gutierrez, New York, N.Y.; Lisa Jacob, Millinocket, Maine; Conrad Journee, Liberty, Mo.; Marilyn Ketcham, Farmington, N.M.; Sandeep Mammen, Bloomfield, Conn.; Karen Mays, Columbia, Mo.; Celia Mendoza, Montebello, Calif.; Karen Stewart, Ann Arbor, Mich.; and Grace Su, New York, N.Y.

The ADA Institute for Diversity in Leadership is made possible by the ADA Foundation through generous contributions from Colgate-Palmolive Co., GlaxoSmithKline, Procter & Gamble and Sullivan-Schein. ■

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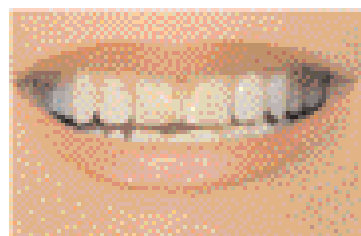
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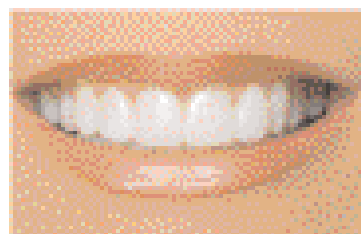
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Health&Science

Ross award winner eyes oral-medical connections

BY JENNIFER GARVIN

Chapel Hill, N.C.—Dr. Steven Offenbacher enjoys research so much he's "like a kid in candy store" in his job as director of the Center for Oral and Systemic Diseases at the University of North Carolina at Chapel Hill School of Dentistry.

He's also very good at it, which is why he is the winner of the 2006 Norton M. Ross Award.

A periodontist and researcher who has made groundbreaking contributions on the subject of oral-medical relationships, immunology and clinical dentistry, Dr. Offenbacher is passionate about working in a field that affects people's lives.

From his research connecting oral infections and systemic medical disorders to being the force behind a major insurance carrier's decision to create new dental care coverage policy, Dr. Offenbacher has repeatedly reinforced his commitment to the dental community in more than 25 years of service.

"It's exciting news and I'm thrilled by the award. It's quite an honor to be added to the same list of people who have previously won this award," Dr. Offenbacher said, "but the work that's been done is a team effort. Science is a team sport. I've been fortunate to work with some very talented and dedicated people. I deserve a little credit, but the real contribution has come from everyone else at UNC and from the people in our Center for Oral and Systemic Diseases. I've been in the right situation to do these interesting studies."

A self-described "inflammation junkie," Dr. Offenbacher's first human study on the effects of maternal periodontal disease on pregnancy occurred in 1988. Before that he and his team tested rats where they concluded there was an obvious connection between the two events.

"It seemed preposterous at the time, but now many people find it reasonable," he said.

Dr. Amid Ismail, chair of the ADA Council on Scientific Affairs (which helped select him for the Ross Award), praised Dr. Offenbacher for promoting oral health and the scientific base of dental care.

"The importance of dental infections and inflammatory mediators is now recognized as one of the potential determinants of pre-term delivery. Translating these findings into practice has already started, thanks to Dr. Offenbacher," Dr. Ismail said.

On the oral-systemic connection, Dr. Offenbacher waxed enthusiastic on the blossoming relationship between dentistry and medicine.

"I think it's important for the profession," he said. "In that medicine has largely ignored the role of oral disease on the well-being of our patients in the past, and these findings help to strengthen the relationship between medicine and dentistry. Not only do we gain a better appreciation of the other a little more, but gaining a better understanding of the linkage benefits all of our patients. I think it's hopeful that obstetricians and cardiologists are becoming more and more interested in oral disease. That's a good thing."

In December 2005, the insurance carrier CIGNA launched an Oral Health Maternity Program for members with both CIGNA medical and fully insured dental coverage. The new benefit completely covers periodontal scaling and root planing for pregnant women at risk for "pregnancy gingivitis." Those pregnant women not at risk

receive an additional cleaning, also at 100 percent.

"This policy change by a major insurance carrier is just the beginning of what I perceive as a revolution in dental medicine, and its impact has changed forever the public reception of oral health and how it relates to general health," wrote Dr. Kenneth Krebs, president of the American Academy of Periodontology in his nomination letter to Norton M. Ross Award committee.

Dr. Krebs concluded his nomination by writing, "Dr. Offenbacher is an outstanding choice for the Norton Award. ... [He] is certainly one of the most worthy leaders in dentistry deserving of this significant award bestowed by the ADA."

A past president of the American Association of Dental Research, Dr. Offenbacher earned his dental degree and doctorate in biochemistry from the Virginia Commonwealth University School of Dentistry. He later earned his master's degree and certificates in periodontology from the Harvard School of Dental Medicine. He has published 155 peer-reviewed articles in scientific journals and holds five U.S. patents relevant to periodontal microbiology and immunology. He is a past recipient of the Basic Research in Periodontal Disease Award from the International Association for Dental Research.

Upon hearing he won, Dr. Offenbacher paid



Dr. Offenbacher

tribute to UNC—where he is also a professor of periodontology—for supporting his research since he began there in 1990 and thanked the National Institute of Dental and Craniofacial research for "funding all of this."

"I'm grateful to them not only for my education, but for supporting

this work," said Dr. Offenbacher, adding that the AAP and ADA are doing "a great job educating the public on the importance" of the oral-systemic connection.

As the 2006 Norton M. Ross award winner, Dr. Offenbacher will receive a plaque and \$5,000 at an ADA Board of Trustees dinner in Chicago in August.

The Ross award recognizes a significant contribution in clinical investigation that has advanced the diagnosis, treatment and/or prevention of craniofacial-oral-dental diseases. The award is sponsored by the ADA through the ADA Foundation, with support of Pfizer Consumer Healthcare, and is given in memory of Dr. Norton M. Ross, a dentist and pharmacologist who contributed significantly to oral medicine and dental clinical research. ■

JADA to feature bisphosphonates guidelines

BY JENNIFER GARVIN

Due to increasing news coverage of a link between osteonecrosis of the jaw and oral bisphosphonates, the ADA Council on Scientific Affairs has developed a set of recommendations for practitioners to consult when treating patients taking these drugs.

The recommendations will appear in the August issue of *The Journal of the American Dental Association*.

The CSA assembled a panel of experts to develop these recommendations because of reports of ONJ developing in patients taking popular oral bisphosphonates such as Actonel, Boniva and Fosamax for osteoporosis and osteopenia.

The majority of reported cases of bisphosphonate-associated ONJ have been diagnosed after tooth extractions. Currently, there are fewer than 200 reported cases of ONJ in the more than 20 million patients taking oral bisphosphonates, according to Fosamax manufacturer Merck & Co.

The recommendations focus on conservative surgical procedures, proper sterile technique, appropriate use of oral disinfectants and the principles of antibiotic therapy. Patients are advised to schedule a comprehensive oral examination prior to beginning oral bisphosphonate therapy or as soon as possible after they begin therapy.

"It's extremely important to have not only good communication between the dentist and patient or physician and patient, but also between the physician, dentist and patient," said Dr. Dan Meyer, associate executive director, ADA Division of Science. "This emphasizes the need for the dentists to be a part of the treatment planning to help patients receive appropriate care to improve their general health without seriously compromising their oral health. The health benefits of a drug should outweigh the risks. As with any medication, if individuals are going to be taking bisphosphonates it is important for them, their physicians and dentists to understand the potential risks and benefits."

The CSA wants to remind members that the known risk for developing ONJ is much higher for patients taking bisphosphonates intravenously, as part of cancer treatment, than orally; dentists are advised to use the recommendations as a resource when treating patients. The dentist—knowing the patient's health history and vulnerability to oral disease—is still in the best position to make treatment recommendations in the interest of each patient.

At present there are no diagnostic techniques to identify those patients at increased risk for developing ONJ and there is no data from clinical trials evaluating dental management of patients on oral bisphosphonate therapy. These recommendations are based on expert opinion and will be updated as new information becomes available.

Members of the expert panel are listed in the JADA article. To see the recommendations online, visit "www.ada.org/prof/resources/topics/osteonecrosis.asp" or call the ADA toll-free, Ext. 2878. ■

Defibrillators recalled

BY JENNIFER GARVIN

Bethesda, Md.—MedWatch, the Food and Drug Administration's Safety Information and Adverse Event Reporting Program, reports that on June 14 Medical Research Lab Inc., a Welch Allyn company, voluntarily issued a Class I recall of 580 of its AED20 Automatic External Defibrillators.

The FDA defines a Class I recall as one in which there is a reasonable probability that using the product will result in serious adverse health consequences or death.

The defibrillators are being recalled due to an intermittent electrical connection within the device which may result in failure or unacceptable delay in analyzing the patient's electrocardiogram, failure to deliver appropriate therapy and

failure to resuscitate patients.

The products in question were marketed mostly to emergency medical services staffs, health care professionals in Europe and military personnel. They were manufactured in Buffalo Grove, Ill., between April and October 2003, with serial numbers 205199-205786. Any AED20 manufactured since November 2003 is not affected by the recall.

In 2004, the Council on Scientific Affairs accepted two models of the Welch Allyn in the ADA Seal Program: The AED10 and AED20. The AED10 is not subject to the recall. The AED20s that are subject to recall are unlikely to bear the ADA Seal, because the recalled devices were manufactured before the Seal was granted.

Those dentists who do own an AED20, when-

ever purchased or regardless of whether it bears the ADA Seal, should check the serial number and contact the company immediately if it is one of the recalled devices. MRL will repair an affected AED20 and provide a free loaner in the interim.

For more information on how to return an affected AED20, contact MRL by phone at 1-800-462-0777. The original recall notice can be found at "www.fda.gov/medwatch/safety/2006/safety06.htm#AED20". Any adverse reactions experienced with the use of this product, and/or quality problems, should be reported by contacting MedWatch by phone at 1-800-FDA-1088, by fax at 1-800-FDA-0178, or by visiting the Web site at "www.fda.gov/medwatch". ■

Topical fluoride

JADA to run new recommendations

BY JENNIFER GARVIN

An evidence-based approach is the fuel for the ADA Council on Scientific Affairs new clinical recommendations for professionally applied topical fluoride.

The recommendations will appear in the August issue of The Journal of the American Dental Association.

The new evidence-based clinical recommendations represent a different approach than has been used in the past. This process involves analyzing and weighing the scientific data to support each specific recommendation. For example, the chart in the August JADA classifies the strength of each recommendation, leaving it up to the dentist to make a decision based on the practitioner's clinical expertise and the patient's preferences.

"This is unique to the evidence-based process and provides very important information that a dentist can use when making decisions about patient treatments," said Dr. Dan Meyer, associate executive director, ADA Division of Science.

Future council recommendations also will be developed through an evidence-based approach, said Dr. Amid I. Ismail, CSA chair.

"The process for developing clinical recommendation relies on the best available evidence; opinions and analysis of dental experts in the field of fluoride research; and commentaries and suggestions from dentists and dental organizations," Dr. Ismail said. "The EBD approach will be used by the ADA to provide dentists with synthesis of the best available evidence."

The CSA stresses that experts are still very important in this process, as they still critically analyze all of the scientific evidence. They also determine how the current state of the science should impact the practice of dentistry.

The recommendations in JADA appear as part of a CSA report, which includes how the recommendations were developed and summarizes the scientific evidence for the effectiveness of topical fluoride in preventing caries.

Also included in the August JADA is an executive summary of the clinical recommendations, a four-page removable insert, "Evidence-Based Clinical Recommendations: Professionally Applied Topical Fluoride," that the ADA hopes will serve as a tool for members to help them apply evidence-based principles into their clinical decisions.

Both the report and the executive summary contain a summary chart of the recommendations and are intended to serve as a resource for dentists on how to best utilize professionally applied topical fluoride. The executive summary will be a quick-reference resource that dentists can post in their offices.

The new recommendations classify the evidence in six categories and provide the practitioner with four classifications of the strength of each recommendation.

The recommendations are the result of the ADA's October 2005 topical fluoride workshop that gathered an expert panel to evaluate all of the relevant and existing scientific evidence for professionally applied topical fluoride applications. Julie Frantsve-Hawley, Ph.D., served as the ADA staff coordinator for the project.

"The panel relied on systematic reviews and randomized controlled trials and used its expertise to extrapolate the results when studies were not available," said Dr. Jeffrey Hutter, who served as panel chair. "The panel has identified the strength and basis for its recommendations so that dentists can make informed decisions when discussing the recommendations with their patients."

The group reviewed all methods of professionally applied topical fluoride including gel, foam and varnish and determined that topical fluoride should be

used as a caries-preventive method for at-risk patients of all ages. The recommendations state that patients should be evaluated according to their caries risk status: low-caries risk, moderate-caries risk and high-caries risk; and treatment recommendations are stratified by age groups: under the age of 6, between the ages of 6 and 18, or over 18.

The CSA offers these recommendations as a resource with the "understanding that the dentist, knowing the patient's health history and vul-

nerability to oral disease," is still the best person to decide which treatment to use.

After they were developed, the recommendations were submitted for review to scientists with expertise in fluoride and caries, ADA agencies and 46 outside organizations—including the Centers for Disease Control and Prevention, the Cochrane Oral Health Group and the Academy of General Dentistry—representing academia, professional organizations, industry and third-party payers before being approved by the CSA.


"In response to previous directives by the ADA's House of Delegates, the comprehensive review process appeared to exceed all expectations," Dr. Meyer said. "It was a huge undertaking, but the expert panel and staff rolled up their sleeves immediately and went to work, sifting through a vast array of published, but at times, conflicting information. Some studies were more

clinically relevant and reliable than other previously published information. It was very gratifying to see the group of skilled professionals work so well to provide a very sound scientific basis for oral health care in order to not only address the needs of the practicing dentists, but more importantly, the patients they serve."

Other publications can provide additional information on specific therapeutic doses and recommendations related to general and oral health care. The ADA Guide to Dental Therapeutics is a useful adjunct to the evidence-based clinical recommendations and provides dosage and prescribing information; adverse effects, precautions and contraindications.

Members of the expert panel are listed in JADA. To see the recommendations online, visit "www.ada.org/goto/ebd". For more information, call the ADA toll-free number at Ext. 2878. ■

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Session 1 is set for Oct. 15, 1-2:45 p.m. and Session 2 will be from 3:15-5 p.m. Enjoy a coffee break and raffle in between sessions. For details and the latest updates on programs available, log on to "www.ada.org/goto/session". ■

Men and women

Annual session has courses for both

Las Vegas—You can spend some time at annual session focusing on your personal development and well-being.

The ADA's annual Men's Conference and Women's Conference give attendees of both genders a chance to spend a day focusing on their special needs.

The Men's Conference, "Lifestyle Checkup For Longevity," is an all-day program and "lifestyle checkup" designed to help men (and the women who love them) recognize danger signs, reduce health risks and enhance longevity.

Curt Hamann, M.D., will address research that suggests men might be at higher risk for occupational allergies and carpal tunnel syndrome. Dr. Hamann will also discuss how men can reduce their risk through improved occupational health management practices.

William Thies, Ph.D., will review the pathophysiology of Alzheimer's disease and discuss current medications and treatments and those on the horizon.

Peter Mansky, M.D., will address alcoholism and drug addiction, from genetic heritability and diagnosis to the role of personal responsibility for substance dependence as compared to other chronic illnesses like hypertension and diabetes. Dr. Mansky will include information about treating alcoholism and drug addiction and positive recovery rates for professionals in monitored programs.

Randy Martin, M.D., will share simple strategies for men to take in preventing heart disease,

diabetes, cancer and the effects of stress. Dr. Martin will cover lifestyle choices, nutrition and prevention techniques that can help both men and women live healthier and fuller lives.

The Men's Conference will meet Oct. 18, 8 a.m.-3 p.m. Cost is \$195 for dentists and \$80 for staff in advance and includes lunch. Course code: 7102.

The Women's Conference, "Reinventing Ourselves: Personally and Professionally," will address

the unique challenges for women managing their personal lives and dental practices. The conference is underwritten by a grant from the Colgate-Palmolive Co.

Dr. Rise Lyman will offer techniques on speaking and communications in the workplace and beyond for those who get nervous or tongue-tied when speaking to patients, professional groups or others. Susie Humphries will explore how fear and doubt can discourage individuals from trying new personal and professional opportunities, and how you can change your reaction to broaden your horizons.

Finance guru Terry Savage will outline how to

plan and invest for retirement and how to make your money last as long as you do. Dr. Judith Porter will discuss ergonomics and well-being and offer new perspectives on how to cope with and prevent musculoskeletal disorders in the workplace.

If you need to slow down your life's hectic pace, Loretta LaRoche will offer perspectives on how to keep stress in check by remembering a simpler time in life that didn't include cell phones, information overload and workaholicism.

The Women's Conference will meet Oct. 18, 10 a.m.-5 p.m. Cost is \$195 for dentists and \$80 for staff in advance, and includes lunch. Course code: 7103.

For more details on these or some 300 other annual session continuing education programs, log on to "www.ada.org/goto/session" or consult the annual session Preliminary Program. ■

All-day course focuses on prevention

Las Vegas—Attention dental assistants: Do you want to learn the latest exciting developments in preventing and treating periodontal disease?

The Prevention Convention, an all-day continuing education symposium marking its second year at annual session, will feature some of the world's most renowned periodontal disease experts who will provide you with the latest developments in the field.

Nearly three-fourths of participants that attended the Prevention Convention's debut at annual session in Philadelphia last fall (71 percent) rated the symposium as excellent in presenting current information; 66 percent rated the program as excellent on the content of useful and practical information; and 63 percent rated the program as excellent in meeting their personal objectives.

Learn the latest on biofilms, chemotherapeutics, hand scaling, ultrasonics, laser treatments and periodontal regenerative surgery from speakers that include Drs. John Sottosanti, Sebastian Ciano, Donald Coluzzi, Robert Faiella, Stuart Froum, and Jon Suzuki plus John Costerton, Ph.D. and Cynthia Fong.

Presenters will conclude the program with an interactive panel discussion.

The symposium meets Oct. 16, 9-11:30 a.m. and continues 1:30-4 p.m. Cost is \$120 for dentists and \$80 for staff. Course code: 5101. For details, log on to "www.ada.org/goto/session" or consult your annual session Preliminary Program. ■



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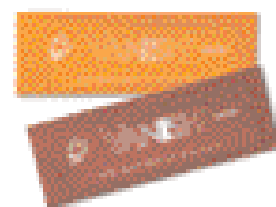
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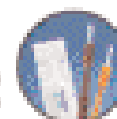
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Legacy

Continued from page one

of hundreds of dental stakeholders and more than 60 partners to date, has three goals:

- to raise awareness of the challenges facing dental education in the United States—faculty shortages, lack of diversity, aging physical and clinical facilities, lagging local and state government support, as well as escalating costs;
- to promote a culture of philanthropy within dentistry to address these issues;
- to deliver a call to action—starting within the dental community—to support dental education.

The purpose of the initiative is not to create a new fundraising entity. Our Legacy—Our Future will not collect a single dollar of its own, but will serve as a support tool for the fundraising efforts of its partner organizations.

The 61 partners include 44 dental schools and 17 other dental and specialty organizations such as the ADA Foundation and the American Dental Education Association. Partners can be one of three types:

- recipient partners—institutions that maintain dental educational programs accredited by the ADA Commission on Dental Accreditation, including dental schools, graduate dental education programs, hospital-based dental residency programs and allied dental health programs;
- facilitating partners—organizations that solicit, hold and redistribute funds for dental education;
- donor partners—both for-profit corporations and non-profit or philanthropic organizations that financially support dental education.

The amount of contributions received by the partners from July 1, 2004-Dec. 31, 2014, will be counted toward the objective of generating an estimated \$500 million for dental education.

Recipient partners like the University of Missouri-Kansas City School of Dentistry see the initiative as a unique opportunity to work with a diverse group of dental stakeholders, said Barry Daneman, director of advancement.

“The opportunity for collaboration with others in dental philanthropy is very important,” said Mr. Daneman. “On a practical level, teaming up with state and local dental organizations for issues like establishing or supporting scholarships or getting dentists into underserved areas under the umbrella of Our Legacy—Our Future will help us be a lot more effective.”

“The initiative is a significant opportunity to emphasize the importance of supporting education and the impact of philanthropy,” said Debby Rice, assistant executive director for development, American Association of Endodontists. The AAE and its foundation are facilitating partners in the initiative. “Strong educational programs are critical for the future of dentistry. Every organization in the dental



The following organizations have joined the campaign as partners (as of June 13)

Facilitating Partners:

- ADA Foundation
- ADEA William J. Gies Foundation for the Advancement of Dentistry
- American Academy of Oral and Maxillofacial Pathology
- American Academy of Oral and Maxillofacial Radiology
- American Academy of Pediatric Dentistry and American Academy of Pediatric Dentistry Foundation
- American Academy of Periodontology Foundation
- American Association of Endodontists and American Association of Endodontists Foundation
- American Association of Oral and Maxillofacial Surgeons
- American Association of Orthodontists Foundation
- American Association of Public Health Dentistry and the AAPHD Foundation
- American College of Prosthodontists
- American Dental Education Association
- American Student Dental Association

- Florida Dental Association
- Florida Dental Health Foundation
- National Dental Association Foundation
- Oral and Maxillofacial Surgery Foundation

Recipient Partners:

- A. T. Still University, Arizona School of Dentistry and Oral Health
- Baylor College of Dentistry
- Case Western University School of Dentistry
- Columbia University College of Dental Medicine
- Creighton University Medical Center
- Howard University College of Dentistry
- Indiana University School of Dentistry
- Loma Linda University
- Louisiana State University Health Science Center School of Dentistry
- Marquette University School of Dentistry
- Medical College of Georgia School of Dentistry
- Medical University of South Carolina College of Dental Medicine
- New Jersey Dental School-University of Medicine and Dentistry of New Jersey
- New York University College of Dentistry
- Nova Southeastern University College of Dentistry
- Oregon Health and Science University School of Dentistry
- State University of New York at Buffalo School of Dental Medicine
- Southern Illinois University School of Dental Medicine
- Temple University School of Dentistry

- Tufts University School of Dental Medicine
- University of Alabama School of Dentistry
- University of Colorado at Denver and Health Sciences Center
- University of Connecticut Health Center School of Dental Medicine
- University of Florida College of Dentistry
- University of Iowa College of Dentistry
- University of Kentucky College of Dentistry
- University of Louisville School of Dentistry
- University of Michigan School of Dentistry
- University of Minnesota School of Dentistry
- University of Mississippi Medical Center
- University of Missouri Kansas City School of Dentistry
- University of Nebraska Medical Center
- University of Nevada Las Vegas School of Dental Medicine
- University of North Carolina at Chapel Hill
- University of Oklahoma College of Dentistry
- University of Puerto Rico School of Dentistry
- University of Pittsburgh School of Dental Medicine
- University of Southern California School of Dentistry
- University of Tennessee Health Science Center College of Dentistry
- University of Texas Health Science Center at Houston
- University of Texas Health Science Center at San Antonio
- University of the Pacific Arthur A. Dugoni School of Dentistry
- Virginia Commonwealth University School of Dentistry. ■



Dr. Feldman



Dr. Haught

health community can play a role in achieving this goal. This initiative highlights our collective power to promote excellence and to stimulate generosity. The AAE Foundation is proud to be a partner.”

Our Legacy—Our Future symbolizes the determination of the dental profession to raise awareness of the challenges facing dental education, added Dr. Dugoni.

“By acknowledging the need and supporting the various partners, this effort will secure the future of dentistry as a trusted health care profession for years to come.”

Dr. Dugoni, president of the ADAF board of directors and retiring dean, University of the Pacific Arthur A. Dugoni School of Dentistry, is honorary chair.

Dr. Cecile Feldman, dean, University of Medicine and Dentistry New Jersey, New Jersey Dental School and Dr. Richard Haught, ADA past president (2004-05), are initiative co-chairs. Under their leadership, Our Legacy—Our Future will ask the dental community to come together to secure the future of the profession.

“Running a dental school is becoming increasingly more expensive as we strive to keep pace with the latest technology,” said Dr. Feldman. “At the same time, public funding is on the decline. With the majority of the schools approaching the 40-year mark, our facilities and infrastructure for

learning are in desperate need of upgrades. The dental community must respond today in order to safeguard the future of our profession.”

“We need to ensure future dentists will receive the same, if not higher quality education than the one that we received,” said Dr. Haught. “We must acknowledge what our profession may look like in the future if we don’t take urgent action now. If we don’t support our profession, how can we ask people outside of the dental community for help?”

A variety of dental stakeholders have studied economic trends related to dental education for decades, and have

concurred that the most significant problems facing dental education are financial. A monograph published in 2004 by the ADA, *The Economics of Dental Education*, describes the economic trends unfolding in dental education, analyzes the major economic issues challenging dental education and discusses promising programs to address these issues.

“Over the last four decades, conclusions from a variety of national reports on the state of dental education have indicated the need to focus on its high cost,” says the monograph’s executive summary. “Failure to do so, observers have warned, could undermine the entire future of the dental profession. Responses by educators have been largely on an individual school basis employing limited approaches, rather than a concerted effort engaged by the entire dental educational system.”

“The dental education community is constantly making improvements to our education system,” said Dr. Richard Valachovic, ADEA executive director. “But to take dental education to the next level, we must make everyone aware of the challenges we face and ask for their help to meet the needs. Education systems are forced to work harder and harder for financial support, so collectively, as a group and as a profession, we all need to get involved.”

In 2005, the ADEA study *U.S. Dental Educa-*

tion At-A-Glance examined the nation’s dental education system to assess issues like faculty shortages and lack of diversity.

The study reported more than 280 full-time and 27 part-time vacancies in dental schools, an average of nearly six vacancies per school. More than 55 percent of the current dental school faculty is 50 years of age or older, 24 percent are 60 years of age or older and those who are retiring are not being replaced in sufficient numbers.

Faculty members are 74 percent male and 78 percent Caucasian, according to a study in the *Journal of Dental Education* published in February, noting that diversity is affected by a lack of role models.

The U.S. Dental Education At-A-Glance study noted that the dental school enrollment peaked in 1979 with 6,301 first-year students; first-year enrollment in the 2004-05 school year was 4,612 students. Combined, African Americans and Hispanics make up only 12 percent of the total dental student population, percentages well below the equivalent representation of these minorities in the United States.

In addition, a study in the March issue of the *Journal of Dental Education* noted that tuition costs and post-graduate debt may prevent talented students from lower-income families and under-represented minorities from pursuing dental careers.

A three-year study underway at the Center for Community Health Partnerships at the Columbia University Medical Center, supported by a grant from the Josiah Macy Jr. Foundation, examined the growing financial problems of dental schools. The study is also developing new dental education models to address financial and education challenges and assessing the economic and political feasibility of implementing the most promising models. The Macy Foundation will convene a national conference of leaders and experts next year to plan for future change.

Macy study researchers—including project directors Drs. Howard L. Bailit and Allan J. Formicola of Columbia University Medical Center—concluded that if current trends continue and if the issues affecting dental schools are not immediately addressed, these challenges will have a major impact on the American dental education system

See LEGACY, page 12

Log on for updates

Keep informed with the latest news and information about Dental Education: Our Legacy—Our Future, by logging on to “www.ourlegacyourfuture.org”.

The Web site includes up-to-date information about the initiative, Our Legacy—Our Future partners, frequently asked questions, information for the press, downloadable resources and more. ■





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The national provider identifier

What every dentist should know

BY ARLENE FURLONG

With the deadline to include a national provider identifier on electronic transactions fast approaching, the American Dental Association is on call, ready to answer members' questions.

This ADA News article is a refresher on the basics of the NPI—a standard identification number for health care providers, required by May 23, 2007, under the Health Insurance



Portability and Accountability Act. It answers the questions the ADA Department of Dental Informatics is getting from ADA members. Look to future issues of the ADA News for more frequently asked questions, as well as updates on

NPI testing and implementation.

What is a national provider identifier?

The NPI is a 10-digit standard identification number that will replace the current provider identification information used—usually referred to as legacy identifiers. Legacy identifiers can be dental plan-specific identifiers, license numbers and Social Security numbers. The NPI will be

required on all HIPAA standard transactions.

The NPI will not replace a tax identification number or Social Security number. It will be used when dentists are identifying themselves, their employees or their practices as health care providers (not as taxpayers) when using electronic transactions and when insurers or state law requires its use. However, Social Security numbers and taxpayer identification numbers will still be used for taxpayer identification purposes.

Who should apply for an NPI?

Just like other regulations under HIPAA (electronic transactions, privacy and security), the NPI applies to all health care providers and provider organizations that transmit HIPAA standard electronic transactions—either directly or through a vendor or clearinghouse. (See sidebar on electronic transactions, page 11.)

By May 23, 2007, dentists who use HIPAA standard electronic transactions must include an NPI. The most common HIPAA standard electronic transactions used by dentists are electronic claims and eligibility inquiries. Other HIPAA standard electronic transactions used by dentists include electronic claims attachments and claim status inquiries.

But even dentists who do not use HIPAA standard electronic transactions may encounter health plans that require an NPI on paper claims, according to the ADA Department of Dental Informatics. Some have already expressed this intention at NPI-related public hearings. Additionally, state laws could require dentists who are not HIPAA-covered entities (do not file electronic transactions) to obtain NPIs. Minnesota has already enacted such a law. For such reasons, the ADA encourages all dentists to apply for an NPI.

Dentists who have no plans to implement electronic transactions and don't want to apply for an NPI should check with their patients' dental plans to determine whether they will require NPIs on paper claims or other additional identifying information.

How will dentists use the NPI?

After the May 23, 2007, deadline, a standard electronic dental claim will contain an NPI to identify a dentist or dental practice as the health care provider, as well as a Social Security or taxpayer identification number for tax reporting reasons. When required to do so, dentists who file paper claims will include an NPI (and possibly other identifying information per the dental plan's instructions) in addition to a taxpayer identification number on paper claim forms.

When should dentists apply for an NPI?

The ADA Department of Dental Informatics recommends that anyone who wants to avoid disruptions in claim payments should apply for an NPI as soon as possible. "As we steadily move to a full electronic business world, the NPI number will be a great and necessary asset," said Dr. Billie Sue Kyger, vice-chair of the Council on Dental Practice. She applied for an NPI two weeks ago and received it within 10 days via e-mail.

"By applying now, dentists can avoid any chaos as the May '07 deadline approaches," she said. "It's easier than booking a hotel reservation online. Use the ADA link and follow the simple directions."

Am I a Type 1 or Type 2?

There are two types of NPIs available to dentists and dental practices—Type 1 and Type 2.

- Type 1 enumeration distinguishes an individual provider as a health care provider who is operating independently. All dentists are eligible to apply for a Type 1 NPI, regardless of whether

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or not they file electronic transactions and are required to have an NPI under HIPAA.

• Type 2 enumeration distinguishes a health care provider that is an organization, such as a hospital, clinic, group practice or corporation. All incorporated dental practices and/or group practices are eligible for enumeration as Type 2 providers. Additionally, Type 2 organization providers may wish to also enumerate their individual provider employees as Type 1 providers to distinguish them individually and avoid possible delays in payments.

Incorporated individual providers who have an employee identification number should have a Type 2 NPI. However, it is entirely possible for an independent dentist with an incorporated practice to have both a Type 2 NPI for the incorporated practice and a Type 1 individual NPI. By enumerating both ways, the dentist achieves practice flexibility if required to distinguish a human being who provided services from the practice entity. Down the road this may help ensure that tax responsibilities are properly assigned.

During the NPI application process, an individual dentist enumerating as a Type 1 must supply a Social Security number or individual tax identification number if he or she does not qualify for a Social Security number. Type 2 applications require an employer identification number.

On paper, there is no way to distinguish a Type 1 from a Type 2. In the absence of any associated data, they are identical in format.

What should dentists do after they apply for an NPI?

For now, the Department of Dental Informatics suggests that dentists begin identifying key partners who will need their NPI information. This means any business that needs an NPI from

The NPI and the ADA claim form

If a patient's dental plan requires NPIs on paper claims, the NPI can be submitted on the ADA claim form. The current version of the ADA claim form can accommodate one provider identifier—either an NPI or a plan-issued provider ID for the billing dentist and one or the other for the treating dentist in items 49 and 51 respectively. A new version of the ADA claim form, due out later this year and valid for use on Jan. 1, 2007, will have additional fields to enable both reporting of an NPI and plan issued provider identifier for the billing dentist (items 49 and 52a) and for the treating dentist (items 54 and 58). ■

What is a HIPAA standard electronic transaction?

In the context of HIPAA, a communication about claims or benefits-related information that exists in some kind of electronic media such as a tape, disk, hard drive, back up or flash card and is either physically transported while in that electronic media, or transmitted via Internet, extranet or private or leased line to another computer for processing.

Communications by typical stand-alone fax machines and voice communications by telephone are excluded. ■

a dentist or dental practice to facilitate payment of benefits and/or delivery of health care. These include, but are not limited to dental plans, clearinghouses, systems vendors, billing services and other health care providers. Laboratories and pharmacists should also be included in the health care provider category dentists identify as key partners who may need their NPI information.

After identifying partners, dentists can request their dental practice management system vendors to update their systems to include the NPI and conduct tests to ensure that each dental plan is receiving information necessary to process claims efficiently. Dentists who submit electronic claims to a clearinghouse can ask if the clearinghouse is conducting NPI tests in preparation of the May 23, 2007, compliance deadline. In addition, the clearinghouse may need legacy identifier information during the transition phase to the NPI. ■

How to apply for your NPI

NPI applicants' data is collected by the National Plan and Provider Enumeration System, which also distributes NPIs to applicants. Giving the NPPES accurate, complete enumeration data for the practice will help to ensure that if the NPPES were to make provider data available to health plans at a future date, the plans will get accurate, complete data.

Applying for an NPI is free and easy to do, according to the ADA Department of Dental Informatics staff, which estimates the process to take 20-30 minutes. Dentists can visit "<https://nppes.cms.hhs.gov>" to submit an application.

After receiving confirmation of receipt, dentists can expect to receive an NPI via e-mail in one to five business days. Processing of paper applications and NPI receipt from the U.S. Postal Service typically takes about 20 business days.

For help with the process, go to "<https://nppes.cms.hhs.gov/NPPES/Help.do>" or e-mail "customerservice@npienumerator.com" or call 1-800-465-3203.

Note: If the NPPES Web site is down for updates and maintenance, keep trying as it is rarely down for more than two days.

For more information from ADA.org, go to "www.ada.org/goto/npi". Questions, comments or concerns may be directed to "NPI@ada.org". Those without e-mail or members who would prefer to talk to a staff member may call the ADA directly and ask for Ext. 4608. ■

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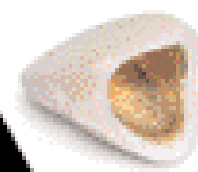
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Dr. Dugoni

Continued from page nine

people interested in being a part of dental faculty, the rising costs of education, the outdated facilities that make that education possible and the lack of resources to really promote diversity, we are facing more challenges than ever before. If our foundation—the dental education system—is not dramatically shored up, its weakness will significantly impact our profession and ultimately the health of the people we care for.

Since realizing the potential magnitude of this growing problem in our dental education system, I have been focused on gathering support to provide us with the resources to ensure healthy, state-of-the-art dental schools and a strong profession. I began this with the University of the Pacific and a simple

challenge to each student to give back to the education that will make their future possible. Over the course of my time at Pacific we have taken this initiative and developed a culture of giving in our graduates. We have inspired them and invited them to be an inspiration. Now people ask, “What’s going on at Pacific?” I tell them: We take the time to look into the eyes of our students and to speak to their souls about what it means to make a difference, to live a life that truly matters. I tell our students and graduates, that at Pacific, the value of their life will be measured by not what you got, but what you gave; not what you bought, but what you built. What will matter are the lives you touched and when someone says “You made a difference in my life and



DENTAL EDUCATION
OUR LEGACY—OUR FUTURE

who I am,” then you know you lived a life that matters.

Now I am taking this to the next level through Dental Education: Our Legacy—Our Future, a

national awareness initiative to support the efforts of those championing change in dental education. At its core, Our Legacy—Our Future is about institutions like Pacific, and people like you and me, contributing more than our time and talent. It’s about financial support to the institution of dental education, so that it can maintain its status on research campuses and as a trusted profession in the public’s eye. This support can be through any one of the more than 60 partner organizations—dental schools, dental and specialty associations, the ADA Foundation. What matters isn’t where you give but

that you give.

As part of dentistry, I believe that making a difference in our profession begins with our financial support of the dental education system. I understand that some may carry negative memories about their experience at a particular dental school, and know that those are difficult to let go of. What Our Legacy—Our Future represents is beyond the individual experience. It’s about remembering that dental school is purposed to make its students the best in dentistry. It’s about faculty seeing potential in you, challenging you to your limits, and then building you up to be a steward of the dental profession. It’s about students today and those of generations to come learning how to care for and improve the health of others.

Now is the time for us to make a difference in dental education—as our legacy and as our future. It is time to show our appreciation for those who inspired us and for us to give back because of what we’ve been able to accomplish as individuals and as a community of professionals. Today we must give to the future so that the best of the best are able to attend school, serve as faculty members, do research, develop innovative modes of practice and assist more often in underserved communities. It is time for us to teach the next generation to give of their time, talent and resources, so that dentistry remains a respected and trusted health care profession.

Making a difference in dental education begins with the recognition that you can live beyond yourself—that you can seize the opportunity to live a life that is above the ordinary, one that really matters. Look at the big picture. Your contributions will make it so that others have someone like my family dentist in their life. By giving in support of dental education through Our Legacy—Our Future partner organizations, you will chart the course for the future of dental education and our profession. More importantly, you will make a difference in someone’s life. And that is what matters most. ■

Legacy

Continued from page eight

within the next 10 years.

The authors address financial problems, including faculty incomes and vacancies, education costs, physical plant expenditures, student diversity and career choices, conditions of physical facilities and research costs.

In the financial analysis of dental education completed last summer, researchers conclude that more financial resources are needed to make dental faculty incomes competitive and enhance scientific and educational support to conduct research, offering exciting career options in academics. They also note that the rate of rising dental education costs needs to slow and dental schools need resources to invest in maintaining and updating aging facilities.

“It is times of great challenge that require great leaders to step forward and build the political consensus needed to develop new and more effective strategies to educate the next generation of American dentists and to keep dental education based in research universities,” the initial Macy study concludes. “The future of the dental profession and the oral health of the American people depend on it.”

“There are many dentists out there who just don’t understand the need or have a thorough knowledge of the challenges involved,” said Dr. Haught. “That’s the beauty of this effort: its main purpose is to raise awareness. Once everyone understands the issues and realizes how easy it is to be philanthropic, and do their part to help strengthen dental education, I am confident they will answer the call.”

For more information about Dental Education: Our Legacy—Our Future, visit “www.ourlegacyourfuture.org”.

Organizations interested in becoming a partner in Our Legacy—Our Future should contact Barkley Payne, senior director of the ADA Foundation, at 312-587-4716 or “payneb@ada.org”. ■

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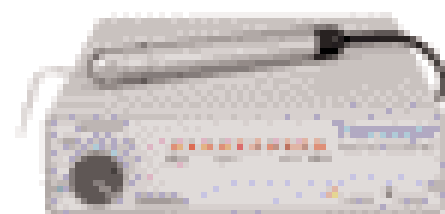
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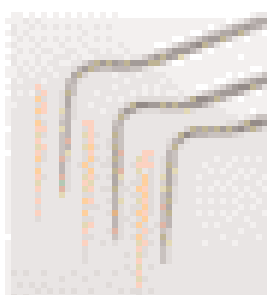


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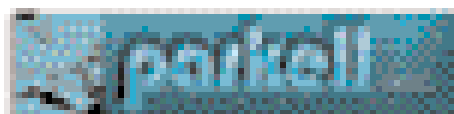
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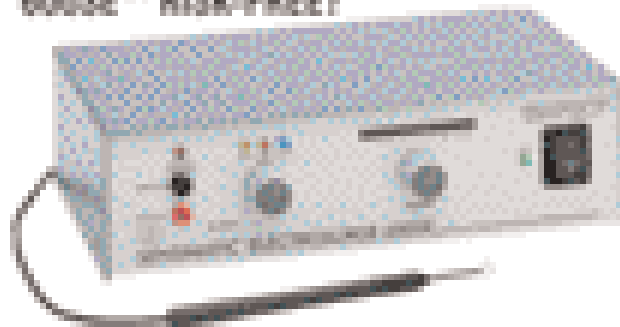
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Highlights of ADA Strategic Plan

The Strategic Plan of the American Dental Association charts the ADA's future as a strong and progressive organization.

It is the result of initial work and guidance by the Board's planning committee—the work

is then reviewed and vetted by the Board. This committee consists of members of the Board of Trustees and the general membership, who study and analyze trends, member needs and Association accountability and performance in

their crafting of the plan.

Input from throughout the Association is sought in developing the plan.

The ADA Board of Trustees relies on the Strategic Plan to provide guidance as it determines the spending priorities for the Association in each year's budget proposal and in managing issues that it faces during the course of the year.

The plan is available on ADA.org at "www.ada.org/ada/about/strategic" or by contacting the ADA Office of Strategic Planning and Consulting, Ext. 7469.

What follows here is summary of the goals and objectives for the current plan. The objectives are not in ranked priority order but are numbered for ease of reference.

Goals and Objectives: 2007-2010

There are five strategic ADA goals for the years 2007-2010. Objectives for each of these goals are listed as measures to guide the progress of the Association and are intended to cover the three-year period unless noted otherwise. Strategies and action plans to achieve the objectives are the responsibility of ADA agencies and are subject to ADA Board of Trustees approval.

Goal: Achieve effective advocacy for both oral health and the dental profession, within the health care, public and policy communities.

Objectives:

1. Preserve the dentist as the leader of a team which provides comprehensive oral health care services in any health care system.
2. Advocate for innovations that measurably increase access to care for all segments of the population.
3. Maintain the trusted professional image of the dentist among the top three professions.
4. Achieve full geographic practice mobility for licensed dental professionals nationally by 2008 and explore international mobility issues by 2010.
5. Advocate for the small business interests of the dental office.

Goal: Build dynamic communities to collaborate through new, cost effective ways on strategic initiatives and policies.

Objectives:

1. Achieve a net growth in membership market share of at least 0.5 percent annually with an ultimate goal of 75 percent by 2010.
2. Explore new categories of ADA membership addressing oral health care team members, other related populations and the international community.
3. Establish at least three innovative mechanisms that enhance collaboration across all communities of interest within dentistry, the global health care community and the public.

Goal: Create and transfer knowledge to improve oral health, being the most trusted source for information.

Objectives:

1. Increase the Association's value to the public through the transfer of timely, relevant and emerging oral health information, annually.
2. Increase the understanding of oral health by the public, other health professions and legislators by developing at least one initiative specifically tailored to each group every year.
3. Increase the Association's value to the profession annually, through the transfer of timely science and practice information based on data, new knowledge and emerging theory.

4. Participate in at least three initiatives that develop and advance clinical dental practice research.

5. Advance the culture of lifelong learning in the dental profession by developing at least four new mechanisms that address the unique learning needs of the various demographics of the profession.

Goal: Lead in the advancement of standards that are essential for the safe, appropriate and effective delivery of oral health care.

Objectives:

1. Promote adherence to the ADA Principles of Ethics and Code of Professional Conduct through at least one initiative annually, for the safe, appropriate and effective delivery of care.
2. Promote annually, through various forums, current U.S. educational standards; innovation; and lifelong learning curricula in dental and auxiliary programs in order to meet changing patient treatment needs.
3. Participate annually in the leading national and international standards development organizations effecting standards for oral health care products, equipment, materials and informatics.
4. Collaborate on dental education standards through new initiatives to continuously improve dental education with interested international dental schools.
5. Increase the understanding and incorporation of evidence based dentistry in the clinical judgment of practitioners by providing at least three products, services or educational opportunities annually.

Goal: Attain excellence in operations through progressive and efficient business management practices.

Objectives:

1. Achieve a 2 percent real growth annually in nondues revenues in order to minimize dues increases.
2. Explore and implement at least three new and innovative means to achieve direct member and/or potential member input and leadership development that is representative of the demographics of the profession.
3. Gather and utilize appropriate information and market research for major ADA initiatives and target all new ADA products, services and activities with greater acknowledgment of the diversity of the membership across generational, cultural and professional perspectives.
4. Examine and optimize the ADA processes, management and governance structures annually to focus all resources to achieve the Association's strategic goals.

The cumulative 2004, 2005 and 2006 Strategic Planning Committee members (not all have served every year) are listed here: Drs. Richard Haught, president-elect, 2004; Bob Brandjord, president-elect, 2005; Kathleen Roth, president-elect, 2006; Roddy N. Feldman, trustee, 13th District; John S. Findley, trustee, 15th District; Jeanne M. Nicolette, trustee, 7th District; William Glecos, trustee, 3rd District; T. Carroll Player, trustee, 16th District; Kevin Seidler (chair), Texas; Kim U. Jernigan, Florida; David Neumeister, Vermont; Gregory A. Stoute, Massachusetts; K. David Anderson, Alabama; Greg Liberatore, New York; Teri Barichello, Oregon; James B. Bramson, ADA executive director; and Ms. Mary Logan, ADA chief operating officer. ■

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Budget

Continued from page one

However, because of the expiration of a six-year \$30 special assessment in 2006 (for renovations at the ADA building in Chicago), members would actually be paying \$7 less in 2007 than 2006 if the dues recommendation (\$458) were adopted.

The ADA House of Delegates will meet in October in Las Vegas to consider the proposed budget as well as ADA policies and programs. The amount of the dues proposal could change at the House, depending on the costs associated with any programs delegates approve that are not included in the current budget proposal.

"We've added additional services of value to members," explained Dr. Mark J. Feldman, ADA treasurer, commenting after the Board's June meeting at which it approved the budget proposal.

"The budget reflects the new ADA Strategic Plan, which is more specific by identifying goals like strengthening advocacy, which is always a No. 1 priority for the membership. This will be a major undertaking for the ADA over the next several years." (See Strategic Plan story, page 14.)

When the budget planning process began earlier this year, the initial numbers showed a \$6 million deficit in the operating budget, noted Dr. Bob Brandjord, ADA president. "We have worked hard to make this a very tight budget for the Association but one that provides members with the services they need. We have about \$2.5 million in new programs, and these cover a range of projects, but especially advocacy. We've spent the past year examining closely what the ADA's needs are in this area, and this budget is the culmination of that effort. We think it's a very good budget and are proud of efforts by our staff and Mark Feldman."

Revenue sources include both dues and nondues dollars, and nondues revenue now stands at 54 percent of the revenue, with dues accounting for 46 percent, said Dr. Feldman.

"If adopted, this will be the first dues increase in four years," said Dr. Feldman. The \$23 will be supplemented with another \$700,000 out of reserves in addition to nearly \$1 million in interest and dividends that we use to stabilize dues."

Strong reserves are key to the Board's dues stabilization policy. With strong reserves, interest can be used to offset expenditures, allowing the Board to manage the budget more efficiently. "This enables us to keep our dues at or below inflation. Without the reserves, the dues increase would have had to have been higher," Dr. Feldman said.

If dues had been increased annually at the rate of inflation during the past four years, the 2007 dues rate would be \$489, versus the proposed \$458 after the recommended \$23 dues increase.

Dr. Kathleen Roth, ADA president-elect, echoed her colleagues' support of the budget. "The Board members take their fiscal responsibilities seriously, and the long-term financial stability of the ADA is as critical as putting together each year's annual budget. As we worked through projects and programs important to our mission, adding value for our members and using our strategic plan as the roadmap through the process, we put together an exciting, dynamic budget."

The importance of strengthening reserves for the long-term financial health of the Association is critical, she said. "I am enthusiastic about the new programs we have on the horizon, strongly encourage the need for solid reserves and supportive of the proposed dues increase. The Board has done an outstanding job of improving value to our members with new growth of needed projects, while conservatively recommending an increase in our members' commitment to this growth."

Starting with a deficit was a challenge, said Dr. James B. Bramson, ADA executive director. "This budget was put together with foresight. Knowing that we had a deficit to start with, it meant that we had to dig deep to find ways to streamline, economize and still add new programs. The Board is asking for a \$23 dues increase and is willing to fund the remainder of the current deficit out of its reserves. However, they know that a strong reserve

is essential for us to maintain any dues stabilization. Dues stabilization was approved several years ago as a method to mitigate large swings in dues increases and to keep them at or below inflation."

Dr. Feldman noted that the House will be considering several spending packages that may have to be supported with additional dues money not reflected in the \$23 proposal. "There is an elder care proposal that supports more than \$300,000 in programming aimed at the most rapidly growing segment of our population," he said. "If the House of Delegates supports this very worthwhile project they should be prepared to add an additional \$3 in dues to fund it."

Overall, he observed, the budget provides services to members while being based on sound fiscal policies. "Every choice we made relates to the Strategic Plan and our analysis of the services most valuable to our members. That is at the front of all

our minds when we review the budget."

Dr. Feldman summarized some other key elements of the budget:

- Membership dues revenues and membership full dues paying equivalents are expected to remain largely flat in 2006 and 2007, as they have been since 2004 due largely to a 2003 House resolution reducing dues for the first four years after graduation.

Projected dues in 2006 are expected to be about \$900,000 below budget due to approximately \$300,000 in anticipated dues waivers for Hurricane Katrina victims and continuation of the 2005 trend of slowed growth in full dues paying members combined with increased growth in the active life and retired life categories which pay 50 percent dues and no dues, respectively.


- Nondues revenues are budgeted to grow 5 percent, with the most significant growth being in

meeting and seminar income, testing fees and accreditation, investment income and royalties.

- Base budget operating expenses are budgeted to increase only 1.5 percent.

In addition to advocacy initiatives, other new projects include a teen oral health program, information technology upgrades and Member Relationship Management program expansion, and international consultation and accreditation activities.

Before consideration of the budget by the full Board, all budget requests are reviewed by the Board's Administrative Review Committee: Drs. Feldman, chair; Brandjord; Roth; Bramson; G. Kirk Gleason, 2nd District trustee; Frank C. Grammer, 12th District trustee; Kathryn A. Kell, 10th District trustee and Michael T. Rainwater, 5th District trustee. Also serving are Mary Logan, chief operating officer, and William T. Zimmermann, chief financial officer. ■



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Conference

Continued from page one

new dentists and students a chance to share their concerns with organized dentistry's decision-makers.

"New dentists don't always feel they have the opportunity to speak out," said Dr. Barichello. "The trustees recognize that the decisions they make impact new dentists—the future of the profession. It's critical that the Board hears from us."

Sponsored for the 20th consecutive year by Mentadent/Arm & Hammer, the New Dentist Conference features continuing education, leader-

ship programming and social networking for dentists in practice fewer than 10 years. Speakers this year included Drs. Mark Hyman, Jeffrey Okeson and Cliff Rudle, and Gary Zelesky, Carol Paige and Allen Schiff, CPA.



ADA president: Dr. Bob Brandjord speaks to the group.

"I don't know how old you were when you made your career choice, but you made a good decision," ADA Executive Director James Bramson told the crowd in opening remarks. "The privilege of being a dentist today carries with it a number of significant challenges." Among them: third-party payers, legislators and government regulators, and access to care.

"We have an organization that's a source of help for you and a force though which all of us can face these and other challenges together," he said.

Dr. Edward Vigna, ADPAC chair, called for new dentists to get involved in organized dentistry and ADPAC in a June 23 address.

"Everybody has a practice partner: government," Dr. Vigna said.

"It may be that you're not interested in that partner but that partner is interested in you," he continued. "We cannot leave oral health issues to



California dentists: Dr. Kevin Deutsch of San Francisco and Dr. Jennifer Fong of San Leandro enjoy the conference.

people who don't know dentistry."

In many cases, new dentists recognize they have a stake in advocacy, but finding the time to be actively involved is another story.

"Hearing about the ADA's involvement with political advocacy was the most beneficial part of the conference for me," said Dr. Tracey Osborn Pike of Deerfield, N.H., a 2003 Tufts University School of Dental Medicine graduate.

"We are often so busy that a lot of times we try not to get into that," said Dr. Pike. "But if we don't, people who don't know anything about dentistry will make decisions for us. If we're to maintain our autonomy as dentists, it's critical to know what's going on."

In addition to advocacy, issues raised during the "Hot Topics: Ask Your ADA Leaders" session included Medicaid, access to care, the community dental health coordinator, cost of dental education, third-party payers, National Campaign for Dental Education and disaster relief.

Additional support for this year's event came from the Massachusetts Dental Society, South Shore District Dental Society (Mass.), Valley District Dental Society (Mass.), Connecticut State Dental Association, Maine Dental Association and New Hampshire Dental Society.

The 21st New Dentist Conference takes place June 21-23, 2007, in Portland, Ore. ■



National viewpoint: Dr. Katherine Morganti of Alexandria, Va., a member of the federal dental services, listens to a speaker.



Two coasts: Dr. Garrick Lo (left), Washington state, and Dr. Princy Rekhi, Massachusetts, enjoy the June 23 motivational speaker Gary Zelesky.

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REFERENCES: 1. Data on file. 2. Shen P, Cai F, Horiuchi A, Vincent J, Reynolds EC. Remineralization of enamel subsurface lesions by sugarfree chewing gum containing casein phosphopeptide-amorphous calcium phosphate. *J Dent Res*. 2001;80:2006-2010. 3. Reynolds EC, Cai F, Shen P, Walker GD. Retention in plaque and remineralization of enamel lesions by various forms of calcium in a mouthrinse or sugar-free chewing gum. *J Dent Res*. 2003;82:208-211. 4. Piekayak J, Minis RK. Xylitol for Caries Prevention. *J Dent Hygiene*. 2002;75(4):276-285.

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Dr. Samuel D. Harris National Museum of Dentistry marks 10th anniversary

Baltimore—The Dr. Samuel D. Harris National Museum of Dentistry celebrated its 10th anniversary the weekend of June 23rd with new exhibitions, a lecture, gala reception and other special events.

The museum opened June 20, 1996, the inaugural and permanent exhibition, "32 Terrific Teeth," depicting the American dentist as practitioner, inventor, public figure, humorist and professional and dentistry by its history and inviting today's visitor to a new understanding of oral health. Four new exhibitions—MouthPower: The Exhibition, Forensics: Solving Mysteries, Celebrating Dental Education and Watch Your Mouth: Sports in Dentistry—opened in conjunction with the anniversary celebration.

"The growth the NMD has experienced over the last decade places it at the forefront of providing outreach and information about dentistry to a wide variety of people from around the nation and throughout the world," said Dr. Roger P. Levin, chair of the NMD's board of visitors. "NMD exhibits excite and

educate. Its programs for children stimulate their minds about good dental health and career opportunities in dentistry and its traveling exhibits extend the museum's reach beyond its Baltimore home."

The celebration began with this year's Dr. Jack W. Gottschalk Distinguished Lecture by Dr. Harold C. Slavkin, former director of the National Institute of Dental and Craniofacial Research, current dean and G. Donald and Marian James Montgomery Professor of Dentistry at the University of Southern California, and a member of the museum's board of visitors.

Special thanks to NMD's 10th anniversary sponsors including Henry Schein Inc., Dentsply, Crest-Oral B, Patterson Dental, Sunstar Butler, DentalEZ Group, Colgate-Palmolive, Levin Group, Summit Financial and United Concordia Companies Inc.

For information on the museum or the 10th anniversary events and activities call 1-410-706-8477 or visit "www.dentalmuseum.org". The museum is an affiliate of the Smithsonian Institutes. ■

CND bestows three awards

Recognition given for leadership, mentoring and programming

BY KAREN FOX

Boston—Three award winners were recognized during the Committee on the New Dentist Awards Luncheon June 24.

Dr. Sean Benson, Oregon Dental Association, received the Golden Apple New Dentist Leadership Award, which recognizes a new dentist who has demonstrated outstanding leadership initiative.

Dr. Benson serves as a mentor and role model at the Oregon Health and Science University School of Dentistry and has held numerous leadership positions at the ODA. Through ODA, he's been involved in all aspects of the recent governance restructuring and strategic planning.



In accepting his award, Dr. Benson thanked a mentor of his own in the audience, Dr. Michael Biermann, ADA 11th District trustee, for "giving me a huge confidence boost" at one point in his career.

"I want to encourage everyone in this room to get involved if you're not," added Dr. Benson. "It's made my life and the practice of dentistry fulfilling and fun."

Dr. Sharon Harrell of the North Carolina Dental Society received the Golden Apple Outstanding Leadership in Mentoring Award.

Over the past 14 years, Dr. Harrell has mentored more than 50 students and new dentists, including undergraduate pre-dental, hygiene and assisting students and health occupation students from community colleges and high schools.

The definition of mentor is a wise and trusted counselor, Dr. Harrell said.

"No matter how long you've been in practice, you can be this," she said. "To high school students, to a new dental assistant in your practice, anyone."

"I can't tell you how many times I've had young dentists tell me, 'You said encouraging words to me at a time when I really needed to hear that,' " continued Dr. Harrell. "We often

don't realize the power of our words, especially our words of encouragement."

Also, the New Dentist Committee's Outstanding Program Award of Excellence was awarded to the California Dental Association for its seminar attended by 150 new dentists and students, "Start Your Engines: A New Dentist Track to Keep You on a Winning Course." Hosted in conjunction with the CDA scientific session, the program featured a motivational presentation, clinical and practice management CE courses, and a networking reception. ■

Honored: From left, Drs. Sean Benson, Oregon; Sharon Harrell, North Carolina; and Jeffrey Rosa, representing the California Dental Association, receive awards June 24 at the Conference on the New Dentist in Boston.



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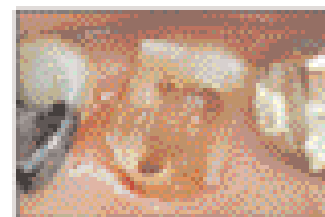
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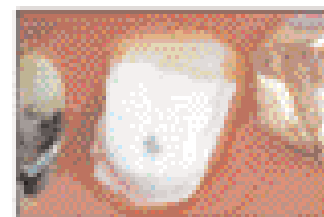
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Leader: Dr. Teri Barichello, chair, ADA Committee on the New Dentist, moderates the conference in Boston June 22.



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HVO/DO adds China program site

BY STACIE CROZIER

Chengdu, China—Volunteers for the ADA-sponsored Dentistry Overseas program have the opportunity to explore a new program site in China.

The program, based at Sichuan University in Chengdu, seeks volunteers to provide continuing education for undergraduate and graduate dental students and faculty at the university, known as one of the premier dental schools in China.

The program offers lectures in endodontics, periodontics, pediatric dentistry, implant surgery, restorative dentistry and other topics to some 400 dental students and 420 graduate students. The university offers facilities for lectures and clinic training and equipment for slide and PowerPoint presentations.

Volunteers will also provide CE to dentists working in outlying areas at the Luzhou Medical Training Center in Deyang, about an hour from Chengdu. The hospital, which serves Deyang and three outlying counties, treats patients in the fields of prosthodontics, restorative dentistry, oral medicine, minor oral surgery and endodontics.

Chengdu, the capital of the Sichuan Province in Southwest China, is famed as the habitat of the Giant Panda and the hibiscus and is known for its spicy cuisine.

"China has opened its doors to the world and for the first time some of its deep mysteries have come to light," said Dr. Hashim Chothia, DO China program director. "Travelers now have the freedom to travel around and explore this country



Photos by Dr. Hashim Chothia

Panda power: The Chengdu Panda Breeding and Research Center lets visitors see pandas in their natural habitat.

without any restrictions. A trip to China remains incomplete without visiting some of the wonders of the world such as the Great Wall and the historic Tiananmen Square," he added. "China's culture is as rich as it is diverse."



Dentistry in Chengdu: Volunteers for the Dentistry Overseas program in Chengdu, China, will teach at Sichuan University's dental school and clinic.

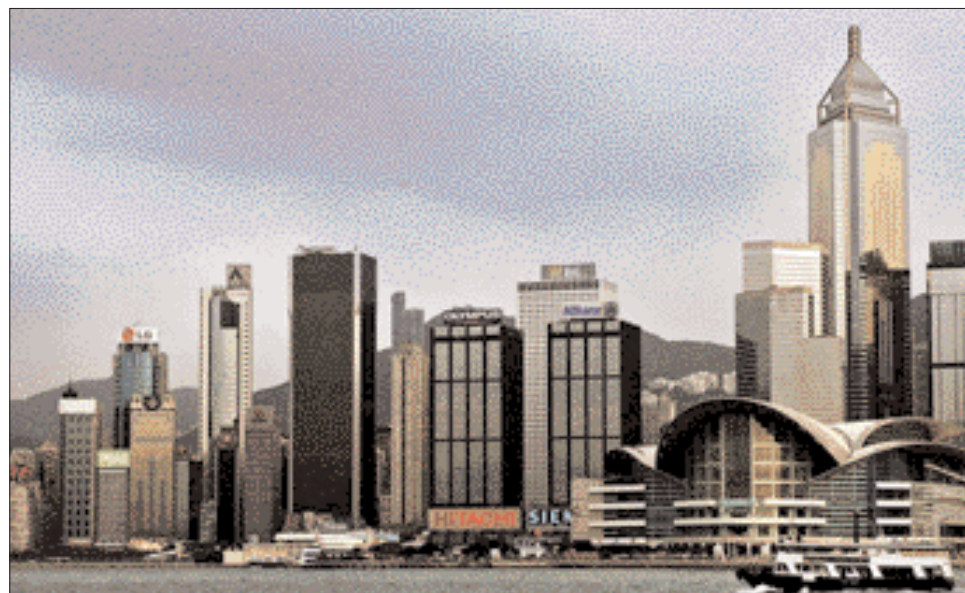
Volunteers for this program must be current members of the ADA or the Canadian Dental Association with a valid dental license and at least five years of practice experience. DO recommends that volunteers have prior experience volunteering

internationally to work in this site. Volunteers will serve a minimum of two weeks and are responsible for their own housing costs (approximately \$35-\$100 per night in a local hotel). Transportation to the hospital and clinic facilities is provided. Volunteers can also take advantage of special negotiated rates at hotels in Beijing and Shanghai before or after their assignment.

Continuing education credits for volunteer work in free and not-for-profit clinics may be available through some state licensing boards. Check with your state licensing board for more information.

Dentistry Overseas is a division of Health Volunteers Overseas, a private, nonprofit organization committed to improving health care in developing countries through training and education.

For more information and details on how to apply for the program, or more information on other programs in Cambodia, Nicaragua, St. Lucia and Vietnam, log on to "www.hvusa.org" or log on to ADA.org and click "on the International" link. ■



China sights: The breathtaking skyline of Hong Kong is just one of the landmarks you can visit in conjunction with the FDI World Dental Congress in September.

Combine CE, travel with FDI Congress

Shenzhen, China—When you attend the FDI World Dental Congress Sept. 22-25, you can take advantage of once-in-a-lifetime opportunities to explore the wonders of the Far East, all easy journeys from Shenzhen.

Hong Kong—a city where East meets West and modern architecture aligns with rickety bridges and ferries—is well known for its fabulous restaurants, shopping and nightlife. It also offers a chance for visitors to soak up its cosmopolitan culture in a variety of museums, art galleries, tourist attractions and even its own Disneyland experience.

Nearby, the tiny islands and peninsula of Macau, a Portuguese colony for more than four centuries, offers breathtaking sightseeing, shopping and gambling opportunities for visitors.

Beijing is the nation's political and cultural hub. Famed sights including the Forbidden City, Tiananmen Square, the Ming Tombs and the Great Wall await and visitors can savor Peking

duck, teas and cultural attractions.

A variety of FDI tours and post-congress excursions are planned, including trips to Hong Kong, Macau, Xi'an, Beijing and several other destinations, to make it easy for you to explore the wonders of China.

The FDI World Dental Congress at SZCEC (Shenzhen Convention & Exhibition Center) will offer a full scientific program covering the latest scientific topics affecting dentistry and a rare opportunity to learn about oral health care in China. Continuing education courses are recognized by the ADA Continuing Education Recognition Program.

Advance registration closes Aug. 1. For information on congress registration, social events, tours, accommodations and visas, contact the FDI USA Section toll-free, Ext. 2727, e-mail "hernj@ada.org" or log on to the Web site: "www.fdiworldental.org". ■

ADA resources available at a discount til Sept. 30

Dentists who want to take advantage of deep discounts the ADA is offering on CDT 2007-2008 and the newly released ADA/PDR Guide To Dental Therapeutics, in its fourth edition, should pre-order by Sept. 30.

Enjoy a 10 percent discount off one title and a full 15 percent off each title when both resources are pre-ordered.

The ADA/PDR Guide to Dental Therapeutics (item P063) includes comprehensive coverage of more than 2,500 brand name and 900 generic drugs relevant to dentistry. Its new format is designed for quick searches and referencing to help dentists make the most informed therapeutic decisions for their patients.

CDT 2007-2008 is the latest in a series of dental procedure code reference manuals published by the American Dental Association. The technical content is maintained by the Council on Dental Benefit Programs. The council's goal is to develop an educational manual, to include the Code as well as other instructive tools, that will be a useful edu-

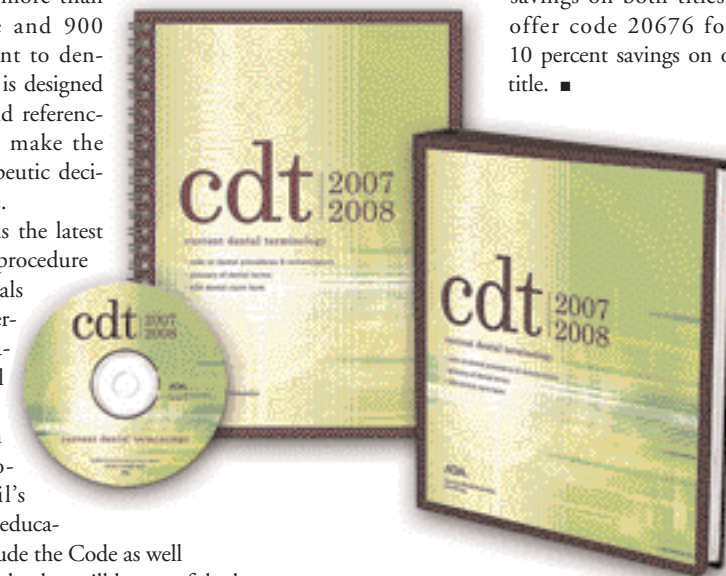
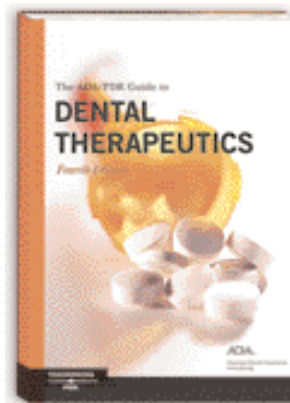
cational resource to dentists and office staff when recording dental treatment, processing claims and addressing other administrative matters.

The CDT 2007-2008 CD-ROM (item J926) will include a sample of the new version of the ADA dental claim form, revised to enable reporting of a National Provider Identifier and the next version of the Code on Dental Procedures and Nomenclature, effective Jan. 1, 2007. The next version of the Code incorporates 23 new procedure codes and 33 revisions to current procedure code nomenclatures or descriptors. Three codes have been deleted.

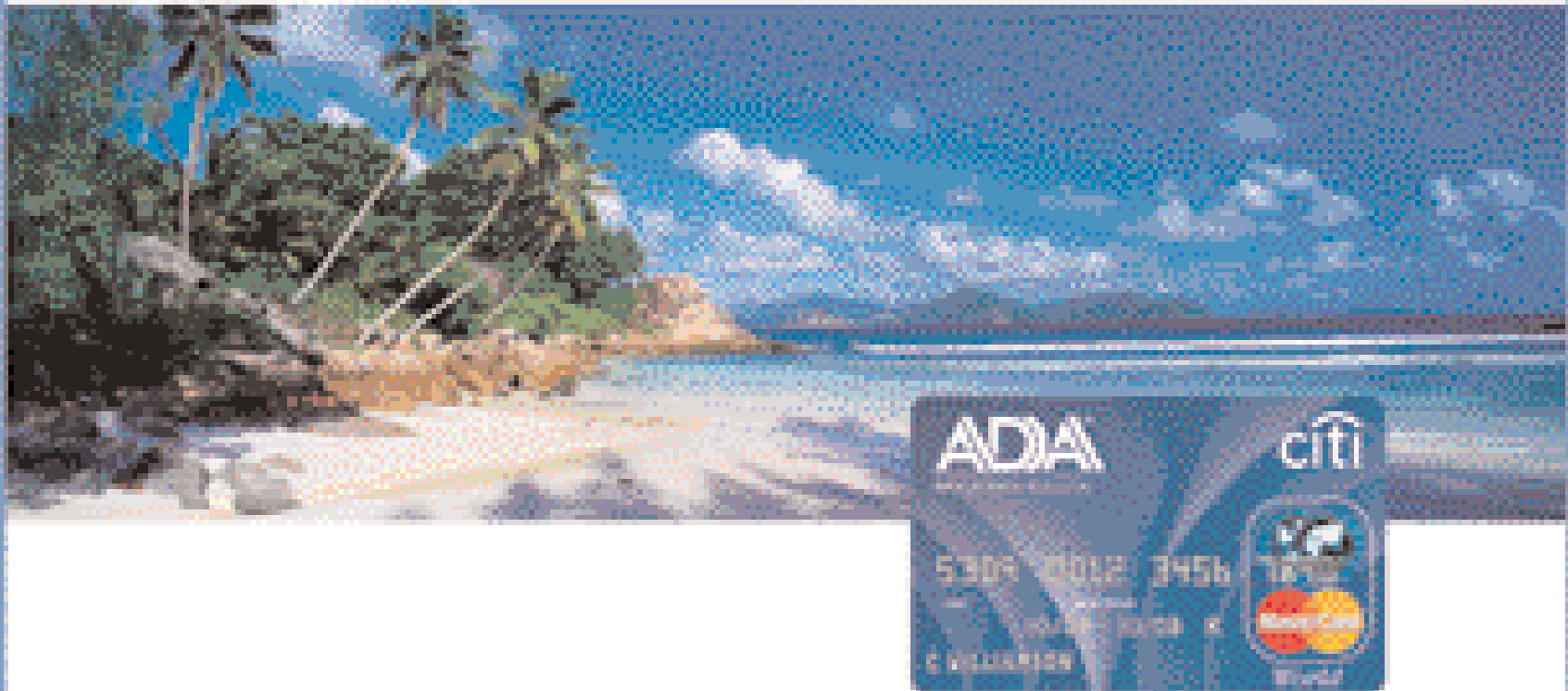
The CD-ROM version of CDT 2007-2008 is also available in book format, both spiral bound and binder.

For information or to order, call 1-800-947-4746 or visit the e-catalog at "www.adacatalog.org". Reference offer code

20676P for a 15 percent savings on both titles or offer code 20676 for a 10 percent savings on one title. ■



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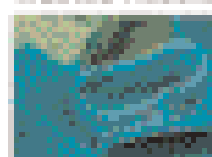


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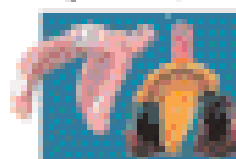
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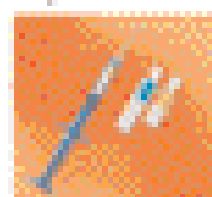
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