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ADANEWS

OCTOBER 16, 2006

VOLUME 37 NO. 19

Dentists say they were misled ADA learns about what dentists call 'fake invoices'

BY ARLENE FURLONG

What do words and phrases such as "Please Pay This Amount," "Return This Notice With Your Payment," "Remittance Copy" and "Urgent Attention Required" call to mind?

If your response is "subscription

notice," you and a company called New Hill Services are on the same wavelength. But dentists who contacted the ADA clearly aren't.

They complain of receiving what they call "fake invoices" that suggest they've received publications they

haven't in envelopes with return addresses that sound like collection departments. The print stating the mailing is not an invoice is designed not to be noticed, dentists say.

"It looks like any other invoice," Dr. Wilfred Whiteside, commented

about the correspondence he received from New Hill Services. He examined the mailing carefully because he couldn't figure out why he was being billed for Strategies For Success in Dental Practice Management. The Corpus

See *INVOICES*, page 12

BRIEFS

New partners: The San Diego Dental Health Foundation and the California Dental Association Foundation are the newest facilitating partners of Dental Education: Our Legacy—Our Future.



DENTAL EDUCATION
OUR LEGACY OUR FUTURE

As of Oct. 9, the total number of partners is 71.

Dental Education: Our Legacy—Our Future is a national, collaborative effort of partner organizations created to raise awareness of the challenges facing dental education.

It will serve as a support tool for the fundraising efforts of its partner organizations but will not collect any funding.

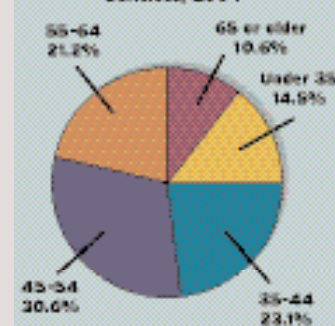
Keep informed with the latest news and information about it by visiting "www.ourlegacyourfuture.org".

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

JUST THE FACTS

Dental workforce

Age distribution of all professionally active dentists, 2004



Source: ADA Survey Center
"survey@ada.org", Ex. 2548



Blast off: Dr. Bill Busch shoots Team Smile T-shirts to tailgaters outside Arrowhead Stadium before the Kansas City Chiefs game Oct. 1. He is the founder of Team Smile, which sponsored Kansas City Oral Health Care Day.

Team Smile donates dental care to kids in Kansas City

BY KAREN FOX

Kansas City, Mo.—What do you get when you bring together a team of dedicated volunteers, representatives of the dental manufacturing and insurance industries, and your hometown National Football League team?

Add free dental care for underprivileged children and you'll have Kansas City Oral Health Care Day, the first event for a group of dentists known as "Team Smile."

Team Smile held the event with Sullivan-Schein, Colgate, the Kansas City Chiefs, Metlife and Dentrix Dental Systems outside Arrowhead Stadium Sept. 29-Oct. 1.

■ Su Salud: the end of an era, page eight

"It's more than we could have asked for," said Dr. Bill Busch, the Kansas City dentist and founder of Team Smile, moments after Chiefs' players Tony Gonzalez, Ty Law, Patrick Surtain and Dustin Colquitt made surprise appearances and signed autographs for the young dental patients.

Kansas City Oral Health Care Day featured the ADA/Sullivan-Schein mobile unit, Tomorrow's Dental Office Today, and Colgate's Bright Smiles, Bright Futures van, enabling Team Smile volunteers to treat 200 children and donate \$44,000 in dental care.

"What we're trying to do is give people positive experiences," Dr. Busch said. "I feel terrible when I hear someone say they try to get out of going to the dentist. We need to get out and promote dentistry. Everyone recognizes the Chiefs—it's a home-spun image that really elevates the level of awareness."

For Kansas City Oral Health Care Day, volunteers drew patients from agencies like Head Start and Community LINC, a Medicaid program.

Mr. Colquitt, the Chiefs' punter, brought a group of children from an organization he supports, Children's TLC—a Kansas City foundation that

See *TDOT*, page 16

NHSC brings dental care to underserved

BY CRAIG PALMER

Millinocket, Maine—Dr. Lisa

Jacob is passionate about promoting primary care and a newly minted town and gown ambassador "in service to the under-

served." The community- and campus-based volunteers work in partnership with the National Health Service Corps serving areas across the country where access to care is limited.

Dr. Jacob is the dental director and pediatric dentist for the Katahdin Valley Health Center Dental Clinic in this community between Baxter State Park and Bangor on the west branch of the Penobscot River, an entry to wilder northern regions of Maine. She called the ADA News to tell colleagues about the five-year-old NHSC Ambassador Program of which she is one of 4,600 clinician volunteers.

"My husband is a National Health Service Corps loan recipient," she said. "He also works with me as a general dentist. He

Dr. Jacob



Dr. Jacob

Dr. Jacob

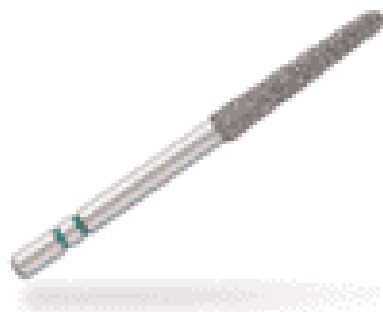
Other topics include the rationale for the daily use of an antimicrobial rinse, safety and compliance factors, and risk assessment and management of periodontal disease.

Others contributing to the JADA oral rinse supplement are Dr. John G. Thomas and Lindsay A. Nakaishi; Dr. Michael L. Barnett; Dr. Sol Sil-




Keywords: child sexual abuse; disclosure; self-blame

Two Striper ...Distinctly Different.

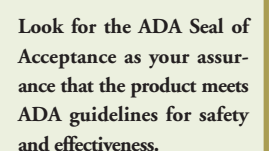


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1. *Journal of Management Studies*, 1991, 28, 1, 1-14.



OFSTED



Washington summer research program broadens

BY JENNIFER GARVIN

Seattle—For 14 years, the University of Washington School of Dentistry has nurtured the future of dental research through its Summer Institute in Clinical Dental Research Methods.

The Summer Institute, which began in 1992, is a six-week summer training program designed to teach visiting dental faculty some of the current methodology tools used in clinical research.

Tim DeRouen, Ph.D., leads the program, which includes courses in biostatistics, clinical epidemiology and behavioral research methods. It started out as a small summer program for U.S. dental school faculty, but quickly blossomed into an international experience. To keep the "small group dynamics," he said, UW tries to limit enrollment to 20-25.

"In that first year we were somewhat surprised to have 16 participants," Dr. DeRouen said. "Two from the University of Washington, five from other U.S. schools, four from Puerto Rico and five from other foreign countries. Each year we get more and more applications."

The program, held here July 5-Aug. 11, now includes courses in data analysis and computing applications, grantsmanship, randomized clinical trials and an elective in molecular biology in oral health research. Out of some 300 participants since the program's inception, 29 states and 31 countries have been represented. The 2006 class totaled 21 dental professionals from nine states and 11 countries, including Mauritius, Japan, Slovenia, Germany, Iceland and Korea.

The program initially was supported as an outreach activity of the Regional Clinical Dental Research Center and later, the National Institute of Dental and Craniofacial Research-funded Comprehensive Center for Oral Health Research. Participants who are U.S. citizens or permanent residents are eligible for stipends from an NIDCR-funded T32 training grant, but the training grant does not pay the operations cost of the program. The program is currently seeking new sources for operations funding so that tuition for participants can remain free.

"Many of the UW faculty have institutional support that covers their teaching in the Summer Institute, but some of the most valuable instructors are research faculty who are 100 percent supported from grants which cannot be used to support teaching, so we have to find other sources to support their teaching," Dr. DeRouen said. "We don't charge tuition and don't want to because doing so would probably eliminate attendance by faculty from institutions with fewer resources."

A key component of the program involves participants working together to develop research proposals. The teams are composed of six or seven people, making sure each has a mix of different academic, clinical specialty, ethnic and cultural backgrounds. The participants spend six weeks planning a research project and are simultaneously exposed to new ideas, approaches and cultures.

"I've done this 15 times now; when I meet with them for the first time, they're apprehensive because they know no one else in the class," Dr. DeRouen said, "and I tell them that I can predict with 100 percent accuracy that by the end of the program they will know and appreciate each other very much, and will have made international friendships that will likely last a lifetime. At the end, they all agree." ■



Summer view: Participants of the University of Washington School of Dentistry share some off-time during the school's 14th Summer Institute in Clinical Dental Research Methods. Program Leader Tim DeRouen, Ph.D., is pictured seated at the far right of the second row.

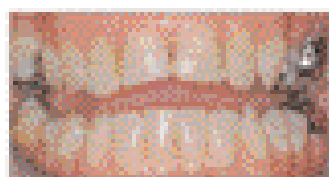
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Peter Lemieux, D.M.D.

You just purchased your first dental practice—now what? You may be surprised to discover that your first several years on your own can be even more challenging than finding the right practice to purchase.

About six years ago, I invested a significant amount of time, energy and money to find just the right place for me. In retrospect, my “right” place really was a “diamond in the rough.” It has required a lot of polishing. My uncut diamond had what my wife likes to call “opportunities” that sometimes cannot be immediately recognized.

As I started out in practice, I thought I would be able to just focus on being the best clinical dentist I knew how to be by applying what I learned in dental school. With that philosophy, how could I go wrong?

I soon learned that in between seeing patients, I had a business to run. And that required business skills.

I assumed the systems the retiring dentist left behind were working well. He was successful, had a good reputation, and made a good living. That’s what I wanted, too. So why not stick with status quo? Well, how about because status quo at my practice meant sticking with a good old-fashioned peg-board system?

For you even-younger dentists, a peg-board system was the method dentists used before anyone knew who Michael Dell and Bill Gates were. The peg-board system, believe it or not, meant the office had no computers.

Initially, I hesitated making changes for several reasons. First, like most new dentists, I had a lot of debt from school and from the practice purchase. I was afraid to spend any more. Second, I trusted that my front-desk receptionist was operating efficiently and effectively. Third, I really was more interested in dentistry than practice administration.

I left things alone for a while.

But as time passed, I realized that cash collections were slow, accounts receivable were hard to quantify, treatment planning was difficult, patient recall was ineffective and business in general was a struggle to manage.

I finally invested in what I should have purchased on Practice Day One. I bought the dental office’s first computer and installed dental office management software.

Although I recognized the business challenges brought on by an antiquated, unautomated management system, I still had a lot of debt to pay, so I started with just one computer for the front desk. What a difference it made.

I immediately appreciated what an automated system could do to manage my many office challenges. I could track overdue accounts, present professional treatment plans to patients, track hygiene recall and more. I had better control of my schedule, and business began to reflect it.

Ultimately, I networked computers into each of the treatment rooms and have since taken advantage of paperless aspects of my practice. The cluttered chart,

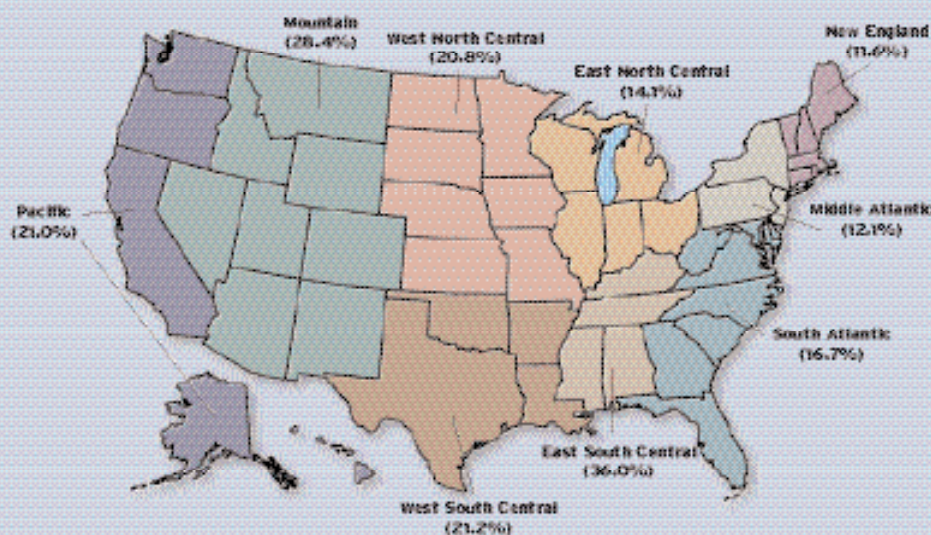
See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Dental practice

Dental school graduates in the East South Central region of the U.S. were most likely to have owned their own dental practice after graduating in 2004. Dental school graduates in New England and the Middle Atlantic regions were least likely to be independent dentists.

Percentage of 2004 dental school graduates who owned their own practice, by region



Source: American Dental Association, Survey Census 2005: Survey of Dental Graduates

Letters

Satisfied volunteer

I graduated from New York University College of Dentistry in 1963, served in the U.S. Dental Corps and completed post-graduate training in oral surgery. I have practiced family dentistry in Bucks County, Pennsylvania, since 1972.

It has been a very fulfilling experience. In September 2006, I volunteered my services as a dentist in a free clinic outside New Orleans to treat victims of Hurricane Katrina. Operation Blessing, a worldwide organization that deals in disaster relief, has opened and operates the clinic.

The accommodations that were provided to me were very comfortable. The people of Operation Blessing were very concerned about me, and did everything they could to make me as comfortable as possible. Transportation was provided between the accommodations and the clinic. The dental clinic is very clean with modern dental equipment. Treatments include extractions and fillings. I saw about 20 patients a day.

The work was very hard but it was very fulfilling. It was physically demanding and spiritually uplifting. It was a “feel-good” experience. The patients, many of whom live below the poverty line, were very grateful and

expressed their gratitude for the treatment. Many of them blessed us as they were leaving.

I also had a very dedicated dental assistant from California. Any dentist seeking a change of pace, a spiritually uplifting experience, should contact Scott Hill at Operation Blessing.



His telephone is 1-757-226-3858, or log on to “www.ob.org”. It will be an experience that will stay with you forever.

Howard W. Silbersher, D.D.S.
Washington Crossing, Pa.

Editor’s note: The ADA Council on Access, Prevention and Interprofessional Relations and the Department of State Government Affairs adds: “A growing number of states are providing dental boards the authority to license retired dentists who agree to

donate their services to underserved populations in an attempt to improve access to dental care. Some states allow only their own previously licensed dentists to qualify for this type of license, whereas others grant these licenses to dentists who are licensed in any jurisdiction in the U.S.

“Contact the ADA Department of State Government Affairs (Ext. 2525) for more information. For specific details on a particular state, contact the state dental board. For information on a variety of volunteer opportunities available across the country, contact CAPIR at Ext. 2868 or visit ADA.org at ‘www.ada.org/prof/resources/topics/access.asp’.”

‘Want-based’ dentistry

Dr. Donald Fuchs in his editorial, “Ethical Equation: Why Aren’t We No. 1?” (Sept. 4 ADA News), raises many valid points and suggests valid goals.

He advocates a traditional approach to treatment planning that addresses “needs-based dentistry,” an approach typical of many of us old guys.

Unfortunately, today’s society has moved past that and demands “want-based dentistry” be addressed in planning their work. Simply put, they want it all. I have this discussion all the time with my son, age 35, who is

See LETTERS, 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”.

Letters

Continued from page four
also a dentist. I believe there is room for both approaches and you have to make that judgment based on who is in your chair.

I don't think you can call "want-based dentistry" unethical. It simply demands full presentation of all the pitfalls of the intended treatment and lets patients make their own decision.

Steven Morton, D.M.D.
Castleton, N.Y.

Ethics

Dr. Donald Fuchs was right on the money, excuse the word.

All I would add is that we, the older generation of dentists, inherited the trust we have enjoyed through no great actions of our own, other than having made the choice and having had the tenacity for dental school.

The stories of 19th century advertising that we laughed at in school have become both allowed and commonplace.

So as a result of unprofessional advertising—both "them" doing it and our tolerating it—we are failing to pass on that trust and esteem to the next generation.

Instead, barring a radical reversal of the sad trend, we will pass on the legacy of tawdry sales jobs from a group (profession) to whom the gross production has far too often been the idol.

Mick O'Brien, D.D.S.
Florence, Wis.

Paradigm shift?

This letter is in response to Dr. Donald Fuchs' editorial.

Dr. Fuchs simply doesn't get it. In this new millennium of ever-changing high technology and incessant slick marketing, there has been a paradigm shift from what lasts the longest to what looks the "bestest."

Joseph A. Gwiazdowski, D.D.S.
North East, Md.

MyView

Continued from page four
replete with progress notes, health histories, periodontal chartings and letters from specialists, was transformed into an organized and efficient tool that all my team members can access with a computer.

The data transfer from chart to computer was laborious, but worthwhile. Sometimes, as we get focused on our day-to-day tasks, it is hard to see the forest through the trees. In retrospect, the added debt load of a networked computer system has been more than offset by the benefits realized through the software management and organization capabilities.

I was reluctant to take that leap of faith when I started out. The learning curve and increased debt were frightening. But it has been well worth the effort and expense.

Don't let an obsolete management system slow down your path to success. Jump. Grow your practice. Analyze your cost-to-benefit ratio—you might be amazed by the efficiencies and time that money can buy you.

Dr. Lemieux chairs the Florida Dental Association's Subcouncil on the New Dentist, the Membership Recruitment and Retention Committee of the Dental Society of Greater Orlando and serves in the FDA House of Delegates. His comments, reprinted here with permission, originally appeared in the June issue of Today's FDA.

Kudos

We dentists are so fortunate. We are fortunate to be professionals who can simultaneously improve the lives of our fellow citizens and be part of one of the finest organizations in the United States.

Our ADA was recognized by the American Society of Association Executives as one of the most successful associations in the United States ("Measuring Success: ADA Tops the Charts," Sept. 4 ADA News).

The book, 7 Measures of Success, describes the selection process that began with over 100 organizations.

Most of us in the daily practice of dentistry can not fathom the prestige of this award. This recognition is the result of thousands of separate activi-

ties of individual boards, councils, committees and dental leaders throughout the ADA. It is the result of having a clear vision of the needs of its members, from the newest graduate to the seasoned dental clinician or educator. Clarity of purpose creates the environment for significant individual dentist and staff contributions.

This award acknowledges the Association and its caring members. However, I am convinced that it has only occurred because of the educated and gifted staffs in Chicago and Washington who are given the freedom to vigorously strive toward the chosen goals of the Association. From the person who first answers the ADA 800 line, to the council staff, to the lobbyists, to folks who plan seminars, or salable materials or monitor the Seal of Acceptance, everyone is driven by the Mission and Values statement of the Association.

The first line of the mission, written by the staff themselves, states, "Members are the purpose of our work." The American Society of Association Executives award recognizes that the ADA is driven to understand and serve its member dentists and improve the oral health of the public.

Congratulations to Dr. Jim Bramson and Mary Logan who set the organizational standard for integrity, openness and resolve. We are better able to be successful as practicing dentists, providing oral health to the public, because we have a healthy umbrella organization that creates a halo of trust, honesty and public service every day of the year.

The public and the dentists of America thank you.

David Neumeister, D.D.S.
Brattleboro, Vt.

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Getting tobacco under control

Vermont State Dental Society program helps smokers quit

BY JUDY JAKUSH

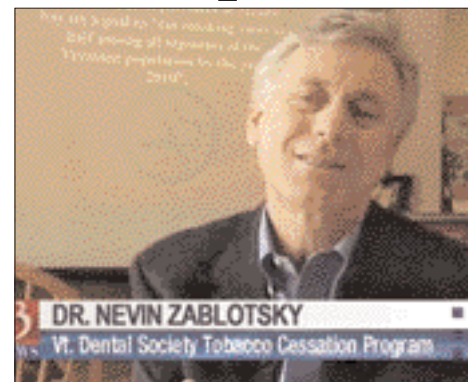
Burlington, Vt.—Urging dental patients to kick their tobacco habit can be daunting for dentists and their staff members.

The Vermont State Dental Society has found a

way to help patients quit and prevent smoking through its Tobacco Control Program, funded through a state department of health grant.

"The program has been under way for seven years," said Peter Taylor, VSDS executive direc-

tor. "We have seven trainers who go out to dental offices to teach practitioners and their staff members about tobacco intervention. There is one dentist as well as hygienists and assistants who present the program. We've visited 70 percent of



On TV: Dr. Zablotsky speaks about the VSDS Tobacco Control Program in a television news report.

the 260 dental practices in the state. Some 34 percent have received refresher training, and the total number of dental and team members trained is now more than 1,400."

For Dr. Nevin Zablotsky, a periodontist and one of the trainers, getting involved was an easy decision. "I've had patients with oral cancer and some with lung cancer who died. I felt something had to be done."

The Tobacco Control Course is taught on site at dental offices and includes a slide show presentation. "We cover the dangers of smoking and tobacco use related to the mouth as well as overall health. We also present strategies to help patients stop using tobacco. Finally, we give them a referral source," Dr. Zablotsky explained.

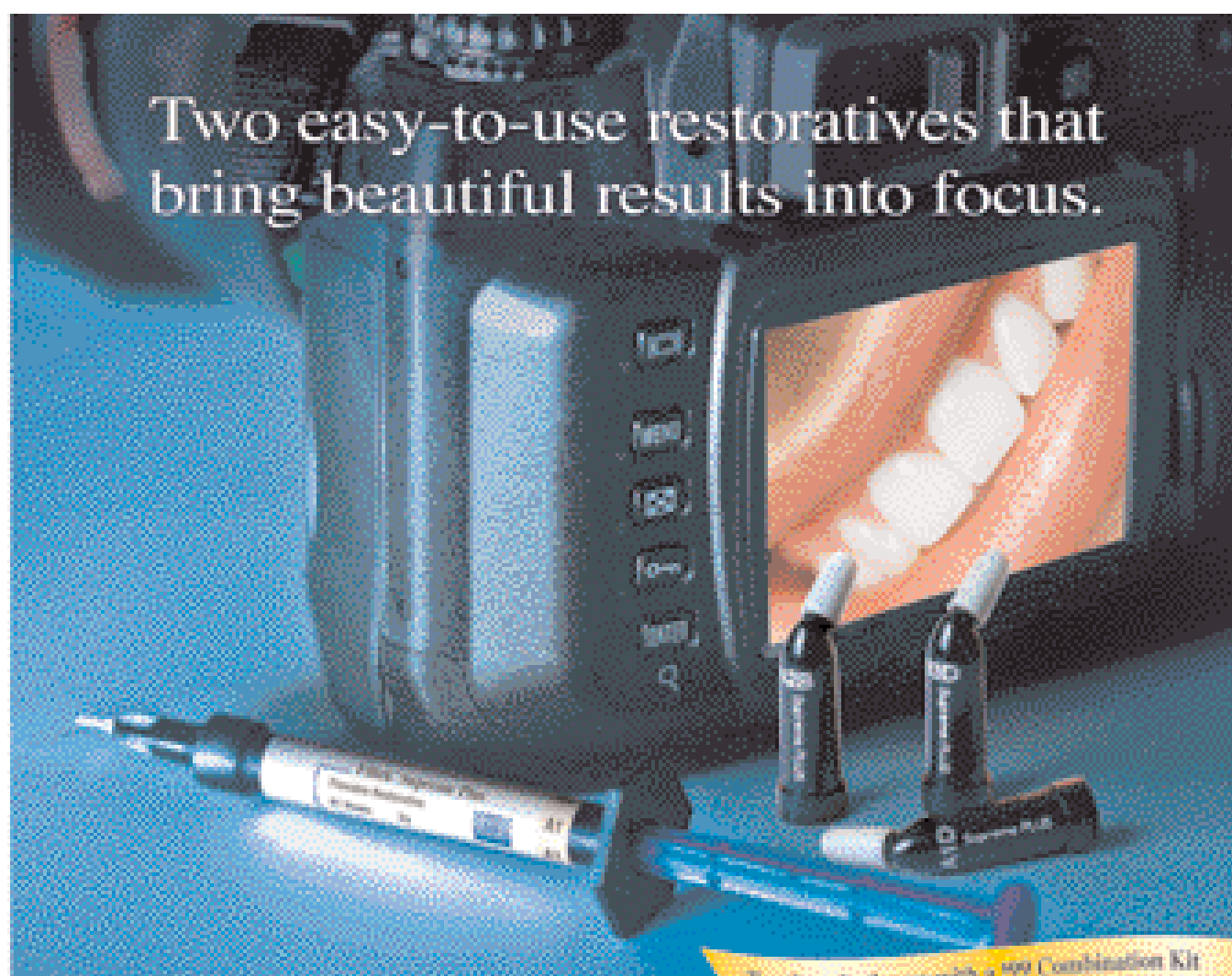
The referral source is a statewide Fast Fax Quitline system. The dental office can fax the patient referral to the Quitline and to local hospital-based counselors. The Quitline or the hospital counselors then contact the patient directly to arrange personal smoking cessation sessions.

"It takes about 1½ hours and we try to do it as a lunch and learn," said Dr. Zablotsky. "This is a program you can set up on a relatively small budget."

Going to the office and interacting with dental staff is the key to success, he said. "The staff tell you their frustrations and you can provide immediate feedback. When you're trying to help someone stop using tobacco, you have to realize you may not be the person who ultimately gets them to stop. So you shouldn't feel like a failure—you may be one of 30 people who talk to that person before they stop. The average person stops five to seven times before they actually quit for good," said Dr. Zablotsky.

He and Susan Hill, R.D.H., the program coordinator, will be offering two programs at the 2007 Yankee Dental Congress. In addition to on site office education, Dr. Zablotsky has also spoken to medical groups, human resource personnel at local corporations and sociology classes at the University of Vermont. The dental society and Ms. Hill testified in the Vermont state legislature on bills regarding taxes on tobacco products, particularly smokeless products.

See *CONTROL*, page seven

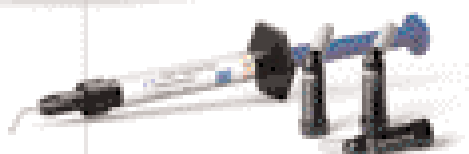


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FDA gives market approval to new Marcaine supplier

Rochester, N.Y.—Eastman Kodak Co. announced Oct. 4 that Cooke-Waite Marcaine has received Food and Drug Administration market approval and is expected to be available in early December.

Marcaine (bupivacaine 0.5 percent with epinephrine) is one of Kodak's most popular injectable dental anesthetics and is used to provide local anesthesia so that dental work can be performed. It is also effective in managing patients' post-surgical pain, before oral pain medications are administered and take effect.

The May 1 issue of ADA News alerted members of a possible Marcaine shortage following a change in suppliers. Anytime there is a supply change for a product, the new supplier is required to file an application with the FDA for market approval.

Marcaine will now be manufactured using a terminal sterilization process for greater assurance of product sterility and will be packaged in recyclable boxes that are easier to handle and stack, for smoother storage and dispensing, according to a news release.

The new packaging is compliant with the American Dental Association uniform color-coding standard and each Marcaine cartridge features gray, latex-free stoppers. "We're tremendously pleased that we're able to bring back this product to our customers," said Gerald Beckler, global product line manager, Kodak's Dental Systems group, in the release.

For more information about dental anesthetics, go to "www.ada.org/goto/seal". For more information and complete prescribing information, visit Kodak's Web site at "www.kodak.com/dental". ■

Control

Continued from page six

Over the past summer, a Burlington television station showed an interview with Dr. Zablotzky and filmed a training session at a dental office. Two patients of Drs. Chuck Verderber (VSDS president) and Linda Ullrich appeared on camera describing how the dental office program helped them quit 2½ years ago and purchase a car with the savings.

"Patients see dentists more often sometimes than physicians," Dr. Zablotzky says on camera. "And the combination of seeing people more frequently and maybe in a less threatening situation might be a reason for them to stop."

Dental societies interested in learning more about the program and how it's structured may contact Ms. Hill, program coordinator, at 1-802-372-6410 or "Susan.Hill@uvm.edu"; Dr. Zablotzky, tobacco control educator, 1-802-985-2907 or "Nev1248@aol.com"; or Mr. Taylor VSDS executive director, at 1-800-640-5099 or "ptaylorvt@aol.com". ■

AAOMS offers bisphosphonates guidelines

Rosemont, Ill.—The American Association of Oral and Maxillofacial Surgeons released a position paper Sept. 29 on the prevention and management strategies for oral surgeons treating patients taking bisphosphonates.

The paper contains recommendations developed by an AAOMS task force comprising clinicians with extensive experience in caring for patients with bisphosphonate-related osteonecrosis of the jaw (BRON), clinical epidemiologists and basic science researchers.

The paper includes three recommendations for patients taking intravenous bisphosphonates in order to prevent BRON:

- Patients should have a thorough oral examination to begin to optimize dental health before

beginning bisphosphonate therapy. Dental treatment should include the removal of all nonsalvageable teeth, completion of all dental procedures and the achievement of optimal periodontal health;

- Patients with full or partial dentures should be examined for denture sores or exposed bone;

- Patients should be directed to maintain good oral hygiene, have regular dental evaluations and immediately report any pain, swelling or exposed bone to their physician or dentist;

- Patients taking oral bisphosphonates are at a significantly reduced risk of developing BRON than those being treated with IV bisphosphonates.

The paper also includes a case definition for BRON adopted by AAOMS, which states that a

patient is considered to have BRON if all of the following are present:

- Current or previous treatment with a bisphosphonate;
- Exposed bone in the maxillofacial region that has persisted for more than eight weeks;
- No history of radiation therapy to the jaws.

AAOMS treatment recommendations for patients with BRON are based on the stage of the disease. For more information on the AAOMS position paper, visit "www.aaoms.org".

In June, the ADA released recommendations for the treatment of patients taking oral bisphosphonates. Those recommendations can be found at "www.ada.org/prof/resources/topics/osteonecrosis.asp". ■

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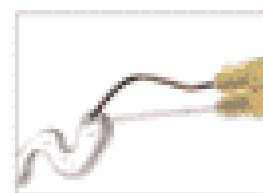
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Su Salud closes after 23 years

BY STACIE CROZIER

Stockton, Calif.—After 23 years of serving the underserved of the San Joaquin Valley in California with prevention education, health screenings and care, Su Salud has closed its doors.

On Aug. 2, Dr. Guillermo Vicuña, Su Salud's founder—and its heart and soul—wrapped up his “magnificent journey.” He hosted an emotional graduation ceremony at the Harney Lane Migrant Center near Lodi, Calif., for about 50 migrant farmworker women who completed Su Salud's final Tour of Life program.

“We have been delighted with the results we've gotten from the Tour of Life program,” says Dr.

Vicuña. “Yes, the program works. We gathered women who work as hard as any group I know, yet they make less than \$7,000 a year and have no access to health care. We gave them 10 hours of health education and we helped them change their behavior and improve their health without intervention of health care providers.”

Graduates are now able to receive preventive, primary and emergency medical care for \$5 a visit thanks to a partnership with a hospital in San Joaquin County, he adds.

For more than a generation, Dr. Vicuña has been fighting on the front lines for the working poor and migrant workers in his community,

enabling them to receive health screenings, preventive care, education and treatment through the comprehensive Su Salud health fair—which would become the nation's largest health fair—and later through its Tour of Life education and prevention program.

Dr. Vicuña established the Tour of Life program in April 2005 in partnership with the San Joaquin Office of Migrant Education to target some of the California's most underserved population groups—female migrant farmworkers, including pregnant women and women with small children, and their children. The long-term goal of the two-year study and health education



Dr. Vicuña: “It is our obligation to work beyond the confines of the dental office and help those in need.”

program was to reduce premature morbidity and mortality rates, over-utilization of emergency rooms, hospital stays and doctors' visits.

“We hoped for 120 women to participate in our study,” Dr. Vicuña says, “and 187 women and their children showed up. They completed a series of assessments, questionnaires, screenings for cholesterol, glucose, blood pressure, height and weight, oral screenings, immunizations, counseling and referrals, and 64 children were enrolled in Healthy Families/Healthy Kids and other insurance programs.”

Dr. Vicuña conducted the second part of the Tour of Life, beginning this summer, through 10 hours of interactive lectures on prenatal care, child injury, childhood diseases, women's health, men's health, healthy diet, physical activity, mental health, substance abuse and oral health.

“My work for a long time has been to promote prevention and advocacy, because there are so many who don't and can't afford to see us as health care professionals,” he says. “It is our obligation to work beyond the confines of the dental office and help those in need.”

“It has been 23 years of a magnificent journey and the graduation ceremony in August was bittersweet,” Dr. Vicuña adds. “Through Su Salud, we never charged anyone or paid the providers who helped reach those in need. We reached people, not building fences, but building bridges, and bringing people together, with love, with medicines, with balloons and with happiness. We are the strongest, richest nation in the world, but so many go without the health care they desperately need. We have an obligation to do what we can.”

Dr. Vicuña's mission has been to reach a large group of underserved using a small budget and volunteers with big hearts. He established Su Salud in 1973 and conducted the organization's huge health fair from 1987-1997. Su Salud was recognized in 1991 with a 1,000 Points of Light Award given by President George H. W. Bush, an ADA Access Recognition award in 1993 and an ADA Presidential Citation in 1999.

Last October, Sen. Barbara Boxer (D-Calif.) honored Dr. Vicuña with a Health Care Champion Award for his dedicated efforts. An estimated 70,000 individuals have received preventive care, health education and access to care through Su Salud since its founding.

The women who participated in the Tour of Life program, he adds, used the only tool they have at their disposal: knowledge.

“Health care needs to return to an emphasis on health, not cost or profit,” he adds. “It should be regarded as a public good, not a commodity. The goal should be prevention, not treatment; education, not medication.”

Dr. Vicuña's long-time fight with Parkinson's disease made it impossible for him to keep Su Salud running single-handedly, he says, but he hopes other organizations in the area can continue the work he's done and build on his legacy.

“I have been fighting the disease,” he says, “but it keeps fighting back. I accept what God has given me. All in all, I've received much more than I deserve.” ■

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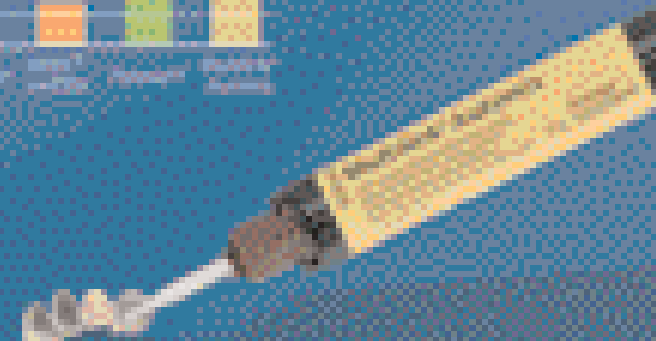
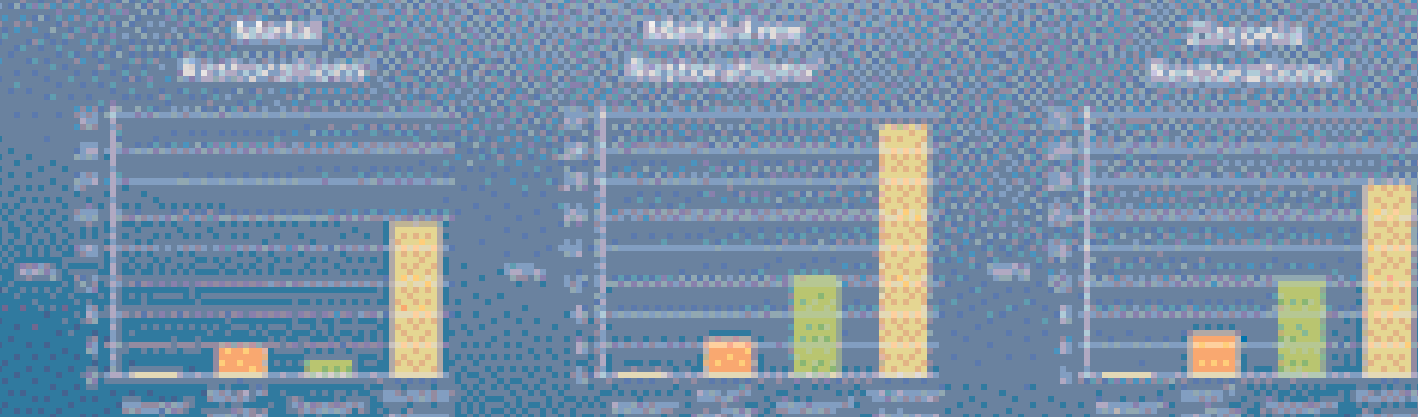
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Online forms ease patient registration process

It's what all patients encounter on their first visit to a new practice: a stack of forms to fill out.

Wouldn't it be convenient if new patients could fill out forms on their own time, at their convenience, from their own computers—even submit them electronically to your office?

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Lee Johnston, president of the Wisconsin Dental Association Professional Services—the

parent firm of The Dental Record—believes the online forms will provide practices with another fast and convenient option for registering patients.

"It's really quite simple," says Ms. Johnston. "The online forms provide all the same comprehensive information that are on our printed forms, and they are fully integrated with your practice's charting system, which allows staff to print completed forms and insert them directly

ADA MEMBER ADVANTAGESM

into office files, or keep them on your office computer."

Getting started is simple. Practices go to the Patient eForms Web site at "www.patienteforms.com", sign up, and receive a password to give to new patients who complete the forms online. Visitors may include personal information on their forms, as all information is guaranteed to be held private. Through online registration, patients can be reminded of appointments online or they can

submit questions to the practice.

With Patient eForms, the dental practice saves printing costs, paper, storage costs and postage. Patient eForms costs just \$3.99 a month for 33 forms, plus 12 cents for each additional form—less than buying the same form in paper. All standard registration, dental and medical history and HIPAA forms are available online.

Are you interested in test driving the new service? ADA members can use the "www.patienteforms.com" Web site for free until Dec. 31, by entering Market Code "ADA2006" during the sign-up process.

For more information, call 1-800-243-4675. ■

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ADA

Future focus Scholar program trains Michigan dental students in leadership

Ann Arbor, Mich.—The University of Michigan School of Dentistry kicked off its inaugural "Scholars Program in Dental Leadership" in August.

Dr. Peter Polverini, dean, founded the program to bring together a select number of exceptional students and help them develop a leadership mindset and the skills to become leaders in dentistry and other areas that include education, research, business, politics or law.

"You're pioneers in a new program and you will become leaders," Dr. Polverini told the program's 18 pre-doctoral dental and two dental hygiene students Aug. 25.

"Five to 10 years after you graduate, I hope to see some of you on television being interviewed for your expertise in oral health care," he added. "Others, I hope will play major roles advising lawmakers at state and national levels on issues of research, care for the needy and other topics that affect society and those of us in the oral health care profession."

During the two-day launch of the program, the students in the Scholars Program in Dental Leadership learned about leadership styles, expectations, goal-setting, problem-solving and teamwork. ■

Photo by Keary Campbell



Teamwork: Ben Anderson helps Erica Scheller reach the top of a wall with support from their colleagues in Michigan's "Scholars Program in Dental Leadership".

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New courses from ADA CELL Seminar Series

The Power of Lifelong Learning.

That's what the ADA Council on Dental Practice is emphasizing with its lineup of speakers for the 2006-2007 CELL Seminar Series.

"Continued lifelong learning is important to the dental profession," said Dr. Billie Sue Kyger, chair of the ADA Council on Dental Practice. "The ADA is ready to assist state dental associations in providing quality CE for each member of the dental team."

Nine new course offerings are:

- "Ergonomics in the High Performance Practice," Dr. David J. Ahearn;
- "Creating a High Performance Dental Practice," Dr. David J. Ahearn;
- "How to Avoid Common Pitfalls in Dental Office and Equipment Financing," David E. Catalano;
- "Dietary and Herbal Supplements: Implications for Dental Professionals," Eric Y. K. Fung, Ph.D.;

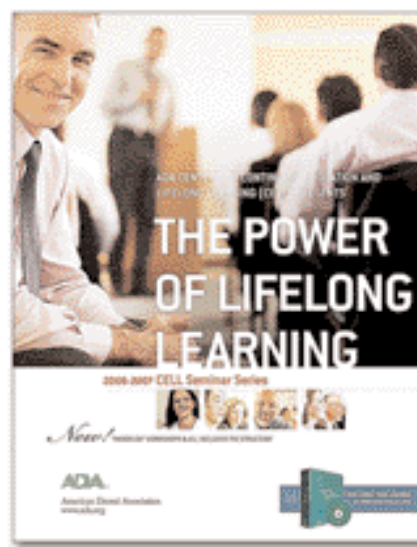
- "Think Like a CEO—A Workshop," Dr. Dan M. Kingsbury;

- "Oral Cancer and Related Pre-malignancy-Diagnosis and Treatment in the New Millennium," Dr. Denis P. Lynch, Ph.D.;

- "Minimally Invasive and Ultra-conservative Restorative Dentistry—Hands-on Workshop," Dr. Randolph K. Shoup;
- "Ceramic Beauty for Anterior and Posterior Restorations—Hands-on Workshop," Dr. Richard D. Trushkowsky;
- "Coding With Confidence: Your Complete



Dr. Kyger



Guide to CDT 2007/2008—A Workshop," prepared by the ADA Council on Dental Benefit Programs and presented by an experienced member of the CDBP Subcommittee on the Code.

The ADA CELL Seminar Series, produced by the Association, is partially underwritten by grants from Sullivan-Schein, a Henry Schein Co., and Patterson Dental Supply. Call the ADA toll-free, Ext. 2908 to schedule all programs. ■

NHSC

Continued from page one

has been doing public health dentistry for three years. We both feel that we have gained great knowledge and experience doing public health and are enjoying dental public health as a career.

"I hope to inspire more students into the path of public health dentistry as well as encourage fellow colleagues to mentor students into this career path," said Dr. Jacob. "I hope this article and my experience would attract more dentists from underserved areas to participate in the NHSC Ambassador Program."

Registration is available online at the National Health Service Corps Web site. For telephone information call 1-800-221-9393. Dr. Jacob is one of 12 members of the ADA Institute for Diversity in Leadership class of 2006, which held its first meeting Sept. 6-8 at ADA Headquarters. ■



Invoices

Continued from page one

Christi, Texas, dentist retired more than five years ago.

"I had to study it for awhile before discovering it was a very clever fake," Dr. Whiteside said. "I know if it were a few years ago and this mailing landed on the desk of my office manager, it very likely would've been paid—and I'm not saying anything against her."

Copies of return envelopes dentists sent to the ADA show such mailings were sent to them from Boston, Seattle and Washington. The return address on the envelope for one mailing sent to Dr. John R. Richard, of East Petersburg, Penn., was

from Billing & Collections Dept.—Dental Division, in Washington D.C.

"Sometimes I get two of these per week," said Dr. Richards, referring to what New Hill Service's mailing calls a subscription notice for Strategies for Success in Dental Practice Management. Dr. Richards originally thought the mailings were bills but couldn't recall the publications. "If you look really hard you'll find a disclaimer, but it's not easy."

He said his written requests to stop the mailings went unheeded and nobody answered when he called the number on his subscription notice.

New Hill Services' Jeremiah Pulse, who described his position as inbound sales customer service representative, told ADA News the mailings are "offers to subscribe."

He said dentists unhappy with the mailings should call 1-800-508-2582 to have their account numbers removed from the mailing list.

"If a request is mailed it could sit on a desk," advised Mr. Pulse. "It's better to call."

He said that despite complaints, nothing in his office can be done about the way the offers are presented because they are created by the corporate office in North Carolina and "they don't take calls."

The corporate office is Eli Research in Durham, N.C. Eli Publications, including Eli Healthcare, Eli Financial and Eli Education, are among the publications New Hill Services advertises at its Web site, as well as The Coding Institute, Medicine and Health, National Litigation Bureau and others. When ADA News called the corporate

office a recording directed the caller to a number that is on some of the mailings dentists sent to the ADA.

A recorded message at that number tells those calling about a notice, "The notice you received is probably an offer to continue from a sample you received." It goes on to say recipients who do not want to receive the mailing should write the account number on the right side of the notice and return it to be removed from the mailing list.

Dr. Gary D. Gross of Portland said he called the phone number on the mailing to complain about being misled because he originally thought the correspondence was an invoice.

"The woman's response was very close to, 'So what?'" Dr. Gross recalled. "When I told her I would contact the ADA and the Postmaster General, she said 'Go right ahead.'"

Dr. Whiteside thinks the whole intent—using phrases such as "offer to continue your subscription" and "renewal notice"—is to get subscriptions by means he doesn't consider ethical. New Hill Services' Mr. Pulse said he had records showing Strategies for Success in Dental Practice Management was mailed to Dr. Whiteside in the end of August. The subscription notice that Dr. Whiteside called the ADA to complain about was dated July 31. Dr. Whiteside says he never received the publication.

Dr. Richard J. Johnson of Chicago thinks that despite the disclaimer, "in a large dental office something like this would be routinely paid because it looks like a bill."


"I know I'll make an effort not to subscribe to any of their publications," Dr. Johnson said. "Unfortunately, when a company does something like this it hurts a lot of publications. It's too bad because there are some good ones out there."

The Better Business Bureau file on New Hill Services, Naples, Fla., which also does business as The Coding Institute, National Subscription Bureau, National Litigation Bureau, Orthopedic Coding Alert and Eli Research, reports an unsatisfactory record with the Bureau due to a pattern of complaints stating that customers are being billed for a product that was never ordered.

As of Oct. 9, the BBB on its Web site said it processed a total of 457 complaints about this company in the last 36 months. Of the total of 457 complaints, 217 were closed in the last year. To review reports or file complaints with the BBB go to "www.bbb.org" or contact the local BBB by phone.

In addition to the Naples, Fla. address, business locations listed by the BBB include Denver, Baltimore and New York. ■

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USAF Dental Investigation Service

“Self-etching systems are also contraindicated for use with dual-cure and self-cure composite resins.”
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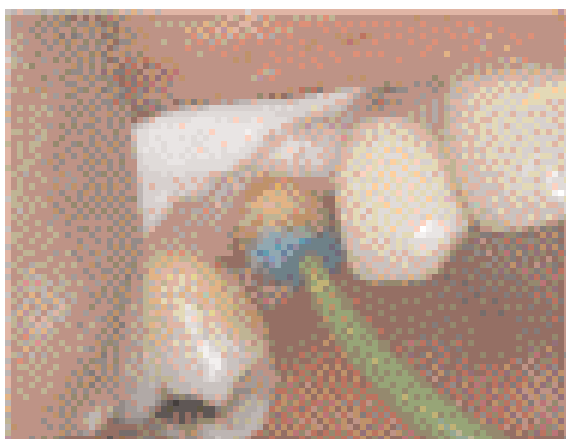
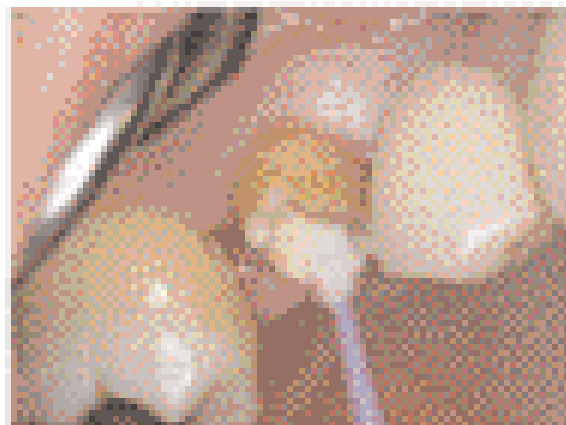
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President-Elect's Interview

Opening doors

Dr. Roth talks about diversity, exams

Editor's note: This is the second and final installment of an interview with Dr. Kathy Roth, ADA president-elect. Dr. Roth will take office as president on Oct. 20 during annual session in Las Vegas. The first part was printed in the Oct. 2 ADA News. Dr. Roth was interviewed by ADA News Editor Judy Jakush during the summer.

ADA News: The ADA Institute for Diversity in Leadership is entering its fourth year. What can you say about this program (in which you were involved from the beginning as a member of the Board's standing committee on diversity) after having met the class members, learned about their personal leadership projects and seen some of them go on to positions of leadership in the dental societies and communities?

Dr. Roth: During all of my years on the Board, starting in 2001, I have been involved in diversity. My first year on the Board we had the opportunity to design the Leadership Institute. As I look back on what I did as a trustee, it's creating the Institute program that I am most proud of. A small group of people sat down with Pat Newton (associate executive director, ADA Division of Membership and Dental Society Services) and created something that at the time was really bold. We partnered with an outside group—the Kellogg School of Management at Northwestern University—to put together a highly sought-after program. It has given opportunities to diverse people, whether diverse by ethnicity or gender, to expand their leadership skills not only in dentistry, but as leaders in their communities and other areas such as education and as dental editors.

Each year, the program adds to the pool of talented, diverse leaders and I'm so proud that the Institute has started and become what it is today.

The graduates of our Institute for Diversity in

Leadership have certainly opened our eyes at the ADA Board level, helping us to expand our understanding, our sensitivity, to where we can go by including others and getting others involved.

ADA News: What about those who don't see the point of the Institute?

Dr. Roth: The program has gotten tremendous support from dental societies around the country. When a dentist is appointed to the program, it's typical that the component and constituent connect with the person, offer their support, and let the membership know of this exciting development. Around the country, though, diverse dentists don't always see the leadership opportunities presented by organized dentistry; and dental societies are often unaware of their particular talents.

And you know that societies are always on the lookout for volunteers to help advance their missions. Think of all the people volunteering for National Children's Dental Health Month coordinator. That's true of all kinds of key leadership positions in organized dentistry. It's hard for anyone to stand out in the selection process. But as program participants pay closer attention to their communities, they see no shortage of ways to apply their leadership skills—to the benefit of their communities and the standing of the profession.

It's not simply handpicking a group of people to do something. In looking at the applications for the Institute, it was eye opening to see what these people have gone through to become dentists—to see the opportunities they have had or the ones that weren't available to them.

The Institute strengthens their leadership skills and their awareness of their talents, and provides networking skills which can open doors for them. We are not choosing a group of people to be trustees or ADA presidents-elect. We are helping

them strengthen their voice in their communities, their homes, dental schools and in their ethnic leadership roles. State and local dental societies reach out and welcome Institute participants, and as a result opportunities are emerging for several of these dentists to become more involved at the state and local level.

Over the long-term, one of the most valuable benefits will be for the ADA rather than for those few dozen individuals. This program and the individuals participating have given the leadership of the ADA an opportunity to interact with talented, engaged and focused professional colleagues who may not have participated in traditional organized dentistry leadership. They've opened doors for us in their ethnic organizations. We need to reach out and be part of their networks as much as we've invited them to be part of ours.

The ADA has a respectful relationship with many groups such as the National Dental Association, Hispanic Dental Association, the Society of American Indian Dentists, the Indian Dental Association, U.S.A., and others. We look forward to working with more organizations and cultural dental groups.

It's important for the ADA leadership to visit with the diverse dental associations that have invited us to their meetings. We want to make sure all dentists are welcome and comfortable in the Association.

ADA News: It seems there are more women in leadership positions now, particularly with state and local societies and the ADA Board of Trustees. As you travel and interact with members, dental schools and societies, do any women dentists ever tell you that you're a role model or an inspiration to them and encourage them to seek out leadership roles?

Dr. Roth: There's been an enormous change since I was first elected as trustee in 2001. When I started on the Board, Dr. Kay Thompson from Pennsylvania and Dr. Geraldine Morrow from Alaska were the only women to have served on the Board. By the time I finished my time as trustee, there were a total of four women at the Board table. Of 17 trustees, that's enormous change in four years. It's wonderful to see that the people at the Board table are not there because they are male or female, but are there because they are all strong leaders and bring a great voice of leadership to the table.

It's not about being a male or female dentist. It's a matter of being elected and sent to do a job, chosen by your district as their best and brightest. It's been great for the ADA leadership to have a number of women at the Board table now. The President-Elect's Conference is another example of change with a great increase in the number of female representatives in recent years. Many states have female presidents, president-elects and leaders of their committees and councils are also diverse. Over the past 10 years, women in dental schools have increased to roughly 50 percent of the dental school class. It is a natural progression to see women now stepping forward in leadership roles at the component and at state level.

Ultimately, though, my being a woman is not



Examination process: "We have made change, but we really haven't made the kind of progress many would like to see in improving mobility."

an issue in itself. I never ran because I was a woman and I certainly never wanted to be elected because I was a woman. That should not be platform for running for office.

ADA News: The profession's hope for a national clinical licensure examination has shaken up the licensure world a bit in recent years by stimulating formation of new regional testing agencies and access to two national exams. How do you assess these changes? Are we moving in a direction that is beneficial to most members? Also, there are only three states that do not offer licensure by credentials. Do you think it signifies much progress regarding mobility in the licensure process? Do you believe the ADA has been responsive to the profession's calls for increased mobility in the licensure process?

Dr. Roth: The ADA certainly has come a long way in changes to our licensing and examination process. It wasn't just the ADA moving forward; we owe a lot of credit to New York for standing up and instituting their PGY1 (post-graduate residency in lieu of a clinical licensure exam as of January 2007). We have made change, but we really haven't made the kind of progress many would like to see in improving mobility. Certainly we still have critical, difficult issues out there in terms of examination of new graduates. We need to continue to bring examining bodies together and to work with state boards to make sure that people looking to practice in any state have a reasonable and cost acceptable way to get a license.

I'm certainly intending to continue to focus ADA energy on licensing. We continue to use patients for our examination process and the question surrounding that practice remain. We should be using the latest technology to improve the way we examine our new licensees.

We are in the middle of a state of flux when it comes to licensing new dentists, and I think we owe our new dentists a speedy resolution of the difficult time we are in. Many of the new dentists have had to undergo examinations more than once and had to take additional sections on some exams for some states. The students don't find out until after they take an exam that the state they were looking to practice in might not accept that exam any more. We should not treat our new young professionals that way. We can't let this continue to unfold in this way over the next five or 10 years. So licensure remains an area of focus for the ADA leadership.

ADA News: Our Legacy—Our Future is the newly launched initiative through the ADA Foundation and its partners to secure the future of dental education. It has three aims:

- 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

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dentistry to address these issues;

- to deliver a call to action—starting within the dental community—to support dental education.

What do you see as the biggest challenge facing dental education? What will this effort do to meet that challenge?

Dr. Roth: I'm very excited that I will be president as we further unfold this major initiative. According to the recent Macy Foundation study, the dental profession will encounter a crisis situation within the next 10 years if the current financial issues confronting dental schools are not addressed. The study also suggested that if this crisis is not addressed and new models of dental education and strategies are not developed, the status of our profession will be at risk. So we must act now and commit energy and effort to the future of our dental profession. Dental education for our children and grandchildren will be entirely different than my experience 34 years ago. As we educate practicing dentists about the challenges facing dental education and help to inspire and motivate them to support the very foundation of our profession, I am confident they will embrace this effort with enthusiasm.

In addition to spearheading this national effort, I am especially excited that the Foundation is also one of the partners and will be raising money to support innovations in dental education. The practitioner of the future will be using technology and materials that are beyond what most of us can imagine today. We have to prepare the way for those changes, and that starts with dental schools. The ADA Foundation's Innovation Fund will provide dental schools and other dental organizations the financial resources to make serious and significant change.

So I'm extremely proud that the ADA and the ADA Foundation have taken the lead—galvanizing our entire profession in making Our Legacy—Our Future a reality. When the history books are written, I believe this national effort will be one of the most important initiatives in the history of American dentistry.

ADA News: Members continually turn to the ADA with questions about insurance companies and reimbursement issues. Do you see improvements in this area? What would you like to see the Association doing regarding third party issues?

Dr. Roth: It is important for our members to know they are going to read and hear the words "National Health Information Infrastructure" in the coming months in ADA publications and activities. President Bush has an enormous effort going forward on electronic patient records, including communication protocols for the movement of health information.

The dental community will have to figure out what our appropriate role is in the area of electronic communications of personal and patient information. And while it crosses over into insurance claims, it is much bigger than that. From a practitioner's perspective, it's one thing for a patient to come in the office with a handwritten piece of paper that tells us what medications they think they took this morning but it's a lot more accurate to have an electronic record of exactly that patient's current and historical data.

We are involved in setting standards in this area through our work with national and international standards groups. It will be critical for ADA to partner with many stakeholders as these issues are debated. This is a government-driven process, and we're participants with many others in the development of the standards and the NHII. I hope members understand that it is not an area we control but it is an area we take very seriously. We need to be involved in education of our members about the NHII as it continues to unfold and become a part of our dental practice activities.

ADA News: The Association is developing a business plan regarding development and implementation of an international consultation and accreditation program. What is the scope of this proposal? If the plan is realized, who will benefit? Why did the ADA undertake this?

Dr. Roth: I was very supportive of ADA and Commission on Dental Accreditation in interna-

tional accreditation from the onset. It is truly a global world. Given that schools in other countries are interested in having their graduates come to the United States, we need to have a process in place to evaluate their schools and programs to determine if they are the same educational caliber as U.S. schools—that they can meet the same standards we hold our schools to.

I was very excited last year when the House of Delegates passed a resolution in support of the development of a business plan for international accreditation. The advisory committee in charge of that issue has gone about designing what needs to be done so that if a school in a foreign country is interested in our accreditation process, the program can go through a consulting phase and then an evaluation of the school.

Upon successfully completing that part of it, then they can apply for international accredita-

tion. They will undergo the same process we apply to any of our U.S. or Canadian schools. The school will be held to the same standards, have the same on-site visits.

If they go through the process and CODA finds the school meets its standards, then the school should be granted accreditation.

It is not acceptable to have 50 different states or governors decide whether a foreign dental school has a quality dental program. If we have the CODA international accreditation process in place, then we can say to any state in the country that a recognized, credible process already exists. It's critical in this day and age of globalization that we do this.

ADA News: Give Kids A Smile continues to grow year after year. How do you assess where the Association is now with the program?

Dr. Roth: February 2007 will be the fifth

anniversary of the national observance of GKAS. I'm looking forward to creating a new level of energy with this great program as changes are incorporated.

It's not going to be just a day. It's evolving into many different types of programs. It's not that we are trying to create a system of dental care. It will always be a program to highlight the access needs of children, but I don't think it has to be permanently moored to the first Friday in February. It could be much more than that. Many programs do the screening on the day and then place patients in the appropriate place (a private practice, a clinic, a dental school) for follow-up care.

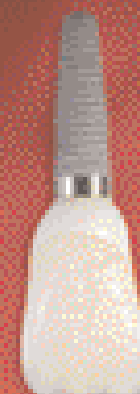
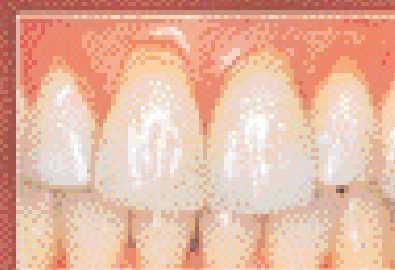
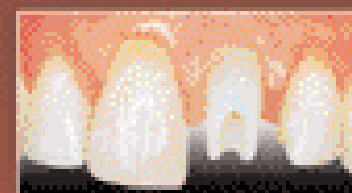
We have the opportunity to expand GKAS in so many ways, building on the partnerships with corporate sponsors and I look forward to the exciting day in February followed by an unfolding of new program developments! ■

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Open wide: Orthodontist Dr. Jeremy Fry prepares 13-year-old Aaron for treatment Sept. 30.

TDOT

Continued from page one
provides basic services for homeless and disadvantaged children.

"An event like this works because there's so much goodwill," said Dr. Busch. "We are encouraging healthy smiles and promoting good dental health, and we're also encouraging volunteerism."

Tomorrow's Dental Office Today—TDOT—serves as convenient tool for access programs. With two fully equipped dental operatories, TDOT showcases the latest in dental office technology, giving visitors a glimpse into how technology can enhance productivity through digital tools, patient records and scheduling, financial and cash-flow management, and patient diagnosis and education.

The majority of treatments performed at Kansas City Oral Health Care Day were restorations. The young patients had a significant amount of deep decay, said Dr. Busch, adding that most lacked access to preventive dental treatment.

"Some of these children will be seen in private dental practices later, too," he added, noting the contributions from Team Smile's founding members: Drs. Bob and Jeremy Fry, Shane Nelson, Dan Bednarczyk, Jahn Roedemeier, Mary Jane

Suppasansathorn, in addition to 110 volunteers.

One group getting into the act was the University of Missouri-Kansas City School of Dentistry. Dr. Michael D. McCuniff, associate professor of Dental Public Health and Behavioral Science, brought the school's "Students Take Action" volunteers.

"Over the years, we've received so many requests from community agencies for dental education and screenings that we felt we needed a core group of dental students who we could rely on, which is how Students Take Action began," said Dr. McCuniff. "At first I thought it would be one or two projects a semester but it's more like one or two a month."

STA activities include working with UMKC medical students to screen children, promoting dentistry at Head Start, raising funds for pediatric cancer and working with nursing home residents.

"This is fun for us to get out and use what we learn in dental school and help people who really need it," said fourth year student Allison Lesko, a Team Smile volunteer.

This is how students learn by example, added Dr. McCuniff. "Students see other dentists in the community volunteering for a good cause and think, 'That's neat. I want to do that.'"

At the ADA annual session in Las Vegas this month, Sullivan-Schein will turn the TDOT keys over to the state of Mississippi for use in



Brushing up: Two Kansas City Chiefs fans choose a free Colgate toothbrush.

TDOT goes on tour in Illinois

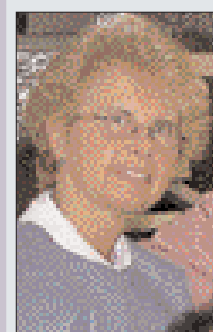
BY STACIE CROZIER

Evanston, Ill.—Since the residents of the Over the Rainbow center in Evanston have a hard time getting to a dental office because of their physical disabilities, the dental office came to them Aug. 30.

TDOT—Tomorrow's Dental Office Today—rolled into Evanston to provide a state-of-the-art dental clinic on wheels for the day-long access-to-care event conducted

by the National Foundation of Dentistry for the Handicapped, the Illinois Foundation of Dentistry for the Handicapped, the ADA and Sullivan-Schein.

Volunteer dentists Dr. Susan Bishop, president of the Illinois Foundation of Dentistry for the



Dr. Bishop



Rainbow team: Volunteers and supporters at the cooperative access-to-care effort include, front row from left, Dr. Fred Margolis and Dr. Frank Maggio; back row, Fred Leviton, vice president and chief operating officer, National Foundation of Dentistry for the Handicapped; Christine Maggio; Christine Ordway, Sullivan-Schein; and Jason Gelfo-Klein, Sullivan-Schein.

future oral health access events.

Company officials estimate that thousands of patients have received care in TDOT, which was launched in 2004 to highlight the latest in dental practice technology.

Forty-eight children who were treated at Kansas City Oral Health Care Day received tickets to the Chiefs' Oct. 1 football game, courtesy of Team Smile.

Putting an exclamation point on a successful weekend, the Chiefs won the game 41-0. ■



From above: KC Oral Health Care Day takes its place between Arrowhead Stadium and Kauffman Stadium, home of the Kansas City Royals.

Handicapped; Dr. Joseph Hagenbruch, Illinois State Dental Society president; Dr. Fred Margolis, IFDH past president; Dr. Frank Maggio, ADA Council on Dental Education and Licensure; and Dr. William Wax, past Illinois Academy of General Dentistry president and current editor, provided thousands of dollars in free dental care to about 60 Over the Rainbow residents.

"The state-of-the-art equipment of TDOT made providing care less challenging for the dentists and patients," said Dr. Bishop. "Having the dental office on site provided great accessibility for patients who have physical impairments and have difficulty getting to a dental office."

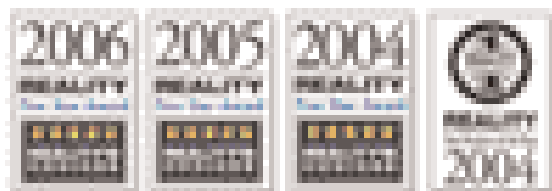
After leaving for the day, she added, the participating dentists felt rewarded and happy because of the help that they could provide for the special needs patients.

"In giving, the dentists received a very large reward—the patients' happiness."

For more information about the NFDH and TDOT, visit their Web sites: "www.nfdh.com" and "www.tomorrowsdentalofficetoday.com". ■

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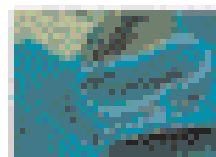


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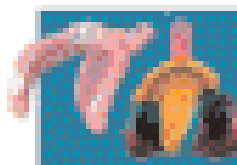
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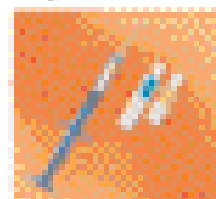
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CDC, states target oral health solutions at two-day workshop

BY STACIE CROZIER

Atlanta—How does the Centers for Disease Control and Prevention's Division of Oral Health support states in their oral health programs and how can state dental directors communicate and compare strategies?

A total of 35 state dental directors and other participants attended a two-day workshop at CDC Aug. 29 and 30 to learn more about technical assistance available to states and to share challenges, ideas and solutions.

"The conference provided a valuable networking opportunity to meet face to face with those around the country looking to improve oral health within their states," said Dr. Kathleen Roth, ADA president-elect and workshop participant. "I was most impressed with the dedication and hard work of dental directors throughout this country—looking to do bold programs, many times on severely limited budgets."

Dr. Roth; Dr. Lewis Lampiris, director of the ADA Council on Access, Prevention and Interprofessional Relations; and Paul O'Connor, ADA state legislative liaison, represented the ADA at the two-day forum hosted by Dr. William Maas, director of the CDC Division of Oral Health, and Janet Collins, Ph.D., director of CDC's, National Center for Chronic Disease Prevention and Health Promotion. Dr. Dean Perkins, executive director of the Association of State and Territorial Dental Directors also participated in the event.

"One of the key priorities of the DOH is to strengthen state oral health programs," said Dr. Maas. "The participation of Dr. Roth and ADA staff in this workshop underscored the opportunities that are possible by working in partnership at both the national and state levels to promote better understanding and implementation of strategies that can help us reach common objectives of improved oral health."

"The real action to bring preventive services to the people occurs in the states, and improving the infrastructure and capacity of state oral health programs is critical for creating the conditions to extend effective preventive practices to



Working together: From left, Dr. Dean Perkins, executive director, Association of State and Territorial Dental Directors; Dr. Kathleen Roth, ADA president-elect; Dr. Janet Collins, director, National Center for Health Promotion and Disease Prevention, CDC; and Dr. William Maas, director, division of oral health, CDC; pause for a photo during the CDC workshop for state dental directors Aug. 29.

more people," said Dr. Collins. "The strong partnership between the ADA and CDC is building CDC's capacity to address oral health, strengthening the science base and holding it up as the basis for professional activities and public policy."

"State dental associations need to know what state oral health programs do to protect and promote oral health," said Dr. Nicholas G. Mosca, dental director, Mississippi Department of Health. "Unfortunately, some policymakers, and frankly even some dentists, have a narrow perspective on what is possible; we enlighten their perspective through education and collaboration."

Participants learned that the DOH mission is to reduce disparities through disease prevention, bolster oral health infrastructure, monitor oral disease burden and guide infection control efforts. The oral health division's priorities include strengthening the capacity of state oral

health programs, promoting effective and efficient national- and state-based surveillance and building an evidence base to strengthen prevention priorities.

The DOH can provide states with important information and tools to promote oral health. Some of its functions include:

- monitoring status of community water fluoridation;
- training fluoridation engineers;
- providing technical and consulting assistance for fluoridation;
- promoting school-based dental sealant programs and providing assistance to develop and improve sealant programs;
- investigating outbreaks of disease in clinical dental settings;
- providing infection control guidance to dental offices;
- serving as a resource for the CDC on all oral

health matters.

"State dental societies frequently play important roles in state oral health efforts, such as statewide coalitions and advancing state oral health plans," added Dr. Maas. "In many states, the dental director meets regularly with dental society boards and executive committees."

The ASTDD's Dr. Perkins also presented information to participants and noted that CDC staff from other divisions are also willing collaborate with state health departments on health issues including tobacco control, nutrition and physical activity, cardiovascular disease and diabetes.

For more information on CDC oral health resources, log on to "www.cdc.gov/oralhealth/index.htm". For more information regarding ASTDD, and to learn more about state oral health programs, log onto "www.astdd.org". ■

Summit on oral-systemic to yield consensus report

Expected to identify research needs

Basking Ridge, N.J.—A forthcoming consensus statement and proceedings from a "Global Summit on the Oral-Systemic Connection" held last summer is expected to identify "knowledge gaps" in the current science and point the way to future research.

Sponsored by Pfizer Consumer Healthcare, the makers of Listerine Antiseptic Mouthrinse, the summit attracted dental leaders and research scientists from around the world.

Dr. Dominick P. DePaola of Boston's Forsyth Institute moderated the summit, held July 24 in Basking Ridge, N.J. Dr. DePaola also is heading a Global Task Force charged with preparing the con-

sensus statement, which he said would be available within the next few months.

He said, too, that the consensus statement would center mainly on three areas of interest explored during the summit:

- a look at current scientific knowledge of the oral-systemic connection;
- identification of "knowledge gaps" related to that connection;
- a review of how scientific knowledge aligns with current media and public health communications on the link between oral and systemic health.

"The consensus statement," said Dr. DePaola, "will ultimately be a product of the Global Task

Force. This will make it unique in the sense that investigators from the global research, education and clinical care communities, as well as the private sector, organized dental and public health communities will agree on where the science is and where it needs to go to strengthen these relationships."

Domestic and international participants in the July summit included renowned scientists, editors of leading scientific journals, the American Dental Association, the Canadian Dental Association, the American Academy of Periodontology and the federal Centers for Disease Control and Prevention.

Keys presenters at the summit were Dr. Denis Kinane of the University of Louisville, who talked



Dr. DePaola: Moderated global summit on oral-systemic link.

about the bacterial link theory that suggests the association between oral and systemic diseases; Dr. Stephen Offenbacher of the University of North Carolina, Chapel Hill, who introduced evidence supporting the inflammatory theory, focusing on cardiovascular disease and pregnancy outcomes; Dr. Maurizio Trevisan of the University at Buffalo, who outlined major public health implications of the oral-systemic connection.

Watch for a follow-up report to this story once the summit proceedings and consensus statement are released. ■



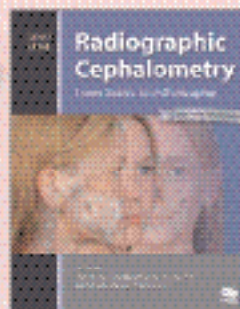
Robert E. Marx
148 pp. (softcover)
145 illus (mostly color)
US \$99 (Code 46-2)

Since it was first identified in 2003, bisphosphonate-induced osteonecrosis has come under growing scrutiny by medical and dental specialists alike. This timely book presents definitive treatment protocols for patients who present at each stage in its progression. Equally important, it offers a simple method for predicting risk as well as crucial recommendations for steps that can be taken to prevent the disease from developing when bisphosphonate therapy is indicated. Finally, a series of comprehensive case histories related to both oral and intravenous bisphosphonates provide direct guidance in managing patients spanning the full presentation spectrum.



Van E. Haywood
160 pp. (approx. 425 illus)
approx. US \$88 (Code 450-4)

This pictorial atlas presents the results of nightguard-vital bleaching with tray application of 10% carbamide peroxide, which offers an affordable alternative to more invasive cosmetic treatment options for patients with discolored teeth. Covers indications and contraindications, step-by-step procedures, treatment times, longevity, and special considerations for patients with sensitivity and other existing tooth conditions. Cases illustrate virtually every possible treatment scenario and demonstrate the results that can be expected. With hundreds of before-and-after photographs, this book is an ideal bedside tool for showing patients how bleaching treatment can light up their smile.



Edited by Alexander Jacobson and Richard L. Jacobson
520 pp. 501 illus (912 color) US \$180 (Code 46-6)

This important textbook, widely regarded as the definitive source on radiographic cephalometry, has now been updated and expanded to reflect emerging technological innovations. Eight completely new chapters have been added, on the advantages of 2-D versus 3-D analysis; the use of imaging in treatment planning; the value of electronic records; analysis and retrieval of all records; anteroposterior cephalometry; the first 3-D cephalometric analysis; and more. An accompanying CD-ROM containing a reproducible headfilm and templates, both for manual and digital cephalometry, is included with every book.



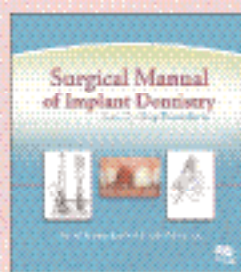
Edited by Orhan C. Turcay
320 pp. 656 illus (in color) US \$225 (Code 46-7)

This book provides the reader with an in-depth look at the technology, performance, and clinical applications of this uniquely esthetic and patient-friendly approach to orthodontic treatment. Invisalign is a system that uses the clinician's diagnostic data to create a three-dimensional image of the desired course of tooth movement; treatment is then carried out using a series of custom-manufactured removable, clear plastic aligners. Full-color images illustrate every step of this process. Clinical considerations, such as indications and contraindications, esthetic analysis, and treatment of adolescents, are also discussed.



Edited by Werner Mormann
226 pp. (softcover) 360 illus US \$98 (Code 460-7)

CEREC uses CAD/CAM technology to scan the tooth, create a 3-D digital model, and design an esthetic, durable, and biocompatible ceramic restoration, which can then be fabricated in 10 to 20 minutes and placed by the clinician. Patients, dentists, and laboratory technicians have embraced this unique treatment approach, which provides restorations that look and function like natural teeth in a single appointment.



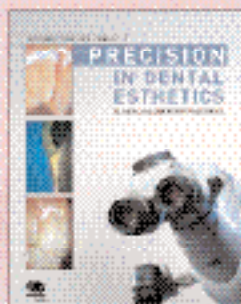
Daniel Buser, Jim Y. Cho, and Alvin Voo
120 pp. 275 illus (910 color) US \$85 (Code 470-0)

This practical manual describes and illustrates, through hand drawings and clinical photographs, each step of the basic surgical procedures involved in the placement of implants in qualified patients. In addition to the basic implant surgical principles, evidence-based indications and procedures for guided bone regeneration in apical fenestration and crestal dehiscence defects, and for simultaneous sinus floor elevation via the lateral window and osteotomy techniques are featured.



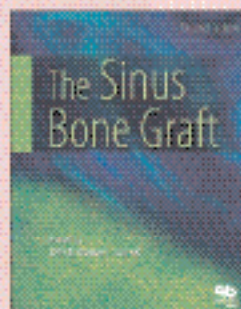
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Domenico Mazzoni, Romeo Pascetta, and Giuseppe Romeo
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Achieving a favorable esthetic and functional prosthetic outcome requires progression through an intricate sequence of clinical steps. This beautifully illustrated, highly practical book guides the dental practitioner through each of these steps in the treatment of various common clinical situations as well; it addresses the technical and esthetic aspects of dental laboratory techniques, covering precision in metals and new and conventional ceramics as well as the esthetic fabrication of prosthetic devices.



Edited by Ole T. Jensen
380 pp. 735 illus (532 color) US \$80 (Code 460-9)

This completely revised and greatly expanded new edition offers recommendations concerning all aspects of sinus bone grafting procedures. The book guides readers through the maze of new materials and techniques that have been introduced to improve upon or even supplant this procedure.



Edited by Daniel M. Laskin, Charles S. Greene, and William L. Hylander
500 pp. 461 illus (814 color) US \$85 (Code 467-0)

Written by a large group of eminent researchers and clinicians, this multidisciplinary textbook links current scientific concepts of basic anatomy, physiology, biomechanics, and pathology of the temporomandibular joint with specific diagnostic and treatment protocols.



Wolfgang Bengel
340 pp. 520 illus (mostly color) US \$98 (Code 460-3)

This book was written expressly for those who wonder whether they can achieve the high quality they associate with conventional photography while taking advantage of the convenience offered by digital technology. Readers are guided through the practical steps of taking intraoral, object, and portrait photographs as well as editing, archiving, and importing them into presentations.



The official publication of the European Academy of Esthetic Dentistry

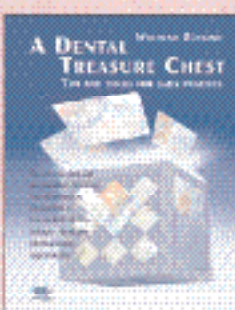
The European Journal of Esthetic Dentistry addresses multidisciplinary topics that will help clinicians develop and refine their esthetic treatment skills. Peer-reviewed articles explore the latest innovations in methods and materials, providing the inspiration and motivation to maximize clinical potential.

Editor-in-Chief
Alessandro DeGiovanni
Quarterly; regular subscription rate \$28



Donald J. Coluzzi and Robert A. Convisar
220 pp. 407 illus (mostly color) US \$139 (Code 460-4)

This clinical atlas presents a broad overview of intraoral laser use followed by individual chapters with before and after clinical views illustrating the indications and contraindications, special considerations, and any relevant risks associated with specific procedures in each discipline. The authors address fundamental concepts such as differences in laser wavelengths, setting laser parameters, and tissue safety. A quick study for anyone who has invested in laser instrumentation or is contemplating such a purchase.



Wolfram Bucking
352 pp. 1,631 color illus US \$84 (Code 460-5)

This unique book is filled with tips and tricks for solving common everyday problems encountered in the dental office. Each chapter begins with a description of a typical situation encountered by practitioners. These descriptions are followed by detailed, step-by-step instructions for suggested procedures that have been tested and proven reliable in the author's own office. From quick-fix methods for repairing complete dentures to suggestions for streamlining everyday procedures, this book provides a wealth of useful information for the busy practitioner.



Jean-Marie Korbelland and Antonio Patti
136 pp. (softcover) 332 illus (193 color) US \$78 (Code 460-6)

This book demonstrates how the majority of impacted teeth can be erupted and moved to a more optimal position. The authors present practical, step-by-step procedures for establishing a precise anatomic diagnosis using prevention strategies to restore normal eruptive pathways, making room in the dental arch for the emergence of an impacted tooth, locating the impacted tooth, and developing effective orthodontic appliances. Each of these procedures is amply illustrated. The practical techniques introduced in this book can be applied, in some cases, to prevent the need for painful and costly surgery, to shorten treatment times, and to achieve clinical results.



Markus Haapasalo, Umut Endal, and Shimon Friedman
Platforms: PC and Macintosh US \$85 (Code 460-1)

This dynamic, interactive multimedia program, developed through longstanding cooperation among international specialists in endodontics and related fields, serves as a portal of entry into the fascinating world of modern endodontics. Eleven modules of information are seamlessly integrated via an intuitive, user-friendly interface that allows even computer novices to navigate quickly and easily throughout the program. Combining more than 2,400 superb-quality pictures, 1,400 instructional icons, 26 digital video clips, a self-assessment tool, a lecture presentation editor, and much more, this CD-ROM program is a powerful learning tool.

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