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Support national boards, page eight ◆ House acts on elder care, page 24

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

NOVEMBER 6, 2006 VOLUME 37 NO. 20

Opening doors, access are top priorities: Dr. Roth

ADA's new president installed Oct. 20

BY JAMES BERRY

Las Vegas—"We need to open doors, foster relationships, build alliances and partnerships, and create innovations to improve access to care," Dr. Kathleen Roth told the House of Delegates moments after she was installed Oct. 20 as the 143rd president of the American Dental Association.

A general dentist from West Bend, Wis., and a graduate of Milwaukee's Marquette University School of Dentistry, Dr. Roth is just the second woman to hold the ADA's highest elective office.

The Association's first woman president—Dr. Geraldine Morrow, ADA president in 1991-92—was on hand for Dr. Roth's installation.

In her address, Dr. Roth focused chiefly on access to dental care as dentistry's central issue, noting especially the needs of Alaska Natives in remote villages.

"I look at the Alaska issue as a test and a challenge to our profession," she said, later adding, "The future of our profession and how we are viewed and portrayed are on the line."

The primary goal in Alaska, she said, is to get "quality care to those so severely in need."

She talked also about care for the elderly, rapidly emerging as a major issue and bound to become "more and more important as this segment of the population grows."

Dr. Roth, whose husband Dan also is a dentist, spoke of the need for ADA involvement in the National Healthcare Information Infrastructure. Created by the U.S. Department of Health and Human Services, the NHII is the foundation of a government plan to establish a single electronic health record for communicating patient information.

See DR. ROTH, page 21

Photo by Lagniappe Studio

Dr. Roth: "It is critical that we ensure dentistry remains a strong, desirable profession for our children and grandchildren—and that begins with quality, dynamic education."

■ **Dr. Feldman new president-elect, page 16**
■ **HHS Sec. Leavitt at House, page 20**

ADA House approves 2007 budget, dues

BY JUDY JAKUSH

Las Vegas—The 2007 ADA budget provides "strong reserves, reasonable dues, and great value in products and programs from the Association," said ADA President Kathleen Roth just after the House voted to adjourn Oct. 20.

Delegates approved a 2007 dues rate of $489, bringing next year's anticipated revenues to $109,955,650. At the close of the House, expenses for 2007 were budgeted at $112,000,500. The ADA Board of Trustees agreed to fund the $2,044,850 difference out of reserves, resulting in a balanced 2007 budget.

Dr. Mark Feldman, newly installed ADA president-elect and outgoing treasurer, described the budget as "historic."

"The House took a look at a broad range of programs that will significantly move the priority agenda of this Association forward, including access and workforce issues," Dr. Feldman said.

With no dues increase since 2003, the change in dues is equivalent to inflation over the past four years, he explained. "This Association has made a promise to its members to try to stabilize the dues and to not increase them more than the inflation rate."

Said Dr. Roth, "Our fiscal strength is wisely served by the House's actions today. We have strong reserves and reasonable dues for all members, who get great value in products and programs from the ADA."

She cited the integrated public affairs proposal as one of the key elements of the budget. "It's clear we need to do that and we need to do it now. The House understood the urgency of that," she said.

Said Dr. Feldman, "We now have the ability to actively advocate for our members with our new public affairs approach to advocacy, and to focus resources in the states, which is where a lot of advocacy happens for the

See BUDGET, page 16

■ **Public affairs proposal gets House nod, page 28**
■ **Membership resolution passes, page 34**

EOB language revision gained

BY ARLENE FURLONG

Motivating insurers to revise confusing or problematic EOB language and increasing reimbursement for a dental procedure code are just a few of the recent successes the Council on Dental Benefit Programs chalks up to mutually productive communication with payers and ADA member input.

"These kinds of changes show

See EOB, page 14

BRIEFS

Count 'em: The 2006 ADA annual session logged a total registration of 40,355, of whom 12,440 were dentists.

"This is an incredible attendance considering the unusual Monday through Thursday midweek dates," said Dr. Robert L. Kittredge, chair of the 2006 Council on ADA Sessions.

The 2006 Annual Session drew 1,001 dentists who do not currently belong to the ADA, surpassing the 891 who attended in 2005 in Philadelphia. After the 2005 meeting, state and local dental societies worked with the ADA to follow up with those who took advantage of the special rate, resulting in 124 of those attendees joining the ADA.

In 2006, 948 took advantage of the one-time-only reduced registration fee. The ADA, state and local dental societies will once again follow up with these dentists to remind them of the many valuable benefits and services tripartite membership has to offer in addition to annual session.

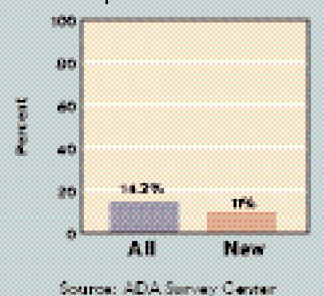
Dentists attending from outside of the U.S. numbered 754, the highest number in 10 years.

See BRIEFS, page 21

JUST THE FACTS

Dental practice

Part-time practice is less prevalent among new active private practitioners than it is among all active private practitioners.



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ADANEWS

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Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

Last chance to request free GKAS products

There's only a week left to request products for Give Kids A Smile programs.

The 5th annual Give Kids A Smile takes place Feb. 2, 2007. Requests for free products from corporate sponsors Colgate Palmolive Co. and Sullivan-Schein will be accepted at "www.ada.org/goto/gkas" until Nov. 15.

Corporate sponsor DEXIS Digital X-ray Systems is contacting dental schools directly to offer the use of equipment and staff expertise on Feb. 2.

Please note that requests for free product are just that—requests—not orders placed with expectation of fulfillment. The ADA appreciates participants' understanding that even though our sponsors are very generous, demand always exceeds supply for this growing national program, and no one should plan a GKAS program around the receipt of free product.

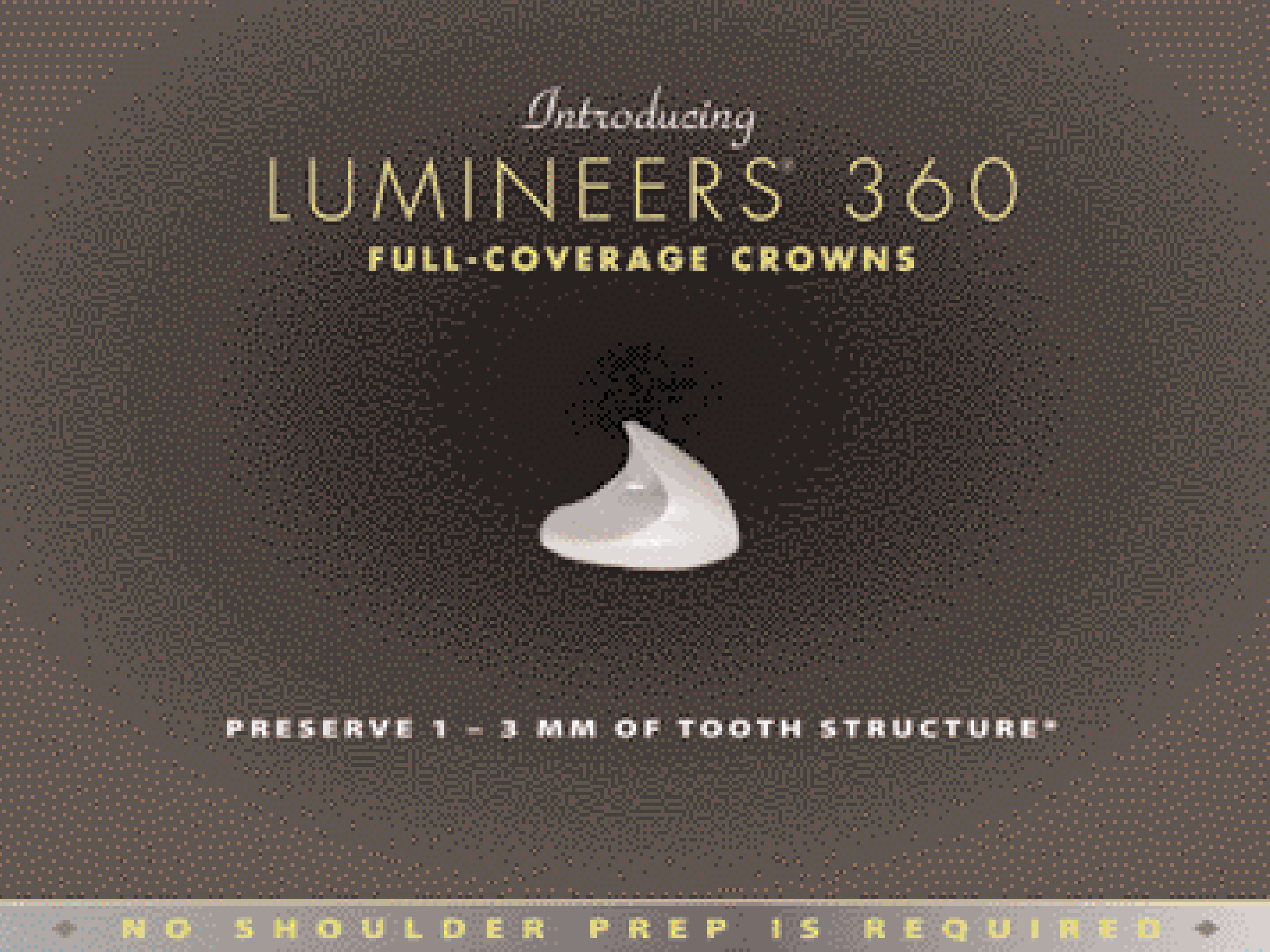
If you have not registered your GKAS program online, please do so at "www.ada.org/goto/gkas". Online registration enables the ADA to gauge national participation in the event. Registration is open through Feb. 2.

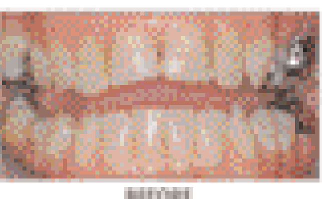
Those who return to the Web site after Feb. 2 to update their GKAS statistics are eligible to win $500 toward their next GKAS program. (Two $500 prizes will be awarded.)

Half a million underprivileged children are expected to receive free dental care on GKAS through thousands of nationwide programs. More than 12,000 dentists participated in the 2006 event.

Comprehensive program planning kits for Give Kids Smile are available online or in hard copy.

Contact Lynne Mangan (Ext. 2588, "manganl@ada.org") to receive a hard copy, or visit "www.ada.org/goto/gkas". ■





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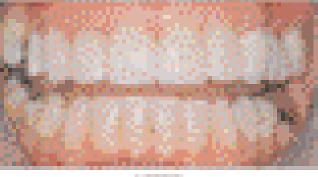

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Practice what you preach

Walter F. Lamacki, D.D.S.

I and I alone, am responsible for the Chicago Bulls' six championships. How, you say? Convinced that I'm a jinx, I did not watch any of the final playoff games. I waited until I heard the roar of the crowd outside to let me know it was safe to turn on the TV.

The real reason is that I find the anxiety unbearable. That is why I love the Cubs; you can watch them without any great expectations.

So when my urologist called to tell me my fourth biopsy was positive for cancer of the prostate, I was astonished at my composure. The answer was simple. For the past 20 years, I have had my prostate-specific antigen level checked and my prostate digitally probed. As the PSA number rose, I was more frequently checked which eventually led to three biopsies.

I also did my due diligence by learning about my options from my physicians and from my own study. I was prepared.

I had radioactive seeds placed and after an unpleasant recovery, I am back to normal. On the day of my last biopsy, I underwent a colonoscopy, just to be on the safe side. Colon cancer is easily managed if caught early enough.

Mammograms are one of the most important tools in the diagnosis of breast cancer. Every woman age 40 or older should have a yearly mammogram. Thirty years of research has shown that early detection saves lives and often means women can avoid radical surgery. Unfortunately, false negatives and false positives happen. Women should practice self-examination, see their physicians and in some cases get an ultrasound and/or MRI. My mother died at the tender age of 46 from breast cancer because her old-world modesty kept her from allowing a palpation of a lump in her breast.

Fluoridation, sealants, promotion of effective oral hygiene, periodic exams and nutritional counseling are a few gifts our profession has given the public for good oral health.

Pap smears are an important tool in early detection of cervical lesions that can turn into cancer. Cervical cancer kills 300,000 women yearly, including 4,000 in the United States. Amazingly, a new vaccine has been perfected that is said to prevent nearly 100 percent of cervical lesions from turning into cancer. The Centers for Disease Control and Prevention recommends the vaccination to teens and young women.

Do you take advantage of the preventive measures available to you? Are you regularly tested for diseases, particularly those with genetic components? Too

See MY VIEW, page five

Letters**Policy**

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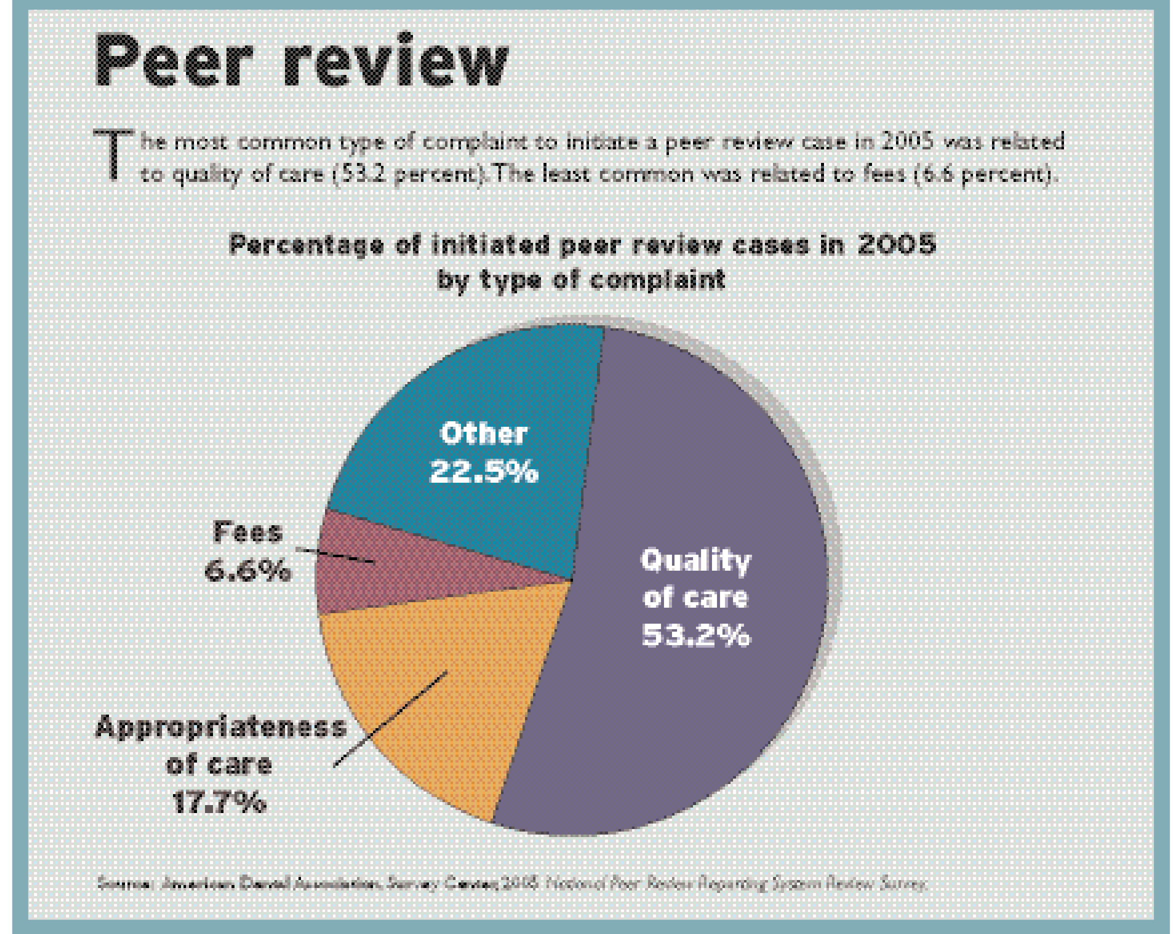
SNAPSHOTS OF AMERICAN DENTISTRY



Letters

Pandemic flu

After reading "Pandemic Influenza: How Can Dentists Prepare the Office?" and "ADA Legal Division Examines Legal Liability Issues in an Influenza Pandemic" (Sept. 18 ADA News), you can certainly understand this to be a serious social issue which begins with good hygiene as well as proper infection control protocols.

The problem I have is the fact I could be held liable during a pandemic if only by association. Are you kidding?

Someone contracts the disease while in or around the premises and I'm liable. There is something terribly wrong with our culture and society for this to be even possible. I believe the same burden of proof should apply as if it were any other communicable disease. Even with every precaution, things happen.

When are people going to accept responsibility for their own actions? Since viral transmission occurs after contact with mucous membranes, most transmission occurs after the person touches their face, eyes or nose—not because I performed dental surgery.

Karlene Guasteferro, D.D.S.
West Seneca, N.Y.

Editor's note: The ADA Legal Division appreciates Dr. Guasteferro's observations concerning the articles dealing with health and legal issues for dental practices during a potential influenza pandemic. We certainly agree with your comments. Unfortunately, until our laws or our citizens' attitudes change, those in the profession must be constantly aware of the threat of litigation. As we wrote in the article, it will often be virtually impossible to prove where an individual contracted the flu—but that does not mean people won't try to file lawsuits.

Licensure

I am writing this in response to the article "Licensure Confusion" by Karen Fox (Sept. 18 ADA News).

I am very frustrated with the two elephants in the room that are not discussed in reference to dental licensure: money and power. The people who run the various dental licensure examinations are eager to keep their jobs. The fact is that the various licensure examinations all have the same goal of establishing a true test of competence, but this process means that everyone is re-inventing the wheel.

The emergence of the Council of Interstate Testing Agencies examination is the perfect example of dental politics gone wrong. With the CITA examination we have the same old thing: one more licensure examination that is supposed to accomplish the same goal and which employs more people all because the members of various state dental boards cannot seem to get along or agree.

I took the CITA and the North East Regional Board of Dental Examiners. They may as well be the same examination; however, I doubt that the people at CITA will voluntarily give up their redundant paid positions to the people at the Western Regional Examining Board, the NERB or the Southern Regional Testing Agency.

The state dental boards all generically put forth a mission of protecting the public. This goal is accomplished in all states, but I doubt very seriously that there is a qualitative difference

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Letters

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between the level of public protection offered by the dental boards in Michigan vs. Mississippi or Wisconsin. As a graduate of the University of Michigan, I am not arrogant enough to think that I am somehow a more qualified dentist than a graduate from the University of Tennessee, but when it comes down to it, our state dental boards are telling us every day that one school is in fact better than another, and that somehow one test is better than another to prove it.

Actually, I do not really care if there are 20 examinations out there to test the competence of dentists, but it is ignorant to think that there are any significant differences between the current examinations to the degree that public safety is put into question. If there were any significant differences, then obviously only a couple of states are using the correct examination, and I would love to know which states are actually doing it right.

Unfortunately, under the flag of protecting the public, new graduates or dentists who have a need to relocate are hurt by this mixed up process. The news article stated that "the ADA is a long-time proponent of freedom of movement in dental licensure." That's very nice, but we need results. I have talked to dentists from my parents' generation who stated that the ADA was saying the same thing when they graduated.

I think there has been more than enough time for the change to take place if we were really serious as a profession about making the necessary changes to dental licensure. It is unfortunate that the vast majority of dentists do not really care about this process because it does not impact them where it hurts: their wallets.

I would really love to force the members of the state dental boards and the people who work at the various licensure examinations to move to another state to practice.

Further, I would like to see them try to do so on the budget of a new graduate. They could not do it. Maybe that is what has to happen to see a change for the better.

Timothy Bandeen, D.D.S.
Battle Creek, Mich.

NPI

I read with interest the upcoming necessity for practitioners to register with the National Provider Identifier number ("The National Provider Identifier: What Every Dentist Should Know," July 10 ADA News).

First off it seems querulous to even substantiate a need for yet another number; what's wrong with our social security number or taxpayer ID number? Seems to me it works just fine.

Everyone seems so concerned that we as practitioners data bank so that the appropriate agencies can "check our history."

Getting to the point: the NPI number should be the National Patient Identifier number so that we as practicing dentists can check on and sort out the miscreants of society who somehow make their way into our offices.

I truly believe that we as practicing dentists do very well with the professional services we deliver to our patients. But we in turn need our just due, therefore the NPI should be reflective of the society in which we practice … for the equitable good of all of us.

Leonard M. Tomsik, D.D.S.
Parma Heights, Ohio

Downcoding

Somehow, I get the feeling that the ADA neatly sidestepped the letter to the editor written by Dr. Barry Yelk (Sept. 4 ADA News).

While the editor's note seemed technically correct, Dr. Yelk was concerned with "bundling," which was never addressed in the response. Does that mean that the ADA feels Delta was not bundling a core buildup with a casting preparation?

If Dr. Yelk is in error, say so. It is one thing if an insurance carrier states they will not pay for a certain procedure, but I think it is another thing to state that a procedure will be considered part of another procedure. I recall in the past Delta unilaterally stated that multisurface composites would be considered and reimbursed as a single surface composite. Would the ADA not consider that "downcoding"?

If so, then call it as it is—unethical behavior, and probably a violation of the licensed use of the ADA codes.

If not, then correct any misconception some of us may have. In my opinion, the response from the Council on Dental Benefit Programs, although technically accurate, was incomplete.

Joseph Heher, D.D.S.
Salisbury, Md.

Editor's note: The ADA Council on Dental Benefit Programs believes that the explanation of benefits (EOB) should convey information about benefit(s)/charge(s) that are covered or not covered by the dental benefits plan. EOB language

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MyView

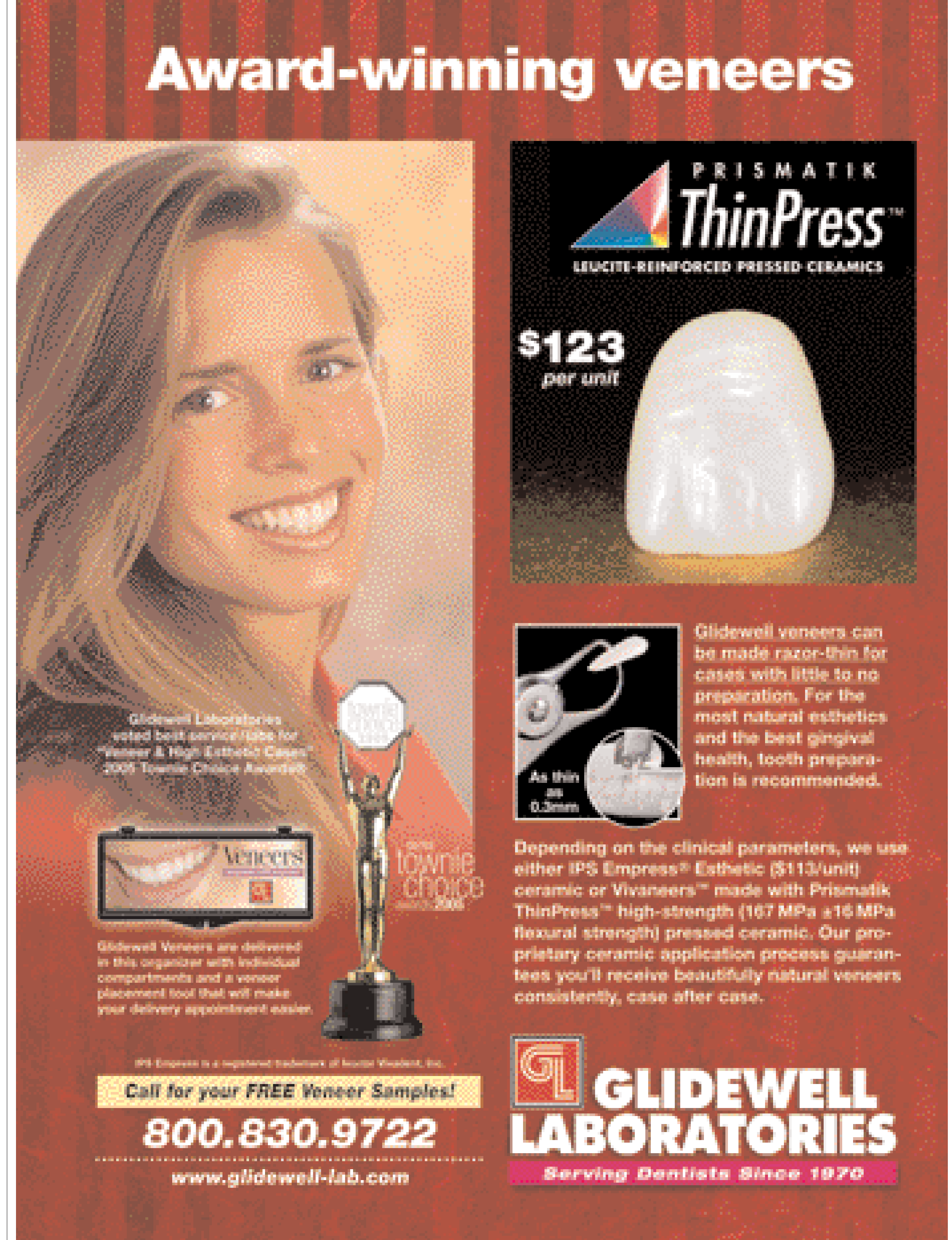
Continued from page four

many people die because they are too busy to schedule an annual comprehensive medical examination.

No profession has done more to prevent disease than dentistry. Fluoridation, sealants, promotion of effective oral hygiene, periodic exams and nutritional counseling are a few gifts our profession has given the public for good oral health.

But do you practice prevention in your own life? Do you have yearly physicals? Do you exercise? Do you smoke? Do you practice moderation in food and drink? And lastly, do you have dental examinations? Do you practice what you preach?

Dr. Lamacki is the editor of CDS Review, the journal of the Chicago Dental Society. His comments, reprinted here with permission, originally appeared in the September/October issue of that publication.



CE, entertainers headline Yankee Dental Congress

Boston—More than 28,000 dental professionals are expected for the 32nd Yankee Dental Congress, to be held Jan. 24-28, 2007, at the Hynes Convention Center.

Among this year's headliners are actor and comedian Robin Williams, political humorist Jimmy Tingle, Erin Brockovich and author Claire Cook.

YDC 32 also features more than 950 exhibits and 600 CE courses, with speakers such as Drs. Steve Buchanan, Brody Hildebrand, Ronald Jackson, Sascha Jovanovic, Janet Hatcher Rice, Peter Moy, Linda Niessen, Peter Jacobsen, Stanley Malamed, Michael Ignelzi; Cathy Jameson, Ph.D.; and Suzanne Boswell.

The Yankee Dental Congress is sponsored by the Massachusetts Dental Society in cooperation with the Connecticut, Maine, New Hampshire, Rhode Island and Vermont dental associations.

For more information, call the Massachusetts Dental Society at 1-800-342-8747, 1-800-943-9200 (outside Massachusetts) or go to "www.yankeedental.com" or "www.massdental.org". ■

Letters

Continued from page five

should be written in a clear and concise fashion to convey the basis for benefits determination and payments made for procedures delivered to the patient.

A summary of the ADA positions on EOB content, as prepared by the Council, is available online at "www.ada.org/goto/eob". Relevant ADA policies adopted by the House of Delegates are cited in this position statement.

Bundling and downcoding are of continuing concern to the ADA and action is taken where appropriate. Definitions of bundling and downcoding are included in the ADA policy, "Fraudulent and Abusive Practices in Dental Benefit Programs and Claims" (1998:701; 2001:428) that is also available online at "www.ada.org/prof/resources/positions/doc_policies.pdf".

Dr. Low

After reading the article about Dr. David Low's passing, I couldn't help but think of my experiences with taking clinical exams ("WREB Pioneer Dr. Low Dies," Oct. 2 ADA News).

I graduated in the late 1980s and was one of the better students at my dental school, so I wasn't especially phobic about taking the North East Regional Board of Dental Examiners examination.

After doing quite well on this exam, I embarked on a board exam in another state. To my chagrin, this test was marred with "localism," segregation of the applicants and an obvious discrimination of the procedural protocols. I was about as nervous as I have ever been, even though I should have felt confident to succeed.

Ten years later, I found myself relocating to the West Coast from the East Coast, and took the Western Regional Examining Board exam. Since I am a specialist, I spent many nights and weekends preparing, went from the East Coast to Phoenix to take courses, and did everything possible to prepare for this exam.

During the WREB exam, what a delight to see that everyone was treated with respect, there was anonymity, but much help and courtesy from the clinical examiners, as though they really wanted you to succeed. This experience left me feeling as though these people were truly testing my ability and no other factors entered into the exam process.

From the article in the ADA News, it sounds as though Dr. David Low had much to do with the format of the WREB exam, making it a more "user friendly" test of one's dental abilities. Although I did not know this man, I feel my life was touched by him. My deepest regards to his family, friends and colleagues.

Carol D. Smith, D.D.S.
Glendale, Ariz.

Thanks, Library

This is a letter of appreciation for the extraordinary service I have received over the years by the ADA Library staff.

I have written 70 scientific papers since 1952 and three books. The last book was published by Quintessence in 2003 with over 600 illustrations that I had to create and edit myself. It is like climbing a mountain and the references are important, but also a burden. If I had to travel to a dental school to do the research it would be impossible.

Recently I had three references that I only had the name of the author and subject matter, and no other information except a vague time reference such as "about 1960-ish". Within the same day, the reference librarians—Ruth Schultz, Jeff Gartman and library assistant Carla Vande Zande—not only found the three papers, but they faxed the first page of each to me.

Over the years I have received all kinds of help, and I called Mary Kreinbring, director, Dental Library Services, to let her know how much I appreciate my most recent struggle and the extraordinary help of the above librarians.

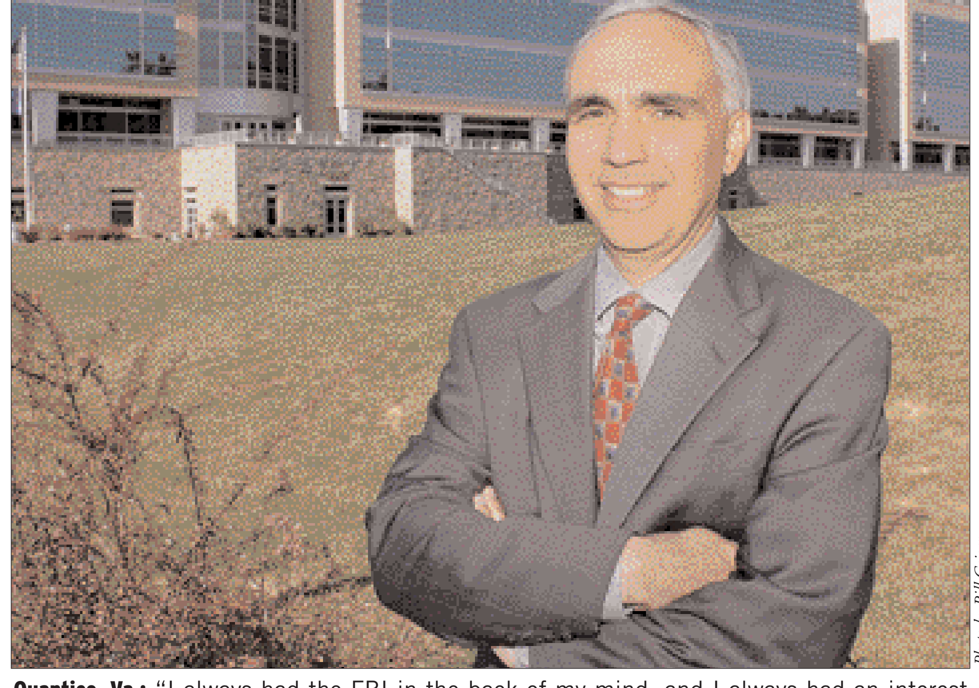
Your contributions to the ADA Library to maintain a continued program of excellent service to the profession is appreciated by the multitudes, and I am thankful to have the opportunity to express my appreciation personally.

Lawrence A. Weinberg, D.D.S.
Islandia, N.Y.

Editor's note: The ADA Library offers an array of services for members, such as dental literature searches, distribution of electronic copies of dental journal articles through mail and e-mail, and reference package compilation. For more information, contact the ADA Library at "library@ada.org" or call Ext. 2653.

Government

Dentist heads FBI forensic lab



Quantico, Va.: "I always had the FBI in the back of my mind, and I always had an interest in science," Dr. DiZinno says.

Photo by Bill Geiger

BY CRAIG PALMER

Quantico, Va.—The basic sciences of dental education drive Dr. Joseph DiZinno's FBI career. "Selling my practice was a tough decision."

FBI Director Robert S. Mueller announced the appointment Sept. 6 of Dr. DiZinno, a 20-year FBI veteran, to head a laboratory providing an array of forensic services to law enforcement worldwide, with a growing emphasis on the threat of terrorist activity.

"I'm still a dentist. I'll always be a dentist," the new lab director said in an interview at the state-of-the-science building housing the FBI Laboratory since 2003 in the pastoral security of Marine Corps Base Quantico. To get to Dr. DiZinno, you must clear military and civilian security.

We asked Dr. DiZinno about his 26-year journey from dental school (Ohio State University 1980) to FBI lab chief, how he got here from there. It's a story of kidnapping, bank robbery and extortion investigation, of hair, bone and teeth analysis. It begins with dental practice and renews with professional licensure and continuing education. "I worked so hard to get that license. I don't really want to give it up right now."

Selling the practice was hard enough. After receiving his doctor of dental surgery degree, Dr. DiZinno spent a year in a general practice residency at St. Luke's Hospital in Cleveland before opening a private practice in Mayfield Heights, Ohio, which he owned and operated for five years. "I always had the FBI in the back of my mind," he said, "and I always had an interest in science." The FBI took him up on these ambitions in 1986, assigning Special Agent DiZinno to the Washington, D.C., field office.

"Certainly my dental education has assisted me in performing my duties and been a benefit to my career. I still maintain my license."

Dr. DiZinno sees a role for dental forensics and practicing dentists in FBI Laboratory investigation. He rejects the notion that forensics takes a back seat to DNA analysis. "Nothing could be further from the truth. That is not correct." Dentists can help by responding to requests for records. "There are times when a general dental practitioner may become a partner in an investigation, most of the time by providing dental records."

He gives an annual Armed Forces Institute on Pathology lecture, most recently on forensic dental identification and emerging technologies. "Let's say the fragmented remains is part of a tooth. The dentist can tell you something about the tooth. The dentist can help you with that."

As director of the FBI Laboratory, "What I want to do is increase or maintain the quality of examinations performed in the laboratory and address the turn-around time," Dr. DiZinno said. "It's never a question of the quality of the work," he said. "Turn-around time varies from unit to unit." This calls for "a business process re-engineering effort to take us where we want to be."

The FBI's No. 1 priority is preventing the next terrorist activity, he said. "The FBI's priority is also reflected in our caseload at the laboratory." ■

Education

Lend a hand with national boards

Test constructors need good cases for dental, hygiene exams

BY KAREN FOX

Have you ever wondered who's behind the National Board Dental Examinations?

They are dental professionals representing academia and private practice, specialties and general dentistry and different regions of the country, and were appointed based on their area of expertise.

The Joint Commission on National Dental Examinations is the agency responsible for the development and administration of the NBDE (Parts I and II) and the National Board Dental Hygiene Examination.

There are 17 test construction committees working with the Joint Commission to develop content for the exams. Component A test constructors for Part II are discipline-based, and Component B test constructors are responsible for selecting and writing case items and reviewing exams. The Consultant Review Committee is responsible for the final review of all questions prior to the administration of exams.

"There is a foundational knowledge you should have acquired through dental education in order to take the national boards," said Dr. Deborah Studen-Pavlovich, a member of the Component A and B committees and chair of pediatric dentistry at the University of Pittsburgh School of Dental Medicine.

Being involved with the testing process gives academicians like Dr. Studen-Pavlovich a different perspective of dental education.

"As an educator, you teach but don't know if your message is getting across," she said. "I'm a baby boomer teaching members of the millennial generation. There is a generational separation where you recognize that people learn differently. For example, I realize that I have to be much more interactive with this generation. That knowledge makes me more cognizant of how test items should be constructed."

For Dr. Studen-Pavlovich, volunteering is just one aspect giving back to the profession of dentistry.

"You should serve in the way that you can," she said. "When it comes to pre-doctoral education and students, that's my focus and what I enjoy doing."

"I've been a member of the American Dental Association since I started dental school in 1970," added Dr. John Ludington, a member of the Component B committee that drafts questions for the case-based portion of the Part II exam and chair of endodontics at the University of Texas Health Science Center-Houston Dental Branch. "It's a wonderful opportunity to be able to provide service back to the organization."

"The testing process is vital to the profession because it provides a measure of the basic and applied knowledge of all aspects of dentistry for new dentists," said Dr. Arthur Nimmo, a member of the Consultant Review Committee and professor of prosthodontics at the University of Florida College of Dentistry.

"If we as a profession don't support each other by ensuring the entry of quality new practitioners into the profession, who else will?" said Dr. Margot Van Dis, a member of the Consultant Review Committee and professor of oral and maxillofacial radiology at the Indiana University School of Dentistry.

"I think more people in the dental profession would get involved with testing services if they knew how they could help," added Dr. Van Dis.

A tangible way for private practice dentists and educators to support the testing process—and an area in which there is critical need—is by submitting cases for Part II and the dental hygiene examinations.

"We have an urgent need for new cases from both private practitioners and dental education," said Dr. Nimmo. "We never have enough."

Also contributing to the need for a higher volume of cases is computerized testing.

Part II of the NBDE has been computerized

If you think biotène is just for Dry Mouth...Think again!

Test building: Dr. Lathe Bowen and Dr. Deborah Studen-Pavlovich, both of the University of Pittsburgh, concentrate at the Sept. 13 Component B Dental meeting.

since 1999, said Dr. Laura Neumann, associate executive director of the ADA Division of Education. Paper-and-pencil testing for Part II was eliminated this year. Part I was computerized in 2004, and beginning in 2007 will be available only in that format.

"Decreasing the possibility of information sharing on computerized exams necessitates having more cases available in the pool," said Dr. Van Dis.

Patient cases are designed to measure a candidate's ability to make appropriate judgments when faced with situations requiring the integration of biomedical and clinical dental sciences.

"Case-based testing emphasizes assessment of a candidate's understanding of concepts and ability to apply knowledge in context," said Dr. Neumann. "This approach makes studying for the exam more meaningful and provides a better measure of a candidate's cognitive skills and theoretical preparedness for practice.

"Thus, it's really important to have practicing dentists serve on test construction committees," she said.

Cases are also multidisciplinary in nature, said Dr. Nimmo. "Students taking the exam have to analyze the data and draw from different areas of knowledge to select the correct answer," he said.

"Each case has a certain number of questions that are specific for that case," explains Dr. Van Dis. "With cases, you can't answer the question unless you're looking at information that is available—such as patient history, radiographs and charts.

"In order for there to be adequate numbers of questions, there have to be adequate numbers of cases," she said.

What is the Case Selection Committee looking for in a case?

"We need cases on both adult and child patients," said Dr. Ludington.

"We're also looking for patients who have medical situations that would require the dentist to alter treatment," he said. "We're looking for cases that involve several different disciplines. For example, a case could involve operative dentistry and periodontal treatment. Perhaps there is a focus on one of those areas, but the case would help us to ask about a variety of different disciplines."

Cases should be fairly comprehensive, added Dr. Van Dis.

"We'd like to have a complete radiographic survey, whether that is a full-mouth intraoral set of radiographs or panoramic and bitewings, whatever is appropriate for that patient, and they need to be quality images," she explained. "There needs to be an adequate number of clinical photos that show the teeth as they would appear if you were looking at the patient. Images should also show occlusal relationships and status of teeth—such as missing teeth and decayed teeth.

"The more dental needs, the better," she continued. "Cases have to provide adequate fodder for questions. It's great to have cases for which a prosthodontist, periodontist and an endodontist can all write questions, for example."

A good case for the national boards involves one with appropriate documentation—patient history, dental charts, radiographs and clinical photos. It's also preferred to have at least three disciplines included in one case. Many more cases are needed for dental hygiene exams.

If the case selection committee deems a case suitable for use on exams, an honorarium of $200 will be sent to the contributor.

The Joint Commission on National Dental Examinations' Test Item Development Guide provides information about the item development process for National Board Dental/Dental Hygiene Exams.

The Case Development Guides offer background on parameters of cases and the submission process. Both documents are available to download from ADA.org at "www.ada.org/prof/ed/testing/case.asp".

The Joint Commission announces vacancies on the test construction committees on an annual basis. Letters are sent to dental schools, dental hygiene program directors, state boards of dentistry, constituent dental societies and other institutions and individuals. Application materials are also available on ADA.org ("www.ada.org/goto/testconstructor").

Test construction committee members are appointed primarily on the basis of subject matter expertise. They typically serve one year and a member may be reappointed for a maximum of five consecutive one-year terms.

For more information about the national boards and how you can get involved, contact Debra Willis, ADA Department of Testing Services, at Ext. 2671 or "willisd@ada.org". ■

ADA offers interim statement on infant formula and fluoride

Health&Science

BY STACIE CROZIER

The ADA has developed an interim statement on fluoride intake for infants and young children with guidance for parents, caregivers and health care professionals of infants who consume infant formula.

Recent developments led the Association to offer interim guidance on infant formula and fluoride while more research is conducted, said Dr. Daniel M. Meyer, associate executive director, ADA Division of Science.

Those developments include the U.S. Food and Drug Administration's health claim notification Oct. 14 allowing bottlers to claim that fluoridated water may reduce the risk of dental cavities or tooth decay (but not make the claim for bottled water products specifically marketed for use by infants), and the March 22 release of the National Research Council report: "Fluoride in Drinking Water: A Scientific Review of EPA's Standards."

"We understand that parents and other caregivers need to make informed choices, with the help of their family physician and dentist, about what is best for their children," Dr. Meyer said. "We want to help ensure that infants receive an optimal amount of fluoride. In some cases, infants may be getting a greater than optimal amount of fluoride through liquid or powder baby formula mixed with water containing fluoride."

The ADA interim statement, Dr. Meyer added, notes that fluoride intake above recommended levels creates a risk for enamel fluorosis in teeth during their development before eruption through the gums.

Enamel fluorosis, a disruption in tooth enamel formation, occurs only during tooth development in early childhood. In its milder form, fluorosis appears as faint white lines or streaks on tooth enamel visible only to dental experts under controlled examination conditions. Noticeable white lines or streaks that often consolidate into larger opaque areas, which may become a cosmetic concern, characterize mild to moderate fluorosis.

"While more research is needed before definitive recommendations can be made on fluoride intake by bottle-fed infants," reads the statement, "the American Dental Association issues this guidance because we know that parents and other caregivers are understandably cautious about what is best for their children.

"Parents, caregivers and health professionals who are concerned have some simple and effective ways to reduce fluoride intake from infant formula":

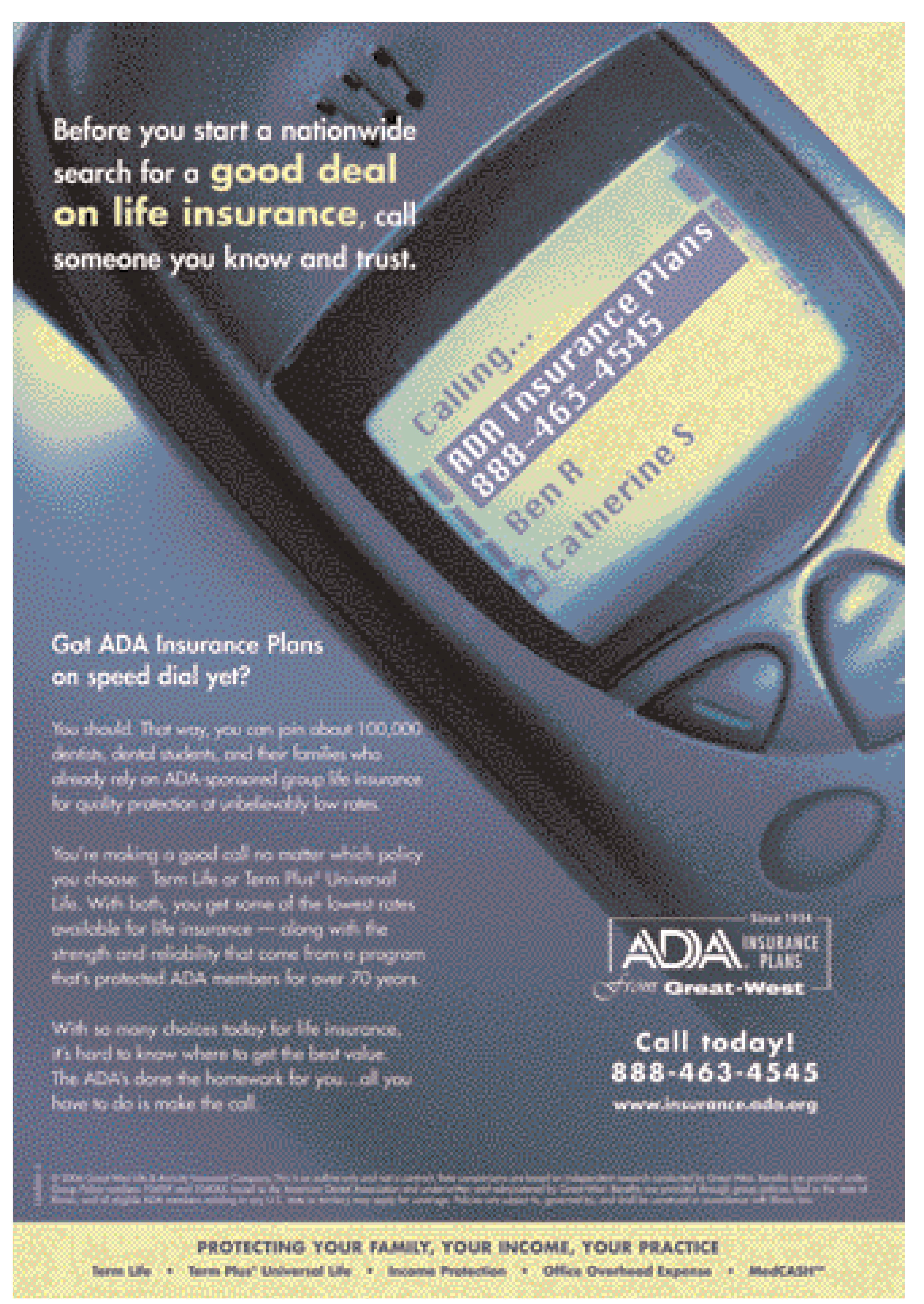
- feeding infants breast milk, widely acknowledged as the most complete form of nutrition for infants;
- for infants who get most of their nutrition from formula during the first 12 months, choosing ready-to-feed formula over formula mixed with fluoridated water to help ensure that infants do not exceed the optimal amount of fluoride intake;
- if liquid or powdered concentrate infant formulas is the primary source of nutrition, it should be mixed with water that is fluoride free (or contains low levels of fluoride) to decrease the risk of fluorosis, including water that is labeled purified, demineralized, deionized, distilled or reverse osmosis filtered water to reduce the risk of fluorosis.

Parents or caregivers should consult with their pediatrician or family physician on the most appropriate water for infants that is available in each area and whether that water should be sterilized when mixed with the type of infant formula that is used.

The statement also offers additional guidance on other sources of fluoride for young children, including fluoride toothpaste, fluoride mouthrinse and dietary fluoride supplements.

"We all agree that the appropriate amount of fluoride is essential to prevent tooth decay, but at the same time we want to reduce the risk of enamel fluorosis as much as possible," said Dr. John Luther, associate executive director, ADA Division of Dental Practice.

The ADA statement encourages parents/caregivers "to ensure that young children use an appropriate size toothbrush with a small brushing surface and only a pea-sized amount of fluoride toothpaste at each brushing. Young children



should always be supervised while brushing and taught to spit out rather than swallow toothpaste. Many children under the age of six have not fully developed their swallowing reflex and may be more likely to inadvertently swallow fluoride toothpaste. Unless advised to do so by a dentist or other health professional, parents should not use fluoride toothpaste for children less than two years of age."

The statement also notes that fluoride mouthrinses and dietary fluoride supplements should not be used for young children unless recommended by a dentist or other health professional.

The ADA continues to endorse fluoridation of community water supplies as safe and effective for preventing tooth decay. The CDC also endorses water fluoridation and has called it one of 10 great public health achievements of the 20th century. Water fluoridation protects individuals of all ages and is more cost-effective than other forms of fluoride treatments or applications.

Some 170 million people in the U.S. are served by public water systems that are fluoridated. The ADA, along with state and local dental societies, continues to work with federal, state and local agencies to increase the number of communities benefiting from water fluoridation.

Last month's decision by the FDA to allow bottlers to use health claims on fluoridated water was welcomed by the ADA. It allows manufacturers to promote the benefits of optimally fluoridated water, improve consumer understanding of its benefits and enable consumers to better identify bottled-water products with optimal fluoride levels.

"Whether you drink fluoridated water from the tap or buy it in a bottle, you're doing the right thing for your oral health," said Dr. James B. Bramson, ADA executive director. "Thanks to the FDA's decision, bottlers can now claim what dentists have long known—that optimally fluoridated water helps prevent tooth decay."

The FDA cited scientific statements form the CDC, the U.S. Public Health Service and the 2000 Surgeon General's Oral Health in America report supporting water fluoridation for caries prevention. The agency also said the claim is not intended for use on bottled water marketed to infants.

You can read the ADA Interim Statement on Fluoride Intake for Infants and Young Children by logging on to "www.ada.org/goto/fluoride" and clicking on the appropriate link under "Emerging Issues."

ADA.org also offers more information on the FDA decision on bottled water; information on bottled water, home water treatment systems and fluoride exposure; fluoride and fluoridation; fluorosis, patient information and more. ■

ADA organizes systematic review

At press time on Nov. 1, the ADA Council on Access, Prevention and Interprofessional Relations and the ADA Council on Scientific Affairs were hosting a planning meeting in Chicago: "Fluoride and Infant Formula Systematic Review."

Representatives from a variety of oral health-related organizations, including the American Academy of Pediatrics, the American Academy of Pediatric Dentistry, the Centers for Disease Control and Prevention and the National Institute of Dental and Craniofacial Research and other experts on fluoride gathered to identify clinical questions, develop a plan for a systematic review and to generate a long-term plan to develop evidence-based recommendations in collaboration with key stakeholders. ■

ScienceWatch

TLC airs meth documentary

The Learning Channel will broadcast "Meth: Kiss of Death," a 60-minute documentary that chronicles the lives of several methamphetamine abusers and which also shows how the dental profession can respond.

The show features original footage along with 3-D animation that takes the viewer inside actual meth mouths and graphically illustrates the side effects of the drug on teeth and gingiva.

The program debuts Nov. 5 at 9 p.m., EST, on TLC, but check your local listings for times specific to your area. The program also will repeat Nov. 6, 29 and 30 at various times. For more information, visit "www.tlc.discovery.com".

Additional information on meth mouth can be found at "ada.org/goto/methmouth".

Help patients quit smoking

Want to help your patients quit smoking? The ADA does, too.

Smoking can have a profound effect on patients' oral and systemic health. Each year, more than 40,000 Americans die as a result of smoking-related diseases.

Talk to your patients about kicking the habit. As a dentist, you are a valuable resource to your patients. Centers for Disease Control and Prevention studies show that smokers are twice as likely to quit with the help of a health care professional.

For more ADA resources about helping your patients quit smoking, call the ADA toll-free, Ext. 2878 or visit "www.ada.org/prof/resources/topics/smokingcessation.asp".

Color code change

Confused about the ADA Color Coding System for local anesthetic cartridges?

The ADA is aware that some members are concerned that the colors for mepivacaine 3 (tan) percent plain and articaine 4 percent with epinephrine (gold) are similar. As a result, ISO/TC 106 for Dentistry has developed a new two-band system to for color-coding cartridges. The new system will begin in 2007. For more information, contact the ADA toll-free at Ext. 2503.

—Reported by Jennifer Garvin

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Presidential dentures return to Mount Vernon

BY CRAIG PALMER

Mount Vernon, Va.—George Washington's dentures came home for permanent display at the 18th century estate across the Potomac River from the national capital bearing his name.

A spiffy new Mount Vernon visitor's center and museum opened to the public Oct. 27 and features what is described as "The Most Famous Teeth in the World." This is the first major expansion of America's oldest house museum, opened to tourists 146 years ago, and a fresh portrayal in 25 new galleries and theaters of the first president, "the real George Washington," his life and his times.

In "A Leader's Smile Gallery," visitors will consider his dental history.

"Entering this gallery, visitors are immediately drawn to the extraordinarily personal and evocative artifact at its center—George Washington's dentures—which are surrounded by a timeline detailing Washington's dental agonies from the loss of his first tooth at the age of 24 to his last set of dentures in 1798," a spokeswoman said. "Circling the gallery to explore this painful history, visitors will understand the harshness of Washington's time and the constant pain that underscored every event in his life.

"Cleaning implements used in vain by Washington to try to save his teeth are exhibited, and a History Channel video shows the process of fabricating Washington's dentures, which were not made of wood."

George Washington "spent a small fortune on the best dentures money could buy," says a Mount Vernon publication describing the smile gallery in the new Donald W. Reynolds Education Center. "His false teeth were carefully carved from ivory, set in a custom-shaped lead base, and joined with tiny springs that kept the dentures in place. By 18th-century standards, the dentures were the top of the line. So is the special new gallery where they will be exhibited, which has been supported by a generous grant from Donald and Nancy de Laski."

These may well be world famous dentures, but they are not the only Washington dentures on display, said Dr. Scott Swank, curator of the Dr. Samuel D. Harris National Museum of Dentistry in Baltimore, Md. "A permanent display of the George Washington dentures owned by the Mount Vernon Ladies Association is a welcomed addition to the George Washington dentures on display throughout the world.

"Historians and George Washington scholars theorize that there are five known sets of dentures that belonged to this country's first president. One set was presumably buried with the former president, which leaves four dentures that are on display including the one (at Mount Vernon). The other three are a lower denture on display at the New York Academy of Medicine, a segment of a lower denture on display at the Royal London Hospital and Archives and Museum, and another lower denture on display at the Dr. Samuel D. Harris National Museum of Dentistry.

"All three of these dentures were made by Washington's favorite dentist, Dr. John Greenwood," said Dr. Swank. For more information on George Washington's dental history visit the National Museum of Dentistry programs at "www.dentalmuseum.org".

Forensic reconstructions give Mount Vernon visitors a new look at the first president, says The Courier-Journal, Louisville, Ky. "Visitors can see what Washington actually looked like: tall, vigorous and, dare we say, sexy. Who knew?" His dentures are "probably the most popular artifact at Mount Vernon," says the Washington Post.

For more Mount Vernon information call 1-703-780-2000 or visit "A Leader's Smile Gallery" online at "www.MountVernon.org". ■

Learn more about IHS through interactive Web casts, e-newsletter

Rockville, Md.—Dental students interested in a summer externship with the Indian Health Service can get more information and ask questions during a live, 60-minute Web cast discussion.

The IHS Dental Web Forum "Externship with IHS—What You Need To Know," will be held Nov. 28, 12:30-1:30 p.m. (Eastern Standard Time) and Nov. 30, 3:30-4:30 p.m. (EST). Seats are limited. To register, e-mail your name, school and year (D-1, D-2, D-3, D-4) and which session you prefer to attend to: "DentalJobs@ihs.gov". If you plan to be on the call with other parties from your school, then please mention that in your e-mail as well.

You will need a high-speed Internet connection and a phone line to dial in to a toll-free number for the audio portion. The call will be interactive with opportunities to pose questions online during the presentation.

Registrants will receive an instructional e-mail about two weeks before the Web forum on how to connect to the presentation.

The IHS Division of Oral Health has also launched an electronic newsletter, IHS IMPRESSIONS, which offers information on opportunities for future Web forums on jobs and loan repayment opportunities and how to apply for both. Also, coming soon will be an IHS Dental Recruitment ListServ.

For more information, contact Dr. Timothy L. Lozon, Captain, U.S. Public Health Service, Indian Health Service HQ, deputy director, Division of Oral Health, by calling 1-800-IHS-DENT (447-3368) or 1-301-443-0029 or e-mailing "tlozon@na.ihs.gov". Or learn more online at "www.dentist.ihs.gov/extern.cfm". ■

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ADAReports

U.S. Department of Labor offers HIPAA help

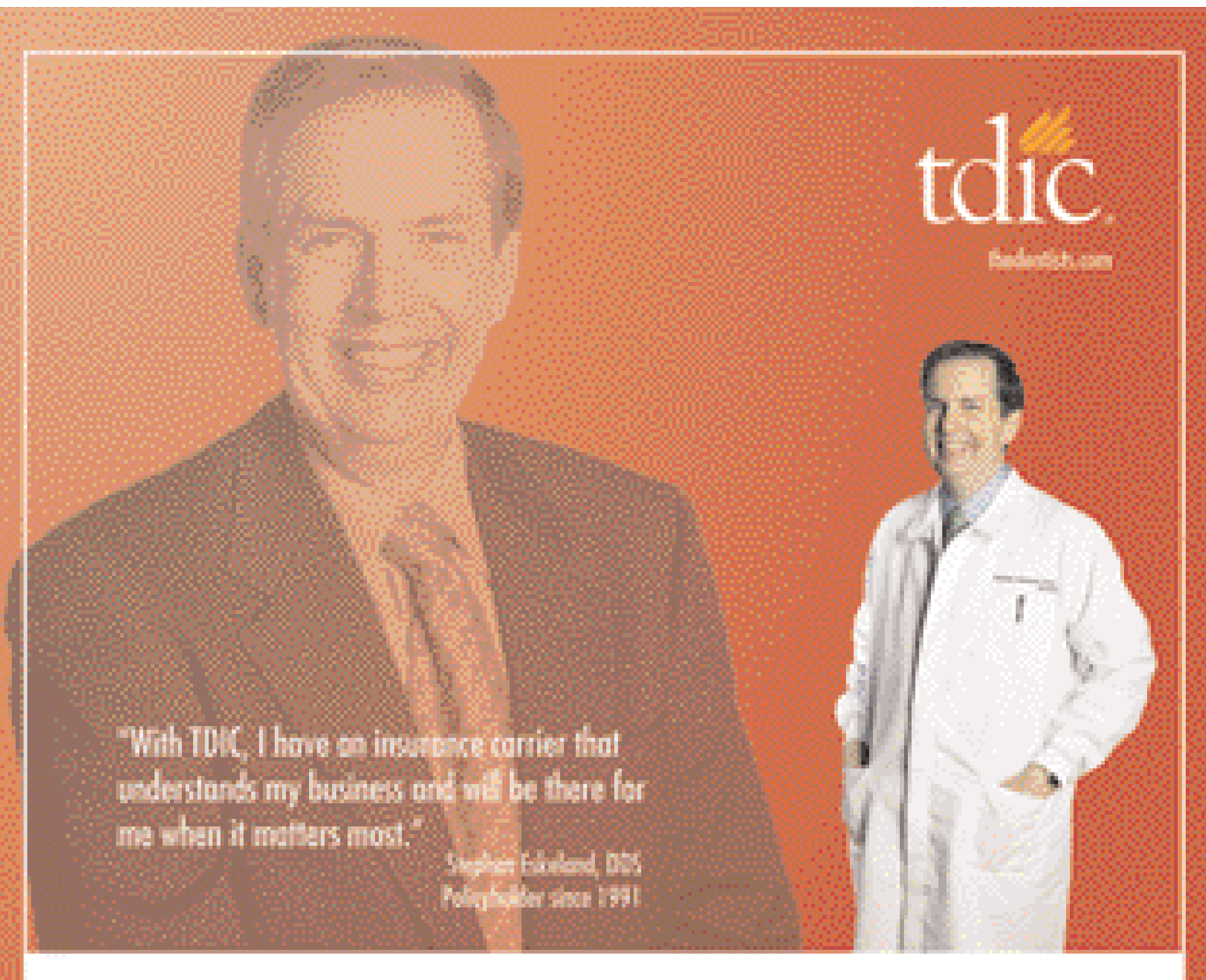
New Web site launched on employer responsibilities in group health plans

BY CRAIG PALMER

Washington—A U.S. Department of Labor interactive Web site, the Health Benefits Advisor, offers private sector employers information on HIPAA and other federal laws governing health plans. The advisor is designed to help employers and plan officials understand their responsibilities in operating group health plans, the Labor Department said in launching the site.

The Health Benefits Advisor at "www.dol.gov/elaws/ebsa/health" provides information on the Health Insurance Portability and Accountability Act (HIPAA), Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, Newborns' and Mothers' Health Protection Act, Mental Health Parity Act and Women's Health and Cancer Rights Act.

Laws discussed in the advisor are covered under the Employee Retirement Income Security Act, better know as ERISA, of 1974. The main menu opens to separate employer and employee advisors. ■



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MOVING FORWARD. TOGETHER.

EOB

Continued from page one

proactive stances with the dental benefits industry and other organizations can benefit both dental offices and the dental benefits industry by not creating problems between dentists and their patients," said Dr. Alan E. Friedel, CDBP chair. "We will continue to work to develop meaningful and positive interaction between dentistry and the dental benefits industry."

Dr. Friedel: "We will continue to work to develop meaningful and positive interaction between dentistry and the dental benefits industry."

Dr. James E. Mercer, former CDBP chair, initiated discussions with Ameritas Group about objectionable explanation of benefits language and communicated with Ingenix, to request a change in its usual, customary and reasonable fee schedule for procedure code D4273, subepithelial connective tissue graft procedures, per tooth.

Ameritas used CDBP input to revise EOB language, saying the revision, "more accurately explained the situation," and Ingenix acknowledged a misunderstanding of changes made to nomenclature in CDT-5, adding "We appreciate the time and effort that you [the ADA] and others have put into this process."

Dr. Friedel said none of this progress is possible without information from ADA members.

Dentists with questions and comments about problematic EOB language and other dental benefits concerns can contact CDBP staff toll-free at Ext. 2746. ■

DentalPractice

Making dental practice transitions?

ADA resource walks you through 'step by step'

BY ARLENE FURLONG

Delivering seamless, quality oral health care in a skilled and comfortable environment.

That's what Dr. Billie Sue Kyger, chair of the Council on Dental Practice, says is the dentist's goal during major practice transitions.

"Each dentist must make a knowledge-based decision at the right time for the right reason," said Dr. Kyger. "This new ADA publication walks through the practice transition process step by step to achieve that goal."

Transitions: Navigating Sales, Partnerships, and Associateships in Your Dental Practice, was developed in collaboration with the Division of Legal Affairs, Council on Dental Practice, the Department of Salable Materials, and author Roger K. Hill.

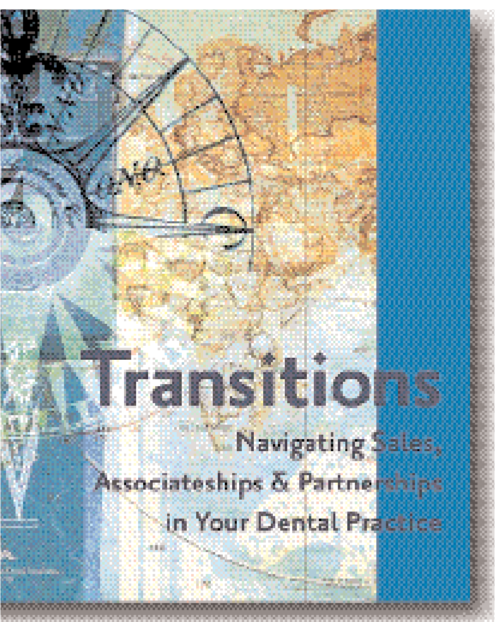
"Every dentist will make at least one or two major transitions during a career," said Mr. Hill, who has provided planning services on transitions including partnerships, practice mergers and associateships for the dental profession for some 28 years. "Those changes have the potential to affect the rest of his or her life—both personally and professionally."

The book covers topics including:

- seller issues and perspective;
- transitions and associateships;
- establishing the fair market value;
- the prototypical sale;
- the delayed sale;
- tax and other strategies;
- options and issues for the early years;
- analyzing a practice opportunity and valuation essentials.

The new ADA resource will be available in a binder or e-book format by Dec. 15. For more information or to order call 1-800-947-4746 or visit "www.adacatalog.org". ■

Dr. Kyger: "Each dentist must make a knowledge-based decision at the right time for the right reason."



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Listening: Members of the ADA's 12th District, in front, are among the delegates at the House meeting in Las Vegas.

Photos by Lagniappe Studio

New president-elect: Dr. Mark J. Feldman of Roslyn, N.Y., addresses the House of Delegates after his election.

Officers, trustees installed

The 2006 House of Delegates elected Dr. Mark J. Feldman of Roslyn, N.Y., former ADA treasurer, as the ADA's 2006-07 president-elect.

Dr. Feldman will succeed Dr. Kathleen Roth as ADA president when the House meets in San Francisco for annual session in October 2007. He has served the ADA as treasurer since election in 2000. He has chaired the ADA Council on Insurance and, at the House of Delegates, has chaired the ADA Reference Committee on Budget, Business and Administrative Matters. He is a past president of the New York State Dental Association and Nassau County Dental Society. He is a diplomate of the American Board of Endodontics and is a fellow of the American College of Dentists and the International College of Dentists.

Dr. Stephen F. Schwartz of Houston Texas, is now the ADA's first vice president, having served a year as second vice president. His previous responsibilities with the ADA include serving as chairman of the Council on ADA Sessions and International Programs and as a scientific reviewer for The Journal of the American Dental Association. He has served as President of the Texas Dental Association and the American Association of Endodontists and was awarded Texas Dentist of the Year. His professional memberships include being a fellow of the International and American Colleges of Dentists.

Dr. Jane A Grover of Jackson, Mich., was elected second vice president. Upon completion of her term as second vice president, Dr. Grover will automatically become first vice president in October 2007. From 1983-2001 Dr. Grover was in private practice as a general dentist. She served as Dental Director for the Jackson County Health Department from 1979-1983. She was appointed to the state's Health Plan Advisory Council and Maternal and Child Health Task Force. She is a member of the adjunct faculty at the University of Michigan School of Dentistry and has also taught at Indiana University at South Bend. In addition, she has published in professional publications and made health policy presentations at conferences and forums and in the media.

Dr. Edward Leone Jr., a general dentist in Thornton, Colo., was elected ADA treasurer. Dr. Leone served as the ADA 14th District trustee from 1999-2003 and is an ADA delegate. He holds a certificate in financial planning and is a registered financial consultant. He is a past president and past treasurer of the Colorado Dental Association. Other past appointments include the ADA Board of Trustees' finance and administrative review committees; chair of the CDA Council on Governmental Affairs; member of the Council on ADA Sessions and chair of the ADA Reference Committee on Budget, Business and Administrative Matters in 2005.

The House re-elected Dr. J. Thomas Soliday of Gaithersburg, Md., as speaker of the ADA House. He has served the ADA as speaker since election in 2002. He was parliamentarian for the Maryland State Dental Association and speaker of the American Association of Oral and Maxillofacial Surgeons' House of Delegates. He is a past president of the MSDA, Southern Maryland Dental Association and Maryland Society of Oral and Maxillofacial Surgery.

The ADA House also named four new officers. They are 2nd District Trustee William R. Calnon, 8th District Trustee Dennis E. Manning, 11th District Trustee Mary Krempasky Smith and 13th District Trustee Russell I. Webb.

Brief biographies of the ADA's newest officers include:

- Dr. William R. Calnon, Spencerport, N.Y., has served as a member of the ADA Council on Dental Practice, the President's Committee on Licensure Issues and as a scientific reviewer for The Journal of the American Dental Association. He is a past president of the New York State Dental Association, Seventh District Dental Society and Monroe County Dental Society.
- Dr. Dennis Manning, Ivanhoe, Ill., has served the ADA as first vice president and has been the Board Liaison to the Commission on Relief Fund Activities. He was the vice chair of the Council on Government Affairs and as a delegate, served on the Legal and Legislative, Scientific Affairs and Dental Education Reference Committees. He is a past president of the Chicago Dental Society and the Odontographic Society of Chicago and a former member of the executive council of the Illinois State Dental Society. He is a fellow of the American College of Dentists and the International College of Dentists.
- Dr. Mary Krempasky Smith, Spokane, Wash., has served as vice chair to the ADA Council on Dental Benefits and as a consultant to the councils on Dental Benefit Programs and Dental Practice. She is a past president of the Washington State Dental Association and the Spokane District Dental Society and a former member of the Academy of General Dentistry's Council on Dental Care. She is a fellow of the American College of Dentists, the International College of Dentists and the Academy of Dentistry International.
- Dr. Russell I. Webb, Upland, Calif., has served on the ADA Council on Membership and as an ADA delegate and chaired the Reference Committee on Scientific Matters. He is a former co-chair of the California Dental Association's Government Affairs Council and at-large member of the CDA Board of Directors. He was a member of the 1968 and 1972 U.S. Olympic Water Polo teams that won bronze medals and is a member of the University of California at Los Angeles Athletic Hall of Fame.

Continuing to represent their districts on the Board of Trustees are Dr. Jeanne P. Strathearn, 1st District; Dr. William G. Glecos, 3rd District; Dr. Murray D. Sykes, 4th District; Dr. Michael T. Rainwater, 5th District; Dr. Charles L. Smith, 6th District; Dr. Jeanne Marie Nicolette, 7th District; Dr. Raymond F. Gist, 9th District; Dr. Kathryn A. Kell, 10th District; Dr. Frank C. Grammer, 12th District; Dr. Joel F. Glover, 14th District; Dr. John S. Findley, 15th District; Dr. Ronald L. Tankersley, 16th District; and Dr. Donald I. Cadle Jr., 17th District. ■

Budget

Continued from page one

profession. It's a very exciting time for the tripartite going forward."

Other significant budget items include $311,000 for an elder care advocacy and education program, $850,000 for the 2007 direct reimbursement marketing campaign and $200,000 to cover travel expenses for dental volunteers to serve for at least two contiguous weeks in rural or frontier areas of the U.S. to provide oral health care to American Indian/Alaska Native people. ■

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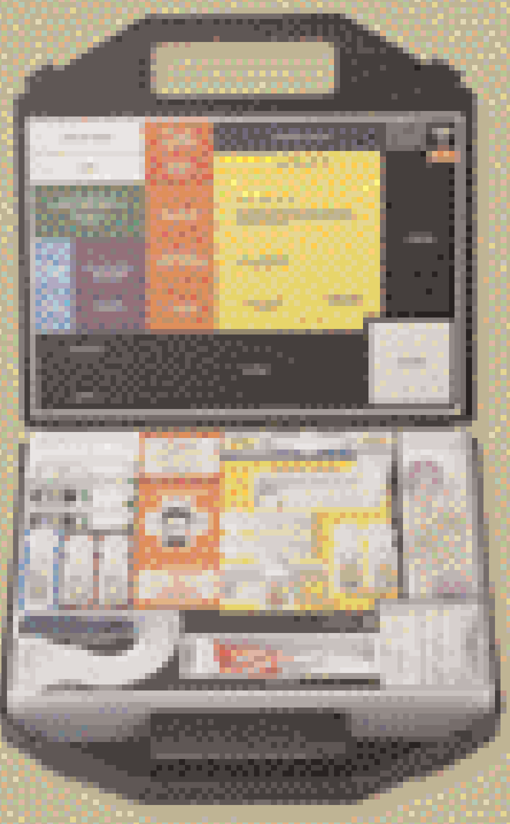

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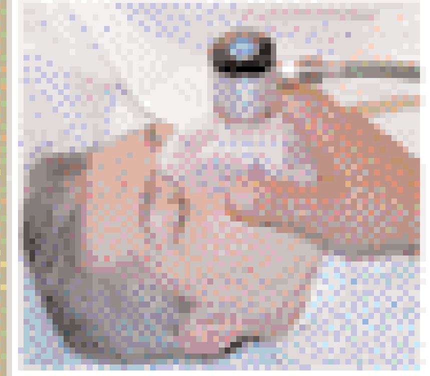

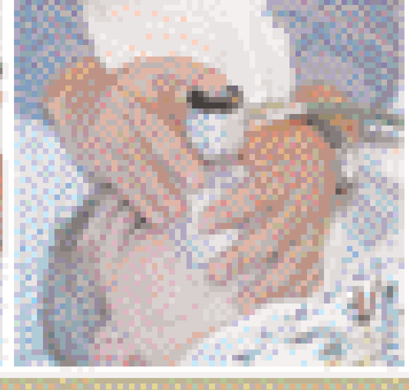

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Health standard setting: 'If the DDSs don't do it, the MBAs will'

HHS Secretary Leavitt addresses 2006 ADA House of Delegates

BY JUDY JAKUSH

Las Vegas—When U.S. Health and Human Services Sec. Michael O. Leavitt was born in 1951, health care represented just 5 percent of the gross domestic product.

Today, it's 16 percent. By the time his newborn grandchildren reach age 9, the number will have climbed to 20 percent.

If that trend isn't reversed, the country's ability to compete economically will be severely compromised, the HHS secretary said in an address to the ADA House of Delegates during annual session in Las Vegas. (The complete text is available in the members only section on ADA.org at "www.ada.org/ada/about/governance/hod_2006.asp#presentations".)

"We will have either fixed it or we will have been eliminated from the economic competition. Because in a global economy there is no place on the leader board for a nation that devotes 25 to 30 percent of its GDP to one sector," he told the House. "We will have been eliminated because we will have neglected by necessity many other pieces of the economy that are required for prosperity."

Sec. Leavitt explained the government's plan to counter that trend, what he described as a decade-long reshaping of the health care system.

During his speech he referred to his introduction by 2005-06 ADA President Bob Brandjord, who had described "prevention" as dentistry's middle name. Sec. Leavitt acknowledged the importance of prevention, noting that one of the overriding reasons costs keep going up "is that we

"I would like to suggest today to the dental profession that you need to be involved, not just in development of standards for the profession, but you also need to be involved in the development of local and regional quality collaborations. It's going to happen at the local level, not national."

don't take very good care of ourselves in this country. We should approach prevention and staying healthy with the same rigor that we do treatment."

He described the health care system as "cost blind and quality deaf," adding, "Our payment system rewards all the wrong things."

He decried the current health care system as anything but a system. "We might start by admitting that we really don't have a health care system. What we have is a health care sector."

The secretary gave examples of cell phones and banks as systems with interoperability and connectivity. An ATM card from one bank will work with any other bank's machine, he noted, as he switched gears from problems to solutions.

"Our task over the next decade is to organize

Photo by Lagniappe Studio

Sec. Leavitt: The U.S. Health and Human Services secretary recognizes dentists for emphasis on prevention.

the health care sector into an economic system that rewards choices that produce high quality and low cost," the secretary said. "We need a system of competition in health care based on values. Value isn't just price. Value is the combination or the intersection of quality and price: an economic system, a system of competition based on and driven by value."

He outlined four cornerstones of such a system:

• Electronic connectivity.

• Independent assessment of the care a patient receives based on standards that medical specialists in the field have established. (After his speech, in an interview, the secretary quipped, "If the DDSs don't do it, the MBAs will.")

• Information on cost that is understandable and is comparable.

• Competition. "Given reliable information on quality and cost, patients, doctors, hospitals and payers will all make decisions that will improve quality and reduce cost overall."

Progress is being made in all four areas, he said, noting the effort under way to promote interoperability. Some 85 percent of all medical sector records are still on paper and of those that are electronic, only 15-17 percent are interoperable. "They can't talk to each other. For electronic health care records to be interoperable, national standards need to be established."

He referred to the National Health Information Infrastructure, which is addressing electronic standards in health care. "Many of you are talking about it in the course of this conference," Sec. Leavitt said. "This is an important discussion we need to be engaged in. It's a problem faced by every other economic system I spoke of today. The good news is it can be done and we are making very good progress."

He commended the ADA for its efforts. "I had a meeting this morning with your leadership. What is developing inside the dental profession can be integrated into the overall electronic health record. If we don't have a picture of the dental record with the rest of the medical record, we have an incomplete record."

Sec. Leavitt cited the need for transparency, changing from a system where cost is blind to one in which cost and quality are easily read. He said it is a near certainty that pay for performance will be part of the reimbursement scheme for nearly every large payer in the future.

One of the immediate challenges is gathering information, and this will have to be done on local and regional levels.

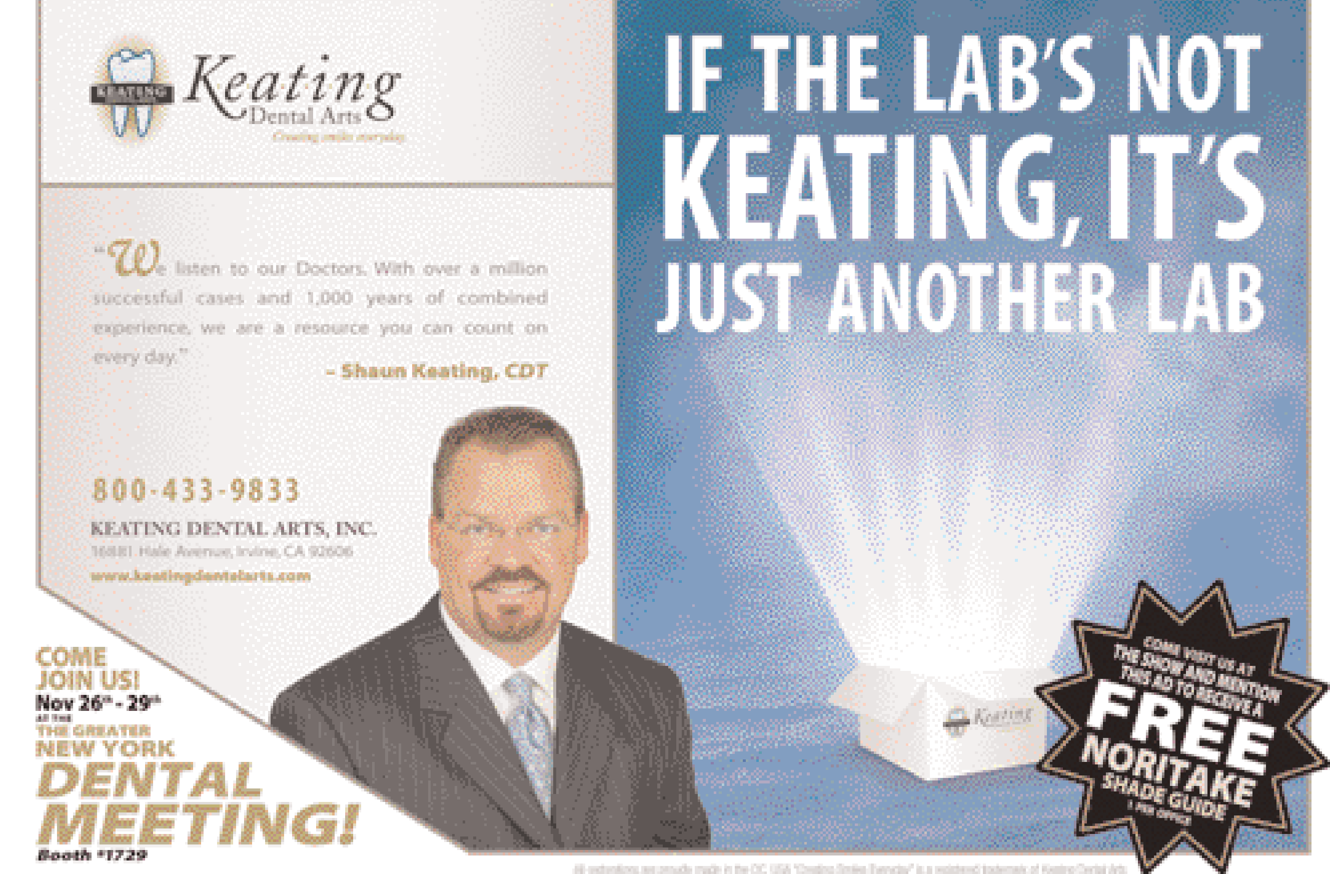
"I would like to suggest today to the dental profession that you need to be involved, not just in development of standards for the profession, but you also need to be involved in the development of local and regional quality collaborations. It's going to happen at the local level, not national."

Change is hard, but it is essential and inevitable in a global economy, he said. As a nation we have a choice among three approaches to change: "You can fight it and fail; you can accept and survive; or you can lead it and prosper. This is the United States of America. We have become the strongest and most influential force in human history because we have always been willing to lead and prosper."

After his speech, Sec. Leavitt in an interview emphasized the importance of having the health care professions develop the standards used in the payment equation. "If dentists don't define quality [in oral health care], somebody else will. It will be a lot better if dentists do it because they can work through the subtleties. The ADA is and needs to continue to be involved in helping its membership understand what a serious culture shift this is. There is understandable anxiety about this—it's a big change."

The cost of implementing these changes will go down with time, especially as there is great interoperability among software programs.

The adoption of change is dependent on the private sector. "If 15 to 20 years ago someone said the Internet would change the world, that everyone would have to have it to do business—and the response was that the government needed to pay for it, then we'd still be 20 years from having the Internet be ubiquitous." ■



Dr. Dolby earns Tarrson Award

BY STACIE CROZIER

Tumwater, Wash.—Dr. Tim Dolby's desire to help those in need led him to take eight mission trips to Mexico, but five years ago, when he ended up sick and in the hospital during a trip, he said he realized there were people closer to home that needed help, too.

Dr. Dolby is the 2006 recipient of the ADA Foundation's E. Bud Tarrson Access to Oral Health Care Award, recognizing his work in establishing a free dental clinic for underserved individuals in southwestern Washington.

The effort began with a rented dental van from which three or four volunteer dentists volunteered two or three times a month to treat patients.

"After two years, we lost the van and we had to decide what to do next," he says.

That's when Dr. Dolby became a fundraiser, concentrating on raising $200,000 to open a two-chair clinic, and his wife Jean and her friend Shelby Davies donated their time and talents in interior design for the new clinic—the Olympia Union Gospel Mission Free Dental Clinic.

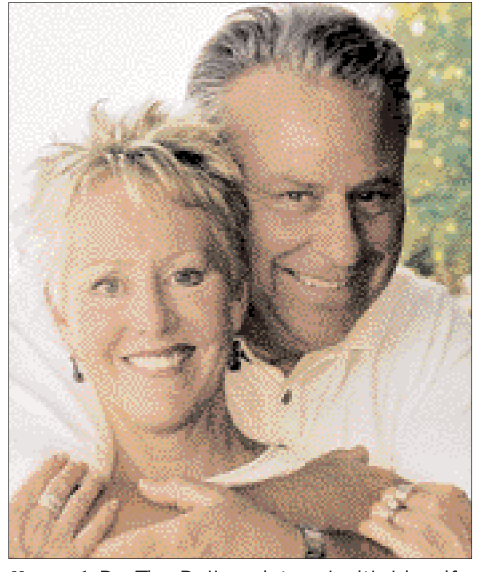
Dr. Dolby also recruits and organizes dental professional volunteers, including about 17 dentists and eight dental assistants and hygienists, who staff the clinic a minimum of three days a week.

"The reality is that asking a colleague to take a week or two and close his or her office to go to Mexico makes it hard for dentists to volunteer, but when you can ask them for a day or two each month at a location close to home, it works," Dr. Dolby says.

The clinic, the only free dental care facility in the region, treats a variety of patients, including the homeless and low-income residents and focuses heavily on emergency dental care.

Dr. Dolby received an Access Recognition Award from the ADA Council on Access, Prevention and Interprofesional Relations in September 2005 "in the recognition of your commitment to increasing access to dental care at the local level for the underserved citizens in and around Thurston and Mason Counties by being a primary force behind the building and staffing of the Olympia Union Gospel Mission's dental clinic."

As winner of the Tarrson award, Dr. Dolby has selected the Olympia Union Gospel Mission Free Dental Clinic as his designated charity to receive a $2,500 grant from the ADA Foundation. On Oct. 20, he received a certificate from the Thurston-Mason Counties Dental Society during the dental clinic's annual fundraiser concert. ■



Honored: Dr. Tim Dolby, pictured with his wife Jean, is the 2006 recipient of the E. Bud Tarrson Access to Oral Health Care Award.

BRIEFS

Continued from page one

The ADA annual session offered dental professionals the opportunity to learn at more than 300 CE courses and shop at the ADA Marketplace, which featured more than 700 exhibiting companies. "CAS has received reports of record sales from happy exhibitors," Dr. Kittredge added.

Mark your calendar! The 2007 ADA Annual Session is set to take place Sept. 27-30, 2007, at San Francisco's Moscone Center. ■

Dr. Roth

Continued from page one

"This must continue to be a high priority for us," the ADA's new president said of the NHII.

In the year ahead, Dr. Roth plans to continue the quest for "uniform licensure and increased mobility within the United States" for all licensed dentists. She wants to revisit the now five-year-old Future of Dentistry Report to see what from the report has been accomplished and what still needs to be addressed.

She described the ADA Foundation's educational initiative "Our Legacy—Our Future" as a high priority worthy of the entire profession's support.

"It is critical," she said, "that we ensure dentistry remains a strong, desirable profession for our children and grandchildren—and that begins with quality, dynamic education."

Near the close of her address, Dr. Roth returned to access to care.

"We cannot let ourselves be satisfied with seeing only the beaming smiles of those with resources," she told the delegates. "We must also see the warm but heart-wrenching grins of those less fortunate, and continue in our resolve to close the gap between these two extremes." ■

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Sir Richard Branson's secret to success: ignore the experts

BY JAMES BERRY

Las Vegas—He dropped out of school at age 16, ironically to found a magazine called "Student." It was the start of something big.

Forty years later, 56-year-old Sir Richard Branson (he was knighted for "services to entrepreneurship" in 1999) has amassed a personal fortune of about $5 billion and oversees a diverse empire of businesses under the Virgin brand.

"We've never followed the business models of the marketing and financial gurus," Sir Richard told an Oct. 17 crowd at the Mandalay Bay Special Events Center. "Rather, we've developed our own ways of doing things, regardless of the criticism thrown at us by the so-called business experts."

The renowned business mogul and adventurer headlined the Distinguished Speaker Series, sponsored by Johnson & Johnson Oral Health Products as a highlight of the General Session during annual session in Las Vegas. Ted Koppel, veteran newsman and former anchor of ABC's "Nightline," concluded the series.

Sir Richard's holdings today include about 250 businesses operating on five continents. There's the record label, an airline, a railway and even a new space tourism company, all under the Virgin brand. Though the record company came first, the airline he founded two decades ago seems to hold a special place in his heart.

In 1976, Sir Richard told the audience, he and some friends were in the Virgin Islands trying to catch a flight to Puerto Rico. "The scheduled flight was cancelled," he said, "and the terminal was filled with stranded passengers."

Sir Richard "made a few calls" and managed to charter a plane to Puerto Rico "for a few thousand dollars." He counted the number of passengers in the terminal, made a quick calculation and announced a one-way flight to Puerto Rico for a mere $39 per person. Even at that bargain-basement rate, he turned a tidy profit.

It was the start of what would become, seven years later, Virgin Atlantic Airways. "Virgin Atlantic was like having a daughter," said the father of two. "She's now a beautiful 21-year-old, standing on her own two feet."

In September, Sir Richard famously pledged to invest $3 billion over 10 years to combat global warming and promote alternative energy—a gesture reflecting his views that "great wealth brings great responsibility" and that successful companies are obliged to be good citizens.

He added, "I hope that the reason Virgin has been successful and will continue to be successful is that we recognize that the public cares about how companies in which they invest their trust, their loyalty and their money behave in the marketplace." ■

Photos by Lagniappe Studio

Know-how: Entrepreneur Sir Richard Branson (left) headlined the first installment of the 2006 Distinguished Speakers Series. Michael Sneed of Johnson & Johnson, the series sponsor, sits with Sir Richard during a Q & A period.

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BIOLASE

Ted Koppel takes his time getting serious

BY JAMES BERRY

Las Vegas—Magician Rick Thomas had just startled the crowd by making ADA Immediate Past President Bob Brandjord appear on stage and turning Executive Director Jim Bramson into a white tiger (you had to be there).

With such a "hard act to follow," the veteran newsman and former anchor of ABC's "Nightline" seemed reluctant to launch immediately into what he called "the serious stuff."

So Ted Koppel began his appearance at the Mandalay Bay Special Events Center during annual session last month by telling jokes about himself. He speculated that some in the audience were surprised he wasn't taller. "And some of you are thinking, 'I don't care what anybody says, that's a rug he's wearing.'"

It isn't.

"I worked for ABC long enough and made enough money," he noted, "that if I had to wear a [toupee], I could afford a better looking one than this."

Mr. Koppel, who stepped down in 2005 after 25 years as "Nightline" anchor, was the second and final headliner in the 2006 Distinguished Speakers Series, sponsored by Johnson & Johnson as a highlight of the ADA General Session during annual session.

Veteran anchor: Ted Koppel regales the crowd with tales from his 43 years in the news business and insists that his hair is real while speaking in the 2006 Distinguished Speakers Series at annual session.

British entrepreneur and adventurer Sir Richard Branson appeared Oct. 17 as the series' first speaker. (See story, this page.)

Further delaying the inevitable segue into "the serious stuff," Mr. Koppel acapellad a couple of songs he'd written, one about the Great Wall of China, another about cleaning his cat's litter box. (Again, you had to be there.)

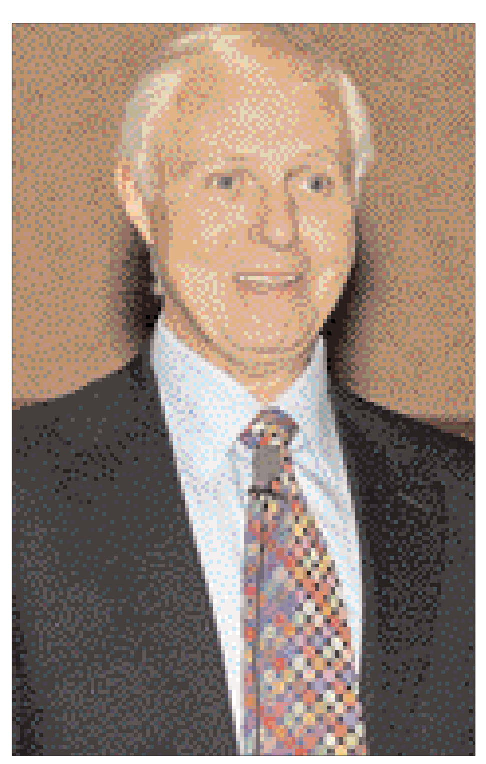
Then, at last, it was time for weightier issues.

He talked about the proliferation of news outlets and options that have sprung up since he started in the business 43 years ago, about network executives who expect to turn a profit on news, and about the technology-driven feeding frenzy for instant information.

Zeroing in on the 24-hour cable news networks (his own daughter, Andrea, is a correspondent for CNN), Mr. Koppel chided cable executives for being "more concerned about what is recent than what is important."

He added, "They seem to be in a constant rush with the obvious. What we need to know, particularly in this day and age, is what's going to

See KOPPEL, page 23



The bottom line: Dr. Christensen lectured both Oct. 17 and 18 at the scientific session at the ADA's annual session.

What's new?

Dr. Christensen offers insight

BY CRAIG PALMER

Las Vegas—Dr. Gordon J. Christensen is virtually good to go for his scientific program at ADA annual session last month.

But this crowd can't wait for the shirt-sleeved lecture.

They want the doctor, now, and here he is on screen in an hour-long warm up for his full-day feature event, a fee program attracting upwards of 1,000 dentists, students, lab technicians, dental assistants, business assistants and others in search of "The Christensen Bottom Line 2006, Part 1," an annual session course presented in cooperation with the ADA Committee on the New Dentist.

So here's Dr. Christensen off screen and working the Mandalay Bay audience, having gone from six-handed dentistry on screen—"It's much more efficient than four-handed"—to a bottom line that "I've tried to make practical for you."

This course was billed as "a concise, pragmatic appraisal of many of the current popular techniques, materials, devices, concepts and controversies in dentistry, based on clinical observation and research. What's new? What's hype? What's important?" Speaking variously of "esthetic dentistry" and "cosmetic dentistry," Dr. Christensen said, "It constitutes about 60 percent of what an American dentist does today."

But whoa! "A lot of this does not need to be done," he said. Later in reference to an instrument promising plenty of horsepower for the task, he added, "I have horses, but I don't ride them to work."

Dr. Christensen is founder and director of Practical Clinical Courses, an international continuing education organization for dental professionals based in Provo, Utah. ■

Koppel

Continued from page 22

happen" as opposed to what just happened.

The sponsor-preferred emphasis on the youth market, he said, has led so-called magazine programs to "focus more and more on hard-hitting stories like, 'What your pets are doing when you're not there to watch them.'"

Then came what can only be described as a downbeat message from a long-time observer of domestic and world affairs.

"It is my impression," said Mr. Koppel, "that we are living in the most dangerous times of my life. I grew up in the Second World War, the Korean War. I have covered the Vietnam War and 10 other wars since then. I have never been as concerned about the state of the world as I am right now."

"It is my impression that we are living in the most dangerous times of my life. I grew up in the Second World War, the Korean War. I have covered the Vietnam War and 10 other wars since then. I have never been as concerned about the state of the world as I am right now."

He talked about the proliferation of nuclear weapons in the Middle East (Iran) and Northeast Asia (North Korea). "We seem to be—and when I say we, I mean the U.S. government—incapable of preventing that from happening."

He refrained from doubting "the legitimacy of what the [Bush] Administration is saying" about the war on terrorism, but puzzled over "what is being expected of us."

Beyond the men and women in the Armed Forces and their families, he asked, "Who among us is sacrificing anything?" He decried the passage of five tax cuts over the past six years at a time when "we are running out of ground troops."

Americans, he said, must understand that the war on terror will be a long one, likely to continue for generations. And winning it, if it can be won, may take more of a commitment than most of us realize. ■

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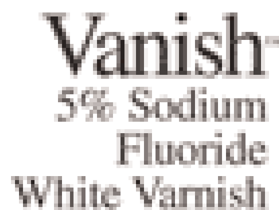

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Elder care

Resolution addresses oral health needs of 'vulnerable' older adults

BY STACIE CROZIER

Las Vegas—The 2006 ADA House of Delegates adopted a multifaceted resolution designed to address the oral health needs of "vulnerable" older adults—individuals over age 65 with limited mobility and/or limited resources and/or complex health status.

Resolution 5H-2006, Strategies to Address Oral Health Issues of Vulnerable Elders, includes more than two-dozen specific strategies in the areas of advocacy; education of health care workers, the public, and policymakers; research; exploring new dental benefit options for elders; and exploring dental workforce needs to support elders' oral health care.

The House also directed the ADA Board of Trustees to report to the 2007 House on the status of these initiatives.

In regard to advocacy, "The ADA, with input from key stakeholders will develop strategies that will persuade legislators and regulators at all levels to make vulnerable elders' oral health a priority," the resolution states. The ADA will also encourage constituent and component dental societies to join its advocacy efforts.

The resolution directs the ADA to "facilitate education of health care workers on issues related to oral health of the vulnerable elderly population" and build public and policymaker awareness of the importance of oral health for elders through a variety of strategies.

Res. 5H-2006 also directs the ADA to "develop with key stakeholders a plan to aggregate, identify, collect and synthesize existing research of the oral health of the vulnerable elderly in order to identify knowledge gaps," to conduct a survey of dentists who treat vulnerable elders in a variety of practice settings and "develop in 2007 an ADA Health Policy Resources Center analysis of the vulnerable elders' oral health issues to increase the understanding of age-associated and disease-associated oral disorders and their impact on clinical care."

The House asked the appropriate ADA agencies to plan a meeting with key stakeholders to discuss dental benefit options for people over age 65, and provide an interim report to the 2007 House and a final report and recommendations to the 2008 House. Appropriate ADA agencies will also "investigate new dental workforce roles specifically for the geriatric population, including appropriate functions for dental assistants and dental hygienists to support care for the vulnerable elderly population."

The resolution is the culmination of two years of study by a task force convened at the direction of Res. 73H-2004.

Task force members, including Drs. G. Kirk Gleason, immediate past 2nd District trustee, who chaired the committee; Alan E. Friedel, Council on Dental Benefit Programs; Randy E. Huffines; Judith A. Jones; Billie Sue Kyger, Council on Dental Practice; Robert C. Lauf, past-chair, Council on Access, Prevention and Interprofessional Relations; Robert B. Raiber, Council on Government Affairs; and David Whiston, past ADA president; submitted a white paper with findings and recommendations to address the needs of vulnerable elders.

"When the House of Delegates overwhelmingly passed the comprehensive resolution on elder care, it put the ADA into the leadership role of finding solutions for the oral care needs of the rapidly expanding elderly population," said Dr. Gleason. "Our task force worked for two years to build a comprehensive framework, a blueprint designed to enhance the educational and research infrastructure and plan for workforce support that will be required to meet the oral care needs of this group. The new initiative puts the ADA right where it should be, in the forefront of developing the programs that will address both the needs and demands of this fast growing group of Americans."

The task force studied changing demographics in the U.S. population over age 65, and found that the population of seniors is expected to double by 2030 and that most people in this age group have at least one chronic health condition and/or limited access that makes their oral health care issues more complex.

The challenges that affect vulnerable elders' ability to attain oral health care include lack of financial security, decreasing quality of life and general health, and limited independence and support from the community, the task force reported.

Older adults also face a variety of special oral health challenges, says the task force report, including root and coronal caries, periodontal disease, tooth wear, edentulousness, oral cancer, complications from taking prescription and over-the-counter medications and other medical concerns that affect oral health.

The ADA has long been involved in addressing the access to care issues of older adults. For 22 years, CAPIR and the ADA Foundation, through the support of Pfizer Consumer Health Care Group, have honored outstanding geriatric oral heath programs through the CAPIR Geriatric Oral Health Care Award. Grants from GlaxoSmithKline Consumer Health Care have launched a grants program that supports programs that target older adults. The ADA has also provided members and the public with public education materials that have been continuously published and updated for many, many years. ■

Dental organization adopts new name, logo

BY STACIE CROZIER

Special Care Dentistry will have a new name, new logo and a larger scope beginning in 2007.

The expanded organization, to be known as the Special Care Dentistry Association, will offer its members full access to three of its component organizations: the American Association of Hospital Dentists, the American Society for Geriatric Dentistry and the Academy of Dentistry for Persons with Disabilities.

"Our focus is on the patients who need special care, regardless of the particular practice setting," said SCDA President Roseann Mulligan. "An SCDA member could easily be caring for a disabled, geriatric, hospitalized patient. This one patient incorporates all three components. However, the key is the patient and his or her needs—which transcend the particular practice setting."

Special Care DENTISTRY ASSOCIATION

By fully integrating these groups, Dr. Mulligan added, SCDA will benefit its members and the patients they serve by having a united leadership and a single mission, and giving members more opportunities for open discussion, networking and knowledge sharing.

The ADA Council on Access, Prevention and Interprofessional Relations has a close working relationship with SCDA, said Dr. Vincent Filanova, council chair and member of SCDA. "During the last five years, the organization has really emphasized advocacy for all special needs patients, including its efforts to promote the Special Care Dentistry Act (HR 4624), which will strengthen federal support for children's oral health services and extend Medicaid dental benefits to vulnerable adult populations (elderly, blind and disabled) nationwide. Their work also goes hand in hand with the ADA's Elder Care Task Force and last month's adoption of Res. 5H in the ADA House of Delegates. (See story, this page.)

"The new name and mission also gives the profession one place to go for resources and information on all special needs patients," he added. "CAPIR uses SCDA as a valuable resource and we applaud their strong efforts in advocacy."

Check out SCDA's new Web site at "www.scdaonline.org". ■

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Photo by Lagniappe Studio

Teeth with feet: Dental assistants Bayle Marie Connell (left) and Veronica Delacruz of Harlington, Texas, take a closer look at the chattering teeth in the ADA Store during annual session Oct. 17.

Conference emphasizes care for older adults

BY STACIE CROZIER

Las Vegas—Older adults are becoming the largest, fastest-growing segment of the U.S. population and dentists must be prepared to provide them with excellent preventive, restorative and esthetic dentistry.

That's what the expert panel for "Bringing Mainstream Dentistry to the Aging Population" concluded in its all-day program Oct. 18. The program was underwritten by a grant from GlaxoSmithKline Inc.

"I'm glad to have the opportunity to be old enough to be on this stage," joked Dr. Gordon J. Christensen, the conference's leadoff speaker.

Dr. Christensen told attendees about one of his patients, an 87-year-old man who shuffled in for his appointment complaining that his lower denture didn't stay in place. Dr. Christensen proposed implants and said the patient ended up looking and feeling so much better he bought a red Corvette and started chasing younger women.

"The point," he said, "was that we are not just treating older patients, we're changing their lives."

Speakers discussed the challenges older patients present—increasing diversity, complex medical issues, retaining natural teeth longer, tooth loss, periodontal disease, the desire to look and feel younger, higher expectations and budgets for dental care and more.

Dr. Christensen discussed conservative restorative options and preventive strategies for older patients in his section, "Dentistry for the Mature Adult."

Dr. Teresa Dolan, professor and dean, University of Florida College of Dentistry, covered "Educating Tomorrow's Dentists: Meeting the Needs of Older Patients." Dr. Randy H. Huffines covered "Management of Root Caries." Dr. Troy Daniels discussed "Dry Mouth: Why Should I Care?" Dr. Van Haywood presented "Aesthetics and Bleaching Differences for the Aging Population, Management of Sensitivity and Root Caries." Dr. Robert C. Lauf served as moderator for the program. ■

Important information: Participants listen during "Bringing Mainstream Dentistry to the Aging Population" Oct. 18 at annual session.

Photos by Lagniappe Studio

Shopping: The ADA Marketplace bustles during annual session in Las Vegas.

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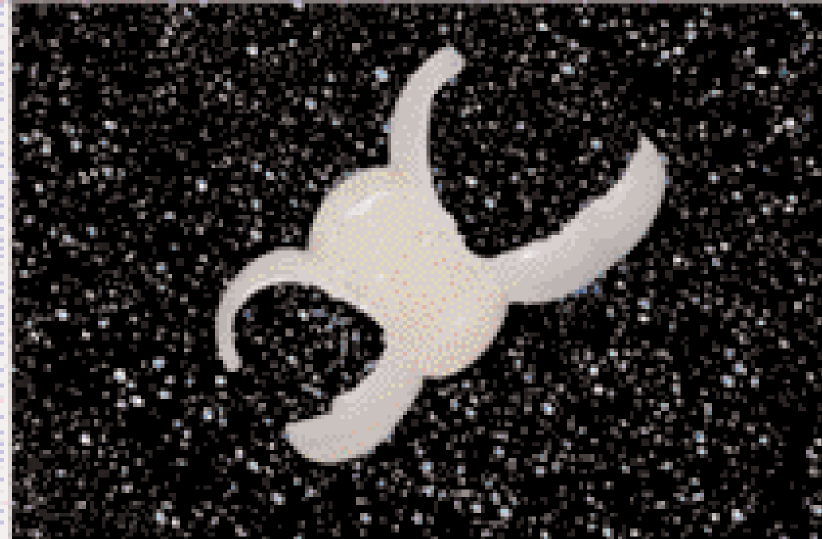

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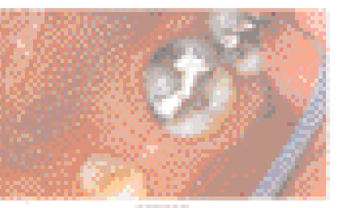
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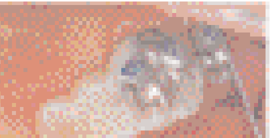
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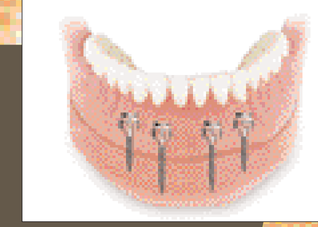

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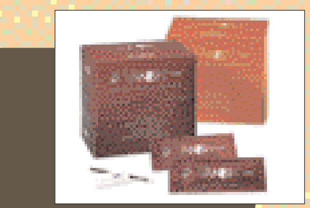

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ADA Board supports DR funding

Directs market research to determine plan viability

BY ARLENE FURLONG

Las Vegas—Delegates took action last month to provide continued funding for the 2007 Direct Reimbursement Marketing Campaign.

Resolution 30H-2006 acknowledges the Board of Trustee's support to add $350,000 to the already budgeted $500,000 in the proposed 2007 budget.

In supporting the resolution, the Board said the funding will help maintain the needed support for the existing DR program through direct mail and cooperative programs with state dental societies that are actively working to promote DR.

In addition, the amount has been allocated to include resources to conduct extensive market research in various industries and markets to determine whether and where there is strong viability for direct reimbursement as a dental plan and how to best promote it. The Board applauded and thanked the Council on Dental Benefit Programs for its willingness to work with the Board in the development of this budget for 2007.

"The Board strongly believes that the combination of funding the most effective advertising, combined with a year of solid market research and analysis is the most responsible way to proceed," its comments included. In addition, the Board "will need all of the data and analysis from the market research, outcomes of the direct mail program, data on DR plan conversions and state society activity in time for its preparation of the 2008 budget."

The marketing campaign in 2006 with a budget of $1,930,000 was reduced from the $2,650,000 budget in 2005. The total amount of funding for the national DR advertising campaign for 2007 approved by the House will be $850,000. ■

Photo by Lagniappe Studio

Honored: Dr. Marcia Boyd joins Dr. Charles A. "Scotty" McCallum, recipient of the 2006 ADA Distinguished Service Award during annual session in Las Vegas. The DSA is the ADA's highest individual award. The ADA Board of Trustees said Dr. McCallum "has generously and enthusiastically made his leadership skills and guidance available to both the health community and the public." The Board conferred honorary membership on Dr. Boyd, a Canadian Dental Association leader. Honorary membership is awarded to individuals who have made outstanding contributions to the oral health of the public and the advancement of the art and science of dentistry.

Where are the dentists?

You can find out from the ADA Survey Center's 2004 Distribution of Dentists in the United States by Region and State.

The report is a census of all known dentists in the U.S. and its possessions and territories. Mandated by the House of Delegates, the census has been conducted periodically since the 1950s with results reported annually in the Distribution of Dentists in the United States by Region and State. Four categories of dentists are tracked in the report: professionally active dentists, new professionally active dentists, active private practitioners and new active private practitioners.

The report is available from the Survey Center (item code DOD-2004) for $125 for members, $187.50 for nonmember dentists and $375 for commercial firms. To order the report, call 1-800-947-4746 or online at "www.adacatalog.org". ■

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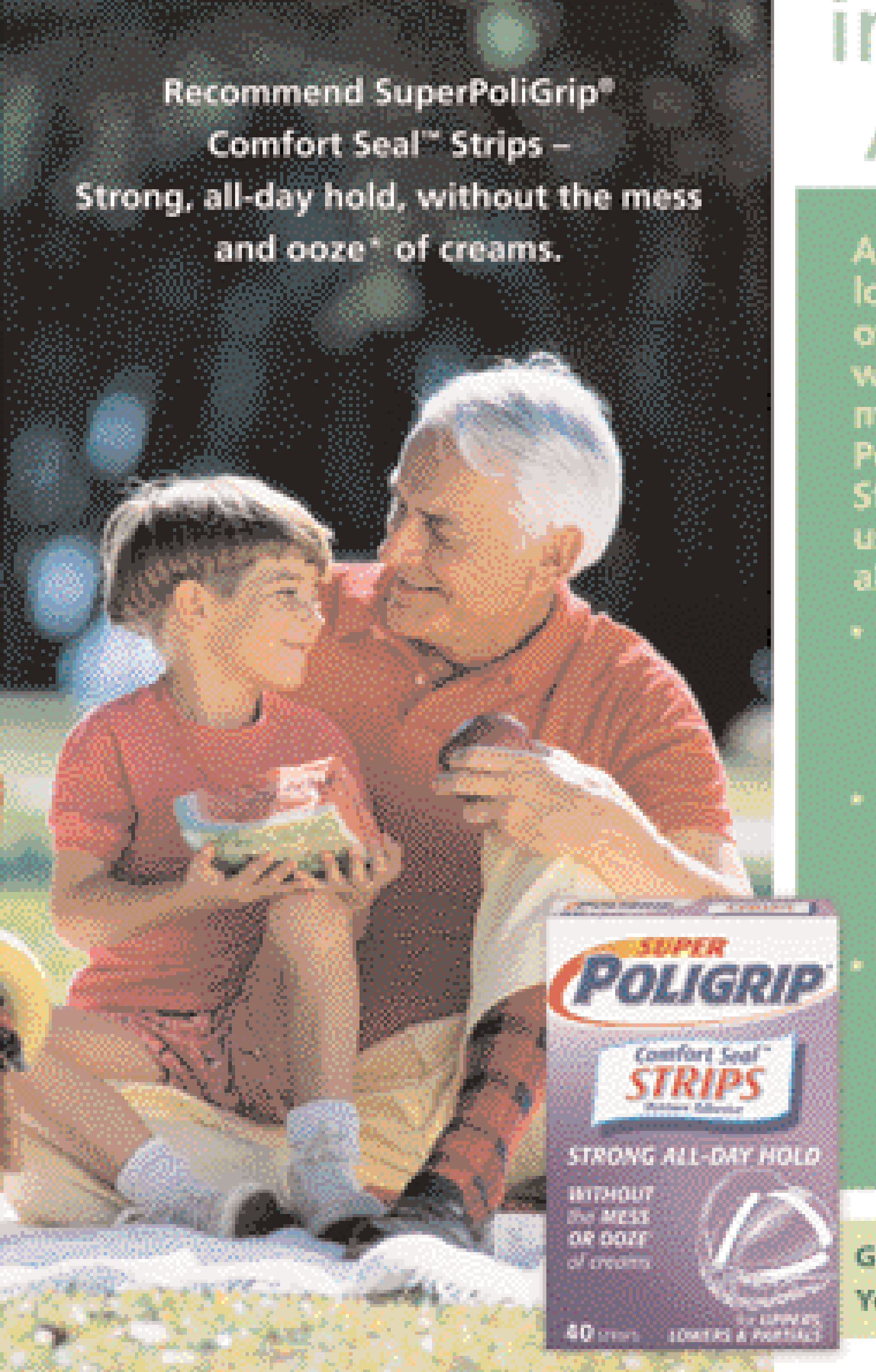

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ADA to partner with states in public affairs approach

BY JUDY JAKUSH

Las Vegas—The major issues facing the profession are playing out across the country in individual states, and the Association—thanks to ADA House action last month—now has a tool for working with the tripartite to create a coordinated response to those challenges.

More importantly, the ADA can use this same tool to craft long-term strategies aimed at getting ahead of the issues, rather than responding to them.

The House of Delegates, in Resolution 41H-2006, directed the ADA to "initiate a nationally coordinated, state-targeted, integrated public affairs plan" at an estimated total cost of $3.8 million.

It's a natural extension of the past two years' effort to boost the Association's advocacy through a public affairs approach. Said ADA President Kathleen Roth, "A professional public affairs approach to controlling difficult issues related to dentistry is important in today's world. And as an issue emerges in one part of the country or a state, we have seen the same or similar concerns in other regions over time. In today's world of fast information flow, the ADA must use all the latest tools and technology of a professional public affairs approach as well as the expertise of our volunteers and staff to influence public perspective on oral health issues."

Dr. James B. Bramson, ADA executive director, emphasized this is not a public relations campaign. "It's a new way of doing business, recognizing the degree to which the lines have blurred between politics and policy. The media are one audience, but only one. To remain competitive in this environment requires integrating your capabilities in advocacy, coalition-building and educating key audiences. It means doing research to understand what attitudes people are bringing to the table, and what people need to hear in order to build trust."

The resolution calls for the public affairs plan to partner the ADA with selected state dental societies facing significant advocacy issues such as environmental initiatives, scope of practice concerns, the freedom to choose safe and effective restorative materials, community water fluoridation and access to care.

The purpose, the resolution states, is to develop and implement "targeted public affairs strategies in cooperation with the state dental societies in order to position the ADA and the state dental society as the source of the best solutions to providing the best possible oral health care to the greatest possible number of the affected states' residents."

The ADA Board is directed to develop appropriate success measures for the program and provide the House with an analysis and report each year. The report should state whether the program is meeting its intent and success measures and include appropriate recommendations to change or discontinue the program.

The rationale and recommendations for the plan are presented in Board Report 14 (found in the members only section of ADA.org, by using the Google search tool for Board Report 14).

The report states that the plan "hinges on identifying those states at greatest risk of having problems in one or more of these issues—issues that, if they go badly, could have lasting, negative consequences for dentistry in every state—in 2007 and for the foreseeable future. It lays out strategies for a nationally coordinated ADA/state dental society partnership to help these states preempt these consequences and position themselves to better control the policy environment that, in turn, controls the practice of dentistry.

"The design of such a campaign," says the report, "goes beyond simply stopping proposals from external entities that could harm the oral health delivery system, although that well may be necessary. Rather it is to build a position of strategic strength and credibility for the dental society and the ADA among target audiences, giving them ability to take the lead on potentially troublesome issues, rather than operating from a defensive, reactive posture.

A prerequisite for the program is that the state societies must want this help from the ADA, and in turn, the experience of these states will be of help to other states and the tripartite as a whole. Said Dr. Roth, "As the ADA begins to create a public affairs approach to targeting key issues and states where those issues come to light initially, our members will recognize our profession's strong response and appreciate the public's understanding of issues in a timely fashion. It is very important for us as a profession to get our message and perspective expressed to the public, legislatures and our membership regularly and consistently. This will have impact across all levels of the tripartite."

Dr. Bramson also stressed the national effect. "At the same time that we're ramping up our advocacy capabilities nationally, we can't afford to ignore what's going on in the states," he said. "The House of Delegates showed real leadership in recognizing this, and in funding this initiative."

The program is designed to be flexible, providing varying levels of activity in states. The model for action incorporates interdisciplinary teams comprising:

- ADA and state-level volunteers, both leaders and issue-specific experts;
- ADA and state dental society staff, including but not limited to government affairs, communications and legal personnel;
- Consultants in these disciplines, as needed, at both the national and state levels.

The activities to support these efforts would include:

- Media education;
- Opinion research among both external and internal stakeholders;
- Coalition building;
- Conducting and publicizing studies or seminars/symposia;
- Grassroots and grasstops organizing ("grasstops" refers to leadership in local and community organizations);
- Lobbying;
- Op-eds and advertorials.

"State dental societies largely have succeeded in beating back legislative and regulatory threats in the past," the report states. "But the stakes are raised. Adversaries are better resourced and better organized than ever before. Recent events have cast in stark relief the peril of pursuing dentistry's policy goals in a reactive mode. The great success of American dentistry stands on the principles of prevention and early intervention. Dentistry must now dedicate its energy and resources toward applying those same principles to advocacy and public affairs." ■

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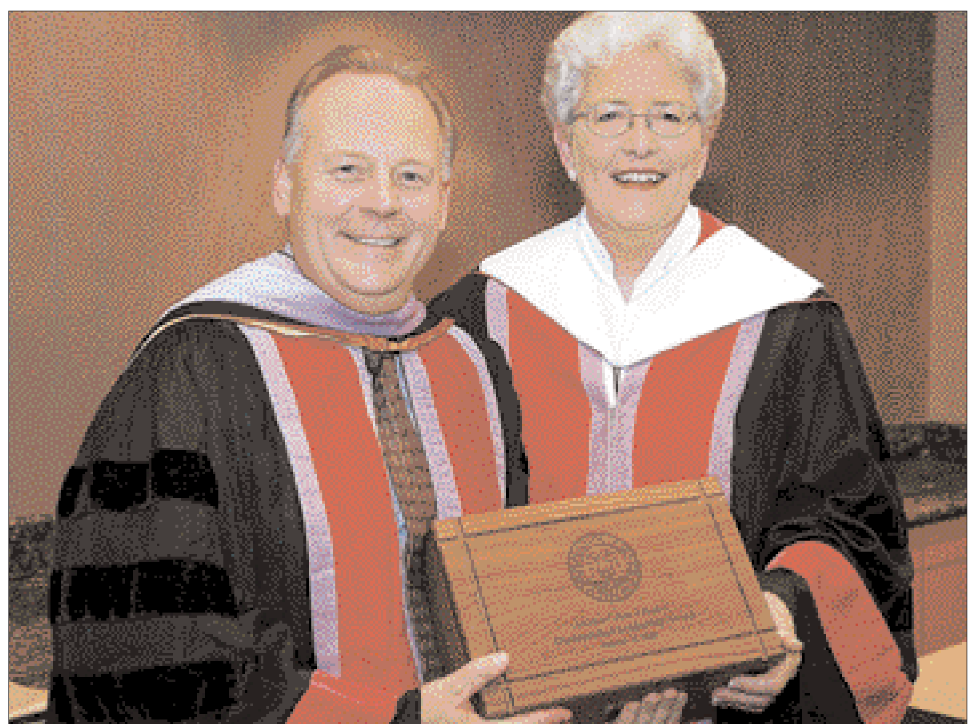

Photo by Lagniappe Studio

Premier honor: Dr. James B. Bramson, ADA executive director, receives the first Distinguished Leadership Award from the American College of Dentists. Presenting the award in Las Vegas Oct. 17 is Dr. Marcia A. Boyd, ACD president. The ACD established the award in 2005 to recognize individuals with a distinguished record of significant leadership in dentistry, public health or national policy while holding a position of national or international responsibility.

Concentration: Dr. Jonathan Bergloff, Chandler, Ariz., goes hands-on during the Oct. 16 portion of the "Two-Day Aesthetics Forum" at annual session in Las Vegas.

Photos by Lagniappe Studio

Thank you: (From left) Dr. Gus and Deborah Vlahos of Dublin, Va., and Dr. Thomas and Toni Leslie of Berkeley Springs, W.Va., (shown at annual session in Las Vegas Oct. 16) are the first contributors to the new $500 a person/$750 a couple ADPAC Capital Elite program. The American Dental Political Action Committee reports that 275 members have joined ADPAC at this new level to date.

Aesthetics up close at session

BY CRAIG PALMER

Las Vegas—Nearly 50 doctors participated in a two-day, hands-on aesthetics forum Oct. 16 and 17 here on smile design and its place in your practice.

Dr. Eubank

The scientific program on Oct. 16 and 17 featured workshops on direct composite—a system for predictability and on macroaesthetic elements of smile design, participants attending in groups of 20-25 on alternate days. The forum combined didactic and clinical hands on learning with "techniques that you can begin to use immediately." Presenting were Drs. Jimmy Eubank, Michael McGuire and Corky Wilhite.

Dr. Eubank maintains a private practice and laboratory in Plano, Tex., and is director of postgraduate esthetics continuum at Louisiana State University. Dr. McGuire maintains a private practice limited to periodontics in Houston, Tex., and is a clinical assistant professor of periodontics at the University of Texas Dental Branch at Houston and the University of Texas Health Science Center at San Antonio. Dr. Wilhite maintains a private practice in Metairie, La. ■

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Panel charts oral-systemic questions

Full house: The Oct. 17 scientific program in Las Vegas during annual session on the dentist's role in oral and systemic care drew hundreds.

Save the World from Cavities: Dr. Foti Panagakos, director, professional relations, Colgate-Palmolive Co., center, flanked by ADA Immediate Past President Bob Brandjord (left) and ADA Executive Director James Bramson, makes a $100,000 donation to the ADA Foundation to promote access to oral care for children. The ADA and Colgate-Palmolive Co. are again cosponsoring the Save the World From Cavities consumer campaign.

BY CRAIG PALMER

Las Vegas—Is the disease relationship causal or casual? That was the question posited Oct. 17 during the ADA annual session scientific program on the dentist's role in oral and systemic health care.

A clinician research panel examined scientific and clinical advances on how dentists can screen and provide care to patients with a growing awareness of general health issues. The full-day course at the Mandalay Bay Convention Center was underwritten by a grant from Colgate-Palmolive Co. and presented in cooperation with the ADA Council on Scientific Affairs with some 200 attendees jamming the meeting room.

Although there were more questions than answers at the morning session, presenters pushed the envelope, and each other, with questions from experience and the limited but growing body of evidence of oral and systemic disease relationships. The afternoon audience turned the tables with questions about disease connections. The interactive session featured individual keypads for instant feedback.

Speaker after speaker stopped short of pronouncement. This was the bottom line: We're weighing the evidence even as the evidence base expands. But let's not leap to hype and promotion. The symposium was intended to supplement the October issue of The Journal of the American Dental Association. The Point/counterpoint cover story asks, "Is There a Link Between Occlusion and Periodontal Destruction?"

Photos by Lagniappe Studio

Oral-systemic relationships: Dr. Catherine Flaitz calls for "better tests" for greater understanding of oral mucosal lesions and relationships to systemic conditions.

This was no "floss or die" symposium, no "big bang" research agenda. If there was a reach for certainty, it was in the certainty of what we don't know, yet.

There is no current evidence to support guidelines for periodontal treatment to reduce cardiovascular disease risk or such adverse pregnancy risk as preterm delivery, James Beck, Ph.D., said in concluding the morning session. Early clinical studies suggest some potential for reducing risk factors.

Presenters included Dr. Catherine Flaitz, dean of the University of Texas Dental Branch in Houston; Dr. Michael Glick, JADA editor; Dr. Amid Ismail, immediate past chair of the Council on Scientific Affairs; Dr. Daniel Meyer, associate executive director within the Division of Science and the Paffenbarger Research Center of the ADA; Timothy DeRouen, Ph.D., professor and chair of dental public health sciences and associate dean for research at the University of Washington in Seattle, and Daniel Malamud, Ph.D., professor of anesthesia and medicine at the University of California School of Dentistry in Los Angeles.

Dr. Beck is distinguished professor, department of dental ecology, School of Dentistry, University of North Carolina, Chapel Hill, where he directs the master of science program in geriatric dentistry. Dr. Robert Genco, a scheduled speaker, was unable to attend because of adverse weather conditions. He is a distinguished professor of oral biology and microbiology and vice provost at the State University of New York at Buffalo. ■

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‘Pyramid power’ boosts access

Volunteer symposium program focuses on collaboration, advocacy

BY STACIE CROZIER

Las Vegas—The 47 participants of the Volunteer Symposium Oct. 14 and 15 at annual session learned that a little “pyramid power” can make a tremendous difference for an entire community in increasing access to dental care for the underserved.

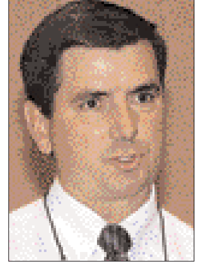
Dr. John Gusha, a general dentist in Holden, Mass., presented a session on “Serving Communities Close to Home,” using The Central Massachusetts Oral Health Initiative, an organization he founded in 1999, as an example.

Las Vegas offered participants its own visual reinforcement for Dr. Gusha’s talk with its immense dark glass pyramid hotel just down the street from the Mandalay Bay Convention Center. Dr. Gusha used his PowerPoint pyramid to show how a base of creating awareness, topped by a level of building partnerships and then topped by a level removing roadblocks can increase access to care.

The CMOHI’s base included a fluoridation vote in Worcester, Mass., that failed to pass, he said. “But it helped get the word out about how many children in our area had active dental decay and no access to dental care.”

CMOHI, he explained, works with more than 20 organizations to establish programs that improve access to care through local public schools, community health centers, local hospitals and more. The organization receives funding from an impressive list of donors that includes the Oral Health Foundation, MassHealth Access Program, Delta Dental, the Kellogg Foundation, the Robert Wood Johnson Foundation and other organizations.

Removing roadblocks, he said, comes at the state house level, and CMOHI is actively involved in legislative advocacy, initiating or supporting a variety of bills that address access issues.


Dr. Gusha

Other sessions were presented by Susan Berryman, Dr. Francis Serio, Dr. Jo Frencken and Dr. Chris Holmgren.

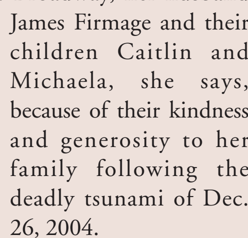
The symposium was presented by the Dentistry Overseas Steering Committee (a subcommittee of the ADA Committee on International Programs and Development) and the ADA Council on Access, Prevention and Interprofessional Relations and partially underwritten by the ADA Foundation, the Academy of Dentistry International and the Dominican Dental Mission Project. ■

Tsunami survivor, volunteer gives back in Thailand

BY STACIE CROZIER

Las Vegas—Dr. Vivian Broadway of Mill Valley, Calif., came to the Volunteer Symposium Oct. 14 and 15 because she “wanted to learn how to make it work” before her upcoming trip to provide dental care to tsunami orphans in Thailand this December.

The Thai people hold a special place in the hearts of Dr. Broadway, her husband James Firmage and their children Caitlin and Michaela, she says, because of their kindness and generosity to her family following the deadly tsunami of Dec. 26, 2004.


Dr. Broadway

“We were on vacation for Christmas, first in Hong Kong, then in Thailand, when the tsunami hit,” Dr. Broadway says. “We were on the beach and ended up stranded in the jungle for 24 hours.” Her children, she says, were ages 7 and 10 when the disaster occurred.

Dr. Broadway and her family have been back to Thailand twice already, helping with cleanup efforts and rebuilding schools. They’ve also donated money toward building supplies, appliances and other costs.

“This time we’re going back to help tsunami orphans who need dental care,” she says. “I’m going to provide care and my children are going to classrooms to pass out toothbrushes and teach oral hygiene. The Thai people really watched out for us and took care of us, even though they had lost everything. We want to give something back.”

Dr. Broadway can be reached via e-mail at “drviv@broadwaydds.com”. ■

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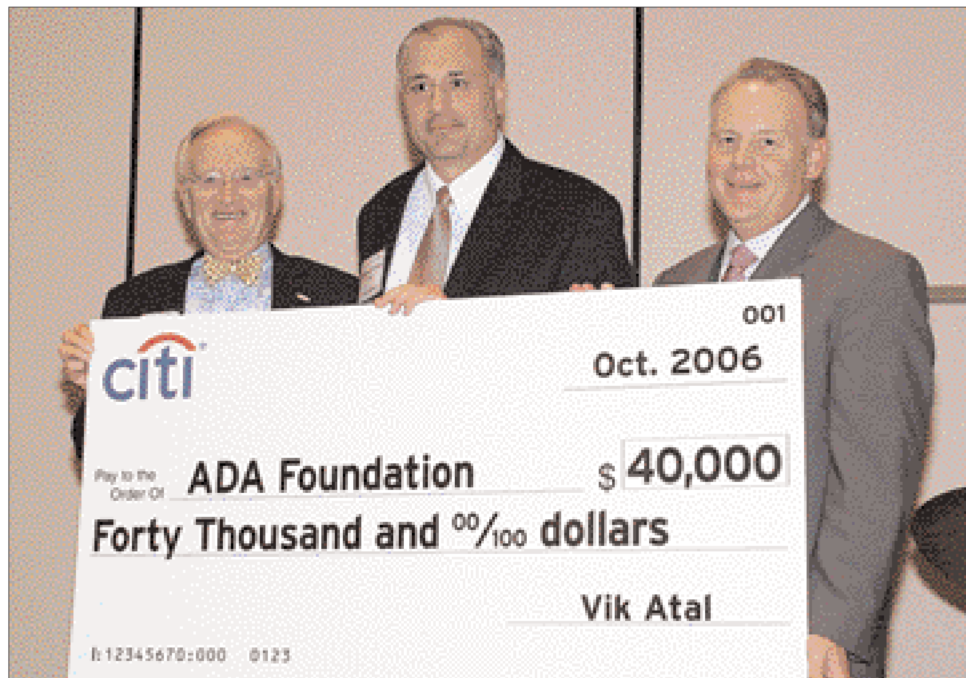
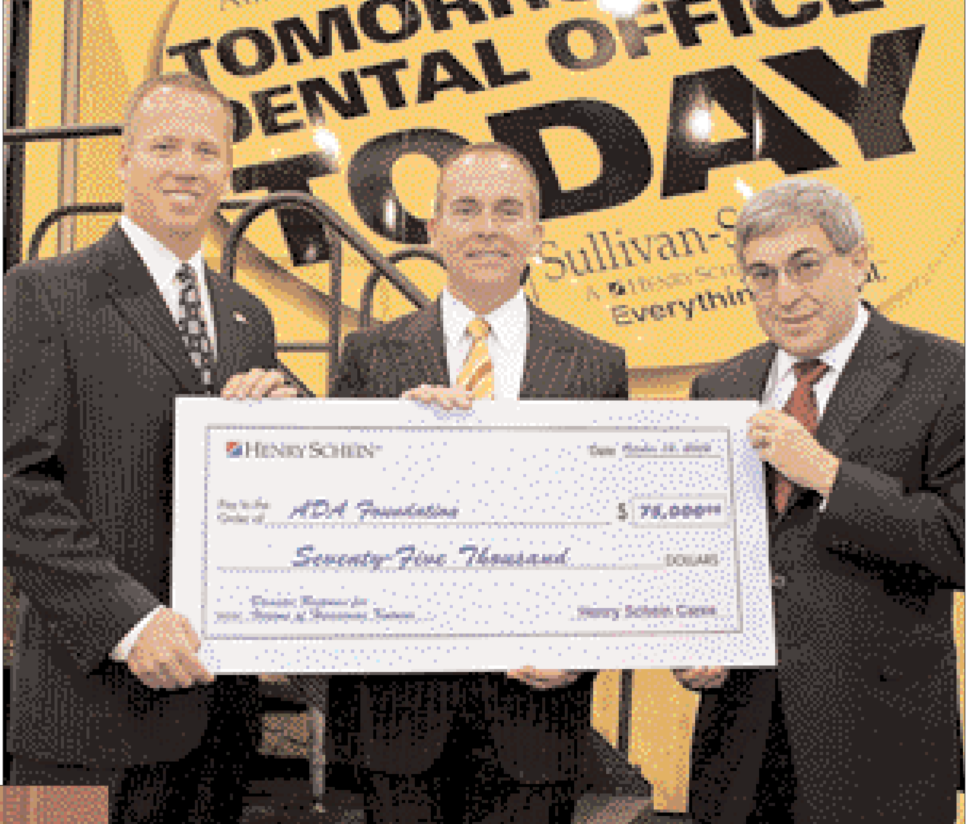
Photos by Lagniappe Studio

Shils Fund: The 2006 Shils Award recipients for excellence were honored Oct. 15 in Las Vegas at an ADA Foundation reception. Pictured (from left) are Dr. Bob Brandjord, ADA immediate past president; Dr. James Bramson, ADA executive director; Dr. Larry Meskin, Shils committee member; Steve Kess, chair, Shils committee; honoree Dr. Eric Hovland, dean, Louisiana State University dental school; honoree Dr. Larry Coffee, director, National Foundation of Dentistry for the Handicapped; and honoree Tom Chappell, chief executive officer and founder of Tom's of Maine. Not shown is honoree Malcolm Gladwell, author of the "The Tipping Point: How Little Things Make a Big Difference." The Shils Award recognizes individuals, organizations and programs that have made a significant positive impact on the dental community and oral health.



From the Citi: Don Hunt, chair, ADA Business Enterprises Inc. (left), and Dr. James Bramson, ADA executive director (right), receive a $40,000 check Oct. 15 in Las Vegas from Darin Boddicker, Citibank vice president. The donation is earmarked for the ADA Foundation Dental Education Innovation Fund.



Thanks: Tim Sullivan, president, Sullivan-Schein (left) and Stanley Bergman, CEO and chairman of the board, Henry Schein Inc. (right), Oct. 17 present a $75,000 check to Barkley Payne, ADA Foundation executive director, on behalf of Henry Schein and its employees. The donation was made to the ADAF Disaster Response Fund.

Oral cancer: (Photo, left) Zila Pharmaceuticals presents a $25,000 check Oct. 17 in support of ADAF oral cancer health care initiatives. Shown (from left) are Dr. Michael Kahn, Zila dental advisory board; Dr. Tim Rose, member, Zila board of directors; Dr. Bob Brandjord, ADA immediate past president; Dr. David Barshis, Zila vice present and general manager; Dr. James Bramson, ADA executive director; Dr. Joel Epstein, Zila dental advisory board; and Steve Kess, ADAF vice president.

National campaign: (Photo, right) Kathy Kne (second from left) and ADA 2005-06 Immediate Past President Bob Brandjord hold the Senior Smiles oral health kit from the Alliance of the ADA. In a collaborative partnership, the ADAF and GlaxoSmithKline funded the original program in Ohio, which helped launch the Alliance's National Senior Smiles Program. Shown Oct. 15 in Las Vegas are (from left) Dr. Ronald Rupp, GlaxoSmithKline; Ms. Kne; Dr. Brandjord; Connie Karlowicz, AADA 2005-06 president; Dr. James Bramson, ADA executive director; Dr. Marsha Pyle, Ohio Dental Association Smiles for Seniors; and Steve Kess, ADAF vice president.

Frogs, stress and more

Women's conference covers gamut

BY CRAIG PALMER

Las Vegas—They sold out the Oct. 18 women's conference on "reinventing ourselves personally and professionally" here at ADA annual session.

Dr. Rise Lyman opened in both directions with the tale of a frog and a description of an office sign, both by way of effective communication. Dr. Lyman serves as president of the Smiles for Success Foundation and maintains a private practice in San Antonio, Texas.

The frog, it turns out, found identity and new life when the family rallied round the aquarium. It's a long story, a personal story, and Dr. Lyman punctuates it with wry observation, "We women are good at selling relationships, even with a frog."

A sign in her office goes to the professional side of communications, welcoming the dental team daily with the friendly reminder, "It's show time."

Terry Savage distributed and later signed copies of her newest book, "The Savage Number: How Much Money Do You Need to Retire?" but she also offered practical guidance on the quest for certainty.

How long will I live? Try "www.livingto100.com". Ms. Savage increased her longevity, she said, by responding "yes" when asked, "Do you floss your teeth?" How much money will I need? Try "www.ChooseToSave.org". Stay in the ballpark by clicking on "Ballpark Estimate."

An orthodontist to my left, a British dentist to my right and a self-identified "20-something" were among the 80 women dentists, dental team members and spouses participating in the full-day conference.

Also scheduled were sessions on ergonomics and physical well-being with Dr. Judith Porter, an assistant professor of restorative dentistry at West Virginia University School of Dentistry; "I can do that" with Suzie Humphreys, a TV talk show host and radio personality; and "Life is not a stress rehearsal" with Loretta LaRoche, faculty member at the Mind/Body Medical Center in Boston, an affiliate of Harvard Medical School.

The programs were selected by the American Association of Women Dentists and the ADA for their value to the woman dentist. The conference was underwritten by a grant from Colgate-Palmolive Company. ■

Dr. Rise Lyman: "We women are good at selling relationships, even with a frog."

Photos by Lagniappe Studio

"It's my turn": After entering the contest for five or more years, Dr. Kevin Smith (center), Baltimore, is "truly surprised" to win a trip for two to the ADA's 2007 annual session in San Francisco. The contest is an annual Dentacheques promotion sponsored by Dentsply International through the National Foundation of Dentistry for the Handicapped. Flanking Dr. Smith are Dr. Larry Coffee, NFDH director, and Bret Wise, president and COO, Dentsply International.

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Exploring future membership

House of Delegates takes action on membership proposal

BY KAREN FOX

Las Vegas—Is the ADA the voice of dentists or the voice of the dental profession?

Pondering the emergence of new generations of dentists, the evolving role of the dental team, numbers of internationally trained dentists as practitioners and educators in the U.S., the changing and diverse modes of practice, increases in part-time practitioners and the aging workforce, the 2006 House of Delegates considered an integrated membership proposal that urges the ADA to envision the future of the profession and how membership needs to change.

More news from the House coming in Nov. 20 issue of ADA News

In the end, the House approved much of the Membership Study Proposal, the outcome of a multiyear study advanced by the Council on Membership, and referred dental team membership as a concept for further development.

"The study looked at welcoming a broad spectrum from the dental community to ensure these wider communities could lend their perspectives to ADA initiatives," said Dr. Raymond A. Cohlmia, immediate past chair, Council on Membership. "The House approved expanding membership for a limited segment of dentists who are not licensed, a new approach to waivers that includes the opportunity to create strategic promotional incentives with approval by the Board of Trustees, expansion of the reduced dues program for graduate students and the inclusion of international student membership."

The ADA knows of 7,200 nonmember dentists who are not currently licensed and have not reached retirement age, added Dr. Cohlmia.

In order to develop new categories, Resolution 32H-2006 requires the council to work with the Council on Ethics, Bylaws and Judicial Affairs to develop Bylaws changes for review by the 2007 House of Delegates.

Res. 32H-2006 also urges constituent and component societies to create parallel membership categories to mirror those at the ADA level.

The House's approval of Res. 32H-2006 stopped short of approving a new membership category for Dental Team Member (Non-Dentist Member). That concept was sent back to the Council on Membership for further study and report back to the 2007 House.

"The consensus of the House of Delegates was that the concept needed to be looked at with more concrete details brought forth," said Dr. Debra Peters, chair, Council on Membership. "This gives the council the opportunity to consider the concerns it heard at the House as well as the approved workforce model to offer an approach for dental team membership that addresses these issues."

The House approached all aspects of the Membership Study Proposal with a clear understanding of the effect that new membership categories will have on the tripartite and its members, added Dr. Peters.

"The delegates understood the purpose and importance of the study as it pertains to positioning the ADA as the premier dental organization for the dental profession," said Dr. Peters. "Now we are challenged with probing for the information which will allow the House to competently decide on categories of membership, benefits and representation at an appropriate dues level that will be relevant for years to come."

The Membership Study Proposal emerged several years ago when member dentists expressed interest in including prominent dentists who may not be eligible for active membership (or membership at all)—leading the council to strategically consider possible changes in ADA membership. Also taken into consideration were resolutions referred from the 2004 and 2005

See MEMBERSHIP, page 35

Photo by Lagniappe Studio

Deliberations: Dr. Anita W. Elliott (second from right) of Arizona, chair of the Communications and Membership Services Reference Committee, conducts a hearing Oct. 17 during the ADA annual session in Las Vegas. From left are Communications and Membership Services Reference Committee members Drs. David J. Bell (Arkansas), Sean A. Benson (Oregon), Hugh P. Patton (Texas), William T. Spruill (Pennsylvania) and Barry Stevens (Florida).

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Societies, individuals garner 2006 Golden Apple Awards

The 18th Annual ADA Golden Apples Awards recognizing outstanding achievement in dental society activities and excellence in leadership were recently announced.

In the category of Legislative Achievement, the Connecticut State Dental Association won for a constituent society with a total membership of more than 1,000 dentists for "De-Super Sizing Connecticut's Children."

In Excellence in Membership Recruitment and Retention Activity, the Missouri Dental Association won for recruitment for its program "Pick a Trip in '06". In the retention category, the Chicago Dental Society earned the top prize for "Midwinter Meeting."

In Excellence in Dental Health Promotion to the Public, the Ohio Dental Association won in the constituent category for "Smiles for Seniors." In the component category, the Louisville Dental Society won for "Smile Kentucky."

In Excellence in Member-Related Services/Benefits, the Greater Springfield (Missouri) Dental Society won for a society with total membership of fewer than 1,000 dentists for "Increasing Use of Best Management Practices." The California Dental Association won for a society with total membership of more than 1,000 dentists for "Careers in Dentistry Recruitment Program: The Orange Chair Diaries."

For Outstanding Achievement in the Promotion of Dental Ethics, the Indiana Dental Association won the top prize for "Ethics and Jurisprudence Credit."

For Achievement in Dental School/Student Involvement in Organized Dentistry, the Maryland State Dental Association won for "Get on the Bus."

In Excellence in Science Fair Program Support and Promotion, the Dutchess County Dental Society (branch of the Ninth District Dental Association, New York) earned a Golden Apple for "Dutchess County Regional Science Fair."

For Excellence in Dentist Well-Being Activities, the Maryland State Dental Association won for "Dentist Well-Being Committee."

Golden Apple Awards presented during the New Dentist Conference in June 2006 include the New Dentist Leadership Award, which went to Dr. Sean Benson of the Oregon Dental Association. Dr. Sharon Nicholson Harrell of the North Carolina Dental Society won the Outstanding Leadership in Mentoring Award. ■

Congrats: Chicago Dental Society officials accept their Golden Apple Award during the Board of Trustees' meeting Oct. 4 at ADA Headquarters. From left are Joanne Girardi, CDS director of member services; Dr. Bob Brandjord, ADA immediate past president; Dr. Thomas J. Machnowski, CDS president; Randall B. Grove, CDS executive director; and Dr. Perry Tuneberg, immediate past trustee, ADA 8th District.

Membership

Continued from page 34

House of Delegates.

"What we presented in the proposal is a vision for the future—where the ADA could be 10 to 15 years from now," said Dr. Cohlmia.

The study engaged the communities of interest, including other ADA councils, the Board of Trustees and a Tripartite Improvement Opportunity team. Through strategic mega issue discussions, the council heard outside testimony from speakers who shared their perspectives of the relevance and importance of ADA membership.

Statistical and survey data, research findings and reports were thoroughly considered, including the ADA Environmental Scan, ADA Workforce Model and the ADA Strategic Plan, which includes a call for building dynamic communities to collaborate through new, cost-effective ways on strategic initiatives and policies.

"ADA membership right now is built around the licensed dentist," said Dr. Cohlmia. "There are currently many researchers, administrators, dentists in the public health sector and academicians who are not licensed. There are internationally trained dentists who are teaching and aren't currently licensed. The team concept is one that will enable us to build relationships for the future.

"Input from a vibrant strong membership will build capacity to anticipate future trends in the profession and enable the ADA to stay relevant and proactive, creating ongoing value for its members," he said. ■

My Work
My Life

At a time when the dynamics of dentistry are changing rapidly and marketplace information is complex and confusing, it's reassuring to know that the ADA provides evidenced-based guidance.

Through ADA publications and regular e-mail updates, I am constantly reminded that not only is the ADA our profession's watchdog, but also it is often our lifeline. When topics such as choosing restorative materials raise questions, I am thankful for the ADA resources that allow me to confidently address the concerns my patients may voice.

I feel proud to be a part of something so big. The ADA initiatives addressing access to care, licensure and the challenges facing dental education give me hope for dentistry's future. I am encouraged by the way the ADA has evolved – keeping pace with the changing face of dentistry by bringing various groups together, making sure that all voices are heard. I have always believed that there is strength in numbers – by belonging to the ADA I help tackle challenges too large for any one dentist.

Help ADA maintain momentum – maintain your membership and renew for 2007.

Dr. Cissy Furusho

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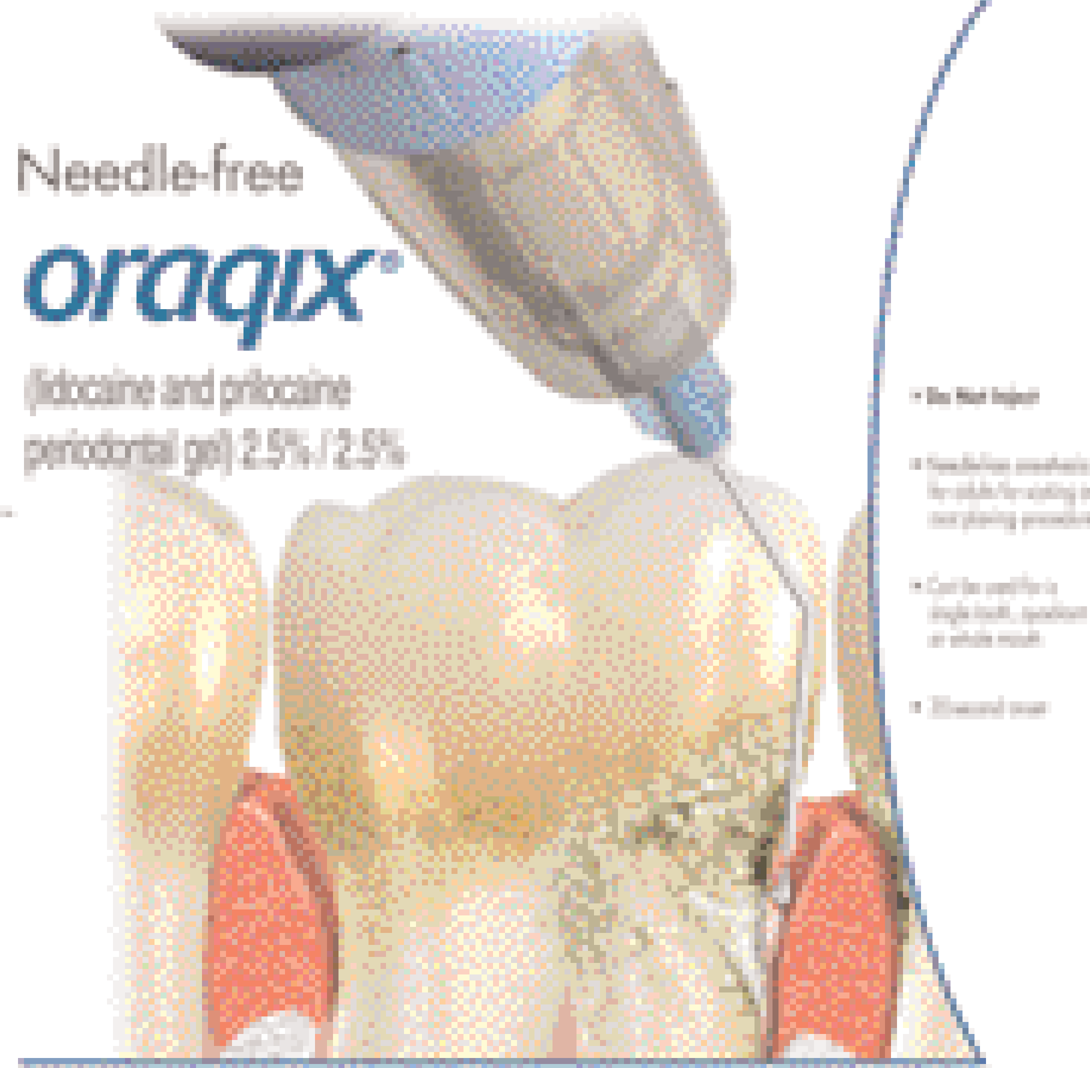

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