6-21-2010

ADA News - 06/21/2010

American Dental Association, Publishing Division

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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADANEWS®

JUNE 21, 2010 VOLUME 41 NO. 12

FDA plans new review of dental amalgam

BY CRAIG PALMER

Washington—The U.S. Food and Drug Administration will convene a dental advisory panel Dec. 14-15 to review "scientific issues that may affect the regulation of dental amalgam. The panel meeting will focus particularly on the potential risk to vulnerable populations such as pregnant women, fetuses and young children," said the FDA's June 10 announcement.

■ Mouthguards for men's U.S. World Cup Soccer team, page 10

For more information, visit ADA.org, which offers amalgam resources and materials for the profession and the public.

The FDA concluded in 2009 that dental amalgam was a safe and effective

See FDA, page 23

Helping families: Dr. Darren Altadonna of Highland, Ill., assisted by Krisi Schulte, provides Sarah Eastman with three fillings as her sons Aaron (on her lap) and Levi stay nearby. See story, page 24.

Thanks: After her treatment, a smiling Ms. Eastman offers praise for the MOM event during her exit interview.

BRIEFS

Catalog gift card:

The ADA Catalog has a special gift for members between pages 24 and 25 in this issue: a $20 credit to spend any way they want. The gift is a thank you to all ADA members and hopefully will help dentists build their practices with confidence when they shop from the ADA Catalog.

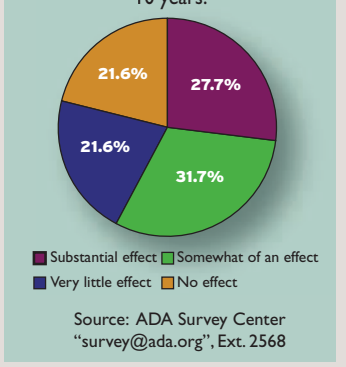
To receive the $20 credit, order before Aug. 15 by using offer code 10411. The minimum purchase is $100 and the offer is a one-time, nontransferable credit that may not be combined with any other offers and does not include shipping and handling.

With items ranging from bestselling books such as The Chairside Instructor and educational DVDs like the Toothflix series, the ADA Catalog has something for every practice. ■

JUST THE FACTS

Financial impact of educational debt

New dentists in 2008 were asked what effect they expected their educational debt to have on them over the next 10 years.



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

Supporting infrastructure

Board proposes $23 special assessment, $7 dues increase

BY JUDY JAKUSH

There are two key actions the ADA Board of Trustees is asking the 2010 House of Delegates to take this year: adopt a $7 dues increase in keeping with the Association's dues stabilization policy; and approve a one-time special assessment of $23 to pay for a long-deferred investment in information technology infrastructure.

Association members have not had a national dues increase since 2008, although 19 constituent societies raised dues in 2009 and another 15 did so in 2010. The $7 proposal, if adopted in Orlando at annual session this fall, would bring 2011 national dues to $505. It does not include any additional expense for programs adopted by the House, which could affect the amount of a dues proposal.

■ Board adopts 2011-14 Strategic Plan, page 16

"Everyone is feeling the effect of difficult economic times," said Dr. Ronald L. Tankersley, ADA president. "But, in order to better manage the Association's financial affairs, provide more accurate financial reporting to

See BUDGET, page 14

ADAReports

Standards committees seek comment

The ADA Standards Committee on Dental Informatics has approved for circulation for review and comment Proposed ADA Technical Report No. 1048 for Attachment of DICOM Datasets Using E-mail in Dentistry.

This report provides technical recommendations for a DICOM-conformant dataset e-mail attachment for dentists and specialists who don't share the same image data repository, but who need to exchange patient data in a fast and secure manner.

The SCDI also approved for circulation and comment Proposed ADA Technical Report No. 1060 for the Secure Exchange and Utilization of Digital Images in Dentistry. This report recommends procedures for the exchange of DICOM-conformant datasets for photographs, radiographs or other imaging modalities via e-mail transport. In addition, the report discusses some existing constraints that reduce the ease of the implementation of secure image exchange and, therefore, restrict the use of images exchanged securely in dentistry.

Finally, the SCDI approved for circulation and comment Proposed ADA Technical Report No. 1055 for Hardware and Software Guidelines. The report outlines the features of hardware and software for dental practice management systems and proposes guidelines for selection for their optimal utilization in dental offices.

The ADA Standards Committee on Dental Products has approved for circulation and comment the Proposed ANSI (American National Standard)/ADA Specification No. 69 for Dental Ceramic. This standard specifies the requirements and the corresponding test methods for dental ceramic materials for fixed all-ceramic and metal-ceramic restorations and prostheses.

The SCDP also approved for circulation and comment Proposed ANSI/ADA Specification No. 33 for Dental Standards Development Vocabulary. This is the third edition of the standard vocabulary for use in the development and use of national and international dental product standards.

Changes adopted for this third edition are based on recommendations submitted since 2003 and the committee recognizes that some of the definitions given for entries in this third edition may require further refinement, particularly those related to the newer terminologies. Reviewers are encouraged to submit comments on such definitions.

ADA specifications and technical reports assist ADA members in choosing safe and effective materials, instruments, equipment and information systems and are available for download purchase or hard copy from the ADA Catalog at "www.adacatalog.org" or by calling 1-800-947-4746. International callers may call 1-312-440-2500.

Copies of the draft specifications are available by calling the ADA toll-free number, Ext. 2506, or e-mailing "standards@ada.org". ■

Summer travel deals for Association members

ADA members planning to travel to Chicago this summer for business or leisure can take advantage of the ADA Chicago Discounted Hotel Program.

To check out the summer seasonal rates visit "www.ada.org/goto/chicagohotels". This member benefit can be extended to family, friends and staff, with a limit of three rooms over the same dates.

Members traveling this summer can also take advantage of more than 1,100 convenient Hertz Local Edition suburban locations, the extraordinary capabilities of the Hertz NeverLost GPS in-car navigation system and complimentary Hertz #1 Gold Club service.

Use CDP 42371 when making reservations at "www.hertz.com" or when calling Hertz at 1-800-654-2200. Hertz #1 Gold membership is complimentary for ADA members. Request an application by going to "www.ada.org" in the ADA Member Center section. ■

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG
ADANEWS
(ISSN 0895-2930)

JUNE 21, 2010 VOLUME 41, NUMBER 12

Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA NEWS are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.
Postmaster: Send address changes to the American Dental Association, ADA NEWS, 211 E. Chicago Ave., Chicago, Ill. 60611.

ADA American Dental Association®
America's leading advocate for oral health

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SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-7735. Rates—for members $8 (dues allocation); for nonmembers-United States, U.S. possessions and Mexico, individual $70; institution $105 per year. Foreign individual, $97; institution $131 per year. Canada individual, $85; institution $118 per year. Single copy U.S. $12, foreign U.S. $14. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA NEWS Editor, 211 E. Chicago Ave., Chicago, Ill. 60611.

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

Ritz-Carlton Chicago offers member discount

The Ritz-Carlton Chicago, which offers special rates for ADA members, has completed its lobby renovation and its new "deca restaurant + bar" is now open. ADA members can receive discounted room rates at the Ritz.

Named for its 2010 debut, deca celebrates the latest culinary trends with inventive twists on classic dishes in a casual elegant art deco setting. Executive Chef Mark Payne's brasserie-inspired menus showcase the ingredients from farmers near and far with his innovative cooking style.

The restaurant is located in the 12th floor lobby at the Ritz-Carlton Chicago. Call 1-312-573-5160 or log on to "www.decarestaurant.com" for more information.

Special discounted rates are also available to ADA members at the following Chicago hotels: Affinia, Hilton Suites, Homewood Suites, Four Seasons, Whitehall and Wyndham.

Visit "www.ada.org/goto/chicagohotels" today to check rates and availability for your next stay in Chicago. ■

New lobby: The Ritz-Carlton Hotel has completed its lobby renovation.

Electronic health record

Will federal government require it by 2014? ADA responds

There is chatter among physicians, dentists and others in the health care community that the federal government will require health records to be electronic by 2014. The ADA is working hard to keep members updated on developments and to streamline the process. As chair of the Board of Trustees' Electronic Health Record Workgroup, Dr. Robert Faiella, ADA 1st District trustee, has been monitoring the issue and working to keep members informed. Below is a Q&A with Dr. Faiella about the EHR.

Q. How did the national movement toward adoption of an electronic health record begin?

A. The initiative to improve the availability of biomedical information began in 1965 by the National Library of Medicine, mainly to provide a resource for the medical community. However, in 2001, the National Committee for Health and Vital Statistics published "A Strategy for Building the National Health Information Infrastructure," which urged collaboration to improve the quality of care, increase access, improve patient safety and lower costs, while increasing efficiency in health care systems. This is a major shift from collection of information to providing coordinated information services to improve the delivery of health care.

Informing clinical practice is believed to be fundamental to improving care and making health care delivery more efficient and safer.

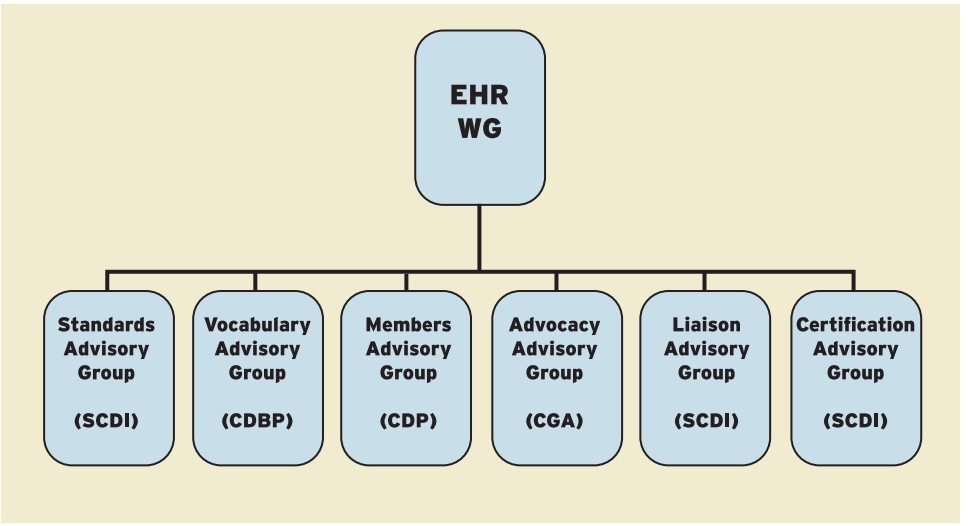
In 2004, as a result of an executive order by the Bush administration, a strategy for health IT implementation was established, Secretary of Health and Human Services Tommy Thompson created the Office of the National Coordinator for Health Information Technology to coordinate federal IT expenditures and encourage adoption of electronic health records. These EHRs are defined as health-related information for an individual that conforms to nationally recognized interoperability standards and can be created, managed and consulted by authorized providers across more than one health care organization.

Q. What is the ADA doing to develop an EHR system?

A. Initially, the role of the ADA began shortly after HHS issued four requests for proposals in 2005 to pave the way for the development and implementation of a strategic plan to guide the nationwide implementation of health IT. The proposals were evaluated to determine how the ADA could position itself as the resource and advocate for dentistry's portion of the National Health Information Infrastructure.

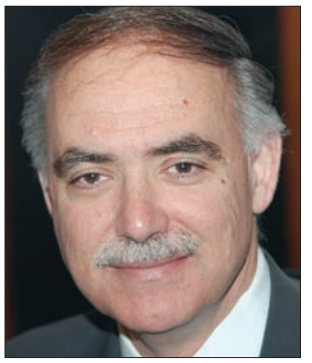
A recommendation was approved by the ADA Board of Trustees at its April 2005 meeting to establish the ADA NHII Task Force to recommend strategic direction and policy regarding ADA positioning in the NHII. As the strategic direction moved toward how the ADA would become involved in the dental component of the EHR, the task force was dissolved in 2007, and the ADA Electronic Health Record Workgroup was established. The charge to the workgroup was to begin development and subsequent implementation of the dental components of the electronic health record, as well as coordinate EHR activities across ADA agencies.

As chair, I realize that much of what is to be accomplished can occur through the expansion of the EHR workgroup by establishing advisory groups within each area of need, assigned under the ADA council with appropriate bylaws authority. As such, the workgroup will provide strategic oversight for the overall initiative, and coordinate the actions of the advisory groups working within the council structure (see chart). The advisory groups will oversee the work product involving development of standards for the EHR, vocabularies needed to document what we do, provide education to the membership, advocate for dentistry regarding HIT on the federal and state level, provide liaison activities with other standards development organizations globally, and participate in the certification of compliant systems for dentistry.



Strategy: This chart illustrates which advisory groups will report to the Electronic Health Record workgroup. The advisory groups were formed within each area of need assigned under the ADA council with appropriate bylaws authority.

Government



Dr. Faiella

Q. Who would be eligible to implement an EHR?

A. Clearly, all dentists will be eligible to implement an interoperable EHR, when available. At this time, however, vendors are providing a standalone electronic dental record system, which may be used within a single practice or organization. What is lacking is the true interoperability intended among multiple systems.

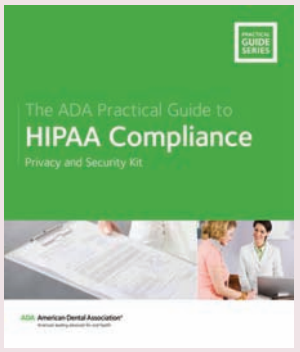
It is important to understand that the American Recovery and Reinvestment Act contains specific laws and incentives that apply to health information technology, specifically referred to as the Health Information Technology for Economic and Clinical Health Act. Under these provisions, approximately $20 billion has been allocated toward adoption of HIT and Medicaid/Medicare incentives. Under the HITECH Act, CMS administers the EHR incentive programs under Medicare and Medicaid. In addition to providers, federally qualified health centers, children's hospitals and rural clinics may be funded through the Medicaid program, coordinated through the states. It should be noted that the

Preventing HIPAA security breaches

BY KELLY SODERLUND

Nearly 2.5 million people nationwide have had their health information breached since September, according to a report from the U.S. Department of Health and Human Services, and the numbers alone underline why dentists should be cognizant about protecting their patients' confidential information.

The breaches, each of which affected 500 or more individuals, were reported by nearly 80 individuals and organizations that are covered under the Health Insurance Portability and Accountability Act. HIPAA-covered entities are required to report the information to the federal government as part of the Health Information Technology for Economic and Clinical Health Act.



"It's not only a fact that it's the law, but it's also the fact that we're all patients ourselves, so we all have an interest in having our own information being secure, and we certainly want to treat all of our patients with that same kind of concern and respect," said Dr. Stephen Glenn, member of the Council on Dental Practice, who practices in Tulsa, Okla.

According to Michael Robinson, HHS spokesman, what's posted on the website doesn't cover every compromised patient health record, because only breaches that affect 500 or more individuals are required to be posted.

The breaches occurred at hospitals, student health centers, health care practitioner offices, insurance companies and other organizations. The information was taken from paper records, laptop computers, e-mails, portable electronic devices, mailings, hard drives and other places.

The information was compromised through theft, computer hacking, unauthorized access, loss, improper disposal and other ways. Information about the breaches is posted on the website as it's reported and verified.

HIPAA protects the privacy and security of individuals' protected health information. The notification rule regulates when and how to notify patients, HHS and, in some cases, the media if unsecured protected health care information has been exposed in a security breach.

The ADA offers a guide for dentists to familiarize themselves with the requirements under HIPAA. The ADA Practical Guide to HIPAA Compliance: Privacy and Security Kit provides a step-by-step plan to help prepare and implement a HIPAA compliance program for a dental practice and also includes sample forms, policies, procedures, risk assessment questions, checklists and workforce training guidelines.

"The new Practical Guide to HIPAA Compliance kit includes updated privacy and security requirements as well as information about the HITECH breach notification rule," said Dr. Robert Ahlstrom, member of the Council on Dental Practice and chair of the Members Advisory Group. "Its price includes a three-year subscription service that will provide updates in a timely manner at no additional cost; this makes the new kit a great value as more regulatory changes are anticipated over the next three years."

The kit (J594 in the ADA Catalog) contains the manual, CD-ROM and update service through 2013. It's $225 for members and $337.50 for nonmembers.

The ADA is offering a $20 discount on all HIPAA guide orders through July 31 with offer code No. 10412. All products are available online at "www.adacatalog.org" or by calling 1-800-947-4746. ■

HITECH Act does not currently provide any incentives for dental school clinics, and the ADA has been working with the American Dental Education Association to provide comment to CMS regarding this potential barrier.

It has been estimated that dentists may qualify for up to $63,750 for implementation of an interoperable EHR under the existing HITECH incentives.

However, in order to qualify, there are two criteria that an eligible provider must meet: use of a certified EHR to achieve "meaningful use" within the context of the regulatory definition and a patient population of at least 30 percent Medicaid beneficiaries.

Currently, there is no final definition of "meaningful use" for dentistry (as well as certain specialty areas of medicine), and we have been working closely with the ONC to define that framework, and the ADA has provided comments to the CMS proposed rule defining meaningful use. The initial definition was not applicable across all provider types. The ONC has been primarily focused on quality measures for each area, and the ADA has taken a leadership role in the Dental Quality Alliance as approved by the House of Delegates in identifying those outcome measures and indicators for the profession. Until this has been defined, dentists may not be eligible to qualify for the incentives.

In addition, the current estimate of the number of eligible practices with a threshold of 30 percent Medicaid participation is approximately 12,000.

Of course, there is a larger business case for general adoption of EHR by dentists beyond those defined under ARRA. The ability to track outcomes, provide risk assessment for your patient populations, prescribe electronically, and obtain valid medical and laboratory histories may enhance delivery of care and improve patient safety.

A detailed description of health care provisions of interest to dentists under ARRA can be obtained from the ADA Division of Government and Public Affairs or by visiting the website "www.ada.org/sections/advocacy/pdfs/hitech_in_arra_for_dentistsfin.pdf".

Q. What would it cost a dental practice to implement EHR?

A. Costs for implementation will vary based upon the level of electronic adoption already in place, as many practitioners are using electronic and digital data within their practice systems. In addition, the size of the practice and training of staff members will also affect the total cost. Estimates range from $20,000 up to $100,000, depending upon the size and demands of the practice.

Q. What are the benefits of EHR?

A. The benefits of an interoperable record were outlined in the initial NHII initiative. Informing clinical practice is believed to be fundamental to improving care and making health care delivery more efficient and safer. Bringing the appropriate portions of electronic health records directly into the clinical practice is expected to reduce medical errors, avoid redundant tests and treatment, and provide the opportunity for clinicians to focus their efforts on improved patient care.

The interoperability will allow the appropriate information to be portable and to move with patients who consume health care from one point of care to another. In this way, patient-centric information can be used to manage wellness and assist with personal health care decisions.

Q. What are the concerns?

A. First and foremost, the privacy and security of health information is essential for any interoperable system. In September 2009, the Health IT Standards Committee endorsed a set of security and privacy standards for electronic health record systems. The standards clarified requirements that electronic health record systems must meet so both vendors and health care providers could use a number of access controls in their electronic health record systems and practices.

The HITECH provisions of the economic stimulus legislation toughened HIPAA's security and privacy rules, and these standards are designed to enhance those rules.

Q. How will the ADA educate tripartite members and constituent states about EHR?

A. The provision of appropriate information to the membership is the charge to the Members Advisory Group, under the bylaws authority of the Council on Dental Practice. The scope of their charge is to provide and promote educational and implementation material about the electronic health record for the Association, the profession and public. This will include specific information to the tripartite to foster an understanding on the constituent level, in order to help state societies to engage in the development of state health information exchanges.

Q. What is the timeline for developing an EHR?

A. Since the Bush administration announced the goal of an interoperable electronic health record for all Americans by 2014, the recent push by the Obama administration for adoption of health IT as a significant means to achieve health care reform is likely to promote adherence to that time frame. We are working through the Office of the National Coordinator to position dentistry for implementation, which includes certification of compliant systems that meet the standards set for the dental component of the record.

In April 2009, President Obama announced the creation of a Joint Virtual Lifetime Electronic Record through the Department of Defense and the Department of Veterans Affairs as a system to seamlessly share medical information from the time a person enters the military, throughout their service, and after they leave active service. The announcement set the stage for the DoD and VA system to take the next step in the EHR implementation and interoperability on the federal level.

Q. What laws or regulations will dentists have to comply with?

A. The laws and regulations governing the sharing of electronic health information are evolving. The intention to provide for the appropriate dissemination of health information will be tempered by statutory and regulatory restraint and accountability. The Advocacy Advisory Group, under the oversight of the Council on Government Affairs, will monitor the legal requirements and regulatory activity for the appropriate implementation of the EHR in dentistry, and keep the membership informed as regulations are released. ■

Health savings accounts incorporated in new health care bill

Since the health care reform bill was signed into law, ADA members with health savings accounts may be left wondering about the fate of their existing HSAs. The good news is that although many tax breaks with regard to health insurance will be eliminated, the health savings account will remain largely intact.

The ADA Washington Office, which monitors health care reform developments, reports that HSA-compatible policies will be available in the near future and most likely beyond. However, HSAs may be subject to further changes until the rules governing the new law are issued.

A health savings account is a tax-advantaged medical savings account that is available to Americans who are enrolled in a qualified high-deductible health plan. The funds contributed to the account are not subject to federal income tax at the time of deposit. Interest or any investment income earned on deposits is nontaxable, and the funds can be removed from the account tax-free to pay for qualified medical expenses. The HSA was a part of the George W. Bush health care reform bill that provided Medicare Part D, the popular Medicare program that provided seniors with prescription drug coverage.

To fund the new health care legislation, Congress has ordered a combination of new taxes coupled with the reduction of some long-standing health care related tax breaks.

First Horizon Msaver is the only health savings account provider endorsed for ADA members by ADA Business Resources.

E. Craig Keohan, president of First Horizon Msaver, believes that HSAs will play a critical role in making the health care reform a success.

"Ironically, I believe the administration realized that low-premium HSA-type health plans coupled with their triple tax-advantaged savings vehicle were exactly what were needed to draw the young and the healthy into the insurance pool alongside the old and the not so healthy," said Mr. Keohan.

In other words, HSAs help insurance companies spread the risk among a larger population, thus making insurance affordable for everyone. HSAs are attractive to a younger population because they offer low premium insurance coverage with a slightly higher deductible, plus HSA owners receive tax breaks for the money saved and interest earned on any distributions used for qualified medical expenses.

"In many ways, an HSA health plan is the perfect protection and savings tool for dentists," said Mr. Keohan. "It's an affordable and smart alternative for themselves and for their employees. The health plan provides protection against large unexpected medical bills, while the HSA provides for a triple tax advantaged way to save and invest for the future."

While it was a surprise to some in the industry that HSAs were largely protected from the health care reform, not all aspects of these savings and investment tools were kept intact. The two slight changes to HSAs are:

• Effective Jan. 1, 2011, tax-free HSA dollars may no longer be used to purchase over-the-counter

See HSA, page seven

Legal experts offer guidance on dental practice

The new second edition of the ADA Practical Guide to Frequently Asked Legal Questions is a comprehensive guide to answering the most common legal questions regarding any dental practice.

The book lists more than 180 questions and answers from ADA legal experts and covers a range of topics that dental practices encounter daily. It also provides plain language legal information on a wide array of legal issues. Sample questions include:

• What effect will the Health Information Technology for Economic and Clinical Health act provisions of the American Recovery and Reinvestment Act of 2009 have on HIPAA? How will that affect dentists' compliance with HIPAA privacy and security rules?

• Should I incorporate my practice?

• Do I have to allow service animals (such as seeing eye dogs) in the operatory?

• Do I really have to worry about all this? Won't my website be insured?

• What office policies do I need?

The spiral bound book and CD-ROM (L756) is $89.95 for members and $ 134.95 for nonmembers.

From now until July 31, the ADA is offering a 15 percent discount on the ADA Practical Guide to Frequently Asked Legal Questions (L756) with offer code No. 10413.

All products are available online at "www.adacatalog.org" or by calling 1-800-947-4746. ■

Government

ADA backs special care dentistry bill for aged, blind, disabled

BY CRAIG PALMER

Washington—ADA-supported legislation would require states to provide "appropriate and necessary oral health benefits" to aged, blind or disabled persons who are Medicaid eligible. Under current law, adult dental services are optional under Medicaid and most states provide little or no coverage for these services.

The Special Care Dentistry Act of 2010, offered May 20 by Rep. Bart Stupak (D-Mich.) and referred to the Committee on Energy and Commerce, would require oral health coverage for the aged, blind and disabled through a separate state adult dental program.

H.R. 5346 would require in part: "The state shall demonstrate that the services and fees provided and program requirements under this section are at least equivalent to the services, fees and requirements that are provided to children under this title and include age-appropriate services for such individuals, and that the services are provided at intervals to determine the existence of a suspected illness or condition consistent with reasonable standards of dental practice (taking into account the increased needs and oral health complexities of the population) as determined by the [Health and Human Services] Secretary after consultation with national professional organizations."

The bill also would require transportation "to dental offices, hospitals, clinics or other treatment centers for the provision of oral health services to the same extent that transportation is provided under the state plan for children eligible for medical assistance."

The term "oral health services" is defined as meaning relief of pain and infections; restoration or replacement of teeth; periodontal treatment; dental health preventive services, including adult fluoride application; inpatient and outpatient dental surgical, evaluation and examination services; dentures or partial denture care; per patient house call and long-term care facility visits; sedation and anesthesia; and behavior management services to accommodate physical or behavioral impairment.

Some 28 percent of Medicaid enrollees are classified as aged, blind or disabled. ■

HSA

Continued from page six

drugs not prescribed by a doctor.

• Effective Jan. 1, 2011, the tax on HSA distributions that are not used for qualified medical expenses will increase to 20 percent from 10 percent.

Mr. Keohan, who also serves as chairman emeritus of the American Bankers Association HSA council, credits the work of the council's director, Kevin McKechnie, and other HSA council members for bringing lawmakers around to the idea that HSAs could be good for health care reform.

"Over the past year, we called on each member of Congress at least twice," Mr. Keohan said. "We left them with the message that Americans are not only benefiting from the lower premiums and tax savings these plans offer, but also from the incentive to make better health decisions."

ADA members who open a health savings account with First Horizon Msaver already enjoy low fees, including free transactions, free withdrawals at any ATM nationwide, and free banking online and bill pay online. Until Aug. 31, members who apply for an HSA through First Horizon will pay no administration fees for 12 months.

For more information, visit "www.dentalhsa.com" or call 1-866-257-2652. ■

A 'village approach'

Dentist develops CE course on treating special needs patients

BY KAREN FOX

Springfield, Va.—Mentoring and determination were the keys to success for an ADA member who developed a continuing education program with a hands-on clinic designed to help dentists treat more patients with special health needs.

ADAReport

The program had been in the works since 2007 when Dr. Keith Beasley completed the ADA Institute for Diversity in Leadership. The two-part course, Treating Patients with Special Needs, was held in February and March of this year. Session two featured a hands-on clinic for 70 patients with special needs.

"I always had lessons learned from my failures and successes," said Dr. Beasley. "My mentors explained that you might think you're the only one who cares about something but when you ask for volunteers, you find people who don't want to do the planning and logistics but will contribute in some way to get it accomplished. That's just what happened."

The ADA Institute for Diversity in Leadership is designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles. To complete the program, members must conduct a project that addresses a civic or professional issue of personal importance. For Dr. Beasley, that issue was access to care for patients with special health needs.

For large U.S. counties, those in his area—greater-Washington, D.C.—are among the country's most affluent and well-educated. "But when it comes to the treatment of special needs patients, we are no different than the poorest county in the country," said Dr. Beasley.

"We in the dental community are not doing enough to treat these patients. Families and caregivers have a terrible time finding dentists to treat people with special needs, and I wanted to find out why," said Dr. Beasley. "What are the barriers to providing care? Do dentists and their staff members need more training? Would a continuing education program help?"

His early attempts to create a CE program were met with mixed results but he remained focused, said Dr. Terry Dickinson, Virginia Dental Association executive director and one of Dr. Beasley's mentors.

"I really admire people who don't give up," said Dr. Dickinson. "It's an important message to everyone: you launch something new and you have to be ready for pushback from a number of different areas. He just consistently regrouped and off he would go again."

ADA leaders, dentists in the public and private sector, and faculty from Northwestern University's Kellogg School of Management serve as mentors for Institute class members as they pursue their leadership projects. Connecting with organizations in his community, Dr. Beasley met Cheryl Johnson from The Arc of Northern Virginia, a service organization for people with disabilities, who as part of her graduate studies designed a medical model in which physicians and dentists provide care to patients with special needs.

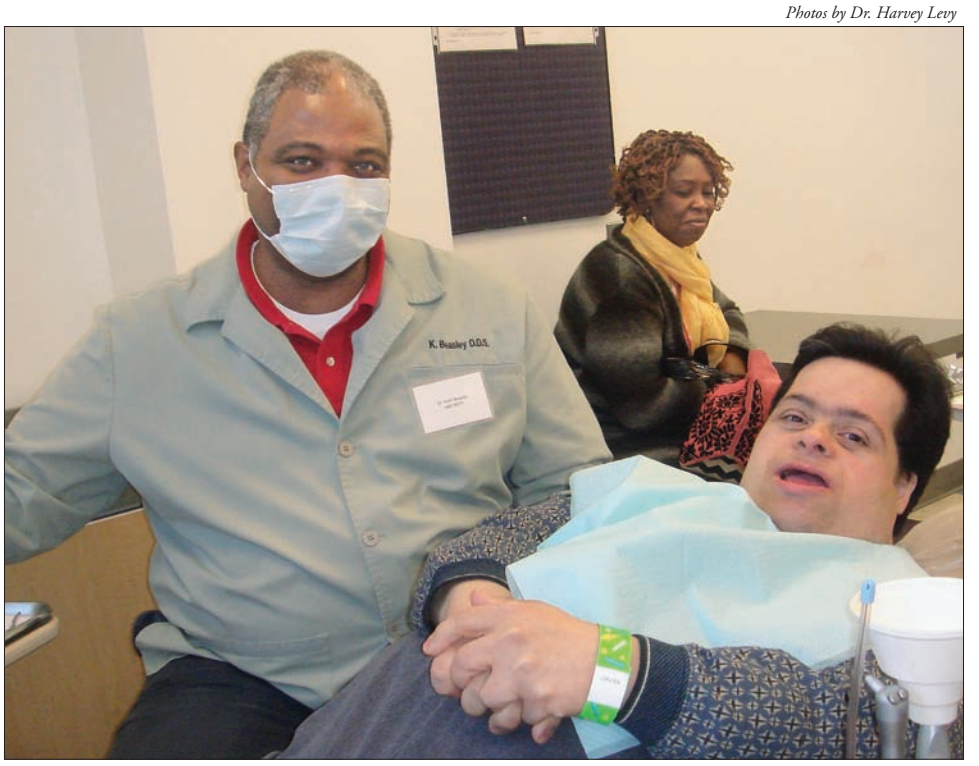
As Dr. Beasley sought data on why more dentists are not treating special needs patients, Dr. Dickinson put him in touch with Dr. Tegwyn Brickhouse, chair of the department of pediatric dentistry at the Virginia Commonwealth University School of Dentistry, who had conducted a survey on that topic in 2006.

Of Virginia dentists responding to Dr. Brickhouse's survey, 58 percent said they do not routinely treat special needs patients; 67 percent felt that dental school did not adequately prepare them to treat patients with special needs; and 71 percent said their dental schools did not include courses on treating patients with special needs.

In addition to their concerns over a lack of training and experience, Dr. Brickhouse's data identified a number of other factors that precluded dentists from treating special needs patients, including: lack of staff training; need for special office accommodations; disruption of normal office routines; concerns over financial compensation; perceived need for hospital access; amount of time needed to complete a procedure; and problems with Medicaid reimbursement.

Photos by Dr. Harvey Levy

All done: Dr. Harvey Levy (right) cheers up a young patient and his mother during the hands-on clinic March 27. At the clinic, 70 patients received oral health care from dentists who are seeking to treat more patients with special needs in their practices.



Vital CE: Dr. Beasley prepares to treat a patient at the clinic in Springfield, Va., in March. Many patients with special needs are manageable in a clinical health setting, he said, and practitioners should receive training to feel more comfortable providing that care.

"That really told us what we needed to do with this course," said Dr. Beasley. "Give dentists and their staff members some tools and techniques that would help them treat these patients, and help them feel more comfortable doing it."

In 2008, Dr. Dickinson learned of a grant from the Virginia Board for People with Disabilities to provide funds for health care providers who treat patients with disabilities.

It was the state funding—which Dr. Beasley sought and received in 2009—that led to the two-part course conducted this year. "The funding enabled us to say, 'This is what we could do if money was not a problem,' " said Dr. Beasley.

The didactic portion of the course took place Feb. 19 and featured speakers Dr. Beasley, Dr. Harvey Levy, Dr. James Schroeder, Dr. Janet Southerland, Dr. William P. Piscitelli and Ms. Johnson. Included among the topics were defining patients with special needs; evaluation, examination and treatment options; private practice care; and hands-on techniques and equipment.

"We limited attendance to 30 people," said Dr. Beasley. "I felt that if 12 signed up it would be successful. Thirty people were signed up—20 dentists and 10 dental team members. We even had a few folks from out of state."

Session two on March 27 brought session one attendees back for a hands-on clinic with more than 70 intellectually challenged and special needs patients, their families and caregivers at the Northern Virginia Community College's dental hygiene clinic. Session one speakers were on hand for assistance and the VDA Mission of Mercy program donated equipment. The Arc of Northern Virginia advertised the clinic and provided support.

"The hands-on portion of the course gave practitioners the opportunity to actually see the patients that they might be treating, and get an idea of who they could manage and who is maybe outside their comfort zone," said Dr. Southerland, chair of the department of hospital dentistry at the University of North Carolina at Chapel Hill.

"There are so many patients that fall into this category—patients who are mentally and developmentally handicapped, those who live in group homes or other types of facilities," said Dr. Southerland. "They are a challenging patient population but there are smaller cohorts in this group that are manageable in a clinical setting for routine dental care."

"This has to be repeated," said Dr. Levy, a Frederick, Md., dentist who has lectured and written extensively on the topic of special needs patients. Dr. Beasley took a course that Dr. Levy taught several years ago and sought his expertise when he began his leadership project.

"The experience that this program gave to everyone involved was incredible," said Dr. Levy. "The patients got access to quality care that they so badly needed, student hygienists got valuable experience they can't get in a textbook and dentists got hands-on experience treating this patient population. Everybody won."

Dr. Beasley agreed. "The patients loved it. Here was an opportunity for patients and caregivers to bring sons and daughters and loved ones to this location for treatment. It was a village approach and it worked."

"Special needs patients, especially adults, are among the most underserved of all population groups," said Dr. Dickinson. "They present more challenges for practitioners that maybe have no training in that particular segment of society. Dentists come out of dental school and if they get any training treating this population, it's very little. People came to this program and got so excited and said, 'I can do this.' "

The grant cycle from the state of Virginia has ended, but "I don't want to lose the momentum," said Dr. Beasley. "We are trying to get corporate sponsors for another event in the fall." A message he leaves with participants is something he calls the "Take One" call to action.

"In the end I challenge each doctor to take just one patient into their practice," he said. "It's a start."

A Department of Veterans Affairs dentist since 2009, Dr. Beasley now practices with the Southeast Louisiana Veterans Health Care System in New Orleans. He retired from the U.S. Navy Dental Corps in 2006. He describes his experience in the Institute for Diversity in Leadership as "one of the best things I've done in life as far as organized dentistry." He credits the success of his program to ADA staff and Kellogg faculty for their guidance and support. "I cannot tell you how many doors were opened when I told people I was a student in the ADA Institute for Diversity in Leadership," he said. "It was a phenomenal opportunity."

For more information about the ADA Institute for Diversity in Leadership, visit "www.ada.org/2872.aspx". ■

—foxk@ada.org

U.S. World Cup team 'totally dentally ready'

Mouthguard prep: U.S. Soccer World Cup team members (from left) Jonathan Bornstein, Robbie Findley and Brad Guzan do the paperwork while Drs. Eric Cantor, Philadelphia, and Emilio Canal Jr., Reston, Va., engage in conversation.

BY CRAIG PALMER

Reston, Va.—Drs. Emilio Canal, Michael Messina and colleagues believe they have the U.S. men's team ready for World Cup competition in South Africa, "totally dentally ready."

"There are no underlying dental issues they're taking with them," the "soccer docs" told the ADA News. "As far as we're concerned, they're cleared and ready to go," say the dentists whose general practice in this Washington, D.C. suburban area is a dental home and/or way station to an international soccer community, players and coaches alike, youth to professional.

We'll call them "soccer docs," which is not a term they used during an interview, just on the basis of their involvement since 1996 with U.S. men's and women's teams, Major League Soccer including the local MLS franchise D.C. United, professional women's, Olympic and youth teams, the United States Soccer Federation, the Federation Internationale de Football Association, the Academy for Sports Dentistry for which Dr. Canal is serving his second presidency, and their networking for local dental support at U.S. men's training camps. Oh, did we mention mouthguards?

"Our involvement is to provide coverage for all the home games (during qualifying competition) and also to do the pre-tournament evaluations when the tournaments are out of the country," the "soccer docs" said in an interview at their office not far from Dulles International Airport where the occasional player or coach deplanes for a trip to the dentist. "For the World Cup squad we do clinical examinations, radiographic examinations and impressions for mouthguards.

"The mouthguards that we provide are the pressure and heat-laminated mouthguards," Dr. Canal said. Who makes them, we asked. "We make them in our office. We could send them out to a laboratory as well to be made. There are many laboratories out there that provide them and they do an excellent job with it. But we've been making them for 20 years. We choose to make them ourselves. And that includes all the U.S. men's and women's World Cup teams, Olympic teams and all the youth world cups (for players under 20 grouped by age). We pretty much cover all the teams in U.S. soccer (national as opposed to local, regional or state teams)."

The U.S. men's team trainers have mouthguards for each player although there's no certainty that many will use them. But that's another story. However, at least one U.S. player was seen on national television using a mouthguard during the team's May 29 "friendly" match with Turkey. The Reston dentists also prepared an emergency kit for the team's athletic trainers with temporary filling material, an adhesive for recementing a crown, floss, a mirror, an explorer, a mixing pad and a save-a-tooth kit.

So your practice has been doing the World Cup (for how long) we started to ask as Dr. Canal responded mid-question, "Four World

See WORLD CUP, page 12

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World Cup

Continued from page 10

Cups and it's been great fun. We've met a lot of interesting people." Actually, they've been involved in five World Cups now although Dr. Canal correctly says four when speaking of their involvement with the U.S. men's team.

Dr. Messina picks up the story of how-we-got-started-in-soccer with the 1994 World Cup in the United States, their first. But that was a venue assignment in a host nation rather than dental service with the national team. "We were in charge of all the teams that went through RFK (D.C. stadium host for some of the matches). From there we met a lot of the folks who went to work for D.C. United, so they brought us along, said we need a dentist. When Bruce Arena (current MLS and former U.S. men's coach) got the Olympic team in 1996, he brought us along …" and the story leads to their fifth World Cup.

During the 2010 team's formative years, one competitor flew from England to Dulles, arriving with an abscessed tooth just days before the team's final qualifying match. "He was in a lot of pain. So we saw him that day and treated the tooth and did a root canal for him and he was able to play," said Dr. Canal.

"Ultimately our goal being dentists is to make sure that doesn't happen," Dr. Messina added. "Is it possible 100 percent of the time? No, because sometimes a tooth that's going to abscess will abscess. Sometimes there are no signs. The main thing is we don't want to send players over there that we know radiographically are going to all of a sudden become an emergency and have to be treated over there."

When the men's team trained recently in Philadelphia, Drs. Canal and Messina through the Academy for Sports Dentistry called on Dr. Ralph Zonies in nearby Cherry Hill, N.J., "to let us use his office and he was kind enough to open his office and bring in his staff. That's most of our role these days, to coordinate coverage depending on what city they're in, not necessarily to be at every game." (The academy's website is "www.academyforsportsdentistry.org"; its annual symposium is June 24-26 in the Washington, D.C., metro area.)

Starter: Dr. Emilio Canal Jr. poses last month with Tim Howard, starting goalkeeper for the U.S. Soccer World Cup team when Mr. Howard's mouthguard was fitted.

Did you find dental problems with the 23 players going to South Africa? "We did find a couple—we're not saying any names—some problems of small decay that we didn't feel would impact over the next couple of months, that should be addressed in the next six months but nothing that would interfere with play," said Dr. Canal, their responses coming across as a soccer give-and-go, each contributing to the flow of conversation. "We didn't find any abscessed teeth. There were some missing teeth issues but nothing that would keep them from getting through the first two months."

Did you provide any treatment? "No. In the last World Cup (2006), a couple players needed root canals before they left, some fillings as well."

"There are no underlying dental issues they're taking with them," the "soccer docs" told the ADA News. "As far as we're concerned, they're cleared and ready to go."

What's gotten better, the dental condition of the players, the treatment or both, we asked. "I think the fact that U.S. soccer has made dentistry a big part of the whole medical program is that these kids are getting evaluated and they're knowing that they are going to be evaluated so they're taking care of themselves so that when they're coming through the training session they don't have to lose training time because they want to show well for the coaches. So I feel like they're getting that taken care of, whereas before they would show up, they would have problems and also be missing a day or two because they're getting treated."

The U.S. men's team is scheduled for first round World Cup matches with England June 12, Slovenia June 18 and Algeria June 23. FIFA convenes a World Cup every four years and this year's competition runs from June 11-July 11.

Neither Drs. Canal or Messina will be in South Africa. FIFA requires host country dentists on-site at all venues in much the same way these "soccer docs" entered the game in 1994.

For patients, the ADA offers information on mouthguards on ADA.org: "www.ada.org/2970.aspx". After a Chicago Blackhawks player lost seven teeth in the National Hockey League playoffs, the Association offered advice in a press release also posted on ADA.org: "www.ada.org/4176.aspx". ■

—palmerc@ada.org

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DEXIS PLATINUM

Budget

Continued from page one

the House of Delegates and improve our ability to communicate our message to our members and the public, it is essential we invest in ADA's neglected IT infrastructure." (See story, this page, for details on the special assessment proposal.)

Dr. Tankersley also emphasized the need to support the programs and member benefits essential to the ADA mission.

"The staff and Administrative Review Committee made dramatic cuts in last year's budget, and the cuts made this year are, in some cases, Draconian," he said. "A dues increase compatible with our dues stabilization policy is necessary for us to fund those programs. If the members choose not to fund those programs, they will need to be eliminated."

The Board at its June meeting in Chicago proposed a 2011 operating budget of $114,951,700 in expenses against $114,217,650 in anticipated revenue, before factoring in the proposed dues increase. Last year, the 2009 House directed the Board to draw on reserves to make up a projected 2010 deficit. The Board had presented a balanced budget to the 2009 House, but House-approved programs tallied a $536,000 projected deficit. That action came one year after the House directed the Board at the 2008 meeting to cut operating expenses from the 2009 budget proposal by $2 million, down to $115.9 million.

"We are looking at a three-year business plan. We have to be more far-sighted. Even though we can't commit the House year-to-year, we need an understanding of the direction in which we are headed financially."

A 2008 House resolution on dues stabilization (Res. 17H-2008) directed the Board to "develop annual budgets and manage the Association's finances and reserves in accordance with the long-term financial strategy of dues stabilization. The dues stabilization strategy seeks to achieve long-term dues stability by keeping annual dues increases at or below the level of inflation, based upon the Chicago Consumer Price Index (CPI) average for the prior three years. The strategy does not call for automatic inflationary dues increases."

"The $7 proposed increase represents full compliance with the dues stabilization strategy the House approved in 2008," said Dr. Edward Leone Jr., ADA treasurer. "It is very clear that over the past three years revenues have been stagnant and appear to be trending downward. This is very clearly the effect of the national economy and certainly the difficulties we are all experiencing."

The Association moved to a zero-based budgeting process this year, with staff directed to build their initial budgets around what is needed for 2011 and not based on the approved 2010 budget. The June draft of Board Report 2 (which will be updated with finalized numbers in July and posted in the House of Delegates section on ADA.org later this summer), notes that the initial 2011 base operating budget had a deficit of about $5.5 million. Each ADA division was asked to reduce its net operating budget initially and then twice more, once after internal budget review and again after the Administrative Review Committee meeting.

Dr. Raymond Gist, ADA president-elect, also noted the effect of current economic conditions.

"The ADA depends on proper budgeting to drive activities, but we are currently challenged to the point that most departments have severely reduced services in order to cut costs," he said. "We need a dues increase in order to maintain our core services, which are vital to keep our Association moving forward. Our dues stabilization policy would help to address this problem, but this poor economy is having its effect on our membership, and that process is not routinely followed. I am hoping that the House of Delegates realizes the significance of this proposed dues increase, which is again in line with dues stabilization, and gives it their blessing."

He also hopes that members understand the critical nature of the special dues assessment.

"The request for the special assessment for updating and unifying our IT services is also critical to our progress," said Dr. Gist. "We need to modernize our systems in order to provide better and more timely services to our members, and ensure that our checks and balances are working properly. This assessment is specific for IT. It is a separate proposal by the BOT, both to maintain the integrity of dues stabilization policy, and to provide the upgrades necessary for IT to drastically improve services, and maintain its integrity."

"These are one-time expenditures," emphasized Dr. Mary Krempasky Smith, 11th District trustee and chair of the Board's Finance Committee. "The upgrade of all these IT services is necessary in light of our auditor's recommendations. Investing in this now will save us money in the long run. We are looking at a three-year business plan. We have to be more far-sighted. Even though we can't commit the House year-to-year, we need an understanding of the direction in which we are headed financially so that we can make fiscally responsible decisions."

The June draft of Board Report 2 notes that:

• Non-dues revenues are budgeted to decline by almost 2 percent, with the most significant decline being in product sales, corporate sponsorships and rental income.

• Base budget operating expenses are projected to decline by 2.2 percent. The reduction in operating expenses is due to declines in print and publication costs, consulting and outside services, office expenses, meeting expenses, travel expenses and professional services.

"The ADA continues to offer value to members in the form of strong and effective programs," Dr. Leone said. "Tremendous credit really should be given to our very dedicated and professional staff. It is a certainty that all of them are working above capacity."

The 2011 proposed budget adds value to membership, Dr. Leone continued, with new programs totaling $1,641,600. Initially presented as separate decision packages, the Board chose to include them in the 2011 budget, he said.

"The Board of Trustees in their own examination of adjustments determined which reductions were appropriate and which would have a significant effect on member programs," said Dr. Leone. "As a result of those discussions, they came to the conclusion that a number of adjustments needed to be re-instituted. That explains how we got to the $7 dues increase."

Some of those programs include money for hiring consultants to help with advocacy in Washington, a new dentist practice management program, promoting the Find-a-Dentist feature on ADA.org, House of Delegates collaboration software, as well as personnel costs associated with new or expanded program activities across the Association.

"Without a dues increase, we are facing

See BUDGET, page 17

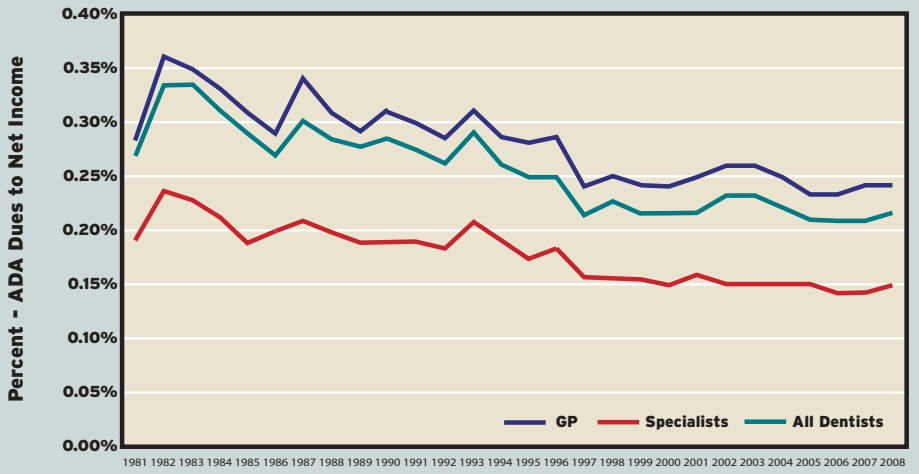
Dr. Tankersley

Dr. Gist

Dr. Leone

Dues percentage

The percentage of dentists' real net income that represents dues has declined over the past three decades to 0.22 percent in 2008 for the average dentist. For the average dentist in 1981, the $150 annual ADA dues represented 0.27 percent of real net income; in 2008, the $498 annual ADA dues represented 0.22 percent of real net income.



Source: American Dental Association, Survey Center, *Survey of Dental Practice. Selected years 1982-2009 and Annual Survey of Constituent and Component Dues.*

Special assessment key points explained

BY JUDY JAKUSH

What can you buy for $23?

For ADA members next year, $23 for a one-time special assessment could mean $2.5 million in critical information technology infrastructure improvements that have been deferred to the point of risking an IT slowdown in the Association.

Five years is the maximum length of time a customer can go without upgrading key business operations software. After that, support usually dwindles or disappears—or comes at a very high price. The ADA Board of Trustees is seeking the one-time special assessment to raise the $2.5 million to pay for the purchases.

Seven items comprise the special assessment for expenditure in 2011, as detailed in Board Report 2:

• PeopleSoft Human Resources Upgrade, $40,000 (additional future costs for this software are anticipated to be built into 2012 budget proposal);

• PeopleSoft Financial System Upgrade, $489,400 (this will mark the completion of a project started in 2010);

• Business Objects Software Licenses, $20,050;

• Hyperion Budget Module, $201,800;

• Association management software, $1,600,000;

• Content Management Data Bridge Software, $18,900;

• E-mail forwarding system, $130,300.

As reported to the Board, the PeopleSoft systems are fast approaching a point where it is critical that an upgrade be made. If it isn't done, the vendor will discontinue maintenance and support for both PeopleSoft products. The upgrade for both products has been delayed for five years in order to continue to use one version and delay upgrade costs as long as possible. Without the upgrade and new support, federal 1099 and other required forms may not run properly, and the Association will face higher costs for allowing software support to lapse and then later upgrading. In addition, auditor recommendations for greater encryption and other security cannot be implemented if upgrades are not made.

The Hyperion purchase, which will run with PeopleSoft, will support the Association in its zero-based budgeting efforts, offering a financial analysis tool not currently available. The PeopleSoft Financial software is transaction based; Hyperion will allow budget managers to run through various scenarios for better financial forecasting and analysis of ADA resources.

The association management software will replace the current Siebel relationship management and commerce software, which was chosen eight years ago when there were relatively few solutions available to associations. Siebel's greater strengths are in the commercial sector, and it required extensive customization for ADA purposes.

Currently there are viable software solutions that are applicable to associations. A purchase of one would offer a scalable, workable e-commerce solution that provides integrated relationship management as well as a platform for other applications such as event management, campaign management and other Association-specific activities. These include the ADA Catalog and management of conferences and meeting registration. ■

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Board adopts 2011-2014 ADA Strategic Plan

BY JUDY JAKUSH

The ADA Board at its June meeting approved the 2011-2014 ADA Strategic Plan, a roadmap that provides the strategic direction for the ADA for the next three years.

The four goals of this strategic plan each have measures that will document the progress the Association is making toward reaching the 2011-2014 goals of the ADA.

The plan is not a policy document—it's a set of goal statements based on what the Association sees as opportunities, given the ADA's deep understanding of the world in which the ADA operates. This understanding was achieved through rigorous ongoing environmental scanning. The Strategic Plan directs priority setting for resource allocation including money, people and time.

Dr. Barichello

Part of the planning process includes making sure the plan is communicated to ADA members. The ADA wants all members to understand where their Association is heading and how the ADA intends to build a stronger, more relevant value proposition for its members. The plan is posted online on ADA.org ("www.ada.org/strategicplan.aspx") and the committee has initiated outreach to the constituent and component dental societies and council and commission chairs.

Dr. Teri Barichello, who chairs the Strategic Planning Committee, hopes that every member will take the time to read the document. "I want members to view this plan from the 30,000-foot level. What I mean by that is that it's important to remember how large an organization the ADA is and that the ADA serves a wide range of dentist members. We tried very hard to create a strategic plan that is relevant to all our members and yet positions the organization so that it is well prepared to handle emerging issues and trends."

"I want members to view this plan from the 30,000-foot level. What I mean by that is that it's important to remember how large an organization the ADA is and that ADA serves a wide range of dentist members."

Dr. Raymond F. Gist, ADA president-elect, also serves on the committee, and sees how the plan will play into making initiatives become reality.

"What excites me about our Strategic Plan is its positive direction and that the plan drives the budgeting decisions," he said. "To me, this means that our initiatives will be prioritized, funded and realized. Our members, the public at large and our policymakers will know that our leadership will be at the forefront, where it belongs, when addressing issues that are pertinent to dentistry."

The plan starts with an executive summary that presents the ADA vision statement, its mission and the four goals that have been identified through a series of concurrent efforts by ADA leadership, the Strategic Planning Committee and ADA staff:

- **ADA Vision Statement:** The American Dental Association: The oral health authority committed to the public and the profession.
- **ADA Mission Statement:** The ADA is the professional association of dentists committed to the public's oral health, ethics, science and professional advancement; leading a unified profession through

initiatives in advocacy, education, research and the development of standards.

ADA Goals: 2011-2014

1. Goal: Provide support to dentists so they may succeed and excel throughout their careers.

2. Goal: Be the trusted resource for oral health information that will help people be good stewards of their own oral health.

3. Goal: Improve public health outcomes through a strong collaborative profession, and through effective collaboration across the spectrum of our external stakeholders.

4. Goal: Ensure that the ADA is a financially stable organization that provides appropriate resources to enable operational and strategic initiatives.

Understanding the environmental factors affecting the Association and the profession of dentistry were important considerations to the process of developing the Strategic Plan. A few of the myriad issues affecting the ADA now and into the future include the economic recession; health care reform and changes in the health care marketplace; changes in demographics, globalization and the role of associations in the midst of ever-accelerating immediacy and interactivity of electronic communication.

"In order to remain a relevant and vital organization, the ADA must address this rapidly changing environment and set our sights on the impact we, as a profession and as an association, will have on our members, our communities and our organization," the introduction to the plan concludes.

The next step is to keep the process going: the plan is dynamic in nature and "acknowledges that change is constant and the Association must position itself to anticipate, take initiative and respond to these changes." It will be reviewed annually with input from the Board of Trustees, the SPC and general membership.

The Strategic Plan is translated into the day to day activities of the staff through the annual Operating Plan.

"Quarterly reports on progress regarding the implementation of the Operating Plan are made available to the House of Delegates, the Board of Trustees and the membership along with a key performance indicator dashboard. ADA programs, services and projects must move the Association toward the established mission statement, strategic goals and objectives," the document states.

"It is the duty of the Strategic Planning Committee to maintain the plan and monitor its implementation," Dr. Barichello said.

"The committee will review the plan annually and achievement of the Operating Plan goals quarterly," she said. "The goals and objectives will be analyzed and evaluated in terms of successful outcomes. The committee will continually scan the environment for emerging trends that may affect the profession and organization and make recommendations to the Board as necessary."

Dr. Gist noted that the ongoing monitoring will enhance the ADA's efforts to support members in their profession. "We are helping to prepare our members to perform at the highest level in their respective areas of practice or employment. The Strategic Plan will be monitored and upgraded, as necessary. I think this will engender more interest by our membership, which is paramount to the continued success of the ADA and of organized dentistry," he said.

Reflecting on the committee's efforts since March, Dr. Barichello observed, "This was an extremely challenging process for the SPC. We had to fit an entirely new process into a preexisting time frame, which meant we had precious little time in face-to-face meetings to work on the plan. Anyone who has ever been involved in planning can appreciate the importance and value of meeting in person. To the credit of the members of the SPC, they were focused, tireless and got the work done.

"As the chair, I am extremely grateful for my committee members: Dr. Carol Summerhays, Dr. Dan Klemmedson, Dr. Ruchi Sahota, Dr. McKinley Price, Dr. Bill Calnon (ADA 2nd District trustee), Dr. Jerry Long (ADA 15th District trustee), Dr. Chuck Norman (ADA 16th District trustee), Dr. Dennis Engel (ADA 9th District trustee) and Dr. Gist. In addition, without our ADA staff, Dr. Kathleen O'Loughlin (ADA executive director) and Diane Ward and knowledgeable and patient consultants from Bostrom, we would still be working on the document."

"We welcome all feedback," she said. Members are encouraged to send any input to the Strategic Planning Committee (via e-mail at "adastrategicplan@ada.org") or through communications with their district trustees. ■

—jakushj@ada.org

Budget

Continued from page 14

reduction in services," said Dr. Smith. "If we have to cut more, this could mean decreasing the number of days for council meetings or removing a council meeting. We are looking at cutting programs that directly affect the membership. We've been utilizing reserves to make up deficits, and we instead need to build them."

The Board of Trustees did not support some $1,928,400 in decision packages, so the Board will not forward those to the House for consideration.

Dr. Leone heads the Administrative Review Committee; Dr. Smith heads the Board's Finance Committee. Members are common to both: Dr. Charles H. Norman III, 16th District trustee; Dr. R. Wayne Thompson, 12th District trustee; Dr. A.J. Smith, second vice president; and Dr. Dennis Engel, 9th District trustee. Also serving are Dr. Idalia Lastra, Miami, and Dr. J. Ted Sherwin, Orange, Va., who are members of the Financial Affairs Committee, which was created in response to a 2009 House directive to study the feasibility of creating a Financial Affairs Council.

Drs. Tankersley and Gist, as well as Dr. Kathleen O'Loughlin, ADA executive director, participate in the Administrative Review Committee along with Paul Sholty, chief financial officer. ■

—jakushj@ada.org

Entries must be received by July 31, 2010!

This Year's Winner Could Be You

Enter the ADA Adult Preventive Care Practice of the Year Competition and join us at the 2010 ADA Annual Session in Orlando.

The American Dental Association is offering a special opportunity to attendees of the 2010 ADA Annual Session in Orlando - a chance to be named the Adult Preventive Care Practice of the Year. This competition, sponsored by 3M ESPE Preventive Care, will recognize practices who are leaders in adult preventive dental care. Practices will be evaluated based on their:

- design and implementation of practical techniques
- oral health care, outreach, and patient education efforts
- implementation of a successful program through dental team communication and a work plan

All entries will be displayed at the Annual Session. The winner of the competition will be recognized at the session, featured in an article in the *ADA News* and receive this prestigious sculptured glass award signifying the accomplishment.

Visit www.3MESPE.com/preventivecare or www.ADA.org for complete program details and to download an entry form.

Orlando
American Dental Association
ANNUAL SESSION
OCTOBER 9 – 12, 2010
The Future of Dentistry Meets Here

Adult Preventive Care
PRACTICE OF THE YEAR
Sponsored by 3M ESPE

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ADA, ADAF to act on KPMG recommendations

KPMG, the financial and tax advisers hired last year by the ADA Audit Committee at the behest of the House of Delegates, has completed a review of the business and financial operations of the ADA Foundation, the Association announced this month.

The firm's report, the KPMG Financial and Tax Review, identifies areas that will be addressed relative to the governance, operations and finances of the ADAF, the Association's philanthropic and charitable organization.

The Foundation secures contributions and provides grants for sustainable programs in dental research, education, access to care and assistance for dentists and their families in need, including hurricane and tsunami relief and scholarships for underrepresented minority dental students.

Both the ADA and the ADAF are preparing their own corrective action plans to address issues identified in the KPMG report. Some of those issues already were being addressed before the report arrived, the ADA said.

Specific recommendations include clarification of the relationship between the ADA and the ADAF.

To address governance and bylaws issues, ADA President Ron Tankersley, in consultation with ADAF President Arthur Dugoni, has appointed an ADA task force, with an ADA trustee as chair. (See task force story, this page.) The task force will report to the Board of Trustees in July.

To address organization and finance issues raised in the KPMG report, the ADA and the ADAF will develop and implement separate Corrective Action Plans, to be approved by their respective Boards. These plans and their related timelines will be communicated to the ADA House, and quarterly progress reports also will be prepared. The ADA has recommended to the ADAF that no donated funds be used to pay for any corrective actions.

Implementing KPMG's recommendations, the ADA said, will strengthen the Foundation in terms of best practices in all areas of governance, operations, finances and organization, improving the efficiency and effectiveness of ADAF's fundraising activities. ■

Task force to address governance, bylaws issues in KPMG report

Dr. R. Wayne Thompson, ADA 12th District trustee and a member of the ADA Foundation's Board of Directors, has been appointed chair of a task force charged to address governance and bylaws issues in the KPMG Financial and Tax Review of the ADA Foundation.

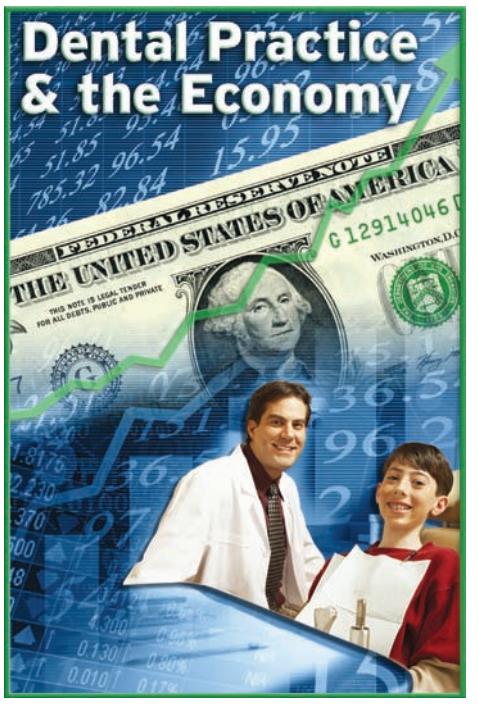
Dr. Thompson heads a five-member task force appointed by ADA President Ron Tankersley, in consultation with Foundation President Arthur Dugoni.

Joining Dr. Thompson on the task force are:

- Dr. Charles Norman, ADA 16th District trustee and a member of the ADAF Board;
- Dr. A.J. Smith, ADA second vice president;
- Robert C. Henderson, Ed.D., a member of the ADAF Board and senior operations officer, The Henderson Consulting Group, Chicago.
- Michael Sudzina, ADAF vice president and the retired director of Professional and Scientific Relations, Procter & Gamble Co. ■

Part 2 of a series

Choosing a patient financing program



Editor's note: This is the second in a three-part series educating members about patient financing, focusing on what questions should be asked when selecting a program.

BY KELLY SODERLUND

You've thought about it, weighed the pros and cons and made the decision to offer a financing program to your patients. Now what? How do you choose which one to make available?

There are a number of factors to consider when selecting a company and a program that will allow your patients to finance their dental bills over time. It all starts with asking the right questions, said Dr. Steve Glenn, ADA Council on Dental Practice.

Allowing patients to finance their bills through a third-party company allows dentists to be paid for their services in a timely fashion, he notes. It also allows patients the time to spread out the payments to avoid a huge strain on their budgets. The process can work similarly to a department store credit card, and patients can find out on the spot how much credit they're allotted.

"There's certainly been times when our patients wouldn't have been able to do treatment if we didn't have some kind of a financing program," said Donna Cioffi, office manager for Dr. Allen Pulsipher, an oral surgeon in Murrieta, Calif.

Dr. Glenn offers these factors to consider when looking at patient financing options:

• **Stability and reliability.** The economy has driven a number of patient financing programs away, so it's important to select a partner that exhibits longevity in the market. Dentists should ask how long the company has been in business and check how vast their understanding of dentistry is.

• **Reputation.** Do some research. Ask around. Talk to your colleagues and other dental practice office managers to get their advice on different companies. Endorsements from professional associations should also be considered.

• **Range and flexibility of payment options.** Every program is different, so it's important to learn about each company's features before committing. Ask about interest rates and flexibility of payment options for patients. Also ask if the credit arrangement is revolving or term. Revolving credit can be used by the patient or a family member over and over again. Term programs are for specific procedures at a single office for a single family member.

• **Patient and practice costs.** Ask for specifics on the cost to patients and the cost to your practice. Are the patient rates the same regardless of their credit score? Does the cost to the practice change with the plan selected? It's also important to learn about possible penalties and fees, including prepayment penalties. Your patient should understand their financial responsibility if they choose to use a financing program.


Dr. Glenn

• **Ease of use for the practice.** Patient financing should be easy to implement within your practice and financial system. How much paperwork is involved? Can you choose how to submit the applications (i.e., phone, fax or online)? How is your practice paid and how long does it take?

• **Ease of use for the patient and quick response.** It's important to find out how much time it takes for the patient to apply for patient financing and how long it takes for them to receive an answer from the company. How cumbersome is the application?

• **Practice support.** Ask what support the financial company will provide for your practice. Is training available? Are the tools online?

"Patient financing programs are management tools that can be extremely useful in helping patients access dental services in a timely fashion and, just like any other tool, should be utilized based on individual patient needs and the judgement of the dentist," Dr. Glenn said. ■

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Part three of the ADA News' patient financing series, scheduled to appear this summer, will discuss how to implement a program in a dental practice.

ADA Business Resources recommends CareCredit patient financing program

For more than 10 years, ADA Business Resources has chosen CareCredit's patient financing program as the one they recommend to ADA members.

ADA Business Resources uses the following criteria in evaluating endorsements:

• Companies must be industry leaders that are competitive in the marketplace, fiscally sound and available to dentists nationwide.

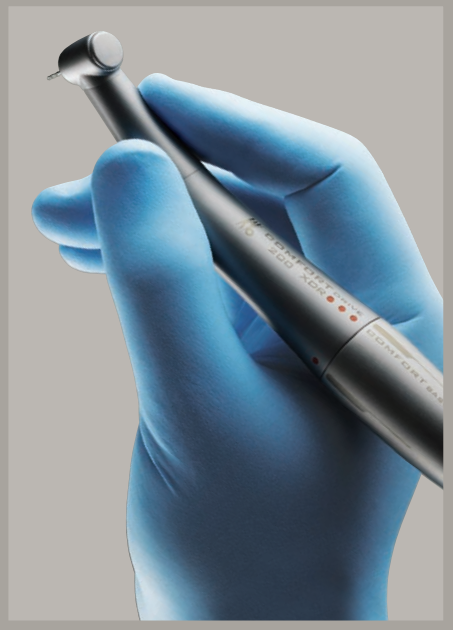
• Companies must have a higher service standard for members and must continuously deliver exceptional customer support.

• Each program must be peer reviewed by volunteer ADA members and staff to assess quality and performance.

• Each program should support the ADA's mission to help dentists maintain a positive and productive practice environment.

• Each company endorsed by ADA Business Resources is also monitored on an ongoing basis to ensure that ADA members can trust that high standards are being consistently met.

ADA Business Resources also relies on member feedback in evaluation programs. Please e-mail "adabusinessresources@ada.org." with any suggestions. ■



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Health&Science

Oral health topics featured at science fair

Dental pulp stem cell project nets first place at Intel competition

BY JENNIFER GARVIN

San Jose, Calif.—An interest in dental pulp stem cells helped lead high school students Julie Chang and Yesha Maniar to a first-place finish at the 2010 Intel International Science Fair.

Each year, the ADA Foundation sponsors awards at ISEF as a way of stimulating interest in oral health research and recognizing the work of young scientists. The ADA Council on Scientific Affairs coordinates the judging and presentation of three awards for projects it believes contribute to scientific research relevant to oral health. For this year's fair the CSA turned to Dr. Sheila Strock, senior manager, ADA Council on Access, Prevention and Interprofessional Relations, who judged the entrants.

Ms. Chang, 17, and Ms. Maniar, 18, both of New Hyde Park, N.Y., received $2,000 and were honored for their project, Orientation and Differentiation of Adult Dental Pulp Stem Cells on Electrospun Fiber Scaffolds.

The Foundation also recognized Shannon Somer Stockton, 16, of Orlando, Fla., for The Synergistic Effects of Tolfenamic Acid and Radiation on Sp1 and Surviving in Head and Neck Cancer. Ms. Stockton, who was also an ISEF winner in 2009, received $1,000 for her efforts. Third-place winner Philip Samuel Schlenoff, 18, of Tallahassee, Fla., received $500 for his project, Antibody-Coated Magnetic Nanoparticles: Targeting and Treating Cancer in a Dynamic Environment.

Ms. Chang said she and Ms. Maniar became interested in dental pulp stem cells while taking part in the summer research project at the Garcia Materials Research Science and Engineering Center at Stony Brook University last summer.

"When we found out that we won, we were really excited and happy that our hard work paid off," she said. "We had to practice frequently with our research teacher and often had to visit our mentor late at night throughout the school year to work on our research paper. On the same note, we were really happy that we could make our mentors (Miriam Rafailovich, Ph.D. and Vladimir Jurukovski, Ph.D.), graduate students, teachers and parents proud because they all devoted a lot of time to our high school science research careers."

"They worked night and day. It's a very intense program," said Dr. Rafailovich, a distinguished professor at the Garcia Materials Research Science and Engineering Center. Ms. Chang said she plans to pursue a career in science. Ms. Maniar will attend Dartmouth College in the fall.

Winners: From left, Julie Chang, Yesha Maniar, Shannon Somer Stockton and Philip Samuel Schlenoff show off their awards following the 2010 Intel International Science and Engineering Fair.

The Intel ISEF is held each May and is the world's largest pre-college celebration of science, bringing together more than 1,600 high school students from 60 countries. The May 2011 ISEF will be held in Los Angeles.

For more information, visit "www.sciserv.org./isef/about". ■

—garvinj@ada.org

CDA Journal publishes guidelines for pregnant women

BY JENNIFER GARVIN

The June issue of the Journal of the California Dental Association contains evidence-based perinatal oral health guidelines designed to assist health care practitioners in "understanding the importance of providing oral health services to pregnant women and their children and making appropriate decisions regarding their care."

"Oral Health During Pregnancy and Early Childhood: Evidence-Based Guidelines for Health Professionals" were developed by an expert panel that reviewed scientific literature and research on the relationship between oral disease, treatment and pregnancy outcomes. The panel, comprising national dental, medical and public health experts, was convened by the CDA Foundation and American College of Obstetricians and Gynecologists, District IX.

The experts were charged with identifying existing interventions, practices and policies, assessing issues of concern and developing recommendations.

In reviewing the evidence, they concluded that prevention, diagnosis and treatment, including dental X-rays and local anesthesia, are "highly beneficial and can be undertaken during pregnancy with no additional fetal or maternal risk when compared to the risk of not providing care." They also determined that preeclampsia is not a contraindication for dental care and that controlling oral disease in pregnant women "has the potential to reduce the transmission from new mothers to their infants."

The CDA Foundation hopes that the guidelines will open a dialogue between providers and their pregnant patients.

"Pregnancy is a teaching moment for expectant mothers who should be encouraged to include dental hygiene and treatment in their prenatal care for their own health and their baby's well-being," said Dr. Lindsey Robinson, who at the time of the panel was chair of the ADA Council on Access, Prevention and Interprofessional Relations and is the current chair of the board for the CDA Foundation.

For an electronic copy of the guidelines, visit "www.cdafoundation.org/guidelines". ■

EBD summaries posted on ADA.org

BY JENNIFER GARVIN

For help with clinical decision-making, the ADA Center for Evidence-Based Dentistry website offers critical summaries that provide concise analysis and appraisals of evidence-based systematic reviews from other publications. The appraisals are prepared by experts working with the ADA EBD Center.

Here are some of the newest critical summaries posted on the website:

- Limited evidence for single-dose flurbiprofen for acute postoperative pain;
- Limited evidence on the effectiveness of mini-implants as orthodontic anchorage;
- Inconclusive evidence for the accuracy of implant impressions;
- Limited evidence suggests that starting the use of fluoride toothpastes in children under 12 months of age increases risk of dental fluorosis.

For more information, visit the new EBD website at "ebd.ada.org". ■

NIDCR campaign continues

BY JENNIFER GARVIN

Bethesda, Md.—The National Institute of Dental and Craniofacial Research has added video and public service announcements to its ongoing campaign to educate African-American males about their risks for oral cancer.

The NIDCR originally launched the campaign, "Oral Cancer: What African-American Men Need To Know," in late 2008 as part of the organization's efforts to promote the early detection of oral cancer in that population group.

According to the NIDCR, African-American men have the highest risk for this particular cancer compared to any other group in the U.S. Where survival rates are concerned, just 36 percent of African-American males survive more than five years compared to 61 percent for white males over that same time period.

The brochure, Are You At Risk for Oral Cancer? What African-American Men Need to Know, addresses potential symptoms of oral cancer and also identifies the key risk factors such as tobacco and alcohol use, human papillomavirus and age.

The NIDCR hopes that dentists will take advantage of the free brochures and other campaign materials and use them to talk with their patients about oral cancer.

"We started the campaign from scratch for this particular group," said Karina Boehm, chief, Health Education Branch, NIDCR office of communications and health education.

According to Ms. Boehm, NIDCR focus groups with African-American men found that most participants weren't familiar with oral cancer and those that were associated the disease mainly with Southern, white culture and smokeless tobacco use.

"The good news," she said, "is that participants were eager to learn more about oral cancer."

By visiting "www.nidcr.nih.gov/OralHealth/Topics/OralCancer/", dentists can click on a link to order free brochures, fact sheets and posters. They can also call the NIDCR at 1-866-232-4528. The materials are also available in bulk at no charge for those dentists and health care professionals hosting community service and outreach events.

Canadian journal launches website

The Journal of the Canadian Dental Association has launched a new website which features scientific and clinical articles as well as user-friendly presentations of clinical material and news pertinent to the profession.

The new site is open to the public and the CDA hopes it will be easy to navigate, not only by researchers and clinicians but patients as well.

The English version of the new website may be accessed at "www.jcda.ca" and the French version at "www.jcdaf.ca". ■

FDA

Continued from page one

restorative treatment and issued a final rule, which the Association supported, that reclassified dental mercury and amalgam components for regulatory purposes. The dental products panel of FDA's medical devices advisory committee can advise the agency but has no authority to overrule FDA's 2009 decision.

Since that decision, the FDA has received several petitions "raising various issues relating to the final rule and special controls," the agency said in the announcement posted at "www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm215061.htm".

"The concerns raised include the adequacy of the risk assessment method used by the FDA in classifying dental amalgam, the bioaccumulative effect of mercury, the exposure of pediatric populations to mercury vapor, and the adequacy of the clinical studies on dental amalgam," said the agency's explanation for the new review. "In addition, a recent report on risk assessments issued by the National Academy of Sciences, titled 'Science and Decisions: Advancing Risk Assessment, NAP 2009,' proposes new approaches to conducting risk assessments. These may be some of the issues the agency asks the advisory committee to review," the announcement said.

The FDA will amplify this announcement with a notice scheduled for publication June 11 in the Federal Register, the official record of government regulatory activity. The FR notice will announce the opening of a docket titled FDA2010N0268 and invite public comment on amalgam regulation. The docket will close Dec. 3. The advisory panel meeting Dec. 14-15 will be open to the public. ■

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Access

Illinois Mission of Mercy

Volunteers provide $1 million in care during the two-day event

BY STACIE CROZIER

Bloomington, Ill.—When the doors of the Interstate Center opened at 6 a.m. June 11, hundreds of dental patients had been in line for hours, hoping for the chance to receive free dental care.

Some patients came early to this crossroads location in McLean County where three interstate highways intersect, sleeping overnight in their cars or even camping out on the grounds one or two days before.

The Illinois State Dental Society Foundation's Illinois Mission of Mercy event, the biggest first-time MOM held since they began in 2000, provided more than $1 million in free dental care June 11 and 12 at Bloomington's vast multipurpose banquet and conference center.

It offered a high-visibility opportunity for Illinois dentists to educate legislators and policymakers about the need to improve access to critical dental procedures for millions of Illinois families who go without care.

In all, 1,953 patients—most of them adults and 40 percent of them who arrived for the clinic with dental pain, received free dental care services, including cleanings, topical fluoride treatments, sealants, fillings, extractions, root canals, lab work, and antibiotic and pain medications.

Filling a need: Volunteers work in the busy restorations area of the MOM event June 11. A total of 1,365 restorations were provided during the two-day event.

In exit interviews, more than half of the patients treated had not seen a dentist in two years, and 76 percent said they hadn't visited a dentist recently because they couldn't afford it. Most patients traveled a half hour or less to reach the Interstate Center, although a handful reported traveling two to four hours or more for the free dental clinic.

"It couldn't have gone any better," said Greg Johnson, ISDS executive director. "We were able to help a lot of people as well as bring visibility to the needs of our citizens."

Dental legislation: Illinois Gov. Pat Quinn, seated, signs House Bill 5859 at the MOM event June 12. Also attending the signing are, from left, State Rep. Elizabeth Hernandez; State Rep. Naomi Jakobsson; Dr. Brad Barnes, MOM co-chair; Dr. Bob Bitter, ISDS vice president; Dr. Larry Osborne, ISDS president; Dr. Brian Soltys, ISDS secretary; Dr. Mark Humenik, MOM co-chair; Dr. Darryll Beard, ISDS president-elect; State Rep. Dr. David Miller; and State Rep. Dan Brady.

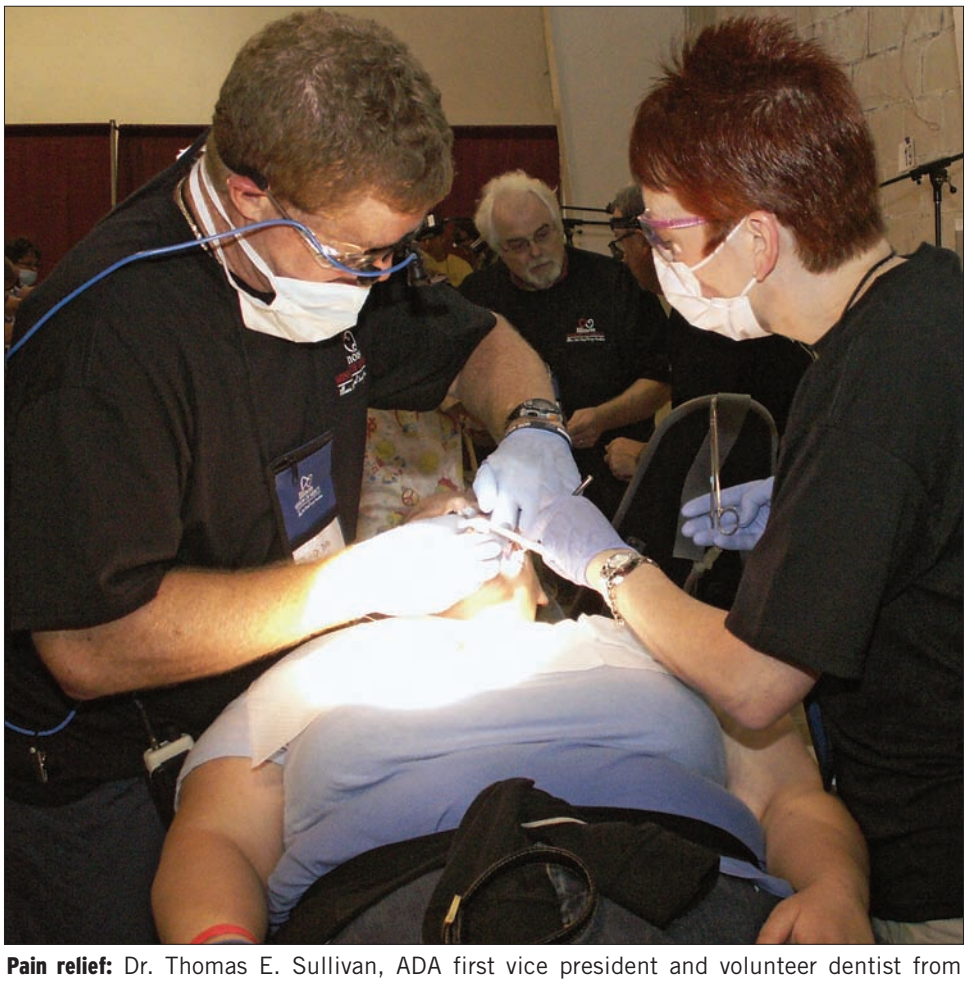
While visiting the MOM clinic June 12, Gov. Pat Quinn signed House Bill 5859. The bill, which takes effect Jan. 1, 2011, allows licensed dentists to provide volunteer care through a nonprofit health clinic, which can then receive payments from the state. The payments will help the clinics cover the costs of dental equipment and supplies. Under current law, free and low-cost health clinics cannot be reimbursed for volunteer care provided by a dentist, unless the dentist is personally enrolled as a Medicaid provider.

"Keeping Illinois' families healthy is one of the most important duties I have as governor, and dental problems can lead to serious health issues," said Gov. Quinn. "I am proud to sign this legislation to help more families see a dentist and get the care they need to stay healthy."

Gov. Quinn's rival, Republican gubernatorial candidate State Sen. Bill Brady of Bloomington, and several other state and local lawmakers and candidates also attended the MOM.

"This (volunteering) is what dentists do every day in their offices," added Mr. Johnson. "But it's too bad we have to. This is why it's important to show legislators what needs to be done to help citizens who need dental care."

Dr. Brad Barnes of Bloomington and Dr. Mark Humenik of Northbrook, Ill., co-chairs for the Illinois MOM, had investigated the possibility of bringing a MOM event to the state and found that there was a definite need and sufficient support to launch the program here. Eighteen months ago, they began laying the groundwork for the event—including soliciting more than $175,000 in funding and in-kind donations to cover the costs of materials, equipment use and other expenses, recruiting and organizing volunteers, and training volunteers to fill key leadership positions for the mammoth dental clinic. The Illinois MOM committee also worked with the America's Dentists Care Foundation, the Wichita, Kan.-based organization that has transported semi tractor trailer trucks filled with portable dental equipment to more than 50 MOM events in 14 states nationwide and is an ADA Foundation Give Kids A Smile Program Champion.



Pain relief: Dr. Thomas E. Sullivan, ADA first vice president and volunteer dentist from Westchester, Ill., assisted by Michelle Schaffer, provides care to a patient in the MOM extractions area June 11.

"Our community has really embraced this," said Dr. Barnes. "We are so appreciative of the support we've received, from donations of supplies

See MOM, page 26

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MOM

Continued from page 24

and equipment from dental companies to the 600 sandwiches McDonalds donated for our volunteers' lunch today."

"Since we started considering bringing a MOM event to Illinois, we've also been doing on-the-job research by attending MOM events in other states, both as volunteers and observers, to see how things work," said Dr. Humenik. "I've done six mission trips to Mexico, but this is like a mission trip on steroids. We're not worrying about our numbers, but it looks like we are doing big numbers and that's pretty rewarding."

More than 1,000 dentists, dental hygienists, dental assistants, dental laboratory technicians and others volunteered for the event, including Dr. Thomas E. Sullivan, ADA first vice president and a general dentist in Westchester, Ill.

"This is phenomenal," said Dr. Sullivan. "To see the collaboration between dentists and staff from across the state, plus support from volunteers who've come from as far away as Connecticut, and even several ADA staff members from Chicago—that's the beauty of the whole event."

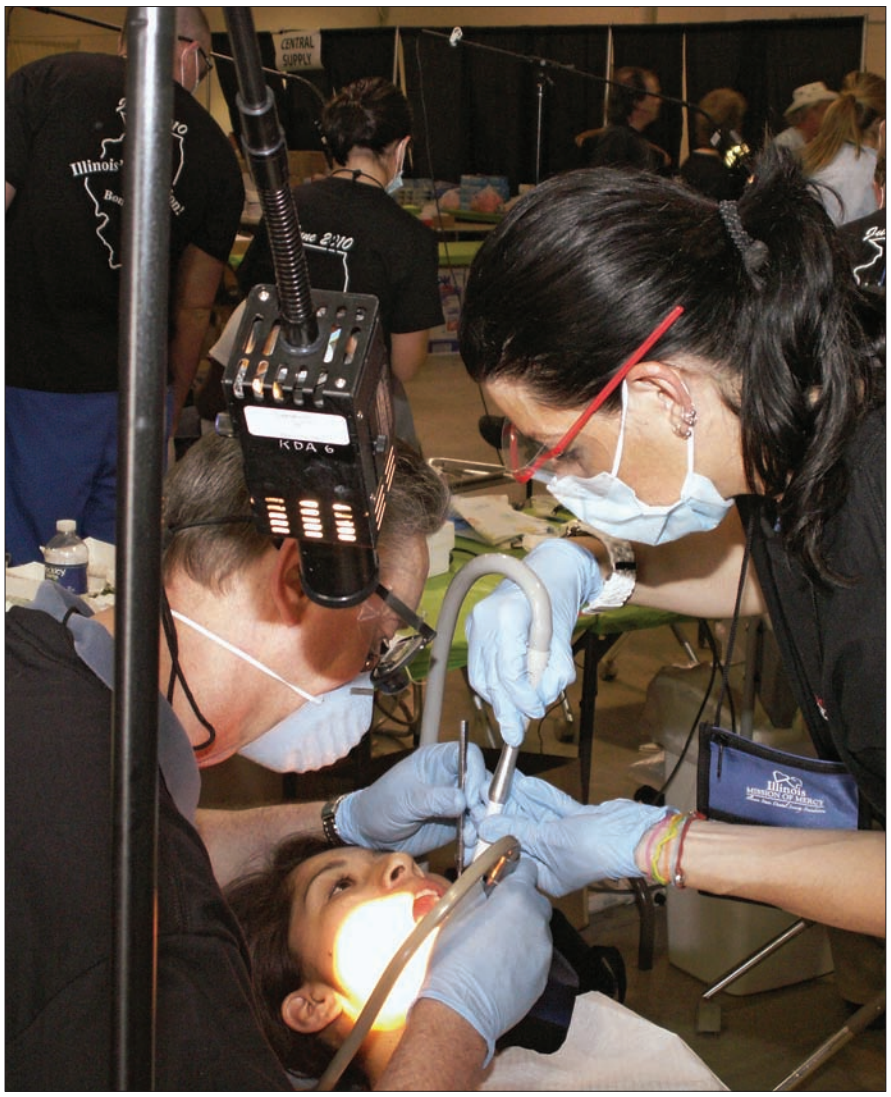
Mid-morning: Patients who checked in early in the morning June 11 at the Illinois Mission of Mercy event wait in the patient waiting area of the Interstate Center for their turn to see a dentist.

Dr. Lew Lampiris, director, ADA Council on Access, Prevention and Interprofessional Relations and former Illinois State Dental Director, described his experience as a volunteer as "transformational."

"The MOM event was an experience that helped break down the walls that sometimes exist between public health and private practice colleagues," said Dr. Lampiris. "Here we were, standing side by side, working together and doing what we've been trained to do, provide necessary dental care to those in greatest need."

"I feel like I'm making a mission trip right here in my home base," said Kevin Beadle, a dental laboratory technician who was making temporary treatment partials for patients missing teeth. "It's a wonderful learning opportunity. It's great to be able to give back to my community, and I hope this is the first of many times I can do this."

Dr. Norbert Voit of Chicago volunteered at the MOM on June 11—at the same time the Chicago Blackhawks' Stanley Cup celebration parade was heading right past his downtown office windows.



Busy: Dr. Norbert Voit of Chicago, assisted by Nicole Stoufflet, manager, Health Education at the ADA, provides treatment in the fillings department of the MOM event June 11.

"I would so much rather be here, doing what I'm doing even though the parade is pretty exciting," he said. "This is such an amazing event. There's such good energy here. I'm working side by side with lots of nice people, and the patients are so appreciative."

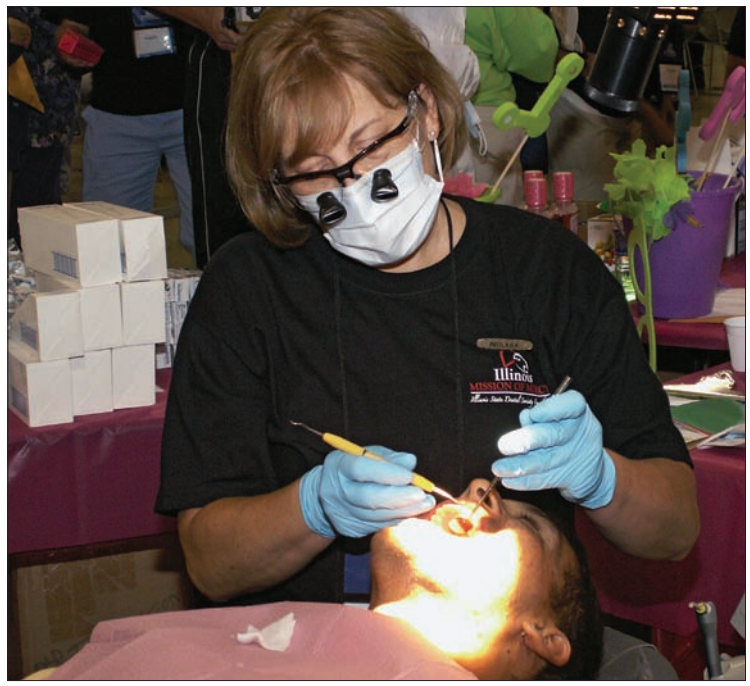
Tracy Connors, an administrative coordinator for America's Dentists Care Foundation from Neodesha, Kan., said this event was her 20th MOM. As a dental assistant, she and her dentist employer drove six hours in a snowstorm to volunteer at a MOM event in Garden City, Kan., and then treated patients at the Kansas Speedway in August.

"After that, I wanted to get even more involved," Ms. Connors said. "After three projects, I thought 'This is my baby,' and I eventually ended up taking a job that would keep me doing this. I learn something at every MOM I attend and it's very humbling to talk to the patients waiting in line and then see them again later when they are done with their treatment. They always have hugs and smiles and that means everything to me. That's why I do it. I can't wait for the next one to happen."

Just as at many other MOM events, some patients slept in their cars overnight before the doors opened and a few even pitched tents on one or two days before to make sure they were among the first in line for desperately needed care and pain relief. By 6 a.m. both mornings, hundreds of patients were already in line.

Sarah Eastman from Goodfield, Ill.—about 30 minutes away—arrived at the clinic at 5:30 a.m. with her young sons to wait in line for treatment. At 11:30 a.m., she was in a dental chair getting three fillings as 3-year-old Aaron snuggled asleep on her lap and 5-year-old Levi sat in a chair next to them. Aaron had already experienced his first-ever dental cleaning, and Levi had received two fillings and two extractions.

"This means everything to us," said Ms. Eastman. "I already maxed out my credit card getting root canals. If it weren't for this, we wouldn't be able to get this treatment. I heard about this a month ago and decided we would come."



Cleanings: Every one of the 1,953 patients who participated in the MOM event had the option of getting dental hygiene services. More than 500 cleanings and 500 topical fluoride applications were done, sealants were applied to 147 teeth and 375 patients received oral hygiene instruction.

Traveling lab: Kevin Beadle of Bloomington, Ill., makes a temporary treatment partial for a MOM patient at the Interstate Center.

Supporting the MOM were nine major contributors: America's Dentists Care Foundation, Delta Dental of Illinois, Chicago Dental Society Foundation, Interstate Center, Patterson Dental, Illinois State Dental Society Foundation, DentaQuest, Dentsply, and Downstate Society Caucus. Nearly 100 other supporters included dental companies, community organizations, local businesses and local dentists. ■

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Tampa nonprofit advocates for oral health improvements

Access

BY STACIE CROZIER

Tampa, Fla.—A Tampa-area nonprofit organization has not only marked the milestone of reaching its 2 millionth child with health and injury prevention education, including dental education, it has also been a catalyst in improving the oral health of local citizens.

For two decades, MORE HEALTH Inc. has taught health and safety lessons to reach schoolchildren in grades K-12 in the public and private schools in Hillsborough and Pinellas counties. The lessons have been provided at no cost to the schools through funding from local hospitals, corporations, foundations and grants.

The organization, which was born from a Junior League project, offers 24 different classroom presentations—45-minute interactive sessions focusing on topics such as dental health, bicycle and pedestrian safety, firearm safety, nutrition and fitness, trauma, heart health and skin cancer prevention.

Yet, its involvement in oral health education has expanded beyond local classrooms. In 2009, the organization received a "Closing the Gap" grant from the Florida Department of Health Office of Minority Health. The grant enabled MORE HEALTH to provide oral health education to 19,000 children, increase the oral health literacy of children and parents, and establish a local oral health coalition. It also successfully advocated in a community water fluoridation campaign and increased access to dental care for children by coordinating dental screening and treatment events.

The Hillsborough County Oral Health Coalition, a community coalition of private dentists, school districts, colleges, public health departments, federally qualified health centers, faith-based organizations and other interested stakeholders—nearly 50 individuals and groups in all—are working together "to have one voice, one clear message and bring awareness through a grassroots effort about the importance of oral health as it relates to overall health," said Karen Pesce, R.N., MORE HEALTH executive director.

Ms. Pesce

Dr. Buckenheimer

Education milestone: Veronica Lopez, the 2 millionth student to receive health education from MORE HEALTH Inc., participates in a hands-on dental health lesson from instructor Kathy Head in May at Muller Elementary Magnet School in Hillsborough County, Fla.

"Hillsborough County has a fragmented system of dental care services for the uninsured and the underinsured. Through this grant, the coalition will continue to assess the needs of the community and also identify all the resources, programs and organizations providing dental care services so we can build a coordinated referral system that can be used to refer students and families in need of services."

The grant project has also enabled the coalition to launch a campaign to bring community water fluoridation to Plant City, the only municipality in the county without a fluoridated community water supply. After the coalition conducted an education campaign for city officials, Plant City commissioners conducted a cost analysis and determined that the city could not afford to finance an equipment purchase, but agreed to authorize fluoridation if grant funding could be obtained. The coalition is currently working with the city manager to identify and secure local and state funds for fluoridation equipment and installation.

MORE HEALTH also implemented an education campaign in Hillsborough County to increase the oral health literacy of local families. Its instructors conducted 40-minute interactive lessons for grades K-2 in 90 schools that have 51 percent or more minority population—reaching some 19,000 students. Lessons centered on how and why to practice good oral health care habits, eat nutritious foods, and decrease consumption of sugary foods and beverages. More than 250 children were screened and 40 who had dental health problems received free treatment. The children also received educational materials, toothbrushes and toothpaste, since many served by the program don't have access to dental care or even basic dental health supplies in their homes.

The organization also conducted a train-the-trainer workshop to help improve the oral health literacy of adults in the community.

"All of these activities represent a coordinated effort to help combat the No. 1 chronic disease in children, and the single most common reason why they miss school," Ms. Pesce said. "Any community can have this kind of success in providing education, prevention and increased access to care. We've learned a lot in 20 years and believe we have a replicable, affordable model."

Coalition member Dr. Terry Buckenheimer, a general dentist in Tampa, is thrilled that "it's all coming together. It's exciting to see how everyone can work together to bring more visibility to the problem and more solutions to help solve it at the grassroots level. Dental caries is such a preventable disease, and we are learning from experience that we can tear down barriers and educate kids so they can take care of their teeth."

Dr. Buckenheimer, chair of the ADA Council on Membership, says MORE HEALTH's oral health initiatives were purposely designed to stretch across advocacy, education, access and public health to make the most impact at the community level.

"It's a common-sense approach to increasing access to care," he said. "If we all pitch in together, we can solve some of these issues."

Visit the MORE HEALTH website for details on its programs and initiatives: "www.morehealthinc.org". ■

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Outreach program pairs students and seniors

Multidisciplinary pilot includes dental education, screening and care

BY STACIE CROZIER

Access

New York—Some 300 seniors in New York City and 50 or so dental, dental hygiene and nursing students at New York University are working together to focus more attention on the importance of oral health care for older adults and to break through access to care barriers.

Through a one-year pilot program funded by the United Hospital Fund, older adults who attend senior centers or live in neighboring building complexes with high concentrations of seniors will receive dental education, screening and oral health care services.

The program also enables students and faculty from the NYU colleges of Dentistry and Nursing to have hands-on opportunities to provide the outreach to New York City seniors.

The end goal is to develop a seamless collaborative health care referral model that will provide underserved seniors in New York City with better access to dental care, said Donna E. Shelley, M.D., M.P.H., clinical associate professor of Cariology and Comprehensive Care and director of Interdisciplinary Research Practice at the NYU College of Dentistry.

"This pilot program fills a need for oral health education and referral services among older adults who may not have access to dental care. We will start by piloting the project in four of our partnering senior centers," said Dr. Shelley. "These centers have active education programs in place but say there is an urgent need to add oral health education. Many older adults don't know how to care for their oral health and how to deal with common problems they face like dry mouth, which is often related to taking multiple medications, what to do about dentures that don't fit and other concerns. Older adults are less likely to think they need to still see a dentist regularly compared to younger adults. They may not know that, in New York state, Medicaid covers many oral health services or they may have dental insurance and not realize it. These are issues that can affect their access to dental care and their overall health and well-being."

Donna Shelley, M.D.

Seniors will receive screenings, oral health education information and referrals to local dentists or the NYU College of Dentistry Clinics as well as help with securing transportation for dental visits and answering insurance questions. Students and faculty will also gather data about patients' oral health problems and needs in order to better address barriers to oral health care and to develop a referral model that could eventually be used citywide.

The program also gives students in the health professions more exposure to the oral health issues older adults face and some hands-on experience in working with seniors.

"The program offers a great opportunity through outreach to enhance students' skills in a multidisciplinary program," Dr. Shelley said. "Nursing students already work in a geriatric outreach program, but it was missing an oral health education component, so this program will piggyback nicely with it. Nursing students will gain experience with how to recognize and address common oral health issues, and dental and dental hygiene students who participate will gain experience in working with older adults. We can leverage NYU's interdisciplinary opportunities and offer benefits for students, older adults and the community."

"These centers have active education programs in place, but say there is an urgent need to add oral health education."

But more importantly, she added, participating patients will have a seamless link between their community centers and dental care. Staff at the senior centers will also receive education on common oral health problems faced by seniors and solutions they might suggest.

Dr. Shelley also created a Medicaid oral health coverage fact sheet to help patients, social services and senior center, nursing home and retirement home staff better understand what oral health care related services Medicaid patients are entitled to.

"We will be following up with patients to see how the program helps them and how we can continue to improve it," said Dr. Shelley. "We will collaborate with the New York State Dental Association to develop a referral list that includes dentists willing to treat Medicaid patients as well as patients who have private dental insurance coverage. We are also looking into solutions for those who do not have dental insurance coverage." ■

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GKAS in Maryland, Michigan and Texas

GKAS gets MouthPower: A University of Maryland Dental School student checks out the smile of a GKAS participant May 14 at the Dr. Samuel D. Harris National Museum of Dentistry Give Kids A Smile event. Students from the dental school provided screenings and oral health education for 50 schoolchildren that included a guided tour through the NMD's signature MouthPower oral health education program, a hands-on exploration of how to brush and floss, how to eat healthy and how to avoid the dangers of tobacco. The National Museum of Dentistry is a Give Kids A Smile Program Champion.

Miles of Smiles: Dr. Bruce Seitz, right, of Jenison, Mich., volunteers in the Ottawa County Health Department's dental van for its Give Kids A Smile observance Feb. 5. Assisting him is LuAnn Miller. Above, the Miles of Smiles mobile dental unit arrives at Great Lakes School in Holland, Mich., to provide comprehensive preventive and restorative services for GKAS day. Some 600 Ottawa County children received oral heath education and gift bags.

High marks: A young girl, at top, inspects a dental radiograph at one of the 2010 North Texas Give Kids A Smile treatment sites, and Dr. Helena Tapias, center right, a North Texas Hispanic Dental Association board member, coaxes a boy to show off his teeth at the Texas Woman's University Feb. 20. The GKAS program reached children in the communities of Allen, Frisco, Flower Mound, Lewisville, McKinney and Plano, Texas—resulting in preventive care and treatment for 195 children and education to 900. The North Texas Hispanic Dental Association sponsored the GKAS event with support from the Hispanic Student Dental Association, Baylor College of Dentistry chapter, the North Texas Dental Society and the departments of dental hygiene at Collin County Community College and TWU.

Photo by Lagniappe Studio

Real-time learning: Drs. Steve Ratcliff and Jorge Ramirez present the Education in the Round course, Implants for the Terminal Dentition: Yes, You Can Do It! Oct. 2, 2009, at the Hawaii Convention Center.

Live-patient CE

EIR courses offer interactive learning at annual session or via live webcast

Orlando, Fla.—Real-time, live-patient learning will again take center stage at the ADA annual session Oct. 9-12 during six Education in the Round courses.

This year, all ADA members will have a chance to participate in the courses from their homes or offices via live webcast—and even have the ability to interact and ask questions during the procedure. The EIR courses will be available to ADA members as webinars for 30 days after annual session.

Education in the Round live simulcasts and webinars are sponsored by Philips Sonicare and are developed in cooperation with the American Dental Education Association.

"Philips is proud to sponsor the live webcast and post-session Education in the Round webinars to advance the profession and ultimately improve patient care," said Leigh Reeves, manager, Trade Activities/Marketing for Philips Consumer Lifestyle. "As a leader in contemporary high technology, Philips encourages ADA members unable to attend the 2010 annual session to log in to experience the excellence in education available through the American Dental Association. We are excited to partner with dental professionals and the ADA to provide this valuable service."

EIR participants attending annual session view live-patient procedures in a fully functional dental operatory that also offers live, close-up high-definition video images. Attendees can interact with speakers during the courses. In 2009, more than 800 participants attended six different courses on-site in Honolulu.

This year's EIR courses include:

- Managing the Periodontal Patient with Advanced Ultrasonic and Laser Therapy by Dr. Samuel Low, Oct. 9, 10 a.m.-1 p.m. (course 5401);
- Digital Impressioning: A Clinical Demonstration of a Single Crown Preparation and Digital Scan by Dr. Brian Schroder, Oct. 9, 3-6 p.m. (course 5402);
- A Team Approach to Implant Rehabilitation: How Digital Modeling Changes Everything by Drs. Stephen Schmitt and Benjamin Young, Oct. 10, 8:30-11:30 a.m. (course 6401);
- Implant-Retained, Implant-Supported Overdentures by Dr. David Little, Oct. 10, 2-5 p.m. (course 6402);
- Implementing Laser Fundamentals in Your Dental Practice: A Live-Patient Demonstration by Drs. Donald Coluzzi and Charles Hoopingarner, Oct. 11, 8:30-11:30 a.m. (course 7401);
- Oral Appliance Delivery, Adjustment and Management of Side Effects by Dr. Richard Drake, Oct. 10, 2-5 p.m. (course 7402).

Log on to "www.ada.org/goto/session" for course descriptions, price information and to register. Visit the ADA365 website ("www.ADA365.org") for information about how to log on to the live webcasts or access the post-annual session webinars. ■

Orlando
American Dental Association
ANNUAL SESSION
OCTOBER 9 – 12, 2010

Still time to enter annual session competitions

Orlando, Fla.—There's still time to make plans to be a part of the ADA annual session by entering the Education Exchange Competition, sponsored by Cleankeys Inc. The deadline for submitting an entry is July 31.

This professional electronic poster competition gives participants a chance to share clinical experience, educate fellow dental professionals and raise awareness about a procedure, theory, service or emerging trend in dental practice.

There's also a July 31 submission deadline for the 2010 the Adult Preventive Care Practice of the Year Competition, sponsored by 3M ESPE. This competition is open to dental offices that have designed and implemented practical prevention techniques, provided preventive oral health care, outreach and patient education, or implemented a successful prevention program through a dental team communication and work plan.

The high-tech Competition Hub will showcase presentations in the LOC on the floor of the ADA World Marketplace Exhibition Oct. 9-11.

Participants for these competitions must be registered for the 2010 annual session. Participants should enter their presentations online by July 31 at "www.ADA365.org". Members of the Council on ADA Sessions will review and judge entries.

Also appearing at the Competition Hub will be the 2010 Dental Office Design Competition sponsored by Matsco, a Wells Fargo Co., showcasing the best in new office designs and renovations. Participants in the Dental Office Design Competition should enter by July 31 at "www.matsco.com/DODC".

For more information, contact Rich Schuch, Ed.D., senior manager, Program Development for the Council on ADA Sessions, by calling toll-free, Ext. 2663, or e-mailing "schuchr@ada.org". Or log on to "www.ada.org/goto/session". ■

Watch your back

Preventing pain leads to happier life, career

Editor's note: This is the second in a series of articles exploring wellness issues. Resolution 41 directs the ADA to promote a wellness program to encourage healthy diet, exercise and lifestyle for members. The 2009 ADA House of Delegates referred Resolution 41 to the 2010 House for study and report.

BY KELLY SODERLUND

Walk into any dentist's office and there's a chance a common scene is playing out: a dentist is sitting on a stool, hunched over a patient.

The position of their backs is less like a straight arrow and more like a curvy question mark.

"I think a lot of practitioners become so focused on the procedures that they're doing they lose track of how they're sitting and the position they're in," said Tim Caruso, a physical therapist and founder of Chicagoland Performance Consultants. "If you multiply that by eight to 10 patients a day, there's a negative cumulative effect on their bodies."

According to a 2007 ADA survey of dentists who reported regularly experiencing pain, more than 58 percent cited their lower back and 52 percent pointed to their neck. Nearly 29 percent of the open claims paid to ADA members by Great-West Life & Annuity Insurance Co. in 2009 were for back or cervical issues. The ADA and Great-West have a longstanding relationship dating back to 1934.

Mr. Caruso

Mr. Caruso works with industrial and professional organizations on wellness, ergonomics and injury prevention and has a number of tips dentists can try before they seek treatment or surgery for their symptoms. He first suggests the entire dental team develop visual and verbal cues to remind each other of their postures throughout the day. He also recommends the dental team take pictures of each other while they're working, so they can see what positions they're in and what they may be doing wrong.

"If they take their digital camera, each staff member gets a day to take pictures in the office," Mr. Caruso said. "By the end of one or two weeks, they have quite a collection of interesting positions they get themselves into during the working day."

Mr. Caruso also recommends dentists pay attention to the type of equipment they're using. If the patient chair or operator stool isn't conducive to reaching the oral cavity, it can be a strain on the dentist's back and neck to have to lean over, he said. Their stool might also be a problem if it isn't adjustable or supportive for their postures during the day. Considering dynamic sitting surfaces to engage core musculature or adding armrests to unload the upper body can do a lot to alleviate the stresses and strains on the back, neck and shoulders during the working day, Mr. Caruso said.

Mr. Caruso advocates using the Mackenzie Method—a comprehensive evaluation of patient back and neck symptoms comprised of a series of back or neck movements or positions that can help determine what effect the movements or positions have on pain symptoms. Within several visits, it can be determined whether the patient is getting better or worse as opposed to weeks and weeks of treatment or possible surgery, he said.

Prevention and treatment of back and neck pain can lead to a longer professional life, improved career satisfaction and fewer insurance claims. A dentist faces a 1 in 3 chance of being disabled for ergonomic or other reasons long enough to collect insurance benefits at some point in his or her career, according to Great West. Dentists are also five times more likely to become permanently disabled than die prematurely, the insurance company said.

The ADA recommends members take out adequate insurance to prevent financial loss, in the event they do have to take a medical leave of absence. The ADA has also created tip sheets on back, neck and hand pain that may be helpful. The tips can be found on ADA.org at "www.ada.org/sections/educationandcareers/pdfs/ergonomics.pdf".

By taking notice of their posture and taking some preventive measure, dentists can hopefully avoid having to seek out more drastic procedures or spend thousands of dollars on new equipment, Mr. Caruso said.

"I think it's an investment in their health and well-being but, that being said, I don't think folks need to go back and refit all their equipment," Mr. Caruso said. "Sometimes it just comes down to a habit, like sitting up straighter, for better or worse." ■

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Great-West increases insurance maximums for ADA members

Great-West Life & Annuity Insurance Co. has increased the life and disability insurance maximums, effective July 1.

The coverage increases for ADA Insurance Plans were approved by the Council on Members Insurance and Retirement Programs at its March 26 meeting. Effective July 1, members can apply for up to $3 million in ADA Term Life Insurance.

Members can also apply for up to $15,000 per month in the Income Protection disability plan, effective July 1. The plans are underwritten and administered by Great-West through a partnership that dates back to 1934. ■

Photo by Lagniappe Studio

Dental assistant track: Dr. Howard Glazer presents the dental assistants' track course, Forensic Odontology: The Tales that Teeth Tell, to a packed house at the Hawaii Convention Center Oct. 3, 2009.

ADAA to meet Oct. 7-10 at Orlando's Rosen Centre

ADA courses, events also open to registrants

Orlando, Fla.—Dental assistants who register for the 86th American Dental Assistants Association annual meeting Oct. 7-10, to be held in conjunction with the ADA annual session in Orlando, will receive a variety of benefits with their registration.

ADAA meeting registrants will have access to continuing education courses, the World Marketplace Exhibition, the ADA Opening General Session and discounts on hotels and transportation. They can also purchase tickets for the ADA's special event at Universal's Islands of Adventure and a variety of specially priced tours.

The ADAA meeting headquarters will be at the Rosen Centre Hotel, directly across from the Orange County Convention Center on International Drive.

The ADA, in cooperation with the ADAA, will present a 17-course educational track geared toward dental assistants during annual session. ADAA registrants can also choose from more than 225 other CE courses offered at the ADA annual session, including many courses geared toward the entire dental team.

ADAA registrants are also eligible to shop at the ADA World Marketplace Exhibition; and attend the free ADA Opening General Session and Distinguished Speaker Series featuring best-selling author Malcolm Gladwell. They may also purchase specially priced tickets for the ADA Night at Universal's Islands of Adventure on Oct. 10 and choose from two dozen ADA tours Oct. 8-12 that showcase some of the best sights and pastimes Orlando has to offer.

For more information on the schedule of ADAA governance meetings, the ADAA in the Round discussion forum, the ADAA president's gala, continuing education course information or to register, view the ADA annual session Preliminary Program online at "www.ada.org/goto/session" or visit the ADAA website: "www.dentalassistant.org". ■

Get on track at session with targeted CE topics

Orlando, Fla.—It's easy for annual session goers to choose continuing education courses to meet specific interests or needs by taking advantage of the educational tracks offered during this year's annual session, Oct. 9-12 in Orlando.

New this year are tracks designed especially for international attendees. The six-course Spanish language track and the six-course Portuguese language track are offered in collaboration with the ADA Division of Global Affairs and the Asociacion Dental Mexicana and the Ordem dos Medicos Dentistas de Portugal.

Other educational tracks include: Dental Assistant, Esthetic Dentistry, Federal Dental Services, Geriatric Dentistry, Leadership, New Dentist, Open Clinical and Science Forums, Professional Development, Preventive and Team Building.

Registrants can also search for courses co-presented by ADA councils and committees by looking for green ovals in the printed or online preliminary program.

The preliminary program also identifies courses in more than 30 topic areas from anesthesia to special care dentistry.

For more information on annual session educational tracks, see pages 42-45 in the Preliminary Program. For a comprehensive review of courses, organized by dental topics, see the Courses-At-A-Glance pages for each day of the meeting in the Preliminary Program.

For more course details and speaker biographies and to register for the annual session, log on to "www.ada.org/goto/session" and click on the Plan Your Education link. To register for annual session, click on the Registration and Housing link. ■

Extend learning with Multimedia Recordings

Orlando, Fla.—Dental professionals can continue learning long after the annual session ends by ordering the 2010 ADA Annual Session Multimedia Recordings.

This year's Multimedia Recordings offer more than 250 hours of educational content appropriate for the entire dental team for only $99 if purchased with advance registration to annual session before Sept. 10. (Price beginning Sept. 10 and on-site is $199; price post-session or for those not registered for annual session is $299.)

To order or to view sample courses captured in multimedia format, log on to "www.ada.org/goto/session". ■

Some MetLife U.S. dental claims being reviewed in India

BY KELLY SODERLUND

MetLife has hired consultants in India to review U.S. dental claims, angering some dentists who believe that the claims should be handled domestically.

In a letter sent in January to all MetLife consulting dentists, Dr. Brian Fitzgibbons, manager of MCR clinical for MetLife, announced there are not enough consultants in the United States to handle all of the claims, and the company was unsuccessful in recruiting more.

"This has been researched, and because we cannot obtain acceptable space locally, and MetLife is a global company, it has been decided that our new MCR panel will be formed at the MetLife facility in Noida, India. Noida is located just outside of Delhi," Mr. Fitzgibbons wrote.

The ADA's Council on Dental Benefit Programs takes issue with this practice, believing U.S. claims should only be reviewed by U.S. dentists. Additionally, in an era when more claims are auto-adjudicated, there should be a decreasing demand for claims review, which has dentists questioning the argument that there are not enough consultants.

"We have a policy that states that those people who are reviewing and denying claims should be U.S. dentists, preferably from the same jurisdiction that our practicing dentists are from, with the same credentials, same degree, etc.," said Dr. Bert Oettmeier, chair of CDBP.

That idea is important because dentists trained in foreign countries may be trained differently than in the United States, Dr. Oettmeier said.

"We're biased, but we think that the U.S. training is probably superior to most other countries," Dr. Oettmeier said.

The ADA view is that there is good reason why Commission on Dental Accreditation—accredited education is required for licensure in the United States.

MetLife officials refute the idea that their offshore consultants are less qualified than those in the United States. The company refused requests for a phone interview but provided an explanation of the process through an e-mailed statement.

"[Our] resources include licensed dentist consultants located both inside and outside of the United States who provide a clinical benefit opinion based upon submitted documentation," wrote Dr. David Guarrera, vice president of MetLife's Dental Product Management. "It is important to understand that our dentist consultants, both domestic and abroad, are all held to exactly the same United States clinical review standards, protocols and quality assurance metrics for all claims. In addition, any review that would result in a recommendation for a benefit denial or alteration can only be made by a U.S. licensed dentist, located in the United States. Dentists outside of the U.S. can only provide clinical benefit approval recommendations. All other clinical reviews are referred to a licensed U.S. dentist, in compliance with all applicable federal and state laws."

Mr. Fitzgibbons' letter states the Indian consulting dentists had gone through "an extensive selection process, are clinically experienced and have been personally interviewed by me." Once the Indian dentists have been trained, they would work the same as the U.S. consultants and be subject to the same standards "concerning reporting, review quality and production expectations."

At least six state dental association executive directors were sent an anonymous letter in March, informing them about MetLife's new practices and urging them to learn about their state's laws regarding claim approval processes. Kevin Earle, executive director of the Arizona Dental Association, said if a MetLife consultant were going to review and deny claims, he or she would have to have a dental consulting license in Arizona.

"Most of our members would say the standard of care would be different in India than the standard of care in the United States," Mr. Earle said.

It's unclear whether the Indian consultants will strictly be reviewing dental claims or medical as well. The ADA is not aware of any other insurance companies employing this practice.

MetLife has been invited to the National Dental Benefits Conference scheduled for Aug. 19-20 in Chicago, and Dr. Oettmeier intends to discuss the foreign consultant issue, if the invitation is accepted. ■

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ADA resource covers practice transition strategies

The ADA resource Transitions: Navigating Sales, Associateships, and Partnerships in Your Dental Practice covers all of the most cutting-edge strategies, including delayed sales, fractional sales, mergers and partnerships.

The 116-page book also examines the fair market value for a practice and associateship, outlines the crucial aspects of these transactions and helps dentists plot a course for a successful future.

Transitions (J043) is $59.95 for members and $89.95 for nonmembers, and the downloadable e-book (J043D) is $39.95 for members and $59.95 for nonmembers.

From now until July 31, the ADA is offering a 10 percent discount on Transitions with priority code No. 10420. All products are available online at "www.adacatalog.org" or by calling 1-800-947-4746. ■

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