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Recommended Citation

American Dental Association, Publishing Division, "ADA News - 12/12/2016" (2016). *ADA News*. 523.
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BRIEFS

December JADA studies pacifier use

Nonnutritive sucking is associated with substantial risks of developing malocclusions, according to research published in the December issue of The Journal of the American Dental Association.



In "Establishing the Association between Non-nutritive Sucking Behavior and Malocclu-

sions: A Systematic Review and Meta-analysis," which included 15 identified studies, researchers concluded that pacifiers are associated with a higher risk of developing most malocclusions compared with digit sucking, and that clinicians should inform parents and caregivers about the dental risks of nonnutritive sucking behaviors.

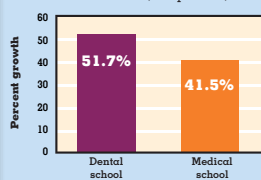
"A child's sucking on a pacifier or digit tends to start long before their first visit to a dentist," said Dr. Esma Doğramacı, the

See JADA, Page 19

JUST THE FACTS

Dental vs. medical school applicants

Between 2000 and 2015, applicants to dental school grew at a faster rate (51.7 percent) than applicants to medical school (41.5 percent).



Source: ADA Health Policy Institute, hpi@ada.org, ext. 2568

ADA, others ask Congress for funding to curb opioid addiction

BY JENNIFER GARVIN

Washington — In a continuing effort to address the nation's opioid epidemic, the ADA and 88 other groups are asking Congress to fund the Comprehensive Addiction and Recovery Act and increase existing funding for prevention and treatment efforts.

"Significant funding is needed to

ensure evidence-based approaches to prevention, treatment and recovery strategies are available to the many Americans who so desperately need them," wrote the coalition in a Nov. 28 letter, led by the American Osteopathic Association. "The wide-ranging and devastating impact of this true public health emergency on individuals, families and

our communities demonstrates the pressing need for this critical funding."

In July, the Congress passed and the president signed the Comprehensive Addiction and Recovery Act into law. The ADA and 83 other organizations commended the House and Senate for passing legislation to help reduce prescription

opioid abuse. The legislation authorizes prescribers to write partial-fill prescriptions for Schedule II controlled substances. It also includes grants to expand pain management training and improve prescription drug monitoring programs.

"Public awareness of the opioid

See OPIOID, Page 8

'I want veterans to feel honored'



BY MICHELLE MANCHIR

Apopka, Fla. — Calling himself a patriotic person with staff members in his dental office whose spouses are members of the armed services, Dr. John Gammichia said making his annual day of service one to support veterans was an obvious choice.

"There's often so much red tape for veterans to get care through established veterans



Serving service members: Some of the many volunteers behind Operation Bright Smiles pause for a photo, left, including, from left in the front, Jamie Chung, in training to be a dental assistant; Andrew Bertot, a predoctoral student at the University of Central Florida; Drs. John Gammichia and Steve Milios. In back from left to right are Kelsey Geraghty, Allan Calderon and Michael Hernandez, all predoctoral students at the University of Central Florida. Above, more than 100 veterans visited Dr. Gammichia's dental office on Veterans Day for dental care at no cost, including this Iraq War veteran.

See VETERANS, Page 19

Surgeon general issues first report on addiction

BY JENNIFER GARVIN

Washington — More than 20 million people have substance use disorders, but only one in 10 ever receive specialty treatment, according to a new report from the U.S.

surgeon general on addiction released Nov. 17.

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health is the first report from that agency to ad-

dress substance addiction.

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ADA News

(ISSN 0895-2930)

December 12, 2016 Volume 47, Number 22

Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, IL 60611, 1-312-440-2500, email: 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, IL 60611. © 2016 American Dental Association. All rights reserved.

ADA American Dental Association®

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SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2740. Rates—for members \$22 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$96; institution \$142 per year. International individual \$131; institution \$179 per year. Canada individual \$114; institution \$161 per year. Single copy U.S. \$17, international \$18. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, 211 E. Chicago Ave., Chicago, IL 60611.

ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the front of your membership card.

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Indian Dental Association honors ADA trustee

Mumbai, India — The Indian Dental Association bestowed its Lifetime Achievement Award to Dr. Chad P. Gehani, American Dental Association 2nd District trustee, Nov. 4 at a ceremony here.

Comprising 65,000 dentists, the Indian Dental Association gives the award to an individual who has demonstrated dedication, leadership, selflessness, vision, contributions to oral health care and dental education in India and a commitment to organized dentistry.

In 2014, Dr. Gehani was installed as ADA trustee, representing New York state. He

served as a member of the Committee on International Programs and Development from 2005-09; the Council on Membership from 2006-09; chair, New York State Tripartite Grassroots Membership Initiative from 2002-07; and the National Summit on



Dr. Gehani

Diversity, 2009-10.

He also was president of the New York State Dental Association and the Queens County Dental Society.

A professor at New York University, Dr. Gehani practices endodontics in New York.

"A first-generation American, I have achieved the American Dream while still holding tight to my Indian heritage," Dr. Gehani told the ADA News in 2015, after receiving the Ellis Island Medal of Honor, which is awarded annually to Americans who dedicated their lives to community service. ■

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MyView

Giving thanks, every day



William Calnon, D.D.S.

I often have the good fortune to interact with some of the newer members of our profession, sometimes students at their schools, American Student Dental Association leaders at one of their conferences or dental residents working through their various programs. When lecturing to them, I structure my presentations to be interactive so I get to know more of their concerns, but my favorite time spent with them is sitting down for a real conversation either as a group or one-on-one. A question often posed to me is, what do I gain most from being a dentist? My answer is easy: helping others, either by using my clinical skills or my heart. More specifically, delivering care to

my patients or volunteering my time for those with unmet needs.

During one of my recent interactions, a first-year resident confided in me that she had spent considerable time and effort with a patient to assure not only a quality result, but also a pleasant experience. She was dismayed that the patient never acknowledged her effort, even with a simple thank you. I told her that some people aren't at their best while in a clinical setting and may not remember their best manners. I also reminded her that we are not in it for the accolades and that we gain tremendous satisfaction from knowing that we have made a positive difference in someone's life.

During my drive home that night, I started thinking about the young resident's question about being thanked. My mind soon wandered beyond my own patients and the narrow focus of my own world. I found myself wondering about all the people that we as a profession, not as individuals, positively affect by our actions.

My involvement with the ADA Foundation has widely opened my eyes to how many people we impact, but may never meet, whose problems we ourselves will never experience and who will never be able to thank us in person. An important aspect of the mission of the ADA Foundation is its support of care delivery and community education programs that improve oral health from birth through adulthood. The wide reaching impact of this support is astounding.

An organization in Ohio wrote that an ADAF Access to Care grant helped provide care for indigent patients, adding "We vow to treat each patient as we would our own family. We will work tirelessly to provide exceptional care, promote good health, and prevent disease."

A program in Arizona noted, "It is because of generous partners, like you, that we are able to empower families to get the medical and dental care they and their children need and deserve so they can live productive, healthy lives!"

A letter from a program in Philadelphia stated: "Our high-quality dental care is provided in a caring, respectful way that meets the special needs of underserved children. As a result of this gift, children will be helped to have healthy, confident smiles that will carry into their adult lives."

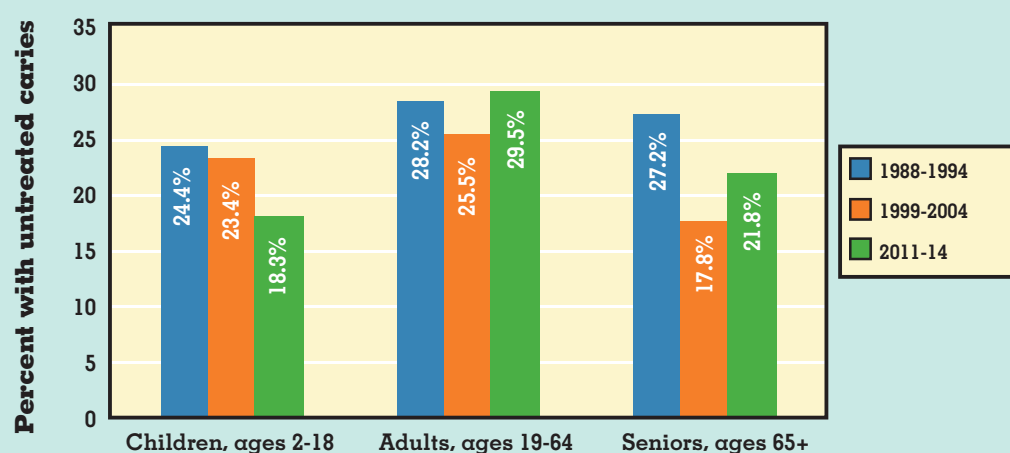
The Venice (California) Family Clinic noted that the ADAF's gift "ensures that the most vulnerable members of our community have access to

See MY VIEW, Page 5

SNAPSHOTS OF AMERICAN DENTISTRY

Prevalence of untreated caries

While untreated caries rates — a measure of unmet needs — are declining for children, they are rising among adults and seniors.



Source: American Dental Association, ADA Health Policy Institute Infographic, Untreated Caries Rates Falling Among Children, Rising Among Low-Income Adults and Seniors. Available from: ADA.org/hpi.

Letters

Code of Ethics resolution

I am writing in response to the Nov. 7 ADA News article "Resolution Amends Code of Ethics," which permits dentists to announce as specialists in their jurisdictions even if it's not one of the nine specialties recognized by the ADA.

Seventy-one years since the founding of the American Academy of Dental Medicine (now Oral Medicine), 42 years since my graduation from dental school, I am now retired.

The American Academy of Oral Medicine was obliged to do an end run around the ADA's political structure, and ultimately see organized dentistry fail in the courts as well. ADA is now obliged to bow to the recognition of specialized areas of practice other than its sacred cows. Decades of wheeling, dealing and obstruction, to what end?

To deprive the general public of the benefit of some of the greatest minds in the profession? Hardly! Blind self-interest and nothing more.

In the end, "it is a tale told by an idiot, full of sound and fury, signifying nothing."

Arnold Rosenstock, D.D.S.
Boca Raton, Florida

EpiPens

In the Nov. 7 issue of the ADA News there was a letter from Dr. Stanley F. Malamed discussing the Oct. 4 My View discussion of EpiPens by Dr. Larry Sangrik, "EpiPens: Dental Necessity or Extravagance?" Dr. Malamed was critical of a dentist using the much less costly system of an



ampule of epinephrine, a syringe and two needles vs. the use of EpiPens. More importantly, I have been a practicing general dentist for 53 years. I not only talk the talk, I have walked the walk.

There are several issues with EpiPens. The needle length was reported to be too short for 19 percent of patients in one study. The EpiPen needles are 1.43 cm, 3/8 of an inch long, and about 31-gauge. These are not long enough to get to the proper location, the vastus lateralis muscle on the anterior lateral aspect of the thigh, in some patients. This is particularly true in obese patients. There have been reports of the EpiPen's very small gage needles breaking off in the tissue of the thigh requiring surgery to remove. There have also been reports of medical staff injecting their thumbs when using an EpiPen. The EpiPens are not foolproof.

The cost of EpiPens has dramatically increased recently, getting close to \$650 per pen. If you see adults and children, you would need three of each size to be replaced every two years. That is close to \$4,000 every two years. At today's costs, in 53 years, I would have thrown away over \$100,000 in unused EpiPens. I have

ampule of epinephrine, a standard syringe, filter needle and 1.5-inch 25-gauge needle for treatment of life threatening allergies.

I am a dental anesthesiologist. I have 48 years' experience teaching sedation and medical emergency programs to dentists. I have

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LETTERS Policy

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

Letters

Continued from Page 4

never needed to use one.

I need three, maybe four, ampules of epinephrine in my emergency kit to have the same protection. An ampule of epinephrine costs about \$5 each, \$20 every two years. I also need appropriate syringes with a 25-gauge 1.5-inch needle and a filter needle to aspirate the epinephrine from the ampule. Add another \$10 every two years for a couple of syringes and needles. This 25-gauge needle can be given through pants with little or no chance

of breaking off the needle. Dr. Malamed has shown that 25-gauge needles are no more painful than 31-gauge needles for injections. This needle is no longer making it possible to always get it deep into the thigh tissue with little chance of breaking off the needle and losing it deep in the tissue.

As a practicing general dentist, I am a bit distressed by the low opinion Dr. Malamed expressed of the ability of a dentist to break the top off of an ampule, aspirate the contents with a filter needle, place the appropriate gauge needle on the syringe and inject it into a patient's thigh. Our hand/eye coordination is tested many times every day while treating patients. We inject within an inch of eyes, major vessels, and nerves, placing restorations, do-

ing surgery with sharp instruments — not to mention using high-speed handpieces operating at over 100,000 rpm all with the tongue darting around. These procedures require much more coordination than drawing up a drug and injecting it.

If a dentist is concerned about using an ampule and syringe combination, purchase 10 extra ampules and practice. Every two years when the drug has to be replaced, do not throw the ampules away. Open each one at a time, draw them up into a syringe using a filter needle, replace the needle with the 25-gauge needle and inject the epinephrine into a grapefruit. This is not unlike injecting through clothing into the thigh. I have tested myself and find that I can do this in under 15 seconds while giving a lecture

on medical emergencies. I have never cut myself, poked myself or dropped anything on the floor while demonstrating this technique.

As an aside, a very important part of the emergency kit is your cell phone. If there is any doubt of what is happening, give the phone to an assistant and tell them to call 911.

My seven EMT patients plead with me, "Tell dentists to call while the patient is still alive; our save rate goes up when we start with an alive patient." In the case of anaphylaxis, give the epinephrine as required until the EMTs arrive. That patient needs to go to an emergency room for further treatment.

Fred Quarnstrom, D.D.S.
Seattle

MyView

Continued from Page 4

consistent, high-quality care, regardless of income or insurance."

Such notes demonstrate that ADAF grant recipients invest in the health of their patients, much as we strive to do every day in our own surroundings, attending to patients' special needs, providing a caring environment and treating patients like family. All of these are reflections of our own efforts, multiplied thousands of times over through the ADAF.

We receive similar comments from dentists affected by disasters or who need financial assistance just to get by. One recipient wrote, "Thank you for the emergency assistance grant we recently received. We were recently forced out of our home with nowhere to go. Your grant provides us with the immediate resources needed to gain food, shelter, medications and most importantly, a little peace of mind. God bless you! As a 40-year member of the ADA, I am thankful for a wonderful organization and profession that extends a helping hand to those members in need."

Students also are very grateful. One Allied Health Scholarship recipient wrote: "Without this scholarship, continuing my education and completing my degree would be near impossible. We do not have the funds to pay out of pocket for my education so I am relying solely on scholarships to pay for the expenses of school. I plan to continue my dedication to learning and would love to find a position in pediatric dentistry where I can have a positive impact on the oral health of generations to come. Saying thank you is not enough!"

I provide examples of a few who have said thank you. The impact of our efforts extends to thousands more from whom we will never hear. While our outreach may be documented, our professional rewards are immeasurable.

We are engaged in a noble profession, one that allows us to personally help many individuals and communities. I am proud that we also can help many thousands of others through the work of our own ADA Foundation. Although we will never meet these individuals, nor will we provide care to them ourselves, we know that they deeply appreciate our support and encouragement.

Like my young resident, we may never hear a tangible "thank you," but we may all rest assured that, collectively, we truly make a difference, perhaps by using our clinical skills, but more importantly by listening to our hearts.

In this season of thankfulness for the people and experiences that enrich our lives, I am grateful for our ADA Foundation. It allows us to extend our professional commitment to so many others in need.

Dr. Calnon is the president of the ADA Foundation board and served as ADA president in 2011-12.

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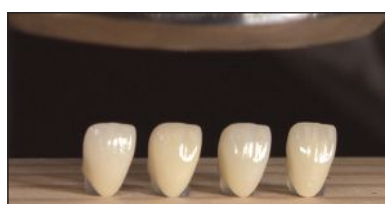
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National Children’s Dental Health Month to focus on tap water

BY MICHELLE MANCHIR

Members gearing up for National Children’s Dental Month in February can order or download posters for their dental offices. “Choose Tap Water for a Sparkling Smile” is the theme for the 2017 campaign, an annual ADA public health observance that brings together thousands of dentists, dental team members, health professionals and teachers to promote the benefits of good oral health to children and their caregivers.

For 2017, the message, “I love tap water,” is part of the theme, highlighting the value of drinking tap water instead of sugar-sweetened beverages.

Those residing in areas where community water is fluoridated have the added benefit of drinking water that helps prevent tooth decay.

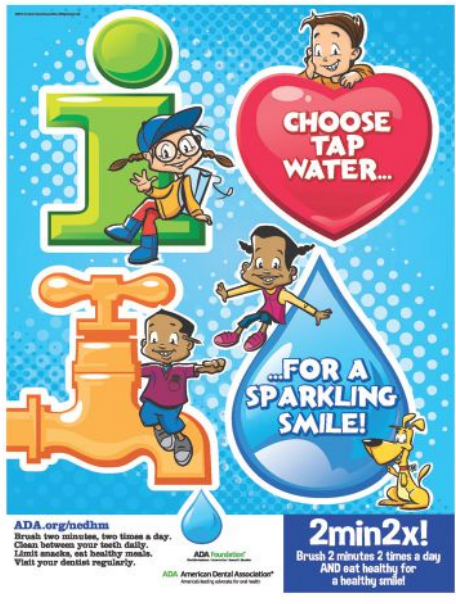
The colorful posters are available online at ADA.org/NCDHM. The poster depicts familiar National Children’s Dental Health Month cartoon characters, the Smileys, McGinns and K9, climbing on and sliding down a heart and a water drop emoji.


The posters are 12-by-18 inches and are written in English on one side and Spanish on the other. They are available at no cost other than shipping in packets of 25 through the ADA Catalog, ebusiness.ADA.org product Z102. For a limited time, those who order can receive 75 percent off shipping costs with promo code 16804.

Activity sheets, and other resources, for National Children’s Dental Health Month 2017 are available in English and in Spanish for download at ADA.org/NCDHM.

The ADA each year provides these free oral health posters and activity sheets targeting youth. Local observances of National Children’s Dental Health Month often include poster displays, coloring and essay contests, health fairs, free dental screenings, museum exhibits, classroom presentations and dental office tours.

Email ncdhm@ada.org for more information. ■





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¹ Long term micro-tensile bond strength of dental adhesives. Vargas, M.A., A. Murray, J Dent Res 92 (Spec Iss A): 560, 2013.

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National Defense Authorization Act could affect number of chief dental officers

BY JENNIFER GARVIN

Washington — The U.S. House passed the National Defense Authorization Act Dec. 1, which calls for a 10 percent reduction in the number of general officers and could potentially affect the number of chief dental officers.

Each year, the National Defense Authorization Act assists lawmakers in setting policies regarding the military activities of the Department of Defense, military construction and the national security programs of the Department of Energy. The \$618.7 billion bill, which is predicted to pass the Senate this week,

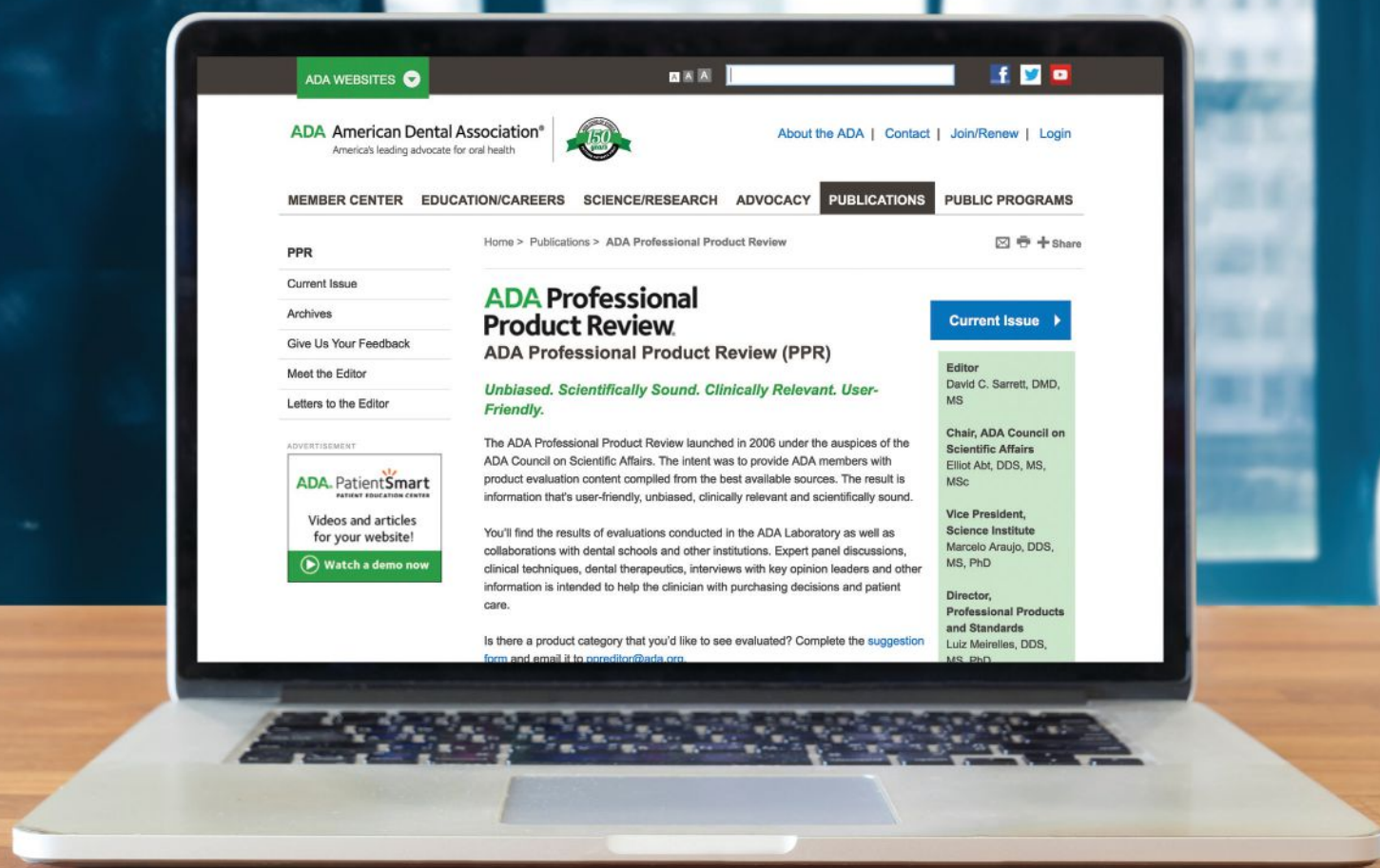
“The Association is disappointed at the decision to limit the number of officers in our armed forces.”

also calls for an overhaul of Tricare, the military health care system, and a 2.1 percent pay increase for all service members.

For more than 10 years, the Association has worked to maintain current law, which requires the Army and Air Force Dental Corps chiefs to hold the rank of a two-star major general (in current law, the Navy Dental Corps chief serves as a one-star rear admiral). Despite ADA advocacy efforts, the 2017 NDAA bill permits each branch to determine the rank of the dental corps chiefs (instead of an absolute reduction in rank as sought in previous years). This would give the branches the flexibility to meet the report’s goal of an across-the-board reduction in the number of flag officers overall by 10 percent.

“The Association is disappointed at the decision to limit the number of officers in our armed forces,” said ADA President Gary L. Roberts. “As the oldest and largest dental professional organization in the world, the ADA is committed to the oral health of all Americans, and is particularly concerned with the oral health of the citizens who serve in our armed services.”

For more information about the ADA’s advocacy efforts, visit ADA.org/advocacy. ■



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Judge blocks new federal overtime rule

Sherman, Texas — A federal judge issued a preliminary injunction Nov. 22, blocking a new rule to extend overtime pay.

The rule, which was finalized by the Department of Labor earlier this year, was to take effect Dec. 1 and would have doubled the salary threshold — from \$23,660 to \$47,476 per year — under which most salaried workers are guaranteed overtime. The rule did not apply to hourly workers.

“We strongly disagree with the decision by the court, which has the effect of delay-

ing a fair day’s pay for a long day’s work for millions of hardworking Americans,” said the Department of Labor in a statement. “The department’s overtime rule is the result of a comprehensive, inclusive rulemaking process, and we remain confident in the legality of all aspects of the rule. We are currently considering all of our legal options.”

The Department of Labor said it received more than 270,000 public comments on the rule, including the Association’s September 2015 letter. ■

Addiction

Continued from Page 1

addiction crisis,” said U.S. Surgeon Gen. Vivek Murthy, M.D., in a news release. “There could not be a more important time for us to act.”

The report, which has drawn comparisons to the 1964 Surgeon General’s Report on Smoking and Health, characterized alcohol and drug misuse as “major public health challenges” and urged health care professionals to address substance use-related health issues with “the same sensitivity and care” as any other chronic illness.

“All health care professionals can play a role in addressing substance misuse and substance use disorders through prevention strategies and health care services,” the report said.

The report also called for all health professions to support setting workforce guidelines; advocating for curriculum changes in medical, nursing, dental and other professional schools; and promoting continuing medical education training.

Since 2011, the ADA has actively worked to raise professional awareness of opioids abuse and mobilize dentists to take action.

These endeavors include advocating with policymakers, hosting webinars and participating in national campaigns, including the surgeon general’s own Turn the Tide campaign as well as the National Prescription Drug Take Back Initiative and the Medicine Abuse Project.

In July, the Association published an open letter in ADA News addressing dentistry’s role in preventing prescription opioid abuse.

In October, the ADA House of Delegates passed 64H-2016, an ADA Statement on the Use of Opioids in the Treatment of Dental Pain that includes a recommendation for dentists to “follow and continually review Centers for Disease Control and State Licensing Boards recommendations for safe opioid prescribing.”

For more information about the Association and opioids, including upcoming webinars and subscriber tips, visit ADA.org/opioids. ■

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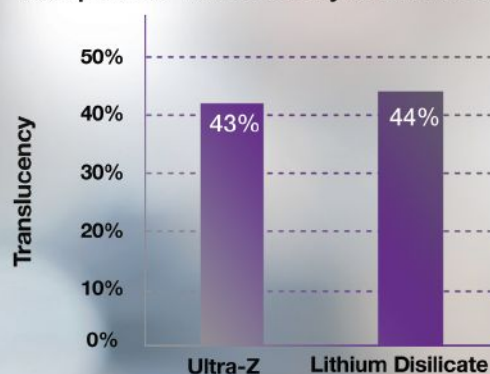
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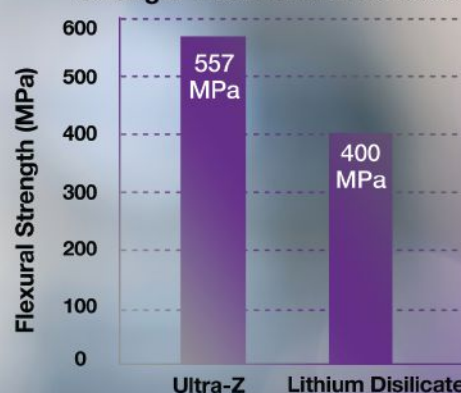
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Opioid

Continued from Page 1

crisis has grown significantly in recent months as its effects continue to be felt by more and more of our nation’s residents,” wrote the coalition. “Importantly, this greater awareness also highlights shifting attitudes in how we as a society view addiction and substance use disorders, treating them as the diseases they are rather than as moral failings or weaknesses.”

The groups noted that the U.S. Surgeon General’s Nov. 17 report on addiction is “essential in addressing substance use disorders, as it would be with other health conditions.”

“We therefore urge you to provide the maximum possible allocation to fund not only the grant programs designated under the bipartisan Comprehensive Addiction and Recovery Act passed earlier this year, but to also substantially increase funding for much-needed prevention and treatment efforts for opioid misuse and related disorders.”

The coalition also thanked legislators for their bipartisan efforts and for recognizing the importance of addressing the epidemic.

“We deeply appreciate your work, and as providers we strongly urge Congress to ensure that existing and newly-created programs have the necessary resources to meet the needs of patients and families struggling with opioid use disorders.


“Thank you again for your bipartisan work to date to help fight this disease,” concluded the coalition. “With this final opportunity before the end of the 114th Congress, we encourage you to provide the maximum possible funding for prevention, treatment, and recovery efforts, and we stand ready to support you in this vital effort.”

For more information about opioids, including upcoming webinars and subscriber tips, visit ADA.org/opioids. ■

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Reference: 1. Gregorian RS Jr, Gasik A, Kwong WJ, Voeller S, Kavanagh S. Importance of side effects in opioid treatment: a trade-off analysis with patients and physicians. *J Pain*. 2010;11(11):1095-1108.

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Standard enables electronic capture of patient diagnoses

BY MICHELLE MANCHIR

An ADA-developed diagnostic code set designed to capture dental patient information that can be used across electronic health record platforms has been approved as a national standard.

The ADA received approval in November from the American National Standards Institute, or ANSI, for

ANSI/ADA Standard No. 2000 for the development of the Systemized Nomenclature of Dentistry, or SNODENT.

Use of this diagnostic code set is intended to help dentists record finely detailed oral health data using standardized terminology that can transcend geography, platforms and care settings. The data is recorded using an identifier and a description, such as "dental caries," under which are descriptions that allow recording of different types of clinical information, e.g., "enamel caries (disorder)" or "dental caries extending into dentin (disorder)."

Developers of the standard say the benefits of using SNODENT include the possibility of better communication among dentists and other health care providers, improved patient care through evidence-based practices and enhanced data collection to evaluate oral care outcomes.

"There is increasing demand from government, educators, researchers and third parties to relate treatments provided to diagnosis," said Dr. Ronald Riggins, chair of the ADA Council on Dental Benefit Programs. "Until now, there has not been a diagnostic or descriptive code set created by dentists for dentists. SNODENT is this code set and was created by the ADA."

SNODENT is also valuable because it complements the Code on Dental Procedures and Nomenclature, the standard code set for the Health Insurance Portability and Accountability Act, according to Dr. Riggins.

"These taxonomies allow dentists to docu-

ment the findings and disorders of a patient's oral health as well as document the procedures performed based on the diagnosis," Dr. Riggins said. "Together, SNODENT and the Code on Dental Procedures and Nomenclature serve as a comprehensive foundation for the future needs of oral health because of their depth, breadth and specific focus on dentistry."

Like all ADA-developed dental standards, volunteers from dentistry, industry, academia and government worked together to build the SNODENT standard with the guidance of ADA staff.

Two SNODENT subsets were submitted along with SNODENT through the ADA's

American National Standards Institute-accredited standards development process: the SNO-DDS (Dental Diagnostic System) subset and the SNO-DDS General Dentistry, a subset developed for general dentistry.

To develop the two subsets, SNODENT was harmonized with the Dental Diagnostic System, formerly known as the EZCodes, a diagnostic dental code set with a collection of approximately 1,500 dental terms. The smaller SNO-DDS General Dentistry subset provides an easily implemented code set that satisfies the majority of needs for general dentistry.

SNODENT has already been implemented

in live electronic dental record systems in the University of Detroit Mercy School of Dentistry and the New York University College of Dentistry. Other universities are expected to adopt it over the next few years.

The ADA owns, maintains and distributes SNODENT and it is available under license at no cost for noncommercial use. For more information on obtaining a license to use SNODENT, send a request to SNODENT@ada.org.

For more information about the ADA's development of standards or to get involved in their development, visit ADA.org/dentalstandards, or email standards@ada.org. ■

—manchirm@ada.org



Professionals called to review SNODENT standard

ANSI/ADA Standard No. 2000 for Systemized Nomenclature of Dentistry, which was approved as a standard in November, will be reviewed annually to ensure its quality.

Anyone may review the standard and submit change requests — by Feb. 10 — for consideration by the SNODENT Maintenance Committee, comprised of organizations representing dental specialties, the benefit programs community, vendors, academia and government.

The maintenance committee meets March 1 at ADA Headquarters in Chicago to consider change requests, and the meeting is open to all interested observers.

To obtain a copy of ANSI/ADA Standard No. 2000 for review, or to preregister for the March 1 meeting, send a request by email to SNODENT@ada.org.

SNODENT change requests may be submitted through an online form at ADA.org. Hover over "Member Center" at the top of the page, then click on "Practice Resources" and SNODENT information can be found halfway down the page. ■

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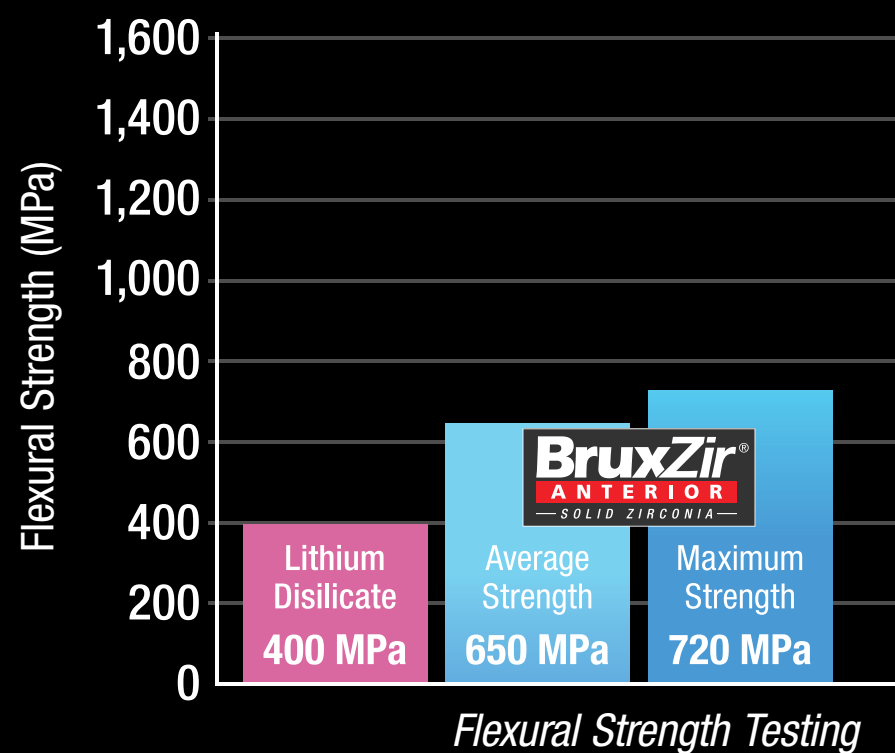
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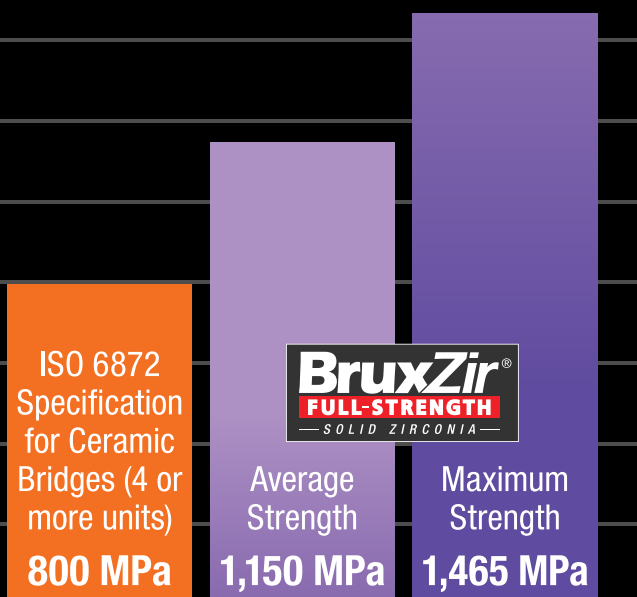
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Ambassadors assemble

Give Kids A Smile event coordinators learn how to initiate or enhance programs

BY DAVID BURGER

St. Louis — The city known as the Gateway to the West is home to the Arch, the Cardinals and its own unique style of barbecue.

It also has been the site of the ADA Foundation's Give Kids A Smile Community Leadership Development Institute since 2011. This was the sixth year of the program, which convened Oct 26-29. It was once again sponsored by Henry Schein Cares and Hu-Friedy.

Each fall, about a dozen GKAS program coordinators from across the United States congregate to learn how to initiate, expand or enhance their programs from Dr. Jeff Dalin, co-founder of St. Louis GKAS and member of the ADA Foundation GKAS national committee, and his team. The ambassadors are invited to St. Louis to observe the longest-running GKAS event in the nation, and they gain hands-on experience and learn best practices regarding how to improve their existing program.

The Institute held special significance as the Foundation is spurring efforts to celebrate GKAS's 15th anniversary in 2017.

"We love bringing GKAS program coordinators from around the country to experience firsthand what we have developed," Dr. Dalin said. "There is nothing better than actually working side by side with all of our volunteers. We want these new GKAS ambassadors to return home to their programs energized and ready to integrate new ideas and take their programs to new heights."

The 12 ambassadors were a combination of dentists, hygienists, dental students and other dental professionals:

- Maureen Barlow, New Jersey Dental Association, North Brunswick, New Jersey.
- Dr. Courtney Barrett, Oklahoma Care Authority, Oklahoma City.

- Hannah Boudreaux, American Academy of Pediatric Dentistry chapter at Louisiana State University, Metairie, Louisiana.

- Keshia Brinkerhoff, Community Health Centers of Central Wyoming, Casper, Wyoming.

- Charmaine Davis, Wings of A Dove Foundation, Brooklyn.

- Dr. Martha Forero, Tufts University School of Dental Medicine, pediatric dentistry department, Boston.

- Dr. Niekia Franklin, Indiana University/Riley Children's Hospital, Indianapolis.

- Nary Lor, Community Dental Care, Maplewood, Minnesota.

- Samantha Reinhard, Sun Life Health Center, Casa Grande, Arizona.

- Adam Saltz, Nova Southeastern University, Davie, Florida.

- Tiffany Summerlin, Monogalia County Health Department, Morgantown, West Virginia.

- Dana Wood, Binn College Dental Hygiene Program, Bryan, Texas.

The three-day institute consisted of lectures and sharing sessions and culminated with a St. Louis GKAS clinic event, where 386 children received \$315,000 worth of care.

The ambassadors were thankful for the opportunity to learn more so that they can go back and not only enhance their own programs but also share their expertise with other GKAS program coordinators in their respective areas of the country.

"Attending the GKAS Institute was an amazing opportunity," said Ms. Boudreaux. "As a dental student at LSU Health School of Dentistry in New Orleans, it was exciting to see the amount of dental care provided to children in need in only two days. Sharing



Come together: The ambassadors of the 2016 Give Kids A Smile Community Leadership Development Institute pose for a group picture in St. Louis in October. Front row, top to bottom, are Dana Wood, Dr. Martha Forero, returning ambassador Tracy Ginder, Nary Lor and Tiffany Summerlin. Back row, top to bottom, are Dr. Courtney Barrett, Dr. Niekia M. Franklin, Keshia Brinkerhoff, Samantha Reinhard, Hannah Boudreaux, Charmaine Davis, Maureen Barlow and Adam Saltz.

information from the Institute will provide LSU many ways to successfully expand our already successful GKAS program."

"The Institute was an excellent opportunity to witness firsthand how the St. Louis GKAS program was executed — both behind the scenes and live during the actual event," said Dr. Barrett. "It also provided a chance to engage with individuals across the country who are responsible for their own GKAS programs. I look forward to bringing what I learned back to Oklahoma City to implement for the benefit of children in my own community."

Ms. Barlow said, "The Institute is an impactful experience offering ambassadors an opportunity to share experiences, concerns and successes. Ambassadors cannot help but take away ideas and enthusiasm to enhance

their existing or developing programs. Personally the experience has enriched my life and I've gained a new family of colleagues."

The 2017 GKAS Institute application period will open in April.

You can learn more about the Give Kids A Smile Community Leadership Institute by visiting ADAFoundation.org and entering "GKAS Institute" into the search engine.

Give Kids A Smile will commemorate its 15th anniversary in 2017. The Foundation is encouraging program coordinators to join the celebration by going to ADAFoundation.org to find promotional resources, such as banner ads that can be used on dental practices' websites.

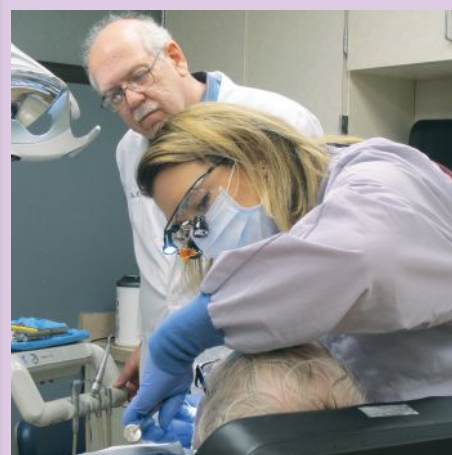
The official 2017 GKAS national kickoff day is Feb. 3, but GKAS events can be held throughout the year. ■

Minnesota clinic for aging honored

BY MICHELLE MANCHIR

Minneapolis — In 1984, when Dr. Stephen Shuman was two years out of dental school, he began working at a county health department in Illinois to provide dental care for nursing home residents and developmentally disabled adults. But he'd never had specific training in treating these patients.

"I quickly realized how little I knew about caring for people with special needs," he said.



Teaching care: Dr. Stephen Shuman and University of Minnesota dental hygiene student Amy Arcand treat a patient at Walker Methodist Dental Clinic. The clinic was honored with an award for enhancing access to oral health care for older adults and fostering geriatric education for students.

"Sometimes I didn't know where to begin."

These days, Dr. Shuman's work as faculty director of the geriatrics program at the University of Minnesota School of Dentistry, in collaboration with the Walker Methodist Health Center in Minneapolis, helps ensure that newly graduated dental professionals are better equipped to care for patients with special needs.

In October, Dr. Shuman and the health center were recognized with the 2016 Innovation Award from LeadingAge, the national association of more than 6,000 non-profits dedicated to expanding possibilities and advocacy for the aging.

The health center was honored for enhancing access to oral health care for older adults and for fostering geriatric education for university students.

"To a large degree that's what drives me — I don't want dental professionals to be in the situation I was in when I came out of school, facing patients with challenges I didn't understand and couldn't manage," Dr. Shuman said.

The Walker Methodist Dental Clinic, located at Walker Methodist's Minneapolis senior housing campus, opened its doors in 2006 in partnership with the University and with grant support from the Minnesota Department of Health.

To read the full story, visit ADA.org/MinnesotaClinic. ■

New PPR: Which intraoral scanner produces the best fit?

BY MICHELLE MANCHIR

The combination of using chamfer finish lines and older scanners could in part be a reason for less-than-optimal results when using computer-aided design and computer-aided manufacturing systems, according to the December issue of Professional Product Review.

"The benefits associated to newer scanners are supported by a clear improvement in the marginal adaptation of the tested crowns, regardless of the finish line," according to the report.

To find these results, the ADA Science Institute, in collaboration with the United States Air Force, evaluated the effect of three different finish line designs on the marginal adaptation of CAD/CAM crowns.

The researchers found that CEREC Omnicam (Dentsply Sirona, 2012) produced the best marginal fit across all three finish line designs. PlanScan (Planemca, 2011) came next, followed by CEREC Bluecam (Dentsply Sirona, 2008), the oldest scanner tested.

"The results show that the newer systems allow more flexibility in restoration margin design and still produce accept-

able marginal fit," said Dr. David Sarrett, PPR editor. "For me, being able to use a margin design other than a shoulder offers a significant improvement."

The use of CAD/CAM technology in dentistry continues to replace the lost-wax technique, improving the manufacturing of indirect restorations, according to the article.

"Restorative dentistry is changing quickly due to technology advancements in imaging, milling, 3D printing and materials," said Dr. Sarrett. "Soon nearly all indirect restorations will be produced by some or all of these technologies."

To read the entire article, or to see past issues of Professional Product Review, visit ADA.org/PPR and log in with your member information.

The American Dental Association Professional Product Review, or PPR, offers unbiased and scientifically sound reviews of dental products. It launched in 2006 under the ADA Council on Scientific Affairs.

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Code correctly in new year

New scaling code takes effect Jan. 1

BY KELLY SODERLUND


A new scaling code in CDT 2017 has dentists interested in what it entails, when they use it and how dental plans will reimburse for it.

Dentists can begin using “D4346 Scaling in the Generalized Presence of Moderate or Severe Gingival Inflammation — Full Mouth, After Oral Evaluation” as of Jan. 1. The code reflects the procedure for patients with gingi-

val disease and no attachment loss. Dentists who have delivered the procedure have not been able to document and report it with an appropriate CDT code until now.

“The procedure is more than a prophylaxis because the clinical condition of the patient’s gingiva is compromised as evident by the level of inflammation, but less extensive and intrusive than scaling and root planing since the patient does not have bone or attachment

loss,” said Dr. Ron Riggins, chair of the Council on Dental Benefit Programs Code Maintenance Committee, which added the code during its March meeting. “Using this CDT code to document a time-consuming prophylaxis, often referred to as a hard



CDT Code D4346
Scaling in presence of generalized moderate or severe gingival inflammation — full mouth, after oral evaluation

What is it?
The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

When should I use it?
Oral evaluation
D0120
D0150
D0180

Generalized moderate-severe gingival inflammation — no attachment or bone loss

Scaling in presence
D4346

Guidance available at ADA.org/publications/CDT

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‘prophy’ is not appropriate.”

Dr. Riggins said many dentists who have attended education programs on this procedure asked when it would be clinically indicated and how the claims reporting D4346 will be adjudicated. The questions prompted staff in the ADA Practice Institute to investigate how dental plans will reimburse for the code.

“When it comes to coverage, it will vary by payer and benefit plan design,” Dr. Riggins said. “Frequency limits, for example, may parallel those for a prophylaxis, or limited to once per two to three years, or once per lifetime. Reimbursement amounts should be, in most cases but not always, between a prophylaxis and a scaling and root planing. The common thread in payer responses is that utilization will be watched.”

“This procedure supports prevention of periodontal disease. The overarching goal is to recognize that this is a procedure that prevents disease progression as well as supports a patient’s long-term oral and overall health.”

The ADA will also monitor how dentists utilize this code and how payers reimburse for the procedure. When the Code Maintenance Committee decided by an overwhelming majority vote to add D4346 the expectation was that over time there would be less downcoding of this procedure to a prophylaxis, along with less upcoding to a scaling and root planing.

“This procedure supports prevention of periodontal disease,” Dr. Riggins said. “The overarching goal is to recognize that this is a procedure that prevents disease progression as well as supports a patient’s long-term oral and overall health. By doing the right thing, dentists would accurately report the service provided, and payers would appropriately reimburse for the reported service. It’s a matter of ethical and equitable actions by both,” Dr. Riggins said.

To learn more about this new code and the CDT, visit ADA.org/en/publications/cdt/coding-education. Search for “Guidance on the D4346 Scaling Procedure” to watch a webinar and download the free publication “Guide to Reporting D4346.” The guide was first published in May but has been updated and incorporates content and feedback from the webinar.

To order the CDT manual, CDT 2017 Companion guide or CDT Code Check app, visit ADAcatalog.org or call 1-800-947-4746. Use promo code 16136 before Jan. 31 to save 15 percent on all ADA Catalog products. ■

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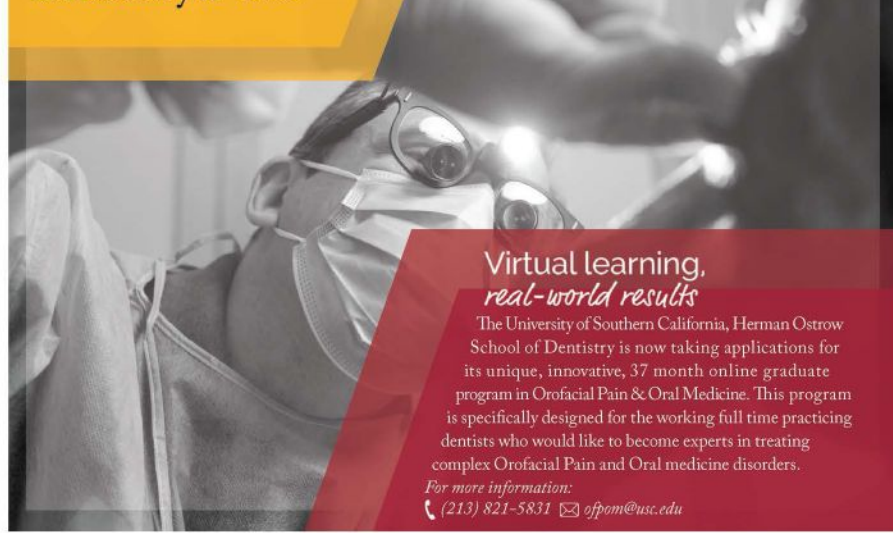
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Most dental offices do not have a marketing program that consistently gets them on the first page of Google search results. Of course, most dentists do not have an admittedly nerdy son with a degree in accounting and finance who loves dentistry. Dr. Donald Keith, of Mission, Kansas, is an ADA member and a lucky man who has both.

Bill Keith, a 2008 graduate from Trinity University in San Antonio, is Dr. Keith's son. He spent the next few years working in large corporations, real estate and helping out his dad. For the last three years, Mr. Keith's second job has been running the business side of his father's practice. Keith and Wilson Family and Cosmetic Dentistry employs Dr. Keith, two associates, seven hygienists, has 13 chairs, and Bill Keith on the phone and in the office when possible.

One of Bill Keith's first projects was improving the practice's marketing.

"We realized that one thing that was lacking was our website," Bill Keith said. "We had designed one in 1995 and it still looked like it did when it was launched in 1995. We were tracking where all new patients came from and they all said word of mouth."

After researching other practice websites, Bill Keith found PBHS.

"I didn't want to just hire some company that does websites," he said. "I didn't have time to write all the content we would need. I wanted the company I chose to be specific to dentistry."

Bill Keith does not rate the success of the new website using common measures like number of hits per day or month. His undergraduate degree inspired him to look at and value different metrics.

"Two to three new patients per week say they find us through Google or the internet," he said. "That traffic is all from our website

and search engine optimization developed and operated by PBHS. There is no question that our website and search engine optimization effort pays for itself."

Bill Keith credits patient education efforts for the remarkable success of the website.

"I know that when people have a dental need they really want to educate themselves using the internet," he said. "People want to become self-experts. For us it was less about, 'Hey here we are. Come see us.' and more about answering their questions."

PBHS utilizes content directly from the ADA to populate websites and social media posts. "With other marketing companies I would have to proof their proposed content carefully and that would take me more time," Bill Keith added. "PBHS has a partnership with the ADA and I know the content is ADA-approved."

One focus of their marketing strategy with PBHS is patient retention.

"We want pertinent information like a recent article that told parents what to do if a child loses a permanent tooth," Bill Keith said. "It looks like we are personally posting but it is managed by PBHS."

According to Bill Keith, there is no reason to get a website and then never touch it.

"The way search engines work is they respond to new content," he said. "The more



Father and son: Dr. Donald Keith (left) and his son, Bill Keith, pose for a photo. The father-and-son duo has worked together in the past three years. Bill Keith runs the business side of his father's practice, including working with PBHS in managing the practice's marketing strategy.

new content you have the more likely they are to put you at the top of the search results. We want to be at the top of page one. Seventy-five percent of people never click to page two."

Bill Keith's undergraduate degree in accounting and finance lead to his focus on marketing which has enabled Keith and Wilson Family and Cosmetic Dentistry to grow, but that is not the end of the story.

"A friend suggested I was not just interested in the business of dentistry and that I should go to dental school," he said. Bill Keith has been a student member of the ADA for the past three years, and will graduate from his father's alma mater, the University of Missouri – Kansas City, School of Dentistry in May 2017.

ADA members receive a \$500 discount on a website design package. For a complimentary analysis of your current branding and on-line presence, call 1-855-WEB-4ADA or visit pbhs.com. ■

Conference looks at using clinical trials outcomes in practice

BY MICHELLE MANCHIR

There are safeguards in place to ensure that research published in most peer-reviewed journals today is scientifically sound and unbiased, experts said at a conference Nov. 17 at ADA Headquarters.

Translating Clinical Trials Outcomes to Your Practice, an event hosted by the ADA and the Task Force on Design and Analysis in Oral Health Research, brought experts together to examine whether there is a problem with bias in sponsored research related to its funding source, what protections exist to minimize bias in research and how clinicians can access and use the best evidence available in practice. The Task Force on Design and Analysis is a group of biostatisticians and clinical researchers who support major national and international conferences that address clinical research in dental caries and periodontal diseases.

Speakers at the conference included leaders from the ADA, the U.S. Food and Drug Administration, the National Institute of Dental and Craniofacial Research, the American Association for Dental Research and industry experts. More than 50 academicians, clinicians and industry professionals attended.

"Clinical trials are complicated affairs," said Dr. Steven Offenbacher, a member of the ADA Council on Scientific Affairs and a speaker at the conference, who addressed standardization challenges in study design and in assessing therapeutic outcomes. "Summarizing the information in them, analyzing the different studies and providing information that the practitioner can use and



Closing comments: Drs. Steven Offenbacher (left) and Robert Weyant, lead a discussion period as a closing to the Translating Clinical Trials Outcomes to Your Practice conference at ADA Headquarters on Nov. 17.

disseminate throughout the dental population for optimal care is a difficult challenge."

Dr. Offenbacher suggested those trying to understand how to make sense of the various studies on an issue of dental practice visit the ADA Evidence-Based Dentistry website, ebd.ADA.org. There, ADA Science Institute staff compiles summaries of the best available research, ADA-developed scientific reference materials and more.

At the conference, Jamie Spomer, Ph.D., senior manager of ADA Seal of Acceptance program, discussed the relevance of industry-sponsored research in the ADA Seal of Acceptance Program. She said that consumers and dental professionals can trust any product with the ADA Seal because the corresponding product data have been independently reviewed to verify it meets its therapeutic claims based on

requirements developed by the ADA Council on Scientific Affairs.

"The conference explored all the things that we have available to us to protect conflict of interest from causing bias in the studies which are being conducted," said Dr. Sebastian Ciancio, distinguished service professor and chair of the department of periodontics & endodontics at the University at Buffalo, State University of New York System, and the executive director of the Task Force on Design and Analysis in Oral Health Research.

After the conference, Dr. Ciancio talked about the use of clinicaltrials.gov, a registry and results database of both publicly and privately supported clinical studies conducted around the world that provides some transparency to the design and conduct of clinical trials. He also cited university contracts and journals that require researchers to report potential conflicts of interest as examples of barriers in place to help minimize bias in research.

Written proceedings of the conference are expected to be submitted to The Journal of the American Dental Association sometime in 2017.

For more information about the conference, email Dr. Luiz Meirelles, Ph.D., director of production evaluation for the ADA Science Institute, at meirellesl@ada.org. ■

JADA

Continued from Page 1

article's corresponding author and a lecturer in orthodontics at The University of Adelaide, Australia.

"While avoidance of nonnutritive sucking behaviors doesn't totally safeguard against malocclusion development, owing to their multifactorial etiology, the risk can nevertheless be reduced. Parents and caregivers should be told about the dental risks associated with nonnutritive sucking behavior so they can make fully-informed and appropriate decisions for their young children."

The entire article can be read online.

The December issue of JADA also includes a case report discussing four cases of the successful treatment of generalized refractory chronic periodontitis through discontinuation of waxed or coated dental floss use; a Health Policy Perspective that addresses the question: "Do Dentists From Rural Areas Practice in Rural Areas?" and a meta-analysis regarding laser use in direct pulp capping.

Every month, JADA articles are published online at JADA.ADA.org in advance of print publication. The entire December issue is online. ■

Veterans

Continued from Page 1

programs," he said. "This was a day to eliminate that burden and serve others that served for us. I want veterans to feel honored."

Dr. Gammichia, his staff and a team of volunteers provided care to 102 patients, the first of whom got in line at the dental office at 4:30 a.m. on Veterans Day, Nov. 11.

Twelve dentists, four hygienists, two oral surgeons and a host of other volunteers, including Dr. Gammichia's four children, donated their time, ensuring care for the veterans who came out, he said. Treatments included debridements, restorations and extractions, and his removable denture lab even donated services to help repair partials and start a denture for a veteran "who said he wanted to have teeth before he died," Dr. Gammichia said.

One volunteer grilled burgers and hot dogs for the patients who had to wait, in a few cases up to six hours, for care. Dr. Gammichia's sister, who owns a hair salon, "came out with one of her employees and they cut hair all day," he said.

The response from patients was profound. One patient ordered pizzas for the staff a few days after the event, while another brought the team a homemade cheesecake. The dental office has received cards and letters since the day of service, too.

"Of course the patients were appreciative," Dr. Gammichia said, "but so were the volunteers. When I overheard the volunteers say 'thank you for your service' to the patients — man, that was cool."

Dr. Gammichia said he plans to hold the same type of program next year on Veteran's Day, and hopes others may be inspired to do the same.

Planning the logistics and marketing the day took a good deal of time and energy, Dr. Gammichia acknowledged, but "it is very rewarding in so many ways."

Dr. Gammichia said he welcomes questions about how to plan a day of service. He can be reached via email at jgammichia@aol.com. ■

—manchirm@ada.org

Dr. Helyn Luechauer led life advocating for women dentists

BY DAVID BURGER

Dr. Helyn Catherine Luechauer, the first female member of the California Department of Consumer Affairs' Board of Dental Examiners and former president of the American Association of Women Dentists, died in late September. She was 95.

A California native, Dr. Luechauer earned her dental degree from the University of California, San Francisco, in her 40s and practiced dentistry for 35 years alongside her husband Dr. Jarvis "Lick" Luechauer in Hollywood, California.



Dr. Luechauer

In 1991, the American Association of Women Dentists presented Dr. Luechauer with the Lucy Hobbs Taylor Award, its

In 1977, Gov. Jerry Brown, in his first term as governor, appointed Dr. Luechauer as the first woman in its 90-year history to serve on the California Department of Consumer Affairs' Board of Dental Examiners.

highest honor, in recognition of her service to dentistry, commitment, dedication to her patients and support of her peers.

On April 8, the UCSF School of Dentistry honored Dr. Luechauer as a member of the Half Century Club in recognition of her contributions during more than 50 years as a dental professional.

In 1974, she earned a master's degree in nutritional biochemistry and maintained a holistic, sugar-free lifestyle for the rest of her life. Until two years ago, she drove a Toyota Prius with the plate reading "4 NO SUGAR." ■

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