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ADA News

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MARCH 21, 2016

VOLUME 47 NO.6

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BRIEFS

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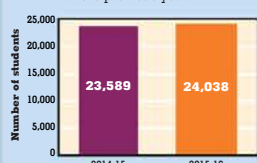
- Be an active, life, student or retired member of the American Dental Association.

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JUST THE FACTS

Dental school enrollment

During the 2015-16 academic year, there were 24,038 students enrolled in pre-doctoral education programs, up from 23,589 the previous year.



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

Update: CMS delays Medicare enforcement until Feb. 1, 2017

BY KELLY SODERLUND

Editor's note: A story appeared in the March 7 print ADA News stating dentists had less than 90 days to enroll in Medicare or opt out if they wanted to prescribe Part D covered drugs to Medicare beneficiaries. The

Centers for Medicare & Medicaid Services announced March 4 — after the March 7 issue had gone to press — a change in the deadline. This story reflects that change.

Washington — The federal government once again delayed the

deadline for dentists who prescribe Part D covered drugs to Medicare beneficiaries to enroll in the program or opt out.

Dentists now have until Feb. 1, 2017, to take action, otherwise Part D prescription drug claims

for Medicare eligible patients will not be covered. If dentists want Part D plans to continue covering drugs prescribed for their Medicare patients, they must either enroll as

See *MEDICARE*, Page 16

GKAS Institute ambassador success stories span the U.S.



No waiting for a smile: Erica Pankey, above, a dental assistant with the Cabarrus Health Alliance, sits with Juan, 6, as he awaits treatment at the March 4 Give Kids A Smile event in North Carolina. At right, a child in the Tiny Smiles area of the Biloxi, Miss., Give Kids A Smile event on Feb. 10 engages in dental hygiene education with a toy.



BY MICHELLE MANCHIR

When Tracy Ginder walks into dental offices across Cabarrus County in central North Carolina, she's often greeted with a wave of hellos and familiar smiles.

That's because Ms. Ginder, for the last 10 years, has coordinated the Give Kids A Smile event there. Under her watch, thousands of youngsters

Senate passes opioid bill

BY JENNIFER GARVIN

The Senate on March 10 passed the Comprehensive Addiction and Recovery Act, 94-1.

The bill, S. 524, is intended to help reduce prescription opioid and heroin abuse in the U.S. and establishes a federal task force to develop best practices for pain management and prescribing pain medication.

The Association considers the legislation an important step towards curbing the rates of addiction, overdoses and deaths associated with prescription opioid abuse.

"Opioid pain medications, such as hydrocodone and oxycodone, have become a leading source of drug abuse among teens and young adults," wrote ADA President Carol Gomez Summerhays and Executive Director Kathleen T. O'Loughlin in a Feb. 24 letter to the Senate. "As prescribers of these painkilling medications, dentists have a role to play in preventing their diversion, misuse and abuse."

In addition to helping dental offices in developing best practices, the bill would help communities develop local support services and provide funds to improve the design and operation of prescription drug monitoring programs.

For more information about prescription opioid use in dentistry, visit ADA.org/opioids. ■

—garvinj@ada.org

See *GKAS*, Page 18

Code Maintenance Committee approves new scaling code

BY KELLY SODERLUND

The Code Maintenance Committee approved a new scaling code that fills a gap in the continuum of care for patients with gingival disease and no attachment loss.

"Scaling in the generalized presence of moderate or severe gingival inflammation — full mouth, after oral evaluation," was among 11 new codes and four revisions for CDT 2017. The Code Maintenance Committee held its

annual meeting March 3-4 at ADA Headquarters to discuss requests to change, add or delete sections of the Code of Dental Nomenclature.

"Current codes document treatment procedures for patients with a healthy periodontium or patients with periodontal disease that has accompanying loss of attachment — such as periodontal pockets and bone loss," said Dr. Ronald Riggins, committee chair. "However, there is no CDT code available to record



All in favor: Dr. Charles Stewart, left, representing the National Association of Dental Plans, and Dr. Ralph Cooley, representing the Academy of General Dentistry, cast their vote at the Code Maintenance Committee meeting March 3.

therapeutic treatment of patients with gingival disease and no attachment loss."

Current prophylaxis code D1110 documents a preventive procedure that applies to patients with healthy periodontium. There is a jump to codes D4341 and D4342, which are therapeutic procedures indicated for patients who require both scaling and root planning because of loss of attachment. The new code falls under the periodontics category within the CDT manual. As with all CDT codes, any practitioner may deliver the service according to their state's dental practice act.

"Because this is new territory for dentists and insurers, several of the groups represented on the Code Maintenance Committee are coming together to develop education material so practitioners may understand and use the new CDT code appropriately.

The Code Maintenance Committee also approved four new codes related to case management. These services address overcoming why patients don't keep their appointments; coordinating care; patients' motivation to comply with treatment plans; and patient education to improve health literacy. These codes will fall under the adjunctive category as nonclinical services.

The ADA chairs the Code Maintenance Committee meeting and has five votes; each specialty organization plus the Academy of General Dentistry and the American Dental Education Association have one vote each; and each payer organization has one vote each.

"This year, we again had a number of people observe the meeting, including several

See CMC, Page 7

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Committee adds 11 new codes to CDT

The Code Maintenance Committee approved 11 new codes at its March meeting. Code numbers will be assigned in CDT 2017.

The new codes include:

- Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report.
- Nonionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum.
- Distal shoe space maintainer — fixed — unilateral.

See CDT, Page 23

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Praise: Dr. Kathy Kell, FDI president-elect, receives the first IDM Global Oral Health Progress Award in Chicago on Feb. 26. From left to right, IDM Past President Pam Clark; Dr. Kell; and International Dental Manufacturers President-Elect Kiyotaka Nakao.

Dental manufacturers group honors FDI president-elect, Iowa dentist

International Dental Manufacturers, a worldwide dental trade organization, presented the first IDM Global Oral Health Progress Award to FDI President-elect Kathy Kell, an Iowa dentist and ADA trustee from 2004-08.

The award, the IDM said in a news release, recognizes Dr. Kell's contributions to advancing oral health and particularly her leadership in the FDI World Dental Federation Congress task force to secure the success of future FDI Annual World Dental Congresses.

IDM says the award is set to be given annually and provides a donation made in the recipients' honor to the charity of their choice.

Dr. Kell, a practicing dentist for more than 40 years, has served in leadership positions with the FDI for 17 years and is a past president of the Iowa Dental Association. ■

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Reference: 1. Hooper S.M., et al. *J Dent* 2007;35:476-481

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MyView

The most dangerous place on Earth: My dental office



Susan Becker Doroshow, D.D.S.

With all of the rules and laws impacting it, you'd think that a dental office is the most dangerous place on earth. Our office environments are nothing like manufacturing plants or large hospitals, so how did we become ensnared in the same regulatory dragnet? Some of the mandates are necessary but nettlesome, and a few are critical and potentially lifesaving. But countless regulations intended to "protect" do little more than add to the cost of patient care while providing few tangible benefits.

For instance, a Skokie, Illinois, ordinance requires my office to undergo an annual "fire safety check," performed by a licensed contractor. The technician was literally in and out the door; my fire extinguisher wasn't as much as removed from its mounting.

Front exit light functioning — check.

Back exit light functioning — check.

All done, doctor, give me your check.

On the other hand, I'm thrilled when the Skokie Fire Department comes by unannounced for a random inspection. After several of these visits, the paramedics have become well-acquainted with my office and its layout and now know how to reach a patient as quickly as possible in the event of a medical emergency.

Another annual chore is the testing of our reduced pressure zone valve. The penalty for noncompliance is steep — \$750 per day. I have one device, so although the cost is modest — about \$210 — it also requires coming into the office two hours early to avoid losing any patient care time.

The inspection of our dental X-ray unit every few years isn't that big a deal, and it actually has helped us improve our technique, thanks to the technician's valuable feedback on our exposure times and processing routines (yes, I'm still a wet film dentist). The annual registration fee paid to the state, however, is just one more dip into the coffer.

Top-of-mind in the category of critical and potentially lifesaving is basic life support training. At a course I took recently, I actually learned something new and now keep a pocket mask in my clinic coat and insist that staff does, too.

This office rule ensures that we'll be protected wherever rescue assistance is required. Wouldn't compliance be easier, though, if the basic life support renewal schedule matched our dental licensure cycle?

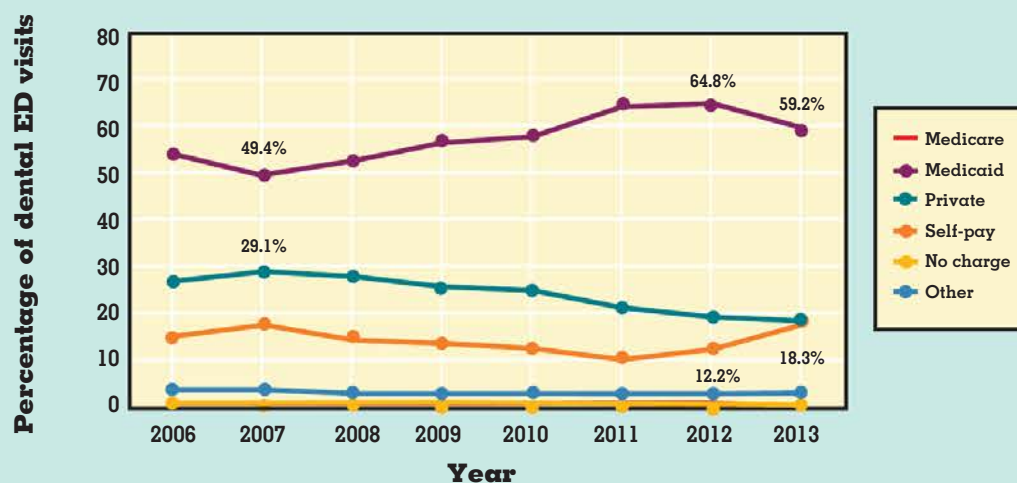
Have you looked at your thick, dusty material safety data sheet binder recently? I was stunned to discover that there's a material safety data sheet for both dental dam and tray adhesive.

See MY VIEW, Page 5

SNAPSHOTS OF AMERICAN DENTISTRY

Emergency department visits among children covered by Medicaid

Following increases from 2007 to 2012, the percentage of dental emergency department visits among children aged 0-18 covered by Medicaid fell from 64.8 percent in 2012 to 59.2 percent in 2013.



Source: American Dental Association, ADA Health Policy Institute Research Brief, "Emergency Department Visits for Dental Conditions Fell in 2013." Available at ADA.org/researchbriefs.

Letters

Boards no place for patients

The issue in Iowa of banning live patients from board exams ("Using Patients in Board Exams Under Debate in Iowa," Feb. 15 ADA News) is not new. In 1993, the Journal of the American College of Dentists published an editorial "Time to Take the Teeth Out of the Boards." The ADA House of Delegates passed a resolution sponsored by ASDA in 2000 that called for the elimination of human subjects in board exams by 2005.

This is 2016, the era of modern dentistry.

We don't practice the way we did in 1916, so why do we still test board candidates the same way we did back then?

Your article quotes Dr. Kaaren Vargas of the Iowa Dental Board: "We are here to protect the public from incompetent professionals." Using human beings to search for incompetence is not only unethical, it is archaic.

Dental schools are best at evaluating students' patient care talents in a safe, controlled environment over four years. The board's job is to monitor the educational system with a broad-based exit exam that is commensurate with the academic achievements of the high-caliber graduate students that

dentistry attracts.

Eliminating the narrow skills, patient-based exam removes the costs of paying patients, assistants and labs; prevents overtreatment and stops the wasted time in searching for board cases. Just like in pilots' training, simulators are the appropriate means for finding red flags. After all, the board examiners are looking only for the worst not the best;



which still uses live human subjects in a testing environment.

The debate should not be complicated: a comprehensive, fair exit exam run by the state should not utilize live patients in determining minimum competence to be consistent with our profession's high ethical standards.

In 2116, no one will believe that real patients were once used for testing dental students back in 2016. The time for change is long past.

Victor J. Barry, D.D.S.
Seattle

'Live patients'

The article "Using Patients in Board Exams Under Debate in Iowa," (Feb. 15 ADA News), refers to "live patients," and I would remind you that all patients for licensure are live.

Yes, there are a myriad of issues with the one-time exam, and yes, new doctors have paid a ton of money to examining agencies, patients, assistants and profiteers in the licensure process. Here in California there are people outside the examination areas with patients and records to sell to

See LETTERS, Page 5

LETTERSPolicy

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

Letters

Continued from Page 4

those taking the exam if their patient selection failed to be accepted and/or they offer turnkey patients/assistants/equipment bundles for a price. And then there are the regional boards who charge outrageous fees for their exams. I was recently president of the Dental Board of California, and one thing I wanted to do was change the way we license dentists here in California. It required cooperation of all of our dental schools establishing guidelines with what we called the portfolio examination. It took a few years but it's now in place. It requires areas of specific numbers of procedures in multiple areas and requires a student to take competency examinations with patients of record at their school.

This eliminates the "one shot" examination with so much on the line and eliminates outrageous fees for patients and assistants.

*Lewis J. Turchi, D.D.S.
Palos Verdes Estates, California*

Universal exams

Why don't all dental schools have a universal clinical and patient-based exit exam that would be acceptable in all licensing jurisdictions with

independent third-party assessment as a requirement for graduation? Thus, patients are protected by the school and any necessary remediation becomes a responsibility of the school and the student. The models already exist within the current testing agencies but the American Dental Education Association and the schools need to step up to the plate.

Further, this same criteria should apply to successful passage of national written boards parts one and two or the successor exam as a requirement for graduation. Again, any necessary remediation is the responsibility of the school and the student.

Thus, all students upon graduation will be eligible for licensure in all jurisdictions

with the exception of a few that have additional requirements.

*Peter S. Trager, D.D.S.
Sandy Springs, Georgia*

DSA honoree

Dr. Peter E. Dawson is the ultimate honoree for your Distinguished Service Award ("Complete Dentist" Dr. Peter E. Dawson Recipient of ADA Distinguished Service Award," March 7 ADA News). Not only is he the greatest dental educator of his time, but one of the most quality individuals ever to serve the profession.

His passion for sharing the appropriate in-

formation to allow a dentist his reach his or her heights of professional excellence, along with his caring for every individual that he teaches, reaches heights never seen in our profession before.

There seems to be a reason that he lives in a town nicknamed "Saint Pete." Thank you for your recognition of a man who has improved my professional life and those of many others too numerous to count. May his efforts keep improving the lives of his students and those lucky enough to be their patients. The profession is much better off because of the Grace of Saint Pete.

*Tim J. Dylina, D.D.S.
Vero Beach, Florida*

MyView

Continued from Page 4

Did that mean that twin threats in the business office, rubber bands and rubber cement, each needed a material safety data sheet? Taking no chances, I downloaded both of those five-page documents.

This might be laughable if the mass of information weren't such a dangerous distraction. But in an emergency, could we find the material safety data sheet we need? Could firefighters quickly identify the explosive or respiratory perils? And it defies logic to simply catalog materials without considering their quantity or use. The risks presented by the 6-ounce bottle of Trim II acrylic liquid in my office, used a few drops at a time, are minuscule compared to the danger presented by an industrial drum of that same liquid, just a half mile away at the Bosworth factory.

OSHA, EEOC, FTC, EPA, FDA, DEA, IRS, FRB, IDFP — the list of agency acronyms is an endless string. Dentists are subjected to statutory regulation at every level of government.

The sheer volume of these regulations leaves all of us vulnerable to violating some of them through oversight or ignorance, exposing us to fines disproportionate to the actual harm done or the size of our practice revenues. And this bureaucratic quagmire is only getting worse.

At one time, I could simply focus on taking great care of my patients. But today, each new law is one more nail in the coffin of solo practice. Unintended consequence, I wonder? Or, with so much danger lurking within my office, was that the goal all along?

Dr. Doroshov is the former president of the Chicago Dental Society. This editorial, reprinted with permission, originally appeared in the September/October 2015 issue of the CDS Review.

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Bensalem, Pennsylvania

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GOVERNMENT

ADA ‘concerned’ tobacco companies introducing products without proper review

BY JENNIFER GARVIN

Silver Spring, Md. — The ADA and 35 other health organizations have asked the Food and Drug Administration to be more diligent about requiring tobacco companies to obtain approval before introducing new tobacco products to market.

In a Feb. 26 letter to Mitchell Zeller, director, Center for Tobacco Products, the organizations shared that they are “increasingly concerned” that tobacco companies are introducing new tobacco products into the marketplace without proper regulatory review.

The Family Smoking Prevention and Tobacco Control Act of 2009 gave the FDA unprecedented authority to regulate the manufacturing, distribution and marketing of tobacco products. It also requires tobacco companies to seek FDA approval before introducing new tobacco products to the market.

“The premarket review provisions of the Tobacco Control Act are intended to prevent the tobacco industry from continuing to introduce new tobacco products that are more harmful, more addictive and more appealing, particularly to young people,” stated the letter.

The letter also points out that the Tobacco

Control Act prohibits commercial marketing of a new tobacco product unless the FDA has issued an order finding the product “appropriate for the protection of the public health.” It singles out several new products it claims are non-compliant with the act. These products include:

- Marlboro Midnight, a menthol cigarette.
- Grizzly Wintergreen, a new snuff.
- Three new brands of snus from Kretek International Inc: Thunder Xtreme, Offroad and Oden’s Xtreme.
- Marlboro Black NXT, a crushable menthol capsule.

“FDA’s failure to take the actions necessary to remove these products from the market represents a serious failure to protect the public health,” the letter stated.

“Given that the avoidance of premarket review seriously undercuts the public health protections of the Tobacco Control Act, please explain why no enforcement actions have been taken by FDA against these products and indicate what the agency plans to do to prevent additional products from entering the market without the required regulatory review.” ■

—garvinj@ada.org



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NIDCR awards \$2 million in e-cigarette research grants

BY JENNIFER GARVIN

Bethesda, Md. — The National Institute of Dental and Craniofacial Research announced March 10 it has awarded more than \$2 million in first-year funding to seven research grants centered on studying the effects of electronic cigarettes on oral and craniofacial tissues.

Dr. Jeffrey Kim, a dental researcher at the National Institute of Standards and Technology with the ADA Foundation Dr. Anthony Volpe Research Center, thinks the NIDCR’s timing for funding this type of research couldn’t be better.

“After decades of government anti-smoking campaigns, the percentage of cigarette smokers among U.S. high school students is finally in single-digits, yet findings from the National Youth Tobacco Survey show 13.4 percent of high school students are now using e-cigarettes and that number is rapidly rising,” said Dr. Kim. “Moreover, inconsistent and contradicting e-cig research results have polarized researchers, policymakers and the general public, leaving them with little scientific fact to evaluate the potential risks of e-cigarettes.”

In 2014, NIDCR announced its intent to increase research on the biological and physiological effects that e-cigarettes have on cells, tissues and organs of the oral cavity, a decision the ADA applauded in a letter to Dr. Martha J. Somerman, NIDCR director.

“Preventing oral cancer and other tobacco-related diseases has been a longstanding priority for the ADA. We applaud you for proposing a research initiative that is so timely and vital to the public’s oral health,” wrote the ADA in September 2014.

“When a liquid nicotine solution is vaporized by an e-cigarette, multiple constituents may be found in the aerosols, but we don’t yet know the biological and physiological impact of these aerosols on oral tissue or its microbiome,” said Sundar Venkatachalam, Ph.D., director of NIDCR’s Oral and Salivary Cancer Biology Program and program official for e-cigarette research. “The projects being funded will provide much needed information on the effects of e-cigarette chemicals on oral health.”

Dr. Kim said he hopes the NIDCR and other research efforts will lead to developing comprehensive e-cigarette testing methods and much needed standards in the field.

“Unbiased and robust research will bring clarity to the situation and lead to better informing the public of potential health risks,” he said.

Four programs will receive funding for up to four years, pending progress and available funds, said NIDCR.

For more information about the NIDCR, visit nidcr.nih.gov. ■

—garvinj@ada.org

First nutrition roadmap crosses health disciplines

BY JENNIFER GARVIN

Washington — How can dentists and other health professionals better understand nutrition in order to help people improve and sustain their overall health?

The nation's first Nutrition Research Roadmap, released March 4 by the Interagency Committee on Human Nutrition Research, identifies that as well as several other key areas for research from 2016-20.

"Nutrition research now requires approaches that cross traditional health-related fields," stated the committee, adding that dentistry, dietetics, medicine and genetics can all play a role in improving the public's eating habits.

The ADA, which contributed comments in June 2015, was encouraged by the new roadmap, which shows the significance of the interdependent relationship between diet, nutrition and oral health.

"The ADA is pleased that the new roadmap incorporates dentistry and oral health throughout, and that the Interagency Committee on Human Nutrition Research is aware that eating patterns and nutritional status af-

fect oral health," said ADA President Carol Gomez Summerhays.

In addition to improving eating habits, the roadmap also calls for an increased focus on federal research in hope that it will lead to more individualized advice for promoting health and preventing disease. This includes improving research gaps in nutrition-related chronic diseases and health disparities, particularly for at-risk groups such as pregnant women, children and older adults. It also gives special consideration in understanding the role of nutrition for optimal performance and military readiness.

"Nutritional needs differ according to a number of factors, including an individual's age, their health status and their level of physical activity," said Catherine Woteki, Ph.D., undersecretary for research, education, and economics at the U.S. Department of Agriculture, in a news release.

Dr. Woteki and Karen B. DeSalvo, M.D., acting assistant secretary for health, U.S. Department of Health and Human Services, served as co-chairs for the Interagency Committee on Human Nutrition Research.

"Healthy eating is one of the most powerful tools we have to reduce the onset of chronic

diseases related to nutrition like obesity, heart disease and diabetes," said Dr. DeSalvo. "By focusing, in part, on developing a better understanding of the gaps in the evidence for healthier eating, the roadmap will help provide an evidence base for supporting easy, accessible and affordable healthy food choices."

In 2013, ICHNR recognized the need for a written strategic plan to identify critical human nutrition research gaps and opportunities that could be addressed over the next five to 10 years.

Find out more about the ADA's nutrition-related activities at ADA.org/nutrition. ■

CMC

Continued from Page 2

dentists, and participate in the public comment portion to convey their thoughts on their own change requests or ones submitted by others," Dr. Riggins said. "Those who submitted action requests also answered specific questions from committee members about their changes before the committee voted."

The committee will accept change requests for CDT 2018 until November and all requests will be considered during the next meeting in March 2017. For more information on the Code Maintenance Committee and CDT, visit ADA.org/publications/CDT. ■

Certificate

Continued from Page 1

- Have served in an international location with a program sponsored by a dental school or recognized nonprofit organization for a minimum of 14 days, either in one period or in several visits, in any 24-month period.

- Have provided clinical dental service and/or taught local dental personnel or assisted in training initiatives to improve the local oral health care infrastructure.

- Supply evidence of the dates of the service with a comprehensive, detailed breakdown of activities and the value of the contribution by means of a letter or testimonial from the director of the program or other appropriate official. For student members working in a dental school program, this requirement shall be the responsibility of the dean or director of the outreach program.

- Be nominated by a component or constituent society, federal dental service or dental school.

- Be verified in writing to be a member in good standing by the component society, if such exists, or by the constituent society, commanding officer or dean of the dental school as appropriate.

The ADA Board of Trustees will review the nominations at its meeting in August. The ADA may award a certificate to the same individual more than once.

For more information or to submit a nomination, visit ADA.org and enter "Certificate for International Volunteer Service" into the search engine. ■

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Study: More decay in town with discontinued fluoridation

BY MICHELLE MANCHIR

Calgary, Alberta — Children who lived in a Canadian city that discontinued water fluoridation experienced more tooth decay than children who lived in a continuously fluoridated community, according to a study published in February in Community Dentistry and Oral Epidemiology.

Researchers examined the short-term impact of fluoridation cessation on 2nd grade children's caries experiences in both Calgary, where fluoridation was discontinued in 2011, and in another Canadian city, Edmonton,

where water has been fluoridated since 1967. The number of primary tooth surfaces with decay per child increased by 3.8 surfaces in Calgary during the time frame of the study, as compared to 2.1 in Edmonton.

"This study points to the conclusion that tooth decay has worsened following removal of fluoride from drinking water, especially in primary teeth, and it will be important to continue monitoring these trends," said Lindsay McLaren, Ph.D., from the University of Calgary's Cumming School of Medicine and O'Brien Institute for Public Health, the

study's lead author, in a press release from the university.

For the study, researchers examined data from population-based samples of more than 5,000 school children in the two cities and analyzed change over time (2004-05 to 2013-14.) Calgary and Edmonton were the cities used because Calgary began the practice in 1991 but ended it in 2011, while Edmonton has not stopped fluoridating since fluoridation began there in 1967, according to the study.

Many communities across the U.S. and

North America are debating and doubting the proven benefits of community water fluoridation. According to a press release about the study from the University of Calgary, "there are currently few published studies that look at the effects of fluoridation cessation. Researchers from the paper hope their study can be explored by decision makers who are involved in these discussion."

Said Dr. Steven Patterson, a professor at the school of dentistry at the University of Alberta, "The early effects of fluoridation cessation found in this study support the role of water fluoridation in contributing to improved oral health of children and that it is a public health measure worth maintaining."

The ADA endorses the fluoridation of community water supplies as safe and effective for preventing tooth decay. The Association, along with state and local dental societies, continues to work with federal, state, local agencies and community coalitions to increase the number of communities benefiting from water fluoridation. For more information from the ADA about water fluoridation, ADA.org/Fluoride or contact Jane McGinley, ADA manager of fluoridation and preventive health activities, at mcginleyj@ada.org. ■



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Optimal oral health for all is focus of April conference

BY MICHELLE MANCHIR

Cincinnati — Anyone interested in improving the oral health of the public is invited April 18-20 to the National Oral Health Conference here.

Conference participants can earn up to 21 continuing education hours, with additional hours granted for preconference sessions, which are offered April 16-17, organizers said.

Plenaries, workshops, seminars, luncheon roundtable discussions and oral paper presentations at the event will include current evidence on community water fluoridation, improving oral health using telehealth-connected teams and oral health's value proposition in the changing health care environment.

The American Association of Public Health Dentistry and the Association of State and Territorial Dental Directors are presenting the conference, which is designed for oral health professionals, health researchers and educators, legislators, public health officials, Medicaid dental program staff and others with an interest in public oral health issues.

This annual meeting routinely draws more than 750 attendees and features many social opportunities to discuss collaborative areas of focus.

To see the complete brochure or to register, visit nationaloralhealthconference.com. ■

—manchirm@ada.org

Vermont city favors fluoridation

Local dental community delivers in advocating for public health

BY MICHELLE MANCHIR

Rutland, Vt. — Voters overwhelmingly came out in favor for continued water fluoridation March 1 in this town of about 16,500.

In an advisory ballot question asking voters whether the local commissioner of public works should fluoridate the city's water supply, voters who answered the question overwhelmingly said "yes" — 2,817 to 1,813, or



61 percent to 39 percent.

"Voters heard the positive messages from the dental community in many different ways and saw the commitment of the dental pro-

fession to the public's oral health," said Dr. Judith Fisch, ADA 1st District trustee, who was among the local dentists educating voters about the benefits of water fluoridation. "I am extremely pleased with the outcome of the vote and relieved that our community will continue with the benefit of this public health measure."

Rutland's city charter leaves the ultimate decision of water fluoridation up to its public

works commissioner, Jeff Wennberg, who has said he bases his decision on recommendations from public health experts.

The city has been fluoridated continuously since 1982, following voter approval, according to city documents. In 1983, the question of water fluoridation was back on the ballot, with voters saying "no" to a question about whether to rescind fluoridation.

The ADA endorses the fluoridation of community water supplies as safe and effective for preventing tooth decay. For more information from the ADA about water fluoridation, visit ADA.org/Fluoride or contact Jane McGinley, ADA manager of fluoridation and preventive health activities, at mcginleyj@ada.org. ■

Chicago Dental Society honors three dentists at its midwinter meeting

The Chicago Dental Society honored three dentists at its CDS Midwinter Meeting in February for their contributions to the profession and raising public awareness on oral health.

CDS awarded Dr. Terry Tanaka, a clinical professor in graduate prosthodontics at the University of Southern California, its Gordon J. Christensen Lecturer Award, which acknowledges his contribution to the profession.

Dr. Tanaka is a master in the Academy of General Dentistry and holds fellowships in the American College of Dentists and International College of Dentists.

In addition, he is known for his humanitarian efforts in Mexico and South America. He has been recognized for his work in treating children with craniofacial deformities.

The CDS Foundation honored Dr. Yihsung Huang with the Vision Award, which recognizes a dedicated philanthropist and volunteer who supports access to care programs and dental education for the underserved in their community.

"Dr. Huang exemplifies the ideals of altruism, generosity and professionalism," said Dr. Glenn DeWeirdt, who nominated Dr. Huang. Dr. Huang is a graduate of the University of Illinois at Chicago College of Dentistry.

Another UIC graduate, Dr. Mark J. Humenik, received the Chicago Dental Society Communications Committee's 2016 George H. Cushing Award, which recognizes his efforts to raise public awareness of the importance of oral health. Dr. Humenik has participated in more than 25 Missions of Mercy across the country, CURE (Collaborative Underserved Relief and Education) Network events and other clinics. ■



Dr. Tanaka



Dr. Huang



Dr. Humenik

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Federal scholarships can help with dental debt

BY JENNIFER GARVIN

Dental school was always in the cards for Kyle Larsen.

Not part of the dream? Graduating with a lot of debt. So Mr. Larsen, 26, a third-year dental student at the University of Colorado School of Dental Medicine, applied for federal scholarships while an undergrad at Brigham Young University-Idaho, and earned the four-year National Health Service Corps Scholarship.

The scholarship pays full tuition and fees and also provides him with a living stipend for each year of dental school.

"I was lucky enough to be awarded the four-year program," said Mr. Larsen, president of Colorado's American Student Dental Association chapter and ASDA trustee for District 9, "but other lengths are also available. The program is year-for-year payment for service, meaning that each year they pay for your education, you owe them a year of service in an underserved area."

NHSC scholarships are one route for federal scholarships but there are others, including the military's Health Professions Scholarship Program. (See sidebar, this page.)

Dr. Hillary Key was a volunteer at a non-profit children's dental clinic in Phoenix where she "fell in love with dentistry." During her first year at Midwestern University's College of Dental Medicine in Glendale, Arizona, she decided to apply for a military scholarship and was awarded the Air Force's three-year scholarship through the Health Professions Scholarship Program. She is presently a general dentist at Goodfellow Air Force Base in San Angelo, Texas.



Dental school: Kyle Larsen, a third-year dental student, practices treatment planning with a fellow student at the University of Colorado School of Dental Medicine.

"During dental school, it was a blessing to have tuition and supplies paid for, as well as living expenses," said Dr. Key, whose husband was in physical therapy school at the same time. "We only had to take out loans for his tuition, which was a huge blessing."

"Being a dentist in the Air Force, for me, was the best decision I could have made as a new graduate. I attended a one-year Advanced Education in General Dentistry program at Eglin Air Force Base in Destin, Florida, which really helped me to build up my

confidence and my clinical skills in each of the dental specialties."

Dr. Key likened Air Force dental clinics to group practices — with many opportunities to learn.

"I have a wealth of clinical knowledge to draw from, and help if I run into a new or unfamiliar clinical situation," she said. "I am able to practice in the different specialties of dentistry, where I feel comfortable. There are also a number of continuing education opportunities available. I attended a prosthodontics continuing education course for an entire month at Lackland Air Force Base in San Antonio — I can't imagine owning a private practice, and leaving it for a month."

After graduation, Mr. Larsen said he would like to pursue an Advanced Education in General Dentistry or general practice residency in order to advance his skills and prepare to practice in a rural area. Originally he thought he'd return to his home state of Washington, where his father is a dentist, but now is considering staying in Colorado. He's interested in working with programs that increase access to care, particularly the state's Dental Health Matters.

"My heart is with underserved and rural populations anyway, so I would like to practice in a medically underserved area even after my scholarship service years," he said.

Mr. Larsen said he always tries to remind classmates either by email or Facebook when scholarship applications are upcoming and every year, he says, current and incoming students ask him about his.

"My classmates are all aware of the scholarship that I have and a good amount of them know about the other loan repayment programs that are out there," he said. "I think it's an amazing program, especially for those who are interested in practicing in rural areas. The program frees you of the debt that might restrict you from serving a population that truly needs it and that you might have otherwise served had it not been for the amount of debt that you have."

I would recommend [the Air Force] to any dental student, without reservation," Dr. Key said. "When I graduated from dental school, I didn't have to worry about finding a job. I didn't know where I would work, but I knew I'd be working! From a debt perspective, I only have my first year of dental school to pay off, versus a full four years."

As a freshman at the University of Southern California, Michelle Engel, 22, knew she



Dr. Key



Ms. Engel

wanted to attend dental school. It took a bit longer to figure out how she was going to pay for it.

"I first heard about the military scholarship programs in USC's pre-dental honor society during my sophomore year," said Ms. Engel, now a first-year student at the Columbia University College of Dental Medicine.

As a junior, she decided to apply for Navy's Health Professions Scholarship Program, taking time to make sure life in the armed forces was what she really wanted.

"Yes, the financial benefit is amazing, but could I really see myself being in the military?" said Ms. Engel, a native of New York who received guidance from a cousin who previously participated in the Army's health scholarship program and spoke positively of it.

"I didn't take the decision lightly," she said. "It's a four-year binding commitment, but in the end, for me, it was worth it. The financial help, a set job after graduation and the ability to help others just made it an offer I couldn't refuse."

"Having the scholarship in school has helped to make my life a lot less stressful. I have to opportunity to take advantage of all of the resources available to me without the concern of how I'm going to pay for it."

"I'm extremely happy with the decision I made and look forward to being able to serve our country," said Ms. Engel. ■

—garvinj@ada.org

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For scholarship details, visit NHSC website

For information about the National Health Services Corp scholarships in 2016, visit the NHSC's main webpage and search loans and scholarships. The NHSC program also offer loan repayments and scholarships for health care professionals, including dentists and dental hygienists that practice in Health Professional Shortage Areas.

The Armed Forces Health Professions Scholarship Program has one-, two-, three- and four-year scholarships that cover most educational costs and provide a stipend. For more information, contact a Health Professions Recruiter to discuss opportunities with the Army, Air Force and Navy. ■

Arginine research merits ADAF Dr. Bowen award

BY DAVID BURGER

“Winning the ADA Foundation’s Dr. Ray Bowen Student Research Award changed my life,” said Andres Alvarez, a second-year student at the University of Florida College of Dentistry.

“Going into dental school, I never had done research before,” said Mr. Alvarez, 25, a Miami native. But after being exposed to research projects by his mentor, Mr. Alvarez saw the opportunities present in dental research. “I like the idea that you’re on the ground floor of the profession. There are a lot of opportunities for innovation.”

Mr. Alvarez’s passion led him to Chicago in late February. There, he presented a poster at the Academy of Operative Dentistry’s annual conference at The Drake Hotel. Surrounded and questioned by dentists from around the world, Mr. Alvarez spoke about his year-long research project concerning a new arginine-based bonding agent with long-lasting anticaries activity. He drew praise from those attending.

“It’s impressive,” said Dr. Thomas Hart, director of the ADA Foundation Dr. Anthony Volpe Research Center. “Ray Bowen would be thrilled with this research. He talks about this type of work every day.”

This award honors Dr. Ray Bowen, inventor of resin composites and dentin adhesives and an internationally recognized authority on composite materials. Dr. Bowen is a former director of the ADA Foundation Paffenbarger Research Center — now called the ADA Foundation Dr. Anthony Volpe Research Center — and is presently active as Distinguished Scientist at the VRC on the campus of the National Institute of Standards and Technology in Gaithersburg, Maryland.

The ADA Foundation and the Academy of Operative Dentistry collaborate to offer the Dr. Ray Bowen Student Research Award every two years. Mr. Alvarez is the 2015 winner of the award, with his research presented in 2016. The award provides \$6,000 to support the student’s proposed research and up to \$1,000 to cover the costs of their attendance at the Academy of Operative Dentistry’s annual session to present a table clinic based on the research.

“It has been a great pleasure to mentor Andres for the past two years,” said Dr. Marcelle Nascimento, an associate professor from the University of Florida College of Dentistry. “His first research project during the summer of 2014 was related to testing the potential of oral arginine metabolism for caries prevention. His second and award-winning project was developed this past year as an extension of the first one.”

Mr. Alvarez’s research aims to start the development of a new restorative bonding agent containing the amino acid arginine for reducing the risk of secondary caries in composite restorations.

During his table clinic, Mr. Alvarez told attendees that arginine metabolism by oral bacteria generates ammonia, which can neutralize glycolytic acids and reduce the risk of secondary caries at the tooth-composite interface.

Mr. Alvarez said his study intended to develop and compare an adhesive system containing four different concentrations of arginine for sustainable release without affecting the mechanical properties.

With the bulk of his research completed, Mr. Alvarez said he is still open to the idea of continuing to do dental research. He would like

to become a dentist in private practice who is involved in research projects such as the ones from the National Dental Practice-Based Research Network. “It is a very exciting time for the advancement of dental research,” he said.

The application period for the next Dr. Ray Bowen Student Research Award will open June 3 and the deadline will be in the late summer.

The award is open to dental students at all levels who wish to undertake novel research relevant to contemporary operative dentistry.

For more information on the ADA Foundation’s awards and grants, visit ADAFoundation.org. ■



Kudos: Dr. Hart, right, recognizes Andres Alvarez, winner of the 2015 Dr. Ray Bowen Student Research Award Feb. 26 in Chicago.

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IPADA0316

South Carolina referral program a 'win-win-win'

BY MICHELLE MANCHIR

Columbia, S.C. — When people here with a toothache go to a Palmetto Health emergency department seeking care, they often walk away with more than temporary pain relief: a referral to a dentist.

That's because of a successful ER referral initiative launched in 2012 that provided 1,460 emergency dental visits to 833 patients from two counties the health care system services in fiscal year 2015. The numbers mark a decrease in the system's emergency department utilization for dental issues during al-

most every month for the last year and a half, according to Vince Ford, chief community health services officer for Palmetto Health. The setup also saves the health system about \$500 per visit for patients seeking emergency dental care, while also benefiting partnering dentists who agree to participate. In turn, the health system provides financial support to the dentists.

"We're really proud of it," said Dr. Noble Cooper, a Columbia dentist who helped rally local dentists to participate — along with the South Carolina Dental Association and its

executive director, Phil Latham. Dr. Cooper is among the dentists who participate in the program, seeing one or two referred patients per week, he said.

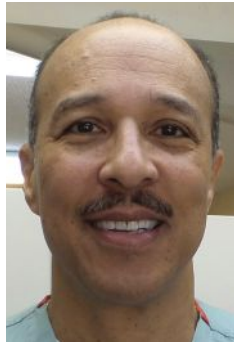
"We enjoy helping people," he said. "I think that's part of our duty as dental clinicians — to help the community."

The dental referral program, dubbed the Midlands Dental Initiative, was born after a series of community health days organized by local health care systems in previous years, which helped underserved patients who were invited to take advantage of medical, vision

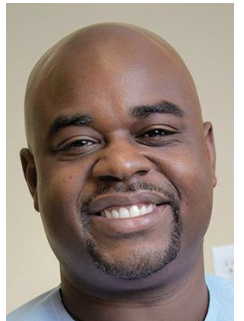
and dental care at no cost for one day. By far, Mr. Ford said, "one of the greatest needs was for dental care." Dental services covered under Medicaid in South Carolina are limited.

"We had patients traveling across state lines. We had patients who were willing to wait for 24 hours," Mr. Ford said. "The very first person at the event one year brought a chair and cooler and slept outside overnight — and she was one of those seeking dental care."

Seeing the need for care, along with the hospital system's expensive and consistent stream of pa-



Dr. Cooper



Dr. Stockton

tients with dental issues visiting its emergency department, hospital administrators decided to see if they could partner with local dentists who would agree to treat patients who need dental care. In turn, the hospital would reimburse participant dentists at a discounted rate.

Working with the South Carolina Dental Association, program organizers began calling local dentists to see who might join, taking two to five patients per month, Mr. Ford said.

"It just blossomed and bloomed from there," Mr. Ford said, adding that 20 dentists agreed to participate in the first few months.

Today, while the hospital system's bottom line is benefitting from the referral program, more importantly, the patients are being helped, too, Mr. Ford said.

Dr. Ruger Stockton, a Columbia dentist, who has been part of the program almost since its inception, said he has many patients referred to him from the health care system who return for continuation of care.

"We've had many patients down on their luck or experiencing tough times," he said. "They've rebounded and become part of the practice."

Aside from building his patient base, opening his office up to underserved patients contributes to the mission of Dr. Stockton's father, Clyde Stockton, who practiced alongside his son until his death in 2012, he said.

"He taught me that your ultimate goal is to help others," Dr. Stockton said of his father.

The ADA Council on Access, Prevention and Interprofessional Relations has made helping develop ER referral programs across the country one of its Action for Dental Health priorities in 2016.

Mr. Ford said other communities could use the Palmetto Health model to establish referral programs. His best advice, he said, is to sit down with potential stakeholders, start a conversation with the state dental association and involve other community partners.

Collaboration, or what Mr. Ford calls "synergy," is key.

"If we put our resources and your resources together, we can make a major dent in a public health issue," he said.

Mr. Ford call the program a "win-win-win" for all involved.

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Fort Smith flips the switch on fluoridation

BY MICHELLE MANCHIR

Fort Smith, Ark. — For the first time, people in this western Arkansas city and nearby communities served by its water system will, starting in March, enjoy the benefits of community water fluoridation.

City officials on March 7 began adding fluoride to its drinking water, thanks in part to a grant from Delta Dental Foundation that covered capital costs needed to fluoridate the city's two water plants, according to a news release from the city.

The water system serves about 160,000 people in Arkansas and parts of Oklahoma, according to city officials. Many Fort Smith dentists applauded the move.

"If you're a dentist and have been working to bring water fluoridation to your community, it was very exciting," said Dr. Robert Skinner, a Fort Smith dentist who has been helping educate the community about the proven oral health benefits of water fluoridation and joined city officials for the launch of the fluoridation program. "It was an historic day."

In 2011, the Arkansas legislature passed a bill requiring water systems with 5,000 or more customers to fluoridate its water at a level established by the state department of health. Since then, the Delta Dental of Arkansas Foundation has pledged \$7.6 million, including its \$2 million grant to Fort Smith, to assist communities with the costs of implementing fluoridation.

The city will fluoridate water at the U.S. Department of Health and Human Services-recommended level of 0.7 milligrams of fluoride per liter of water, according to a news release.



Fluoridation, finally: Carol Amerine, dental program manager in the office of oral health at the Arkansas Department of Health, and Dr. Robert Skinner of Fort Smith, right, celebrate the March 7 launch of the city's water fluoridation program.

Referral

Continued from Page 12

load in the ER, and you've put them in most appropriate care. You're also working with a partnering dentist who's making a little bit of money," he said. "The community benefits overall."

The American Dental Association's Action for Dental Health campaign, a national movement launched to address the dental health crisis in the U.S., has published tips for starting local ER referral programs. Visit ADA.org/action for more information. For more information about Palmetto Health, visit PalmettoHealth.org. ■

—manchirm@ada.org

"This will help so many people," Dr. Skinner said.

The ADA endorses the fluoridation of community water supplies as safe and effective for preventing tooth decay. For more information from the ADA about water fluoridation, ADA.org/Fluoride or contact Jane McGinley, ADA manager of fluoridation and preventive health activities, at mcginleyj@ada.org. ■

Applications for ADA Institute for Diversity in Leadership for 2016-17 program due May 2

The American Dental Association Institute for Diversity in Leadership is accepting applications through May 2 for its 2016-17 class.

The Institute is designed to provide education and leadership skills to dentists who are members of racial, ethnic and/or gender groups that have been traditionally underrepresented in leadership roles within the profession and their communities.

Sixteen applicants will be selected for the program, which includes attendance at three leadership education sessions conducted by

faculty from Northwestern University Kellogg School of Management at ADA Headquarters in Chicago. Participants will be reimbursed for their hotel and travel expenses.

The Institute for Diversity in Leadership is made possible by generous support from Henry Schein Dental and Procter & Gamble.

To learn more about the Institute and how to apply, visit ADA.org/diversityinstitute or contact Leadership Team Services at IDL@ada.org or call the ADA toll-free number at ext. 2597. ■

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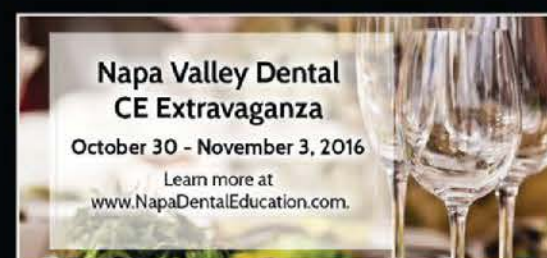
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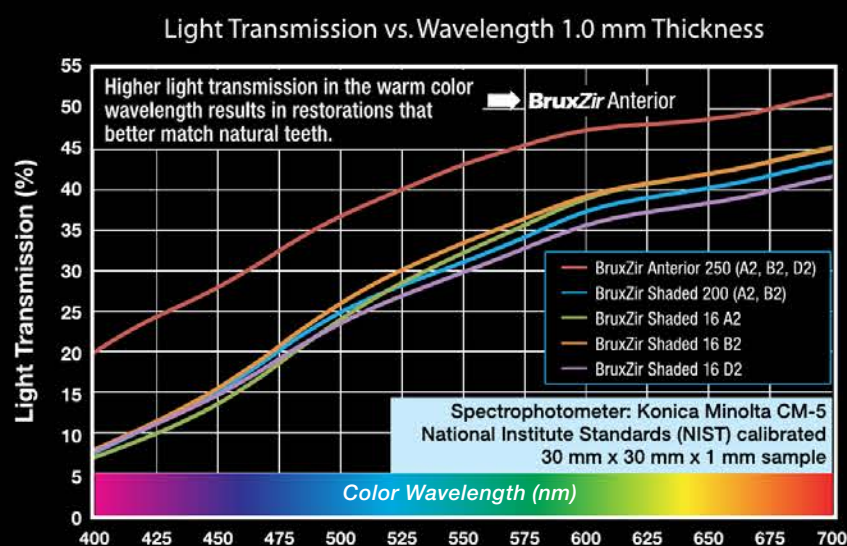
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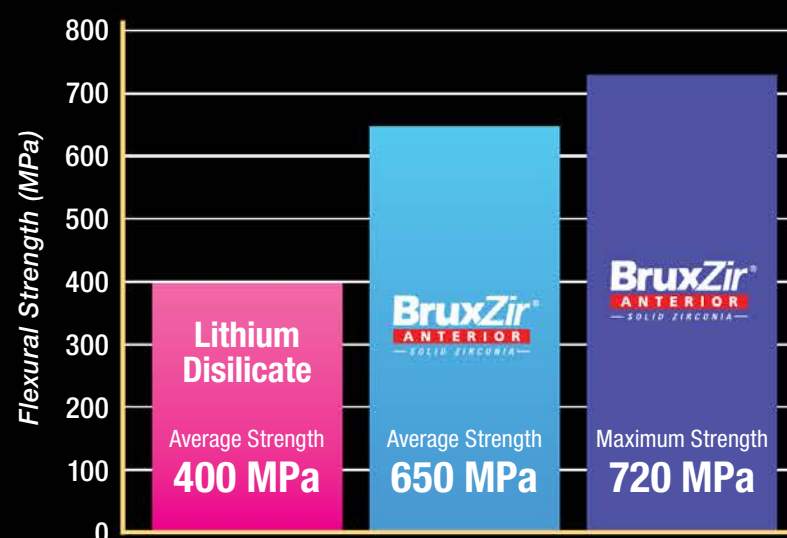
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Not so isolated

Company supports dentists in rural settings

BY KELLY SODERLUND

Editor's note: This is the third installment of an ongoing series, Innovation Spotlight, featuring dentists who are using innovative ways to change their dental practice. A 2013 environmental scan of the dental industry showed Americans have been visiting the dentist less frequently and spending less money on their oral health, pushing the profession into a new normal when it comes to U.S. dental spending, according to the ADA Health Policy Institute. The ADA News will spotlight dentists who are adjusting to this new normal and finding ways to prepare their practices and themselves for the future.

Norfolk, Neb. — The landscapes of Nebraska and Iowa are as such that you can drive hours before you see a dental practice.

There are larger cities in Nebraska like Omaha or Lincoln and Des Moines and Sioux City in Iowa but otherwise, you'll see a lot more corn than you will dentists.

Take the town of Wausa, Nebraska, where Dr. Charles Skoglund's grandmother lived for nearly 70 years. In the town of a little more than 600 people, the dentist's office — there was only one — was a focal point for residents.

"That was always kind of a directional place if you were giving someone directions in town. 'Take a left at the dentist's office,'" Dr. Skoglund said.

When he heard the Wausa dentist was plan-

ning to retire, Dr. Skoglund jumped at the chance to preserve a practice he believed was the lifeblood of the community.

"I didn't want to see that town without a dentist," Dr. Skoglund said. "It was in my mind we were going to be losing a focal point in the community."

It was the second dental practice purchased by Family 1st Dental, a company owned and founded by Dr. Skoglund, which operates 35 dental offices throughout western Iowa and rural Nebraska.

"The goal is to keep dentists in rural areas and Family 1st Dental's professional management team provides the resources and expertise to run the business side of the dental practice," said Dr. Skoglund, who describes Family 1st Dental as a hybrid group practice.

The business model works like this: Family 1st Dental purchases a dental office on behalf of a dentist who will practice there; renovates it to bring it up to date; and handles the business aspects so the dentist can focus on the clinical side while learning how to run the business of a practice. At the end of three years, the dentist has the option to buy the practice or continue their arrangement with Family 1st Dental.

Very few of Family 1st Dental's dentists have opted to purchase a practice, opting to continue letting the management company handle the administration side, Dr. Skoglund said.



Letting dentists be dentists: Dr. Charles Skoglund founded Family 1st Dental to help place dentists in practices in rural Iowa and Nebraska.

"They can just be dentists and that's the biggest thing," said Dr. Skoglund, who employs a CEO, clinical operations officer, chief operations officer, a director of clinical development and regional coordinators as part of his management team.

It's also important to the company that they don't intrude on the existing dynamics in a community.

"We will never go into an area unless we're invited," Dr. Skoglund said. "Any office that we have, we have been invited into the community; either by a transitioning dentist or by the community itself if they didn't have a dentist. We're not going to upset the apple cart and don't want to burn a bridge and just come in and take over."

The goal is to find dentists who want to stay in a community and be a part of it. That means for dentists who are married or in relationships, their spouses or partners are invited to the interview because it's as much their decision as the dentist's to move to and live in a community, Dr. Skoglund said.

With 38 dentists spread out around a large geographic region, Dr. Skoglund said


he likes to think he's helped access to care issues in Iowa and Nebraska. Before he formed Family 1st Dental, Dr. Skoglund treated a lot of special needs dental patients in Norfolk, Nebraska. Some of his patients were traveling 150 miles just for an appointment, taking time off of work and putting wear and tear on their car. So he's seen what being so far away from a dentist does to families.

"By being in some of these communities, I feel that we've addressed dental needs earlier," Dr. Skoglund said. "What I tell our dentists and our prime directive is, 'You do what is best for the patient and tell the patient what they need and what would be best for them.' I want them to feel cared for, safe and taken care of."

Dr. Skoglund spoke at ADA 2015 – America's Dental Meeting in Washington, D.C., about his practice model. Visit the ADA Center for Professional Success at Success.ADA.org and search for "Group Practice Forum 2015: Hybrid Group Practices" to watch a video of Dr. Skoglund's presentation. ■

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Medicare

Continued from Page 1

an ordering/referring provider by filling out form 855O or enroll as a Medicare provider through form 855I. Otherwise, they must opt out of the program.

CMS encourages health care providers to submit their Medicare enrollment applications or opt-out affidavits to their Medicare administrative contractors before Aug. 1 to allow time for processing. It's the fourth time CMS has delayed the deadline.

If dentists do not take any action, the first time they write a prescription for a patient with a Medicare Part D drug plan, the plan will give the patient a provisional supply of the drug and a letter stating that because of the dentist's Medicare enrollment status, the drug will not be covered after the first three months. Part D plans are also required to attempt to notify the prescribing dentist. After three months, if the dentist still has not taken action to enroll or opt out, the Part D plan will deny coverage for that patient's prescription.

Dentists who choose to opt out cannot receive payment from a Medicare Advantage plan. Their patients also cannot receive payment. Dental practices may not be aware that a patient's dental plan is a Medicare Advantage plan.

Currently, as mandated by a similar federal regulation in 2012, if a dentist sends a biopsy

to an oral pathology laboratory for a Medicare patient, the oral pathologist will not be paid unless the dentist either enrolled in Medicare to provide covered services; enrolled in Medicare to order and refer; or formally opted-out. The same is true of orders for other clinical laboratory services, as well as imaging services and Durable Medical Equipment, Prosthetics, Orthotics and Supplies.

A dentist who elects to opt out of Medicare must file an affidavit with the appropriate Medicare contractor and meet other compliance obligations.

Legislators introduced a bill, with support from the American Dental Association, in November that removes the mandate that certain health care providers be enrolled in Medicare in order for Part D plans to cover prescriptions but Congress has not taken action. Congressmen Kenny Marchant, R-Texas, and Earl Blumenauer, D-Ore., introduced legislation, with collaboration from the American Dental Association, in November that removes the mandate that certain health care providers be enrolled in Medicare in order for Part D plans to cover prescriptions. H.R. 4062 is currently awaiting committee action.

Visit CMS.gov for more information and to access forms 855O and 855I. The ADA Center for Professional Success also has links to the forms and a video tutorial on the process at Success.ADA.org/practice/Medicare/Medicare. ■

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GKAS

Continued from Page 1

here have accessed dental care and education they may not have received otherwise.

This year, Ms. Ginder had some newly acquired expertise when it came to coordinating the event. That's because she was one of 10 GKAS Ambassadors who in October participated in the ADA Foundation Give Kids A Smile Community Leadership Development Institute in St. Louis.

Ambassadors are chosen from state and local dental societies and community-based organizations to learn best practices for initiating, expanding and enhancing a Give Kids A Smile program, in part by attending and helping facilitate one of the country's largest GKAS events in St. Louis. The ADA Foundation will post the application for the 2016 GKAS Institute April 4 on ADAFoundation.org. The application deadline is May 13.

Here are three of the 2015 ambassadors' stories.

Tracy Ginder — Cabarrus County, North Carolina

This year, 12 dental offices across Cabarrus County, North Carolina participated in a March 4 Give Kids A Smile event, treating more than 200 underserved kids. Patients received education, cleanings, treatment and in most cases, an invitation to return for future cleanings and treatment when necessary.

Thanks to Ms. Ginder's GKAS Institute experience, the Cabarrus County program expanded this year to include "Tiny Smiles" — inviting children ages 0 to 5 to see a dentist for the first time.

She estimates 40 children in this age group saw dentists this year.

Ms. Ginder also organized a pilot program in which the Cabarrus Health Alliance donated books so children in some of the offices would receive a book on their way out the door — in addition to a goody bag that included toothpaste and a toothbrush.

Ms. Ginder, a marketing coordinator at the Cabarrus Health Alliance, said she took the reins of the GKAS program when the county's dental task force was eliminated a few years ago. If she hadn't stepped up, she worried the program would cease in the county.

"I couldn't let that happen," Ms. Ginder said. "As a parent I know what it's like when your child needs something. I hear the relief in parents' voices when they call us and make

a dental appointment. It's one more concern they can check off their list."

Ms. Ginder said she gleaned new information and ideas — and made new friends and contacts — thanks to attending the Institute.

"If I had a problem, someone else there had a solution," she said.

In Cabarrus County, the Cabarrus Health Alliance that employs Ms. Ginder set up a phone bank with bilingual operators so the county's growing Spanish-speaking population could make appointments. A local nonprofit, Cabarrus Partnership for Children, pitched in for support — thanks in part to Ms. Ginder's networking.

"We are fortunate in this county to have a lot of willing collaborators," she said.

Dr. Tim Kinnard — Oklahoma City

Dr. Tim Kinnard attributes the Oklahoma City Indian Clinic's record GKAS year to his participation in the GKAS Institute. The clinic, which serves Native American patients, provided more than 50 children with screenings, comprehensive dental exams, sealants, radiographs, fluoride treatments and restorations during its Feb. 5 event.

Meeting dentists and others at the Institute in October who had experience streamlining their GKAS programs helped Dr. Kinnard and his team make their event more efficient, he said.

"The Institute helped us find ideas on how to be efficient in evaluating a patient to provide for them a range of treatment — from getting their teeth cleaned to following up right away with any other needs," he said.

Dr. Kinnard and his team also recruited volunteers from other parts of the clinic to pitch in during the GKAS event, including staff from the maintenance and behavioral health departments who volunteered in the reception area and offered face painting.

"The positive effects of having a wealth of volunteers is something else that I gathered from the ambassador program," Dr. Kinnard said.

Dr. Kinnard and his group treated many children who "might not be able to get this type of dental treatment and education anywhere else."

The Indian Health Service has established that oral health disparities exist among American Indian and Alaskan Native preschool children, and that significant oral health disparities exist among Indian Health Service areas.

Dr. Kinnard said the clinic has always worked to make itself culturally relevant



Give kids a thumbs up: Dr. Jonathan Zsambeky, right, Lori Pinion, dental hygienist, and Adilene, center, smile following a treatment during the Give Kids A Smile event in Cabarrus County, N.C. on March 4.

and comfortable place for its target patients so that they are motivated to return for follow-up care.

"A lot of these kids are at risk and there is misinformation about dentistry out there," Dr. Kinnard said. "Getting kids coming in regularly is so important."

Dr. Stephen Gasparovich — Biloxi, Mississippi

The days when the dental team at the 81st Dental Squadron at Keesler Air Force Base scrambled to fill open appointment spots during its Give Kids A Smile Event are over.

That's in part because Dr. Stephen Gasparovich, Lieutenant Colonel and a Support Flight Commander, attended the October Give Kids A Smile Institute.

"At the Institute, I learned skills to form partnerships with medical specialties and key civilian groups on the base," he said, which helped get more patients scheduled for treatment.

During the event Feb. 10, the group doubled the number of participating children from last year, providing treatment that ranged from well-baby exams to extractions

for 120 children. Also different this year was "100 percent staff participation" on the behalf of the dental squadron, Dr. Gasparovich said.

"The Institute helped me present a clear vision of GKAS event objectives to leadership. That support allowed us to expand the event and increase the outreach to more children," he said.

Many of the children treated at Keesler were also rescheduled for follow-up care in the dental clinic. Dr. Gasparovich's team also implemented a Tiny Smiles component to the event this year — allocating a specific location for these young children separate from the older kids.

Dr. Gasparovich said he foresees the GKAS event at the air force base continuing to grow and build momentum.

"In the past, I took on most of the responsibilities myself. Delegating the tasks allowed more individuals to participate in the planning process. Hopefully this will translate into a broader perspective and understanding of the event by fellow committee members, and they will feel more comfortable with future GKAS leadership roles," he said. ■

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Where do higher periodontitis rates prevail?

BY MICHELLE MANCHIR

The estimated prevalence of periodontitis among U.S. adults is highest in southeastern and southwestern states, according to a study published online in February by the *Journal of Dental Research*.

New Mexico, Hawaii, Florida, Mississippi, Texas, Louisiana, Nevada, California, South Carolina and Arizona are the top 10 states CDC researchers found with the highest estimated periodontitis prevalence among adults ages 30-79. The estimated prevalence for those states ranged from 52.8 percent in New Mexico to 47.7 percent in Arizona.

The study, "Predicting Periodontitis at State and Local Levels in the United States," involved researchers estimating the prevalence of periodontitis across the U.S. using a novel, small-area estimation method.

"This is the first study to model the distribution of adult periodontitis in states and local areas in the United States," said Dr. Paul Eke, CDC epidemiologist and lead author of the study, in a press release. "The prevention and treatment of periodontitis represents an opportunity for dental and medical professionals to work together to improve the public's health."

Researchers call the study a "first-ever estimation of periodontitis prevalence at state and local levels in the United States."

"This information can be used to inform oral health policy decision and for developing intervention strategies at the state and local levels. In addition, our findings suggest potential areas of collaboration between adult oral health and other chronic disease prevention programs at geographical

levels," the authors wrote.

ADA Science Institute staff wrote about this study for Science in the News, a regularly updated online feature that summarizes the science behind recent articles in the popular press. The summary of the periodontitis article can be read at ADA.org under the "Science/Research" tab by clicking on "Science in the News."

ADA members can access previously printed issues of *Journal of Dental Research* available in electronic format by logging in through the ADA library resource website, ADA.org/library, and then clicking on "Library Resources and Services." However, this article was not available for members to view in full at press time because it was published online ahead of print. ■

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Give Kids A Smile primer

Give Kids A Smile is a national movement through which free oral health services are provided by approximately 10,000 volunteer dentists annually, along with 30,000 other dental team members.

Since the program's inception in 2003, more than 5 million underserved children have received oral health services at no cost. GKAS Day is celebrated nationally on the first Friday in February, but events take place year-round.

The GKAS Community Leadership Development Institute is sponsored by Hu-Friedy and Henry Schein Cares. For more information on Give Kids A Smile or to make a donation, visit ADAFoundation.org. ■

Duo ties ADA meetings to family vacations

BY DAVID BURGER

Poquoson, Va. — As a child, Dr. Russell Taylor had “quite a few family vacations” that coincided with trips to ADA annual meetings because his father, Dr. Donald Taylor, was a dentist.

But it wasn’t until ADA 2015 – America’s Dental Meeting that the younger Dr. Taylor attended his first annual meeting as a dentist, accompanied by his father.

With the ADA meeting not far from his family’s practice in the small Chesapeake Bay town of Poquoson, Dr. Russell Taylor continued the family tradition of bringing his own family along with him to annual meetings.

“Having the meeting in Washington, D.C., just a stone’s throw away, certainly simplified traveling,” he said. “Not only was it convenient, but D.C. has many great outlets for entertainment whether it be dining out or touring one of the many national museums. It certainly gave the family a plethora of things to see while we attended the ADA meeting.”

One of the highlights of the annual meeting was the Welcome Reception, which allowed those attending to privately tour the National Museum of American History and National Museum of Natural History.

“It was incredibly unique and we enjoyed the exclusiveness,” Dr. Russell Taylor said before making a Ben Stiller flick reference. “We were just waiting for the exhibits to come alive like in the movie.”

Experiencing the meeting with his father was a special treat for the son, who, like his dad, is a graduate of the Virginia Commonwealth University School of Dentistry at the Medical College of Virginia.

“After classes we would meet up for lunch or tour the exhibit hall looking for any potential equipment needs or services for our practice,” he said. “After the day ended we would meet up with our families and go enjoy a family evening out. Of course on our days off we enjoyed sightseeing around Washington with our family.”

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Dr. Russell Taylor didn’t have too much time off, though. He attended no fewer than nine CE courses at ADA 2015, ranging from Implant Surgery and Bone Grafting Techniques to Esthetic Smile Design.

“The ADA puts together some top-rated speakers,” he said. “Having such a large meeting affords a vast selection of courses which can be tailored to any preference. We both enjoyed learning about new techniques and new technologies that we can incorporate into our everyday practice. From live implant surgeries to hands-on cadaver courses to excellent case presentations we had an overall great time.”

Having such a memorable experience at his first ADA annual meeting as a dentist has convinced Dr. Russell Taylor to consider coming to — with his family in tow — ADA 2016 in Denver.

“What better way to enjoy yet another family vacation?” he said. “We look forward to hiking around and enjoying what Denver

and the Rockies have to offer while enjoying some quality CE.”

It’s clear that it’s the family that goes to ADA meetings together, stays together.

ADA 2016 – America’s Dental Meeting will convene Oct. 20-25 in Denver.

ADA 2016 registration will open in May. For the most updated information, visit ADA.org/meeting.

Join the conversation on Facebook and Twitter using #ADADEN. ■

—burgerd@ada.org



Happy together: Drs. Donald Taylor and Russell Taylor pose for a quick picture during ADA 2015 – America’s Dental Meeting in Washington, D.C., in November. The father and son dentists have traveled to many annual meetings together, but ADA 2015 was the first time Dr. Russell Taylor attended as a dentist. They plan to attend ADA 2016 in Denver.

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Fishing trip snowballs into Belize Mission Project

BY DAVID BURGER

San Pedro, Belize — The Belize Mission Project began with a fishing trip.

More than 25 years ago, Dr. Frank Whipps, his wife Bonnie and a friend traveled to the central American country to do some fishing and shoot some video for a fishing show. While there, they met another American dentist who had moved to Belize to start a resort. The other dentist also volunteered time to treat residents with dental pain. He asked Dr. Whipps if he could put together a volunteer group to come down to help people who had no source of dental treatment.

“Since my wife and I had been doing mission projects 10 years prior to this meeting and since the other gentleman who was with me was in the travel business, we decided we would give it a try,” Dr. Whipps said.

That simple beginning has blossomed into a two-week humanitarian mission each fall that includes about 100 volunteers who provide medical and dental treatment to thousands of impoverished Belizeans across the country.

In addition, volunteers with the Belize Mission Project have established a country-wide fluoride varnish program where they apply varnishes to 8,000-9,000 children each year.

“From my wife’s and my perspective, true happiness will never be gained by the financial whims of people,” said Dr. Whipps, who is semi-retired, running a limited orthodontic practice in Centralia, Illinois. “True satisfaction will only be gained by learning how to give yourself away. Over the years there have been all kinds of books and articles written on this subject and no matter whether you go — to Belize, Africa or wherever it might be — the important lesson you will learn from participating in any of these projects is how to give yourself away and to make the lives of others just a little bit easier.”

The project has become so popular among its volunteers that about 70 percent of them are repeat participants. However, Dr. Whipps said, “We are always looking for volunteers.”

Although the trips are only one week in length for everyone except for Dr. Whipps and Bonnie, the volunteers’ connections to one another remain strong after they leave



Team: Dr. Gordon Gates, with the assistance of his hygienist wife, Jan, treat a patient in Corozal, Belize.



Underserved: Dr. Phillip Bangle and his dental assistant Lindsay Payne pose with a patient in San Pedro, Belize.

Belize. “I must say that the Belize Mission Project has turned into an unrelated family event and people for years have said that some of the best friends they have are participants in the Belize Mission Project,” Dr. Whipps said. “Many of these people even go so far as getting together during the course of the time they are not in Belize. And if they don’t do that, they keep up with each other’s lives during the course of the year.”

Dr. Phillip Bangle, a dentist in Waukesha,



Volunteerism: Dr. David Vo and his dental assistant Sandra Diaz render dental treatment in San Pedro, Belize.

Wisconsin, has been on every Belize trip with Dr. Whipps since 2004. He said he was initially attracted to an ADA News article earlier that year about Dr. Whipps, with the story titled “Autumn in Belize.” Dr. Bangle said that in the midst of a dreary winter, that “sounded nice.”

Since then, Dr. Bangle has grown fond of the volunteers who go to Belize each year, while never forgetting why he goes. “I feel it is my God-given ability to help people,”



Leader: Dr. Frank Whipps, the co-founder of the Belize Mission Project, poses with a patient in Belize in 2005.

he said. Of the volunteers, he said, “We may have different voices, but we’re all singing the same song.”

Dr. Bangle said Dr. Whipps’ persistence is extraordinary. “His efficiency, his drive is incredible,” he said.

Dr. Gordon Gates, a prosthodontist in Boulder, Colorado, has been a Belize Mission Project volunteer for 14 years, and each year his wife and two dental assistants and one hygienist from his office come along. “It’s giving back,” he said. “It’s fun. It’s enjoyable. You get so much out of it.”

When he first went to Belize, Dr. Gates said, he was already involved in humanitarian trips to the Kingdom of Tonga, but was frustrated in his attempts to help in a more meaningful way. “I went to Belize to see how Dr. Whipps organized it,” Dr. Gates said. “I liked it so much, I kept going back. It was a great trip. You go and you’re busy.”

The Belize Mission Project attracts a “wide spectrum of people,” Dr. Gates said. “It really changes their lives.”

To volunteer, go to the website belizemissionproject.com and fill out an application. Potential volunteers can also call Dr. Whipps’ office at 1-618-532-1821 for more information and to sign up.

To learn about other humanitarian missions, visit the ADA Foundation International Volunteer Website internationalvolunteer.ADA.org. ■

ADA Business Resources endorses HealthFirst for medical waste disposal service

ADA Business Resources announced in February that it has endorsed HealthFirst as provider of sharps and medical waste mail-back disposal services for members.

This new endorsement provides ADA members with a comprehensive and cost-effective disposal solution, which can save a typical dental practice up to \$2,000 annually when compared to traditional pickup services, according to ADA Business Resources. In addition, members receive a 10 percent discount and have access to special promotions.

“HealthFirst is really an outstanding company to work with,” said Deborah Doherty, managing vice president of ADA Business Resources, which already endorses HealthFirst as provider for their amalgam recycling system.

“We’re confident that this new relationship will benefit ADA members

by offering a product with the potential to deliver significant cost-savings,” she said. “Dentists can also expect to receive excellent customer service from a company that has been fully vetted and excels in the dental business space.”

HealthFirst system offers a disposal solution with no contracts, unscheduled pickups, unexpected fees and excess inventory to manage. Occupational Safety and Health Administration-approved sharps disposal containers of various sizes are filled and then shipped direct to the processing facility. The cost includes the prepaid return

HealthFirst

packaging, disposal and on-line waste tracking. Dental offices receive

assistance from representatives, and customers are offered OnTraQ, a free online compliance management tool that provides compliance reporting and digital archiving of waste receipts.

According to ADA Business Resources, most dental offices use sharps disposal systems that include a truck stopping at the office on a regular schedule and utilize a long-term contract that automatically renew — systems better designed for hospitals and medical offices.

“At HealthFirst, we are truly enthusiastic about this new opportunity to serve ADA

members,” said Earl Greene, general manager of HealthFirst. “We are committed to providing our customers with dental waste disposal services that help to keep them in compliance while saving them money.”

ADA members seeking to transition away from their current service provider to HealthFirst’s mailback service are offered discounts. When purchasing a large capacity (8 or 18 gallons) sharps kit to dispose old sharp containers, customers receive a “buy one, get one free” offer on the initial HealthFirst Sharps Management kit purchase. ADA members receive a 10 percent discount on all future sharps management or medical waste management products purchases.

For more information, contact a HealthFirst compliance counselor at 1-888-963-6787 or visit HealthFirst.com/ADA. ■

INDUSTRY Watch

News from the dental industry

Patterson merits award; its foundation notes milestone

Patterson Companies received the BOLD Award from the Association for Corporate Growth on March 4 for increasing its business scope and recalibrating corporate strategy.

Patterson Companies acquired Animal Health International in 2015 and dissociated its rehabilitation sector, Patterson Medical. While accepting the award, Patterson Companies chairman, president and CEO Scott Anderson announced a \$25,000 donation to fellow BOLD Award winner Loaves and Fishes, a Minnesota-based nonprofit focused on feeding the hungry.

"Twenty-five thousand dollars can cover the operating costs of one of our medium-sized sites, or roughly 10,000 meals, for an entire year," said Cathy Maes, Loaves and Fishes director, in a Patterson Companies news release.

The Patterson Foundation elected Dave Misiak as president at its board meeting in December 2015. Mr. Misiak has worked at Patterson for more than 20 years. He was previously the vice president of the foundation board.

The foundation also announced that it exceeded \$500,000 in support of Missions of Mercy and the America's Dentists Care Foundation events. Missions of Mercy provide free oral healthcare in 32 states during a two-day event. The ADCF provides the events with dental equipment and guidance. In 2015, the Patterson Foundation raised a total of more than \$980,000. ■

Henry Schein named one of world's most ethical companies

The Ethisphere Institute, a business that analyzes data to mea-

sure corporate ethics standards, recognized Henry Schein, Inc. March 7 as a 2016 world's most ethical company. This is the fifth consecutive year Henry Schein has received the honor.

"Schein's efforts to promote access to health care for underserved and at-risk populations around the world and its sponsorship and recognition of those who excel in promoting access reflect

corporate integrity at its best," said Timothy Erblich, Ethisphere's chief executive officer, in a statement. ■

Pulpdent donates fluoride varnish to aid children in Guatemala

Pulpdent Corporation announced it will be working with Mil Milagros, a nonprofit organization focused on improving child health in Guatemala, by

donating Embrace Fluoride Varnish for the local Guatemalan public schools.

"Mil Milagros has done an exemplary job serving the needs of the children and families in rural areas of Guatemala," said Fred Berk, Pulpdent vice president. "We are honored to work with them, and we commend them for their efforts and continued success." ■

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March 27-April 2 marks National Root Canal Awareness Week

In celebrating Root Canal Awareness Week's 10th anniversary, observed March 27 to April 2, the American Association of Endodontists hopes to dispel fears of root canal treatment with a nationwide effort to educate patients about endodontics.

According to a survey by the AAE, 67 percent say fear of pain concerns them most about having root canal treatment.

"We use technologies like microscopes, digital and 3-D imaging and ultrasonics to diagnose and treat our patients quickly, comfortably and successfully," said Dr. Terryl A. Propper, president of the American Association of Endodontists, in a statement the association released for Root Canal Awareness Week.

For more information about the American Association of Endodontists and Root Canal Awareness Week, visit aae.org/rcaw. You can also follow the association on Twitter at @savingyourteeth or by searching #rootcanal. ■

Only a few days left!

Enter to win a free trip to ADA 2016 in Denver.

1. Write the reason you attend on a piece of paper
2. Take your photo holding the paper
3. Post on Twitter and/or Facebook using #whyiattend

Winners will be selected at random to win:

- Grand Prize:** Free airfare, hotel and registration for ADA 2016
- 2nd Place:** Free hotel and registration for ADA 2016
- 3rd Place:** Free registration to ADA 2016

Get posting! The contest ends Thursday, March 31, 2016. The winners will be featured in ADA 2016 marketing. For more information, visit ADA.org/whyiattend.

Subject to terms and conditions.
Visit ADA.org/whyiattend for contest details.



Registration will open in the spring. For more information, visit ADA.org/meeting.

Alabama educator earns investigator award

BY MICHELLE MANCHIR

Asked about his future plans, Dr. Nathaniel Lawson talks about one of his passions: presenting research in a way that makes it exciting and relevant to practicing clinicians.

The assistant professor at the University of Alabama Birmingham School of Dentistry is the recipient of the 2015 John W. Stanford New Investigator Award for his research project examining methods used to measure the depth of cure of composites, answering the question of whether new materials work.

"Within the last few years, a paradigm shift has begun to occur in restorative dentistry as new materials have made it possible to place composite restorations in bulk 4 mm increments," Dr. Lawson explained in an email. "As these materials transition to mainstream dentistry, clinicians will need to know if they are able to fully polymerize at this depth. Our research project examined the method we use to measure the depth of cure of composites, specifically bulk fill composites."

Dr. Lawson was invited to present his winning research project, "Depth of Cure Of Bulk Fill Composites with Monowave and Polywave Curing Lights," at the ADA Standards Committee on Dental Products annual meeting in Los Angeles, March 14-16.

The ADA Council on Scientific Affairs in

December selected Dr. Lawson to receive the award, which is being bestowed for the third time in as many years.

"It was a huge honor for me to receive a national research award from the ADA," Dr. Lawson said. "The recognition from the ADA helps me realize the benefits of pursuing an academic career and serves as encouragement for me to continue working in dental research."

Before becoming an assistant professor, Dr. Lawson earned his D.M.D. in 2011 and his Ph.D. in biomedical engineering in 2012 at



Dr. Lawson

the University of Alabama at Birmingham. His research interests include clinical and translational materials research and laboratory testing of the mechanical properties of composites, adhesives, ceramics and cements.

The John W. Stanford New Investigator Award honors the contributions of one of the ADA Standards Program's most vital figures, the

late John Stanford, Ph.D., who retired from the ADA in 1992 following a 40-year career, and died in February 2011. He is credited with establishing the ADA's current standards program. The award acknowledges the original research that dental students and new dentists produce in the realm of dental standards.

The application period for the 2016 John W. Stanford New Investigator Award runs through Oct. 1. For more information or to apply, visit ADA.org/dentalstandards. ■

—manchirm@ada.org

New dentist Web portal launched

The ADA launched this month a new Web portal, ADA.org/newdentist, designed to provide a one-stop shop for new dentists seeking information, ranging from finding a job and managing finances to better understanding employment agreements and compensation.

The portal provides new dentists easy access to a variety of new dentist-specific ADA resources and benefits, including the ADA job board, reduced dues program, details on the New Dentist Conference and the New Dentist News and New Dentist Now blog.

The Web page will be regularly updated with new and noteworthy information and resources. For more information, visit ADA.org/newdentist or contact the ADA New Dentist Committee at newdentist@ada.org. ■

CDT

Continued from Page 2

- Scaling in presence of generalized moderate or severe gingival inflammation — full mouth, after oral evaluation.

- Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.

- Provisional implant crown.
- Consultation with a medical health care professional.

- Dental case management — addressing appointment compliance barriers.

- Dental case management — care coordination.

- Dental case management — motivational interviewing.

- Dental case management — patient education to improve oral health literacy. ■

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