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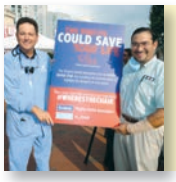

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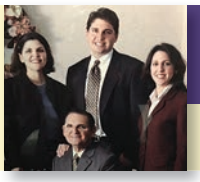

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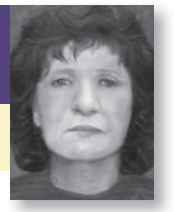

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ADANews

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BRIEFS

Early registration for FDI World Dental Congress ends May 31

Early registration discounts for the 104th FDI World Dental Congress in Poznan, Poland, are available through May 31.

The FDI World Dental Congress will occur Sept. 7-10 at the Poznan International Fair.

The Congress will feature a broad scientific program including panel discussions, global oral health forums, an expansive exhibit hall, interactive sessions on dentistry's cutting-edge topics and disciplines as well as meet-the-expert sessions and courses.

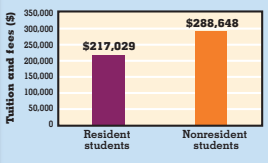
"You get to meet colleagues from all over the world," said FDI President-elect Kathryn Kell, an Iowa dentist and ADA trustee from 2004-08. "You feel like

See FDI, Page 21

JUST THE FACTS

Cost of dental school

By the 2014-15 academic year, the average total cost for all four years of dental school — including tuition and fees — was $217,029 for resident students and $288,648 for nonresidents.



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

Association urges lawmakers to reexamine McCarran-Ferguson

BY JENNIFER GARVIN

Washington — The ADA submitted written testimony April 12 to the Senate Judiciary subcommittee on antitrust, competition policy and consumer rights, urging committee members to reexamine the antitrust exemption enjoyed by health insurance companies as a result of the 1945 McCarran-Ferguson law.

INSIDE
Cheat sheet for HIPAA audits available online, Page 8

"The current debate regarding health care reform requires serious consideration of any and all means to introduce competition and make health insurance affordable for all Americans," wrote the Association, which has long contended the ability to collude on payments gives health insurance companies an unfair competitive advantage.

"An important step toward achieving these objectives is eliminating the outdated antitrust exemption that grants health insurers

See LAW, Page 13

For Afghan-American dentist, Veterans' Smile Day is personal

Giving thanks: Dr. Afsana Danishwar speaks with a patient during a Veterans' Smile Day at her practice in Culver City, Calif. Dr. Danishwar was among 300 dentists around the country who provided free dental care to veterans during last year's event.

BY KIMBER SOLANA

Culver City, Calif. — Dr. Afsana Danishwar was only 8 years old when the Soviet Union invaded Afghanistan at the end of December 1979.

In the middle of the night in early 1980, and with only the clothes they wore, Dr. Afsana Danishwar said, she and her family — parents, two brothers and a sister — left her hometown of Kabul.

"It's been a country at war for 30 years," she said. "To have the U.S.

See VETERAN, Page 27

Fluoridation fluorishes, new CDC stats say

BY MICHELLE MANCHIR

Atlanta — Nearly 74.7 percent of the U.S. population on community water supplies — or about 214.2 million people — received the benefit of fluoridated water in 2014, according to statistics released March 25 by the U.S. Centers for Disease Control and Prevention.

The CDC issues updated fluoridation statistics every two years. This is the seventh consecutive increase since 2000, when 65 percent of the U.S. population on community water supplies, or about 161.9 million people, received optimally fluoridated water.

The CDC calls the jump "continued progress from the Healthy People 2020 baseline of 72.4 percent towards the target of 79.6 percent." Healthy People 2020 is a series of "science-based, 10-year national health objectives for improving the health of all Americans," according to the CDC.

"It is exciting to see the number of Americans receiving fluoridated water continues to rise," said Dr. Valerie Peckosh, chair of the ADA National Fluoridation Advisory Committee.

See FLUORIDE, Page 24

It was a very busy 2015

Video, infographic highlights ADA impact on oral health

Half a billion social media engagements on the benefits of fluoride. Nearly 107,500 hours of continuing education delivered. And $6 million in funding for military dental research to help treat and rehabilitate injured soldiers.

The ADA, together with state and local associations, had a busy 2015.

A video and infographic were launched this month on ADA.org/highlights, which showcase the reach and impact of organized dentistry to support dental society recruitment outreach.

The goal: to articulate, in a brief visual way, the impact and value of ADA membership.

These achievements on public education, community service, advocacy and helping members succeed are visual and are easy to share via social media. The infographic includes a customizable page that allows state and local dental societies to highlight their achievements.

Accomplishments in 2015 highlighted in the two-and-a-half minute video and one-page infographic include:

- 3.7 billion impressions in news stories, such as The New York Times and The Wall Street Journal.
- Donation of $1.3 billion in dental care by ADA members — or about $2,500 per minute.
- Treatment of 350,000 children in 2015 through Give Kids A Smile.
- Advocacy on Capitol Hill for $17 million to expand funding for dental access, research and disease prevention.
- Members saving an average of $34,900 in a new student loan refinancing program through Darien Rowayton Bank.

"It's truly impressive to see what we as the ADA have achieved together throughout 2015," said Dr. Joshua Austin, chair of the ADA Council on Communications. "By highlighting these momentous achievements in a way that's easy to share with colleagues, family and friends, it allows for everyone to gain a greater understanding for our organizations' true impact on society."

For more information on the 2015 ADA Highlights, visit ADA.org/highlights. ■

Medicaid webinar set for April 29

The National Academy for State Health Policy, an independent academy of state health policymakers, will host a webinar April 29 featuring policymakers from three states that administer Medicaid benefits through managed care contracts that include both medical and dental services.

During the one-hour webinar, A Conversation with State Officials on Medicaid Dental Managed Care, policymakers will share their insights about strategies to ensure that managed care contractors and their subcontractors maintain an adequate network of dental providers, provide outreach and care coordination to members, and promote quality improvement.

The speakers are:

- Dr. Ken Rich, dental Medicaid director, Kentucky Department for Medicaid Services.
- Jakenna Lebsock, quality improvement manager, Arizona Health Care Cost Containment System.
- Dr. Paul Westerberg, chief dental officer, Pennsylvania Department of Human Services.

NASHP will also provide an overview of a case study of Kentucky's managed care experience that explores these topics and draws out lessons for state policymakers. Andrew Snyder, NASHP project director, will moderate.

To register, visit nashp.org and search for "Webinar: A Conversation with State Officials on Medicaid Dental Managed Care." ■

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Recruiters: The California Dental Association staff and volunteers pose with an award for "Greatest Net Gain in Membership" for a dental society with more than 7,500 members at this year's Membership Recruitment and Retention Conference, held April 7-9 at ADA Headquarters. Pictured from left to right (front row) are Deborah Elam, Dr. Chi Leung, Bella Penate; (second row) Dr. Christine Altrock, Annette Masters, Dr. Karin Irani, Dr. Hema Patel, Dr. Arlene Lee, Teresa Chien; (third row) Courtney Fuller, Jun Hae Park, Dr. Brian Fabb, Dr. Judy Wipf, Dr. N.M.K. Prasad, Hanah Morinaga; (back row) Dr. Wayne Nakamura, Dr. Mauricio Dos-Santos, Dr. Adriana Masi, T. Andris Ozols. About 160 state and local dental society volunteers and staff members dedicated to growing membership attended the annual conference.

VIEWPoint

MyView

Why I'm in for life

By Joseph Sokolowski, D.D.S.

We've been spending a lot of time discussing membership this year at the Missouri Dental Association, particularly member loyalty. Why do some members stay in the tripartite, while others opt out, and still others seem to alternate between periods of membership followed by periods of inactivity? This has caused me to reflect upon my own membership in the ADA/MDA/Greater St. Louis Dental Society and my continuing loyalty to organized dentistry.

There was a time in my dental career when the annual ritual of writing the check for my tripartite dues was not the automatic act it has become but one that involved much thought and financial analysis. There were years when I gave serious consideration to dropping out of the ADA tripartite organization. The expense was significant for a new practitioner with multiple practice loans, a new baby and a very simple lifestyle. The tripartite system itself was a mystery. The local Greater St. Louis Dental Society component seemed OK. I had met some of the older dentists and they were friendly enough, and the local meetings were a way to get out of the office and meet some other colleagues. However, the Missouri Dental Association and the American Dental Association were just big, faceless bureaucracies that seemed to be extensions of the same establishment hierarchies that I had resented in dental school. What did those people do with all that dues money? Why can't I join Greater St. Louis but not the other two? Maybe next year I'll just save the money and drop out.

Then came the great Occupational Safety and Health Administration tussle of the mid-to-late 1980s. The AIDS epidemic of that period spawned an era of threatened increased regulatory involvement in the day-to-day practice of dentistry. Perhaps the lowest point came after it was reported that a Florida dentist had passed HIV to multiple patients. Blood was now considered to be as dangerous as radioactive waste, and random, unannounced office inspections by state or federal regulatory control personnel appeared imminent. Rumors of draconian rules and enforcement measures ran rampant. One could easily imagine a dental operatory that was modeled after a hospital operating room, with everyone and everything draped in multiple layers of protective coverings, and sterilized, disinfected and sanitized into oblivion. And that was just for the initial exam.

The only advocates (I'm not sure that word had been invented yet) we had were those faceless bureaucrats at the ADA and MDA. In fact, they did a great job of minimizing the intrusion into our office, while protecting the public and urging us to take long overdue measures like routinely wearing gloves, and implementing more stringent (but reasonable) sterilization and disinfection procedures. The ADA published a very useful "Regulatory Compliance Manual" that simplified the compliance process.

Shortly thereafter, at one of the Greater St. Louis golf events, a group of us were sharing thoughts on life and dentistry over beers. The topic of ADA/MDA/GSLDS membership was raised, and I voiced my usual reservations about high dues, bureaucracies, value, etc. One of the guys opined that he had felt that way at one time but was now a committed lifetime member based on the fact the ADA had saved us from so much federal regulation. That was enough for him. He added that this threat of governmental meddling was sure to continue and that anyone who enjoyed

See MY VIEW, Page 5

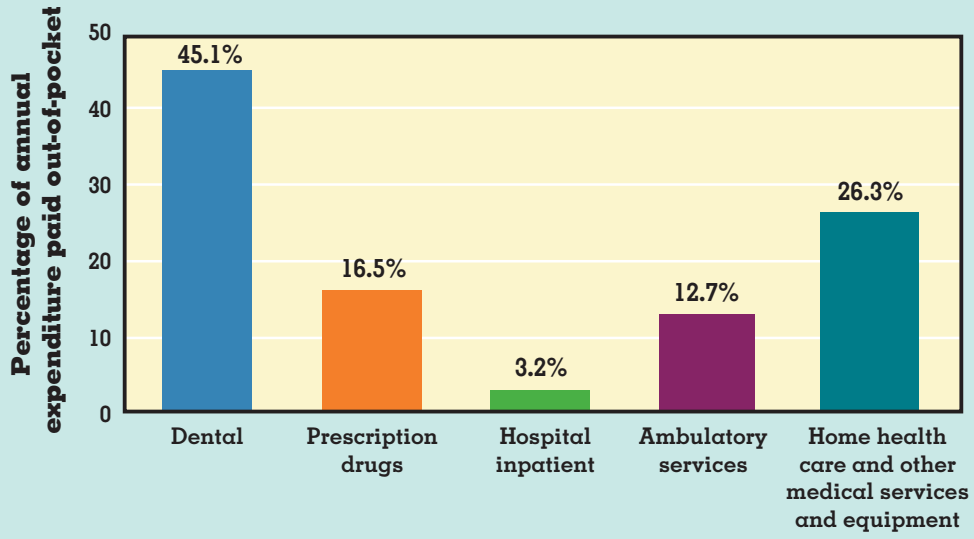
LETTERSPolicy

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.

SNAPSHOTS OF AMERICAN DENTISTRY

Out-of-pocket expenditure

A recent analysis by the ADA Health Policy Institute found that in 2013, out-of-pocket expenditures, as a percentage of the total expenditure, were higher for dental services compared to other sectors of the health care system.



Source: American Dental Association, ADA Health Policy Institute Research Brief, "The Per-Patient Cost of Dental Care, 2013: A Look Under the Hood." Available at ADA.org/researchbriefs.

Letters

Dental student loan debt

I graduated from the University of Texas School of Dentistry in Houston in 1976. My class was very competitive and academically excellent. I held down two part-time jobs all four years of school and made in today's dollars $25,000-$30,000 per year. Multiply that by four years is over $100,000.

If most dental students today are borrowing over $200,000 to get out of dental school then I have part of the solution in three words.

Get a job.

John W. Sparkman, D.D.S.
Amarillo, Texas

Dentists' earnings

I read with great interest the article "Health Policy Institute: Dentists' Earnings Remaining Stagnant" in the Jan. 18 issue of the ADA News. How astounding! Let us dissect and analyze the uncomfortable reasons for this. I thank Marko Vujicic, Ph.D., for his honesty. If the schools keep producing and flooding the market with new dentists, even the blind can see that incomes will not rise. Supply and demand, remember? In addition to this, we have done our job so well that there is not such a great demand for our services. This author has been in practice for over 40 years. Whereas I have seen 30-40 decayed surfaces every year, I now see perhaps one each year, which has largely been helped by sealants. I realize after speaking to several dentists at the Greater New York meeting in December 2015, that there are dentists from Wyoming and South Dakota

who have huge incomes from dentistry. However, there are so few dentists in these areas, that this is an extreme anomaly. In addition to which, I realize that their populations are not overflowing. For the dentist from cities with a population of over 500,000, be careful, if you sneeze, you will hit five to six dentists close by. Practically speaking, we cannot expect dentists to move to these very frozen areas.

Many schools have changed their names to honor a benefactor, and that is nice; however, it will not give the entering dental student any better rung up the income ladder. In addition to all of this, there are some "educators" who charge large fees to educate young dentists in exotic procedures with techniques that the average consumer cannot afford, even with financing help.

Now, to address the Bureau of Labor Statistics analysis that dentists topped the list of best jobs in 2016: We wonder who led this faulty analysis by this agency? Yes, low unemployment and for some a healthy work/life balance is a priority. As far as orthodontics is concerned, which tops the list, it seems that this is the one field where incomes will rise, since orthodontics deals with facial development, although the use of clear braces has altered the orthodontic landscape.

So, where are we going with this profession, which gives justified awards to people whose pictures

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Letters

Continued from Page 4

are in our journals that we continually see? To the point, I believe that we have to cut down to one-half of the graduating students. Their debt is enormous, and it will be years until they can make up their debt and pay for the new machines that are foisted upon them by aggressive salespeople. I also believe that some of these benefactors, who have their names on the dental school buildings, could subsidize the tuitions for some of these students. In addition to all of this, since the economy looks so bad, many older practitioners who would have retired at 65-70 years of age, are choosing to continue working, and therefore they serve to pick up some of the crumbs in this scenario. Of course, the insurance industries realize this and cut down the reimbursements of dentists almost at their will, again because the dentists will accept almost anything to remain competitive. Not a very comforting thought.

In sum, while dentistry remains a noble, well-respected profession that should be pursued by those who "love to do what they do best and also are good in what they love to do," it is a cautionary tale, albeit a somewhat pessimistic tale, to those who may choose dentistry without the knowledge that dental incomes may remain stagnant for the foreseeable future.

Marvin Grossman, D.D.S.
Port Washington, New York

MyView

Continued from Page 4

the benefits of organized dentistry's assistance without helping to pay for the process (by being a dues-paying tripartite member) would be a freeloader.

I think it was the use of the term "freeloader" that really got my attention. I like to think of myself as an independent free thinker, or rugged individualist, but never as a freeloader. I had to agree with my colleague. If the ADA was going to protect us from unwanted intrusion into our professional lives, and help us through the process of necessary change, then the least I should do was to pick up my relatively small share of the tab. In my eyes, to not do so would be as shameful as stealing.

Since then, I've gotten more involved in all levels of the tripartite membership. I've gotten to know the MDA staff, and I know them to be the total antithesis of the faceless bureaucrats I had imagined. I've been a delegate to the ADA House, and while some of the ADA hierarchy can still seem a tad distant, I've met scores of down-to-earth, devoted people — delegates, alternates, officers and staff — who are dedicated to protecting the interests of the profession, its individual practitioners, and the public whom we serve. That's why I'm in for life.

I hope we can continue to bring nonmembers into the fold and show them what the national, state and local organizations can and will do for them in their professional years of practice, so that, like me, they'll be in for life, too. ■

This editorial, reprinted with permission, originally appeared in the Sept./Oct. 2015 issue of MDA Focus, the publication of the Missouri Dental Association. Dr. Sokolowski is the former president of the MDA.

ADA asks Congress to reinstate chief dental officer

BY JENNIFER GARVIN

Washington — The Association, along with the American Academy of Pediatric Dentists, American Dental Education Association and American Association for Dental Research, is asking Congress to reinstate the chief dental officer position within the Health Resources and Services Administration.

In a March 2 letter to the House and Senate Appropriations Committees, leadership from the four organizations outlined oral health funding requests for 2017, including a request to restore the position to its previous rank.

In 2012, HRSA downgraded the position from chief dental officer to senior dental advisor.

This goes against the agency's 2010 Oral Health Initiative, which aims to improve access to care, the organizations pointed out in the report.

"Dental access, prevention, care and research initiatives are leading to improved oral health across the country," stated the letter.

"The modest programmatic increases we are requesting, together with the continuation of programs the president has proposed to eliminate, will allow more Americans to have access to improved oral health care." ■

—garvinj@ada.org

GOVERNMENT

ADA, ASDA want Congress to support dental student borrowers

BY JENNIFER GARVIN

Washington — In an effort to improve the borrowing rate on dental student loans, the Association has joined forces with the American Student Dental Association and endorsed H.R. 4223, the Protecting Our Students by Terminating Graduate Rates that Add to Debt Act.

The bill, introduced by Rep. Judy Chu, D-Calif., has 21 congressional co-sponsors and would amend the Higher Education Act of 1965 to allow the government to make Federal Direct Subsidized Stafford Loans available to graduate and professional students with a financial need.

In an April 11 letter to House Committee on Education and Workforce members John Kline, chair, R-Minn., and Robert C. Scott, ranking member, D-Va., ADA President Carol Gomez Summerhays and Executive Director Kathleen T. O'Loughlin, and ASDA President Sohaib Soliman and Executive Director Nancy R. Honeycutt urged the committee to support the bill. The legislation would allow students to take advantage of the same favorable borrowing terms and conditions of federal Direct Subsidized Loans that are offered to undergraduate students. According to the American Dental Education Association, in 2014 the average educational debt for senior dental student was $220,892.

"Today's graduating dental students face astronomical levels of educational debt, and many are reconsidering their postgraduate career plans because of it," stated the letter, adding that 61 percent of dental students who graduated in 2014 said that their debt influenced their decision to go into private practice immediately after graduation rather than public service, teaching, research and/or administration.

One way to help mitigate the alarming levels of dental student debt is to improve the borrowing terms on federal student loans.

"If enacted, H.R. 4223 would make graduate and professional degree students eligible to use Direct Subsidized Loans to finance a portion of their graduate education," wrote ADA and ASDA. "In any given year, eligible dental students could obtain a Direct Subsidized Loan with a borrowing rate that is 1.55 percent lower than the prevailing interest rate for Direct Unsubsidized Loans."

The bill also would forgive any interest dental students accrue while in dental school and six months following graduation.

"H.R. 4223 will not eliminate the significant burden of dental student debt, but it is an important step in that direction," the letter concluded. "We strongly urge the committee to report H.R. 4223 favorably so it may be considered for a vote by the full House of Representatives. We applaud Rep. Judy Chu for introducing this important legislation." ■

Florida Academy of Pediatric Dentistry reaches Medicaid settlement agreement

Tallahassee, Fla. — The Florida Academy of Pediatric Dentistry and Florida Chapter of the American Academy of Pediatrics announced April 5 that they've reached a settlement with Florida's Medicaid program to improve children's access to dental and medical.

The class-action lawsuit, filed in 2005, accused Florida's Medicaid program — known as the Statewide Medicaid Managed Care program — of failing to pay doctors enough for treating 1.9 million children with government-supported health coverage.

The settlement agreement requires Florida Medicaid and other state agencies to make "substantial improvements in the access of children on Medicaid to medical and dental care throughout the state," according to a release from the Public Interest Law Center, the Philadelphia firm that represented the Florida Academy of Pediatric Dentistry, Florida Chapter of the American Academy of Pediatrics and parents of children denied care.

The improvements include Florida Medicaid pledging the following:

- Increasing the percentage of children receiving preventive medical care to match the national norms by 2019.
- Working collaboratively with FCAAP and FAPD on an ongoing basis.
- Increasing the percentage of children receiving preventive dental care and treatment by 2021. ■

ADA asks agency to exempt dentists from proposed rule regarding confidentiality

BY JENNIFER GARVIN

Rockville, Md. — The ADA filed comments April 11 in response to the Substance Abuse and Mental Health Services Administration's proposed rule to expand federal regulations regarding the confi dentiality of patient records associated with substance abuse.

The agency is proposing a number of changes to the federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations, including expanding the regulations to cover certain health care practices that provide substance abuse disorder diagnosis, treatment or referral. Currently these regulations apply to certain federally assisted substance use disorder programs, but not to general medical practices. The Association is concerned that expanding the regulations could affect dentists who provide screening, brief intervention and referral services, and is asking the Substance Abuse and Mental Health Services Administration to exempt dentists from the proposed rule.

"More and more dentists are providing screening, brief intervention and referral services to help patients with substance use disorders find appropriate treatment," wrote ADA President Carol Gomez Summerhays and Executive Director Kathleen T. O'Loughlin. "[The agency] has long encouraged dentists to offer screening, brief intervention and referral services, which dentists provide voluntarily and without compensation."

While the ADA supports the agency's goal — "to ensure patients with substance use disorders have the ability to participate in, and benefit from, new integrated health care models without fear of putting themselves at risk" — the Association is concerned that the proposed rule could cause confusion, and that it overlaps with compliance measures already required by the Health Insurance Portability and Accountability Act. "This is particularly true for dental practices, many of which are solo and small group practices," wrote Drs. Summerhays and O'Loughlin. "It may be impossible for such practices to determine with certainty whether the proposed rule applies to them, and if so, which patient information needs to be protected, and what the proposed rule requires them to do."

The ADA also shared additional concerns about the proposed rule, including:

Dr. Summerhays

- By permitting patients to request the names of specific health care workers to whom substance abuse information was disclosed, the rule could put those workers at risk.
- By requiring an entity to restrict staff access to data about substance abuse disorders, the proposed rule overlaps HIPAA's "minimum necessary" requirement, but does not provide the flexibility that HIPAA allows to develop and implement reasonable and appropriate safeguards.
- The proposed rule could discourage practitioners from participating in research because, for example, the provider may not be able to determine whether the researcher is a HIPAA-covered entity.

"The ADA urges the Substance Abuse and Mental Health Services Administration not to adopt the proposed rule, or, if the proposed rule is adopted, to exempt dental practices," wrote Drs. Summerhays and O'Loughlin. ■

Navigate Medicare through three free online courses

A three-part web series aims to help dentists and other health care providers navigate the Medicare program.

The Medicare Learning Network is offering free online courses geared toward new or prospective Medicare providers. Part one gives a history of Medicare and an overview of the program along with information on enrollment; part two covers billing, reimbursement and appeals; and part three goes over claim review programs, fraud and abuse and outreach and education.

Continuing education credit is available through the Medicare Learning Network. Visit learner.mlnlms.com/Default.aspx. ■

Research institute agrees to $3.9 million HIPAA settlement

Washington — A biomedical research institute has agreed to pay a $3.9 million settlement to the federal government after an investigation determined that a stolen laptop contained the electronic protected health information of approximately 13,000 patients and research participants.

According to a release from the U.S. Office for Civil Rights, the New York-based Feinstein Institute for Medical Research filed a breach report under the Health Insurance Portability and Accountability Act when, in 2012, a laptop computer was stolen from an employee's car. According to OCR, the protected health information included the names, addresses, birthdates, Social Security numbers, diagnoses, laboratory results, medications and medical information of approximately 13,000 patients and research participants.

During the investigation, OCR discovered that Feinstein's security management process was limited in scope, and incomplete and insufficient to address potential risks and vulnerabilities to the confidentiality, integrity and availability of the institute's protected health information.

OCR also said that Feinstein lacked policies and procedures to govern the receipt and removal of laptops with electronic protected health information coming in and out of its facilities. It also noted that Feinstein failed to safeguard electronic equipment procured outside of its standard acquisition process as required by HIPAA.

"Research institutions subject to HIPAA must be held to the same compliance standards as all other HIPAA-covered entities," said Jocelyn Samuels, OCR director. "For individuals to trust in the research process and for patients to trust in those institutions, they must have some assurance that their information is kept private and secure."

The resolution agreement and corrective action plan may be found on the OCR website at hhs.gov. ■

HIPAA audit cheat sheet available

BY KELLY SODERLUND

An online cheat sheet is available on what the federal government will look for and require during its HIPAA compliance audits of health care providers, health plans and clearinghouses including dental practices.

The U.S. Department of Health and Human Services Office for Civil Rights announced in March it had begun its second phase of audits of covered entities and their business associates to assess their compliance with the Health Insurance Portability and Accountability Act Privacy, Security and Breach Notification Rules.

On April 1, the Office for Civil Rights published its revised audit protocol, which will tell health care providers:

- What kinds of questions they may be asked by auditors.
- What evidence of compliance efforts auditors will be looking for.
- Where to focus compliance efforts if a covered entity's leaders do not feel good about their compliance program's current state.

To read the full protocol, visit hhs.gov and search for "HIPAA audit protocol." ■

—soderlundk@ada.org

JADA+ Specialty Scans

Endodontics

Finding vertical root fractures in endodontically treated teeth with CBCT

An endodontically treated tooth with a vertical root fracture (VRF) has a poor prognosis. Because there are no reliable methods for treatment, it is usually extracted.

A longitudinally oriented fracture plane confined to the root, a VRF can only be seen if the primary imaging beam is within 4 degrees of the fracture plane. Superimposition of surrounding anatomic structures further impedes VRF visualization, which means detection occurs on periapical radiographs in only about one-third of cases.

To avoid unnecessary extraction of an otherwise treatable tooth, making a reliable diagnosis of VRF is the rationale behind using high-resolution cone-beam computed tomography (CBCT) imaging to detect VRF. However, the presence of imaging artifacts that may obscure the fracture plane calls into question the ability of CBCT to detect VRFs, scientists at the University of Toronto reported. Investigating CBCT's diagnostic ability to detect VRFs in endodontically treated teeth, they searched the literature for studies published through August 2015 regarding patients with at least one endodontically treated permanent tooth suspected of having VRF on the basis of clinical signs and symptoms. They published their findings in the February 2016 issue of Journal of Endodontics.

Of 2,360 records initially identified, scientists analyzed four studies that met the inclusion criteria for this systematic review. Because of the small number of studies and marked clinical heterogeneity among them, the team opted not to perform a meta-analysis.

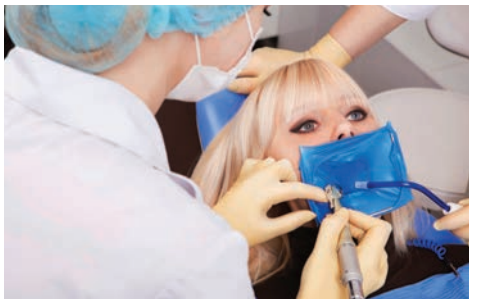
Results demonstrated a significant imprecision in the reported ranges of diagnostic ability owing to limited sample sizes, great variability in how studies were conducted, different CBCT models and imaging parameters, different types of reference testing and different populations under study. Examples included the subjective nature of radiological interpretation and multiple sources of bias.

Definitive conclusions about diagnostic ability could not be drawn, scientists said about the research. Instead, they asserted that the most clinically relevant question, "How accurate is CBCT in detecting VRFs in endodontically treated teeth?" remained unanswered. The findings were in agreement with two recent systematic reviews highlighted in discussion.

Scientists noted that CBCT is increasingly used in the clinical practice of dentistry, particularly within the specialty of endodontics, for the diagnosis of pathosis and preoperative assessment. "Because of the increased uptake of CBCT, the possibility of indiscriminant prescription and unjustified reliance on a test of unclear diagnostic ability is concerning," they said. "To maximize the chances of detecting a VRF by using CBCT, the clinician's best tools still consist of what is done before the CBCT (i.e. a thorough clinical examination and recognizing the signs and symptoms that are suggestive of a VRF)."

Among conclusions, they advised, "Until more evidence is presented to suggest that CBCT is both diagnostically accurate and efficacious, the prudent clinician should carefully consider its potential risks and harms before its prescription."

Read the original article: **jendodon.com/article/S0099-2399%2815%2900903-6/abstract**.



Rubber dams and endodontic outcomes

Overwhelming evidence shows that using rubber dams during root canal treatment (RCT) improves infection control and treatment efficacy. A recent Taiwanese study also showed that patients whose dentists use rubber dams during RCT may retain more natural teeth.

Published in the November 2014 issue of the Journal of Endodontics, the study analyzed the cases of 517,234 teeth that had received initial RCT between 2005 and 2011 and were tracked until the end of 2011. The database included medical claims of 1 million randomly selected patients from Taiwan's national health insurance 2005 beneficiaries.

A total of 77,489 of the teeth received initial RCT with a rubber dam and 439,745 did not. Scientists identified teeth that were extracted after RCT during the follow-up period.

After an average observation period of 3.43 years, the survival probability of teeth when initial RCT was performed using rubber dams was 90.3 percent, significantly greater than the 88.8 percent observed among those treated without rubber dams. After adjusting for potentially confounding factors — age, sex, tooth type, hospital level, tooth scaling frequency and systemic diseases — the tooth extraction hazard ratio for the teeth that received RCT with rubber dams was still significantly lower.

Authors reported what they described as "a relatively low rubber dam usage prevalence" of 15.0 percent in their study compared with a previously reported prevalence of 16.5 percent in Taiwan.

"There is a lack of direct evidence showing that the use of rubber dams improves the outcome of endodontic treatment, and the execution of controlled clinical trials to investigate this issue is not practical because of ethical concerns," authors said.

They called out previous research that found that many dentist-related factors may influence rubber dam usage, including postgraduate training, the treated tooth, the number of RCTs completed per month, the operator's attitude and experience.

"The use of a rubber dam during RCT could provide a significantly higher survival rate after initial RCT," authors concluded. "The result supports that rubber dam usage improves the outcomes of endodontic treatments."

Read the original article: **jendodon.com/article/S0099-2399%2814%2900641-4/abstract**.

The best of JADA Specialty Scan — Endodontics

These articles are reprinted from recent issues of JADA Specialty Scan — Endodontics, one of seven quarterly e-newsletters updating dentists on the latest news and developments in selected dental specialties. Articles are aggregated and summarized from previously published materials, each item attributed to its publication of origin.

The consulting editor for JADA Specialty Scan — Endodontics is Susan Wood, DDS, a Diplomate of the American Board of Endodontics, a member of the American Association of Endodontics Foundation Board of Trustees and AAE representative on the American Dental Political Action Committee Board of Directors.

Read more at ada.org/en/publications/jada/jada-specialty-scans. ■

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Dental plans offering enhanced benefits to bolster patients' oral and overall health

BY KELLY SODERLUND

More third-party payers are designing benefit plans that connect a person's oral health to the rest of his or her body, a move the ADA wants dentists to be aware of so they can offer help their patients access the best benefits.

Take Cigna, which took to YouTube to promote its Oral Health Integration Program, where patients who are pregnant or have certain medical conditions — diabetes, chronic kidney disease, side effects from head and neck cancer radiation, among others — may qualify for 100 percent reimbursement for copays or coinsurance for specific dental procedures for periodontal treatment or caries protection. There is no additional charge for the program.

"The research out there does show there are potential associations between those conditions and gum disease," Dr. Miles Hall, chief clinical director for Cigna Dental, said in the video.

Cigna is among a handful of dental plans newly offering enhanced benefits to patients with various medical conditions in an effort to support improvement in overall health. When a dental office calls the 800 number on the patient's ID card or uses the plan's website to verify benefits, it's important to check if the patient is eligible for additional coverage based on his or her current medical condition, said Dr. Ronald Riggins, chair of the ADA Council on Dental Benefit Programs.

"We're starting to see this more and more as insurance companies begin to realize how closely oral health is connected to a patient's overall health," Dr. Riggins said. "We want dentists to be aware of these benefits so they can alert their patients, who may not be aware these are available to them."

"When it comes to dental benefits, one size definitely does not fit all. Reality is, some people need more care than others to maintain or improve their oral health."

Aetna began its Dental Medical Integration program in 2007 after a study the company did with Columbia University College of Dental Medicine found that people with diabetes, coronary artery disease and cardiovascular disease who were receiving dental care had risk scores that averaged 27 percent lower from those who did not, according to Aetna's website. The study also showed that the medical costs for patients with those conditions who had been treated for periodontal disease averaged 12 percent lower medical costs.

The Dental Medical Integration program offers benefits like an extra cleaning and periodontal services covered at 100 percent for plan members who qualify. Since the program began, more than 1.5 million members have been identified and Dental Medical Integration members have received over $30 million in enhanced benefits, according to the website.

Northeast Delta Dental's HOW program — which stands for "health through oral wellness" — builds on the concept that benefit designs are most effective when they are personalized.

"When it comes to dental benefits, one size definitely does not fit all. Reality is, some people need more care than others to maintain or improve their oral health," according to a video posted online by the company.

To be eligible for enhanced benefits, the dentist must submit a risk assessment for the patient that indicates his or her level of risk — moderate to very high — for caries and/or periodontal disease. Eligible patients receive up to four prophy or periodontal maintenance visits per year; up to four fluoride varnish treatments annually without age restriction; sealants for adult and deciduous molars without age restriction; oral hygiene instruction, nutrition counseling or tobacco cessation; and caries susceptibility testing.

Dr. Riggins

To learn more about different types of dental plan designs, visit the ADA Center for Professional Success at Success.ADA.org and search for "dental benefit plan designs." The ADA offers resources on the link between oral health and a patient's general health at ADA.org by searching for "oral-systemic health." ■

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Dentists helping dentists

Peer review a member benefit that helps preserve doctor/patient relationship

BY KELLY SODERLUND

Navigating the peer review process over a dispute with a patient can be scary for dentists.

The fear is warranted because there's a lot at stake: the dentist's reputation, money and the possibility of a lawsuit. But for most dentists who participate in a peer review case, their state dental society is able to resolve it before it escalates.

"The ultimate goal is to try to keep complaints from going to the state regulatory board or the legal system," said Chris Wilson, professional review assistant and practice management specialist for the Michigan Dental Association. "We're also here for the public. We make sure the public is treated fairly in that if peer review deems the dental treatment to be unacceptable, we obtain a refund of their paid fees in order for them to seek retreatment."

The Michigan Dental Association is one of three state dental societies — along with the Texas and Oregon dental associations — granted Peer Review Recognized status from the American Dental Association. This status is awarded to states that volunteer to participate and demonstrate that they meet certain requirements in documentation and conduct of their peer review program.

"The ADA's Peer Recognition Program is the newest endeavor from the Association to provide an easy framework to review state dental societies' peer review program structure and performance to ensure that best practices are incorporated into the administration of the programs," said Dr. Ron Riggins, chair of the ADA Council on Dental Benefit Programs, which oversees the ADA's peer review program. "Sharing and incorporating best practices will help us ensure that we have a strong dispute/resolution mechanism for the profession we serve."

In Michigan, 98 percent of the complaints are filed by patients, and the state dental society generally will only take a case if the dentist is a member. Once a case is opened, MDA staff members request the patient's records from the dental office, any subsequent treating doctors and the insurance company, said Ginger Fernandez, manager of professional review and practice management specialist for MDA.

They then send the complaint and the records to that dentist's local dental society, which has member dentists review the case. When treatment is rendered by a specialist, the complaints are sent to the Michigan Dental Association's specialty peer review committees. Some cases have to do with dental treatment, others involve ethical issues like advertising or professional demeanor, which are sent to the ethics committee, Ms. Fernandez said.

Dr. Michael Gonzalez, chair of the Council on Peer Review for the Texas Dental Association, said his state's peer review process relies upon the individual committee member's sense of fairness, objectivity, sound judgment and clinical skills. Cases are ultimately sent to the dentist's component society's peer review committee, which are comprised of licensed dentists, primarily general practitioners, who are elected by the general membership of that society.

"It also requires a commitment from the dental society for efficiency, expediency and responsiveness. Peer review provides a tangible opportunity for the dental profession to demonstrate its overriding concern for providing quality dental care to the patient," Dr. Gonzalez said. "Peer review can achieve many positive outcomes, not the least of which is its potential to inspire improvements in dental practice management.

In Oregon, the state dental association won't accept cases related to billing issues, which are sent back to the dentist for he or she to handle, said Lori Lambright, peer review director for the Oregon Dental Association. In

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Photo by ASDA/Caught in the Moment Photography

ASDA election: The American Student Dental Association's House of Delegates, during its annual meeting in March, elected its 2016-17 national president, vice presidents and speaker. (group photo) From left, ASDA Vice President Aaron Henderson, of the University of Minnesota School of Dentistry; ASDA President Sohaib Soliman, of the University of Washington School of Dentistry; ASDA Executive Director Nancy Honeycutt; and ASDA Vice President Jordan Telin, of the University at Buffalo School of Dental Medicine.

Law

Continued from Page 1

special status, and permits them to ignore the competitive rules that apply to every other U.S. business."

The state action doctrine, the Association said, provides a "more comprehensive and systemic solution to the problem the McCarran-Ferguson Act was originally intended to address — i.e., state and federal regulatory conflict — so that the Act exists today primarily as an historical vestige whose complicated terms have resulted in misinterpretation and mischief."

The Association concluded by saying it "strongly supports" the Competitive Health Insurance Reform Act, introduced last year by Rep. Paul Gosar. That bill would authorize the Federal Trade Commission and the Justice Department to "enforce the federal antitrust laws against health insurance companies engaged in anticompetitive conduct" and would not interfere with the states' ability to enforce their own regulations, antitrust statues and consumer protection laws.

"When competition is not robust, consumers are more likely to face higher prices and less likely to and less likely to benefit from innovation and variety in the marketplace." ■

—garvinj@ada.org

Peer

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Oregon, the anti-trust laws prohibit the Oregon Dental Association and its components from intervening in the determination of fees charged by dentists, Ms. Lambright said. Fees are a contractual matter between the dentist, patient and third-party payer, she said.

Once a patient files a complaint, the peer review director talks to the patient to determine if there is a communication issue that can't be resolved before the peer review process begins, Ms. Lambright said. If the case needs to proceed, the Oregon Dental Association forwards the case documents to the dentist who chairs the state peer review council to determine whether it's an appropriate case to pursue. From there, the case is sent to the chair of the dentist's component society peer review committee, who selects a mediator.

"The mediator then takes over and talks to the dentist and the patient to see if they can come to a resolution that's fair and equitable to both parties," Ms. Lambright said. "In most cases, the mediator is successful."

In 2015, the Oregon Dental Association took 107 phone calls with complaints. Twenty-four of those moved into official peer review cases and only one of those went to a hearing.

"This is a member benefit," said Conor McNulty, executive director of the Oregon Dental Association. "It's an alternative to other various forms of litigation that don't help the doctor/patient relationship."

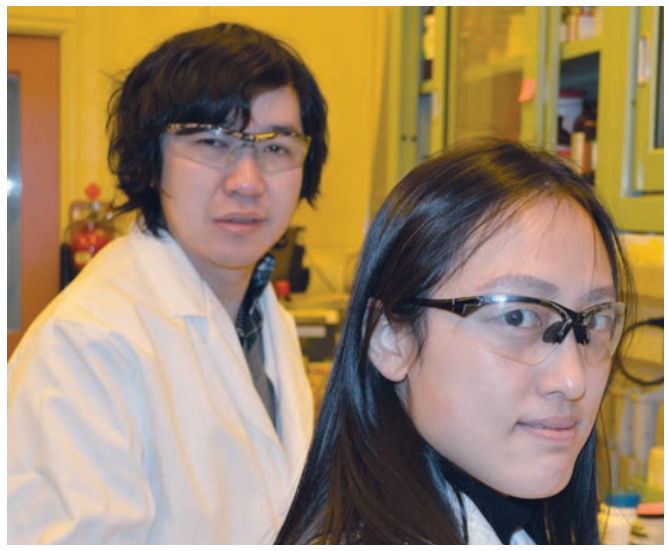
The Oregon Dental Association took a cue from the ADA and updated its peer review manual based on examples in Peer Review in Focus, which includes the Association's recommendations for how peer review programs should be organized and focused.

"We revamped our program based on the ADA's examples for best practices," Mr. McNulty said. "Peer Review in Focus is a great way to help calibrate and standardize peer review programs across the country."

To access the ADA's resources on peer review, visit ADA.org and click on Member Center, Member Benefits, Practice Resources then Peer Review Resources. ■

—soderlundk@ada.org

Volpe Research Center postdoc team pursuing improved dental composites



Comrades: George Huyang, Ph.D., left, and Yin Yang, Ph.D., work in the lab at the ADA Foundation Dr. Anthony Volpe Research Center in Gaithersburg, Md. They are part of a team researching longer-lasting dental composites.

BY DAVID BURGER

Gaithersburg, Md. — Two postdoctoral researchers with strong international research backgrounds are working with the team at the ADA Foundation Dr. Anthony Volpe Research Center on cutting-edge explorations that may bring new materials and tools into dental practices in the near future.

George Huyang, Ph.D., and Yin Yang, Ph.D., work as part of a VRC team that is researching longer-lasting dental composites, with interesting new findings arising regularly. "We see each other almost every day," said Dr. Yang of her colleague. "It is always fun to share our new discoveries and research progress or setbacks with each other. We are good colleagues and friends."

Drs. Huyang and Yang are a part of the research team overseen by Jirun Sun, Ph.D. This team is investigating novel ways to improve the service length of composites, invented in 1962 by Dr. Ray Bowen. The research includes the integration of self-healing properties and new resin systems into these next-generation composites. In 2013, the National Institute of Dental and Craniofacial Research awarded the VRC a five-year grant to support Dr. Sun and his team on this project.

Dr. Huyang grew up in Sydney, Australia, and graduated from the University of Sydney in 2007 and received his doctorate in 2012 from the same university. He has been at the VRC since 2014.

Dr. Huyang's research focuses primarily on the concept and application of a self-healing dental composite. He synthesizes components of this composite, molds the composite into specific-sized specimens and tests their mechanical properties, healing ability and durability.

"The service lifetime of existing dental composites has been short, and it is difficult to repair them once they've been implanted into a patient's mouth," said Dr. Huyang. "Therefore, it is best if we could incorporate self-healing characteristics into the material to improve its service life. There have been many challenges that we have encountered throughout this research,

such as the lack of standard methods to measure the healing efficiency. But through composition modifications and method development, we have successfully made dental composites that can heal the cracks autonomously and also designed and evaluated new tools to determine the effectiveness of the healing."

Dr. Yang grew up in Changsha, the capital of Hunan province in China, an area that she says is "famous for its spicy food and television industry." After earning her bachelor's degree from East China University of Science and Technology in Shanghai, she was awarded a doctorate in chemistry at Dartmouth College in New Hampshire. She arrived at the VRC in 2015.

Dr. Yang's research includes developing polymerizable molecules and studying the kinetics of their polymerization process — basically the rate and degree of the polymerization and the composition of the polymer obtained.

"Dental resins using BisGMA-TEGDMA, a key chemical component in dental composites as the polymer backbone, were introduced by Dr. Ray Bowen back in the 1960s," Dr. Yang said. "However, their susceptibility to hydrolytic and enzymatic degradations in oral environments has limited their average service life to about eight years. As a result, longer-lasting dental composites are needed. One possible solution is to replace the hydrolyzable ester groups with ether groups. Our recent study has shown that such modification indeed drastically improves the stability of the resin."

Dr. Bowen joined the ADA research center staff in 1956 after his first published research

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DDS Safe helps dentists secure patient data

For Dr. Ryan Braden, Wisconsin Dental Association president, taking a hard drive with backed-up patient data back and forth to the office never seemed like the right solution for keeping his practice's records safe.

"I have enough things on my plate. I don't need to be worrying about 20 years' worth of patient data," said Dr. Braden, of Lake Geneva, Wisconsin. "What if one of the hard drives was stolen or was lost? And HIPAA requires covered dental practices to have a system in place to keep patient records secure, so I decided to look for a better solution."

Dr. Braden found DDS Safe from The Digital Dental Board, a managed online data backup and recover solution endorsed by ADA Business Resources. The DDS Safe team provides a three-layer protection system that backs up all patient data online, to a workstation and on an in-office drive — ensuring patient records are not lost after disasters such as floods and fires, according to ADA Business Resources.

DDS Safe helps ensure that dental practices are meeting Health Insurance Portability and Accountability Act standards.

"Data is encrypted using a 256-bit advanced encryption standard, plus we have two SAS-certified data storage centers," said Steve Newton, Digital Dental Record vice president. The software is compatible with both Mac- and Microsoft-based systems, he said.

"We have been a paperless office for many years," Dr. Braden said, "So it's crucial to know our data is backed up and I don't have to worry about it. If something were to crash at our office the DDS Safe team is in place to get it back. This helps me sleep at night knowing that no matter what happens, such as a flood, fire or any other disaster, my patient data is safe and secure."

ADA members are eligible to receive one month free of online data backup and recovery. For more information, visit dentalrecord.com or call 1-800-243-4675.

For additional information ADA Business Resources and its endorsed providers, visit adabusinessresources.com. ■

Volpe

Continued from Page 14

paper and presentation at an International Association for Dental Research meeting led to an encounter with Dr. Robert Nelson of the ADA Research Unit. That unit evolved to become first the ADA Foundation Paffenbarger Research Center, and later the ADA Foundation Dr. Anthony Volpe Research Center. After years of very productive research for the ADA, including development of many other dental materials, Dr. Bowen became director of the PRC in 1983 and was director until 1994. He became the ADA's first distinguished scientist in 1994.

Both Dr. Huyang and Dr. Yang are committed to continuing their career in scientific research.

"I hope that in five years, I would have a successful career in the field of science, whether it be in industry or academia," Dr. Huyang said. "In 20 years? I feel it is really hard to say, and that too many things can change. Maybe that is a question I can answer in five years."

"In the next five years, I would like to continue using basic science and research to make something that could be applied, something that is useful in our daily life or practical in advanced technologies," said Dr. Yang. "Chemistry is interesting because it's a field where you can create things that do not exist otherwise. As for my next 20 years, I am not sure yet. I want to keep my options open. But definitely a career related to chemistry and material science."

For the time being, the two are focused on their goals of developing pioneering dental composites.

Dr. Huyang said, "For self-healing dental composites, there is the big overall goal of improving dental material to improve their lifespan, and each individual step has its own goals along the way, like confirming the healing or developing a standard method for measuring healing. Smaller goals like these will keep us move forward as research progresses."

"I want to understand dental resins as much as possible," said Dr. Yang. "I want to solve current problems and create better resins to be applied to dentistry. The most satisfying moment for me as a young researcher is when I tackle a problem and come up with a solution after overcoming a series of difficulties."

For more information on the ADA Foundation Dr. Anthony Volpe Research Center, go to ADAFoundation.org/VRC. To support the scientific research being done by the VRC or other ADA Foundation programs, visit ADAFoundation.org/how-to-help. ■

Virginia Dental Association takes oral cancer awareness to the street — literally

Virginia volunteers: Drs. Michael Link, left, and Anthony Peluso take a break from participating in a "Where's the Chair?" event in August 2015 in downtown Virginia Beach.

BY MICHELLEMA NCHIR

Richmond, Va. — If patients could get oral cancer screenings in two minutes at the mall or on their way to a concert, would it make a difference for patient well-being?

It's a question Virginia Dental Association members are attempting to answer with their ongoing "Where's the Chair?" campaign.

Teams of volunteers, often in partnerships with community centers or local events, place dental chairs in conspicuous places including recreational centers, outdoor malls and street festivals. Anyone who walks by and would like to spend a few minutes getting screened can do so.

"We do not have a specific target audience," said Elise Rupinski, director of marketing and programs at the VDA, who also helped organize the events.

An estimated 8,000 people die each year from oral cancers, according to the National Cancer Institute. Early detection is key to increasing the survival rate, according to the Centers for Disease Control and Prevention.

The ADA Council on Scientific Affairs encourages clinicians to provide adult patients with thorough hard-tissue and soft-tissue exams, including lymph node examination, following completion of the patient's health history and risk assessment. Dentists must thoroughly check the oral cavity for potentially malignant lesions, and suspicious lesions that persist for more than two weeks should be reevaluated for biopsy or referral to a specialist, said Dr. Elliot Abt, chair of the council.

The VDA, thanks to help from dentists and dental team volunteers, has hosted five "Where's the Chair?" events each of the past two years, and hopes to do many more.

Dr. Michael Link, immediate past president of the VDA, volunteered at one event last year during an outdoor concert fundraiser. In about two hours he and another dentist screened about 60 patients, he said, and discovered three suspicious lesions. Those patients were referred to their dental homes for follow-up care. For folks who did not have a dental home, the volunteers directed people to VDA dentists for referrals. The events also earned attention from the mainstream media, leading to more exposure and public education.

"It was really a very positive experience," Dr. Link said, adding that many people screened found out for the first time that dentists can help detect oral cancer. "It brought a lot of awareness to what dentists can do."

Dr. Link said pulling the events together took some collaboration with host sites, but with reclining chair donations from the local Mission of Mercy programs and dental volunteers, it is likely doable in other communities.

"The blueprint is very easy, you just have to have motivated people," he said.

Dr. Link, who serves on the VDA's public relations task force, said the events met three of the association's goals: bringing oral cancer awareness to the public, educating patients and expanding on the concept "You can't have a healthy body without a healthy mouth."

"We basically did all of that," he said.

For more information about "Where's the Chair?" visit vadental.org and search for "Where's the Chair?" For more information about oral cancer, visit ADA.org and search for "oral cancer." Dentists can refer their patients to ADA's consumer website, MouthHealthy.org, for more information about oral cancer. ■

—manchirm@ada.org

It's a family affair at ADA annual meetings

BY DAVID BURGER

New Orleans — When Dr. Maria Burmaster thinks about the ADA's annual meetings, she thinks about family.

She is the daughter of late dentist Dr. Guy Ribando, and two of her siblings — Drs. Guy Ribando III and Valerie Hemphill — are also dentists.

"Dad and Mom attended several ADA annual sessions," Dr. Burmaster said. "My husband, my children and I were thrilled that we were able to attend the Hawaii annual meeting with Mom and Dad in 1999. My sister Valerie and her husband attended an annual session in San Francisco with our parents as well."

Dr. Burmaster continued: "Our dad was a true believer in supporting organized dentistry. And he pretty much exemplified hospitality to anyone he met. He was always making friends from other states and other countries because he just loved talking to people about dentistry."

So it felt like a family tradition for Drs. Burmaster and Hemphill, who practice together in Louisiana, to attend ADA 2015 – America's Dental Meeting in Washington, D.C.

But once there, they encountered someone they didn't expect to run into.

"My sister Valerie and I were walking around looking at the interesting exhibits on Friday," said Dr. Burmaster. "After the first 15 minutes or so we got a text from our little brother Guy asking, 'Are you at the ADA?' With the text he sent a selfi e including several of our delegates from Louisiana. He had run into some of the dentists from our state

"For some reason, we had not discussed the possibility of seeing each other at the annual meeting ... It was a beautiful surprise to find out he was there."

and they mentioned that we were also at the meeting."

Dr. Burmaster explained. "After Hurricane Katrina, Guy and his wife Kerrie decided to relocate to Greensboro, North Carolina, with their children. So Guy now has his own thriving practice with associates and a large team. Of course, we all get together for holidays. But for some reason, we had not discussed the possibility of seeing each other at the annual meeting in Washington, D.C. It was a beautiful surprise to find out he was there."

Reuniting and experiencing ADA 2015 together reminded her of her father, Dr. Burmaster said. "Our dad would be really proud to see us together at the ADA annual meeting," she said.

"So maybe this is sort of funny or a coincidence," Dr. Burmaster said. "But somehow we ended up together again and we couldn't stop smiling.

"Thanks, Dad! We are trying to follow in your footsteps."

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

This year's annual meeting will feature more than 300 continuing education courses, more than 550 exhibitors in the world-class Exhibit Hall, the House of Delegates and more.

ADA 2016 registration will open May 4. For the most updated information, visit ADA.org/meeting. Join the conversation on Facebook and Twitter using #ADADEN. ■

#whyiattend

ADA 2016
AMERICA'S DENTAL MEETING®

Two generations, four dentists: Three siblings, all dentists, pose with their late father, also a dentist, in 2000. From left, Drs. Valerie Hemphill, Guy Ribando, Guy Ribando III and Maria Burmaster.

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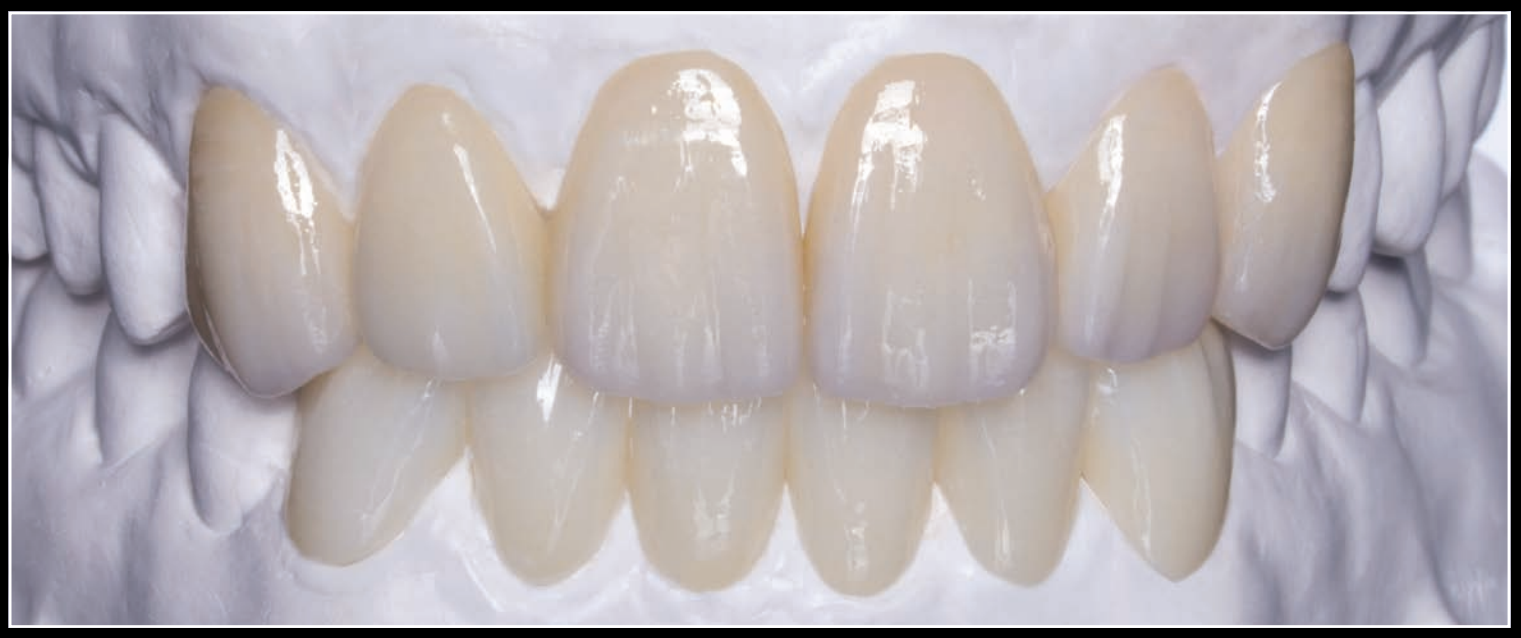

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Conclusions

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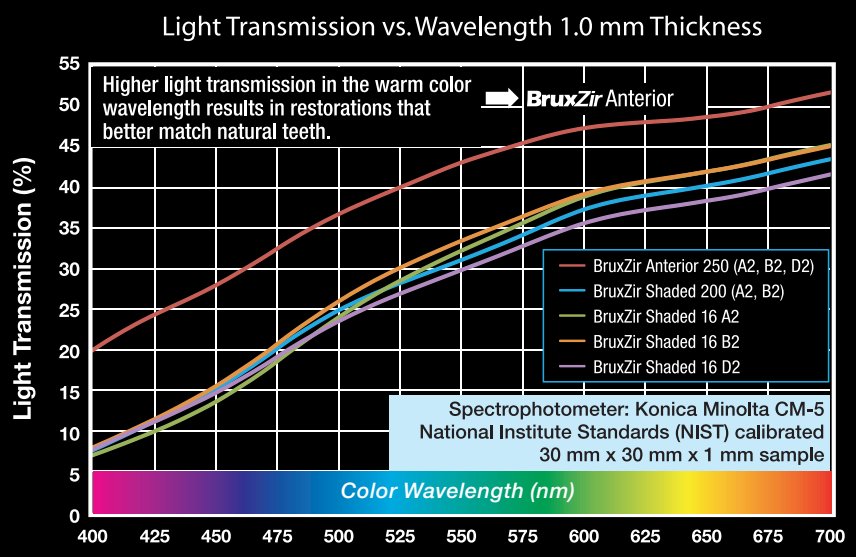

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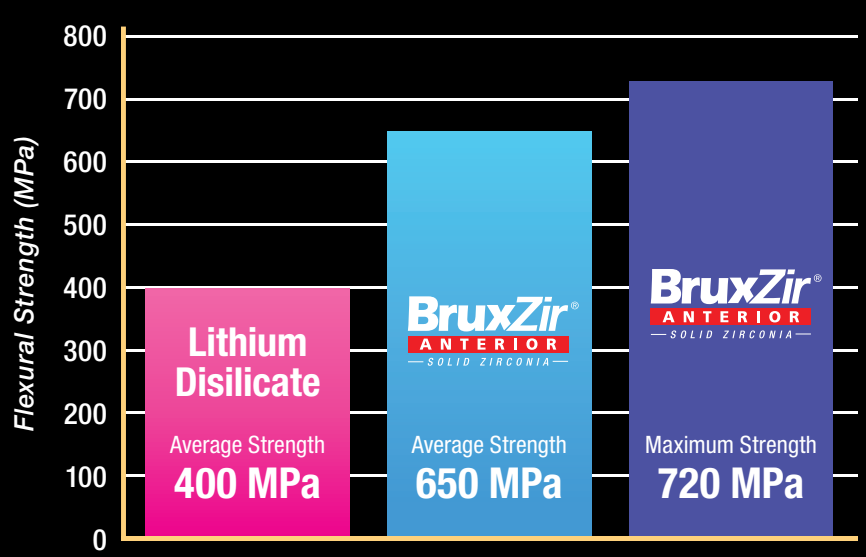

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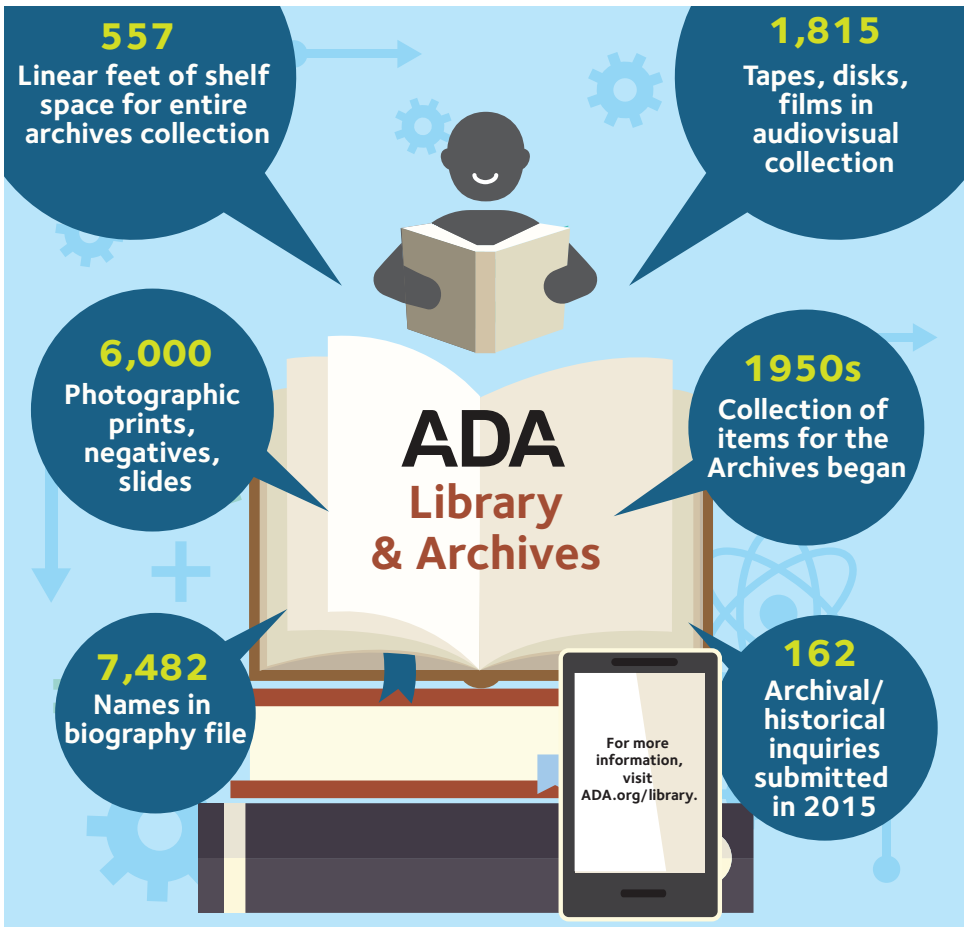
Detecting dental history

Archivist investigates while going digital



BY KIMBER SOLANA

The ADA may have its very own Sherlock Holmes.

When a member dentist conducting research on record-keeping wondered when the first dental chart was invented, the ADA Library & Archives found the answer.

Whenever ADA Library & Archives archivist Andrea Matlak receives questions concerning 19th century dental equipment or materials, she said she quickly browses the Archives' dental catalog collection.

She saw an ad copy from the 1860s for the Allport Ledger system, which mentioned that a dentist who invented it was from Chicago. Ms. Matlak immediately thought of Dr. Walter Allport, a prominent dentist at the time who helped establish the dental profession in the 19th century.

Ms. Matlak went to the Archive's biography collection and found Dr. Allport's obituary which included a quote from a long-time associate saying "in 1858, [Dr. Allport] originated the first dental registering ledger with diagrams of the teeth … known as the Allport Dental Ledger."

Problem solved.

That question is among the hundreds of inquiries member dentists have sent to the ADA Archives over the years — 160 queries were submitted in 2015.

When did the first patient brochure debut? How many ADA presidents came from California? Who was the first woman dentist in America?

From quick inquiries to those requiring further investigation, the ADA Library & Archives is home to collections that could help any dental history buff find answers.

"Making dental history easier to save and more easily accessible was the motive behind starting an archive," Ms. Matlak said.

Keeping history

While the ADA established its library in 1927, it took about another three decades until the Association's Archives was founded.

In the 1950s, ADA staff sought to look for commemorative items with an historical nature to feature in anticipation of the ADA's 100-year anniversary in 1959. However, they found that many had already been lost.

Ms. Matlak said that Dr. Donald Washburn, then-ADA Library director, spearheaded the effort to establish the Archives.

Today, the ADA Archives is home to more than 6,000 photographic prints, negatives and slides; 560 museum-type artifacts; 1,815 tapes, disks and films in its audiovisual collection; and more than 7,480 names in its dental-related biographical compilation file — from George Washington to Dr. Geraldine Morrow, the ADA's first female president.

These items include patient brochures, such as a copy of the first patient brochure printed in 1909; minutes from ADA Board of Trustees meetings dating back to the 1940s; and painted portraits of former ADA presidents.

The meticulously organized collection takes up 557 linear feet of shelf space in the ADA Library & Archives at ADA Headquarters.

The collection helps Ms. Matlak easily find answers for questions sent her way — though sometimes with a little luck.

Going digital

Soon, members who are historical buffs can do their own investigations.

As part of the Library Transition Plan, the Archives is in the process of digitizing its collection. This process stems from a 2013 ADA House of Delegates vote. The goal: to make the collection easily available to ADA members. An early version of the online archival system, allowing members to access the collection, is expected to launch in 2017, Ms. Matlak said.

This effort includes digitally scanning pages and pages of historical documents — from meeting minutes and brochure samples to black-and-white photos — and entering them in a database. However, many of the physical documents, including artifacts, will continue to be stored in the archives.

"Dental history is sometimes hard to find out there," said Ms. Matlak, "While a lot of it has been lost, the Archives is a good place to start looking."

For more information, visit ADA.org/library. On the right column, click on "ADA Archives." ■

Group highlights dental role in reporting abuse

BY MICHELLE MANCHIR

What do you do if a child's parent in your office smells strongly of alcohol? Or if you suspect the young girl brought to your office for veneers could be a victim of trafficking?

These are real scenarios some dentists have faced, said Sue Camardese, a dental hygienist and president of the Mid-Atlantic Prevent Abuse and Neglect through Dental Awareness Coalition, which serves Maryland, Delaware and the District of Columbia.

As president and founder of the coalition, Ms. Camardese has heard many of these types of stories and she works — along with about 50 other volunteers associated with the group — to help dental teams recognize suspected cases of abuse and to report them appropriately.

It's a topic dental teams ought to consider. Dentists are among the health care workers specifically designated to report suspected child abuse and neglect to authorities in most states.

Understanding the potential importance of the dentist's role in recognizing abuse, Dr. Lynn Mouden, now chief dental officer for Centers for Medicare and Medicaid Centers, co-founded P.A.N.D.A. in 1992. Today, some states like Maryland have their own chapters of this program, offering training and workshops for dental teams.

The Mid-Atlantic coalition is among the most active chapters today, Dr. Mouden said. In addition to facilitating CE and holding educational workshops related to recognizing and/or preventing abuse and neglect, the group trains trainers who visit other states and communities to educate others.

"If you don't recognize it, you can't report it — that's a piece we really try to highlight in the training," said Dr. Melissa Mulreany, who oversees a healthcare consulting firm in Maryland and is vice president of the Mid-Atlantic P.A.N.D.A. Coalition.

Dentists in many states are also mandatory reporters of intimate partner violence and other forms of neglect and abuse, like human trafficking. Trafficking is an issue that seems to have become a bigger problem for the area the Mid-Atlantic coalition covers, Ms. Camardese said.

In 2015, 5,544 human trafficking cases were reported in the U.S., according to the National Human Trafficking Resource Center. Most involved reports of sex trafficking (as opposed to labor trafficking) and the states with the highest number of cases were California, Texas, Florida, Ohio and New York. Territories that the Mid-Atlantic P.A.N.D.A. covers, Maryland and District of Columbia, were in the top 24 states with the highest reports of trafficking cases.

Dr. Mulreany acknowledged suspected abuse and trafficking are not easy topics to broach. That's why it's so important to be properly trained and become educated on the topic, she said.

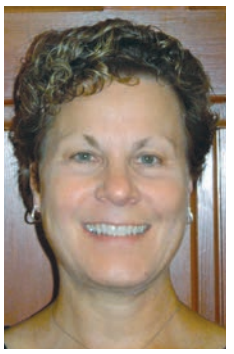
"You can make a difference in someone's life because you simply took the time to educate yourself. That's a pretty powerful motivator," she said.

While not every state has active P.A.N.D.A. chapters, Ms. Camardese said she welcomes dental teams to access information and resources from the Mid-Atlantic chapter's website, www.midatlanticpanda.org. The coalition's training sessions are also available online at no cost. This can be accessed on the group's homepage by clicking on "Sonicare" on the bottom right of the page. On that page, click on "Mid-Atlantic P.A.N.D.A. Session One and Two."

Ms. Camardese also welcomes questions from groups and states that may want to recharge or begin their own chapter. Email midatlanticpanda@ymail.com for more information.

April is National Child Abuse Prevention Month. For tip sheets and other resources related to child abuse prevention from the U.S. Department of Health & Human Services, visit childwelfare.gov/topics/preventing/preventionmonth. ■

Dr. Mulreany



Ms. Camardese

FDI

Continued from Page 1

you're part of a worldwide dental community."

The official language of the Congress is English.

Register online at fdi2016poznan.org for the meeting, social programs and tours. The website also offers the official preliminary program, airline discounts and links to hotel accommodations. ■

Dentists asked to review Straumann implant cases to help identify deceased woman

BY KELLY SODERLUND

Hamilton, Ohio — A coroner's office in Ohio is hoping dentists can help identify a deceased woman through her dental implants manufactured by Straumann Dental.

In March 2015, skeletonized remains were found in Butler County, Ohio, appearing to be a white female between 35-60 years old and likely around 5 feet 6 inches. She had natural brown hair with some gray at the time of her death, according to Lisa K. Mannix, M.D., Butler County coroner. The woman was edentulous and used full upper and lower dentures, the lower being an implant-retained full lower denture.

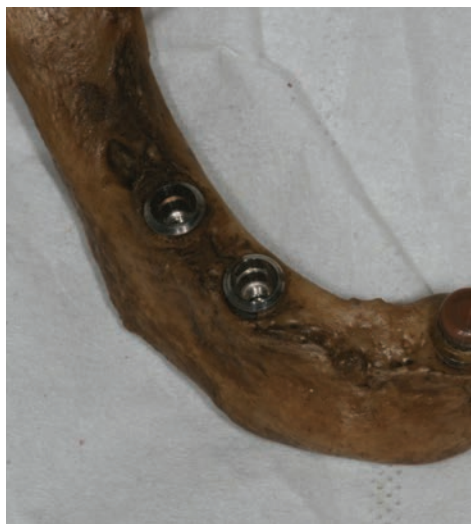
Dr. Mannix sent a letter to every dentist and dental practice that received implants manufactured at Straumann in 2003.

"The specific implants are 4.8 SX Body x 6.5 Wide Neck Restorative Platform, Lot #1014 and either a 6 or 8 mm length, per Straumann/ITI," the letter states. "The decedent had MI-DI-type temporary dental mini-implants, likely placed to stabilize the full lower denture while the permanent implants integrated. A unique finding in the case is the fact that on the left side of her mandible, the extra oral attachment head on the mini-implant had been cut off when the locater-retained permanent implants were engaged with her full lower denture. The endosseous bodies of the mini-implant remained in her mandible."

Dr. Mannix asks that dentists who may have used Straumann implants review their patients from 2003 until March 2015 and contact the Butler County Coroner's Office at 1-513-785-5860 or email coronertips@butlercountyohio.org if they have any information. ■

—soderlundk@ada.org

Rendering: A sketch of what the unidentifi ed woman may look like.



Check files: The woman had implants manufactured by Straumann Dental.

Ross nominations due June 30

The ADA is accepting nominations for the 2016 Norton M. Ross Award for Excellence in Clinical Research.

Nominees should demonstrate a high level of creativity and innovation in their research and have made signifi cant contributions in clinical investigations that have advanced the diagnosis, treatment and/or prevention of craniofacial, oral and/or dental disease — as well as outstanding research endeavors in other areas.

Nominations should include a letter describing the nominee's accomplishments along with his or her curriculum vitae and a list of publications.

Recipients receive a $5,000 honorarium and a plaque.

The award, given since 1991, honors the memory of Dr. Norton Ross (1925-90), a dentist and pharmacologist who is considered to have elevated clinical research to a higher level of scientific standards. It is supported by Johnson & Johnson Consumer Inc.

Winning smiles: Dr. Niklaus Lang, 2015 honoree of the Norton M. Ross Award for Excellence in Clinical Research, receives a plaque at a banquet in Los Angeles on March 16. From left, Dr. Marcelo Araujo, ADA Science Institute vice president; Dr. Lang; Dr. Lindsey Robinson, ADA 13th District trustee; and Dr. Michael Lynch, global director of oral care and fellow at Johnson & Johnson Consumer Inc.

Dr. Niklaus Lang was the 2015 honoree. He received a plaque at a banquet in Los Angeles on March 16. Dr. Lang, of Bern, Switzerland, is considered a pioneer of research on dental implants, laying the foundation for clinical periodontal diagnosis and the efficacy of surgical and nonsurgical therapeutic measures in treating periodontal and peri-implant diseases.

For more information or to apply, visit ADA.org/RossAward. Nominations should be made by June 30 to Kelly Mangold, mangoldk@ada.org. ■

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QuickTakes

Summaries of ADA News stories published online

Utah names new dental school dean

The University of Utah School of Dentistry announced March 16 that Dr. Wyatt Rory Hume will become dean, effective May 15.

Dr. Hume has led dental schools and served in top posts at universities in Australia, the Middle East and the University of California school system for more than 30 years.

His administrative and research experience will help the dental school — now in its third year — to grow and flourish in its goal to become a top U.S. dental program, said Vivian S. Lee, M.D., Utah's senior vice president for health sciences and CEO of University Health Care.

To read the full story, visit ADA.org/utahdean.

ADA Foundation's semi-annual grants spread smiles

In November, the ADA Foundation awarded 11 organizations across the country grants of up to $10,000, for a total of $108,376.

Through the Semi-annual Grants Program, the Foundation provides grants of up to $10,000 to U.S.-based organizations whose charitable activities further the Foundation's purposes of improving access to oral health care. Access to care is one of the four pillars of the Foundation.

The Northern Dental Care Center in northern, rural Minnesota is 100 miles from the Canadian border and centrally located to three Native American reservations, said Jeanne Edevold Larson, executive director of the center. The center logged 17,000 patient appointments in 2015, with 43 percent children and 23 percent Native American.

To read the full story, visit ada.org/semiannualgrants. ■

Fluoride

Continued from Page 1

Among the states with the largest percentage increase in fluoridation since 2012, the last time statistics were released, are Arkansas, Colorado, New York and Wyoming, which had the highest increase in fluoridation with 13.5 percentage points, 43.6 percent to 57.1 percent.

The CDC has named water fluoridation one of 10 great public health achievements of the 20th century because of its contribution to the dramatic decline in tooth decay.

The ADA continues to endorse the use of water fluoridation 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. ■

ADA courses aim to make Medicaid easier

BY JENNIFER GARVIN

The rules and regulations of Medicaid may never make the New York Times bestseller list, but they're crucial to any dentist working in community health.

The Association wants to make navigating Medicaid easier for providers, which is why the ADA is hosting several Medicaid boot camps in 2016.

The first course, Maintaining your Sanity and Practice Viability as a Medicaid Provider: Embracing Program Integrity, debuted Jan. 30 during the Yankee Dental Meeting in Boston. The second was in April 8 in Phoenix, and there is one scheduled for October during ADA 2016 in Denver. There is also a one-credit introductory Medicaid course available on ADAOnline.

"For someone who is thinking about becoming a Medicaid provider, courses like these are very important," said Dr. Michael Wasserman, ADA First District representative to CAPIR from Massachusetts. "If you know how the system works and what the rules are, it will make your life easier."

The course covered a wide range of topics, including the importance of concise and accurate patient documentation.

Some 230 people participated in the Yankee Dental Meeting event. ■

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Registration opens May 4. Visit **ADA.org/registration** and sign up to receive the latest registration information.

ADA American Dental Association®

Veteran

Continued from Page 1

step in [in 2001] and overthrow the Taliban, and help protect the people there, with many losing their lives. I just wanted to say thank you."

Dr. Danishwar is giving thanks by volunteering in the past two Veterans Smile Day events, held annually around Veterans Day, to provide free to low-cost dental services to former military servicemen and women.

During Veterans' Smile Day, participating dental clinics provide free dental care such as examinations, X-rays, oral cancer screenings, cleanings, fillings, extractions and other preventive and restorative dental care. Last year, more than 300 dentists from nearly 50 states provided more than $300,000 in free dental services to an estimated 2,000 veterans during Veterans' Smile Day.

About 10 of those veterans were treated by Dr. Danishwar in her private practice in Culver City. In the past two years, she has seen about 20 veterans, most of whom served in the recent wars in Iraq and Afghanistan.

"The experience was just very rewarding and very emotional to connect one-on-one with these veterans who volunteered to go to a country and protect people they didn't know," she said.

Those who served in Afghanistan, she said, would tell her of how they were invited to the homes of local Afghan families and sit down for a meal.

"As much as you hear that people from the Middle East don't like the U.S. or the military, it was interesting and good to hear the one-on-one stories from the veterans — that they were welcomed, and the residents were warm to them," she said. "The Afghan people are very hospitable."

Dr. Danishwar didn't grow up in a traditional Afghan family. Her father, she said, always maintained that his daughters were equal to his sons.

After the Soviet invasion, she said, many in Afghanistan had to conform to a new regime.

"My father was never a conformist, and we knew his days were numbered," Dr. Danishwar said. "We left Afghanistan one night with one outfit, what we were wearing, and left behind our friends and family."

The family settled in Germany as refugees, and with the help of her father's education — he was an engineer — the family was able to relocate to California's San Fernando Valley. At that time, Dr. Danishwar was 10 years old, in the fifth grade and did not speak English.

"It was challenging but my father always told us we were the fortunate ones," Dr. Danishwar said. "If we had stayed, high school would have been the highest level of education for me."

Instead, after working as a dental hygienist for about two years, she pursued dentistry. Dr. Danishwar graduated from the University of Southern California dental school in 2006.

Three years later, Dr. Danishwar returned to Afghanistan as a volunteer at a nonprofit dental clinic in Kabul where saw firsthand the continuing struggles of her birth country.

"There was little-to-zero dental care for the citizens. Only a few could afford to get care," she said, adding that many of the resident dentists didn't have the equipment they needed. "I had to try and teach some of them how to read X-rays."

She can only imagine what the men and women in the military serving in Afghanistan go through in helping to provide security in the country.

This year's Veterans' Smile Day is scheduled during the days around Nov. 11, and Dr. Danishwar hopes more dentists participate. Dr. Danishwar said she's reaching out to fellow Afghan colleagues to take part.

When it comes to dental care, many veterans simply fall through the cracks.

According to the U.S. Department of Veteran Affairs, veterans have to meet certain eligibility factors to receive dental care, such as service-related dental disability or condition, or if they are a former prisoner of war.

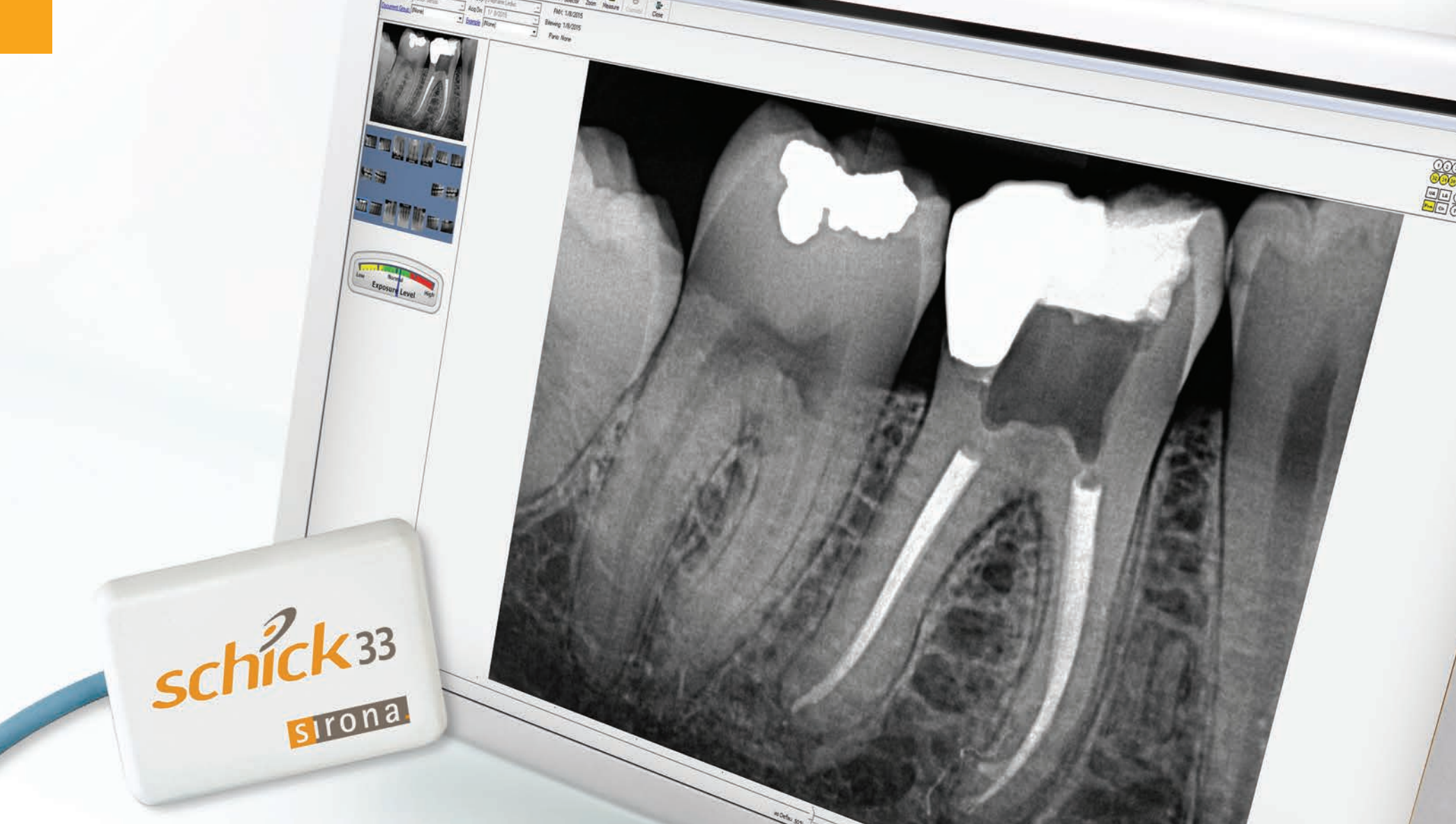
In addition, some veterans who qualify for dental benefits still don't receive the care they need because of the distance to their nearest VA hospital.

For the event, organizers find veterans who need dental care by promoting the event in colleges, veteran services organizations, and through word-of-mouth and social media. Those veterans are then paired with a volunteer dentist. The day and time of the visit is scheduled ahead of time. Dentists interested in participating decide how much time they could contribute, how many people they could see, what time of day they could see the veterans, what dental services they could provide, and whether they could provide the services for free or at a discount.

"It's a day to just give back to these men and women who served, whether in Afghanistan or Iraq or anywhere they've been needed," Dr. Danishwar said. "This is a way for me to say 'thank you' in a small way."

For more information on Veterans' Smile Day, contact Dr. Karin Irani, organizer, at ddsusc03@gmail.com. ■

USC grads: Dr. Karin Irani (left) and Dr. Afsana Danishwar pose for a photo during last year's Veterans' Smile Day event. Dr. Irani, organizer, had asked Dr. Danishwar, a fellow University of Southern California dental school graduate, to take part in the event two years ago.



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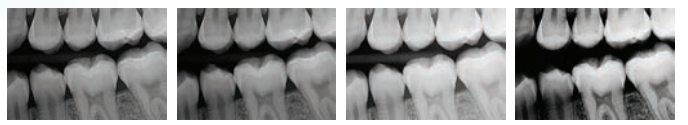
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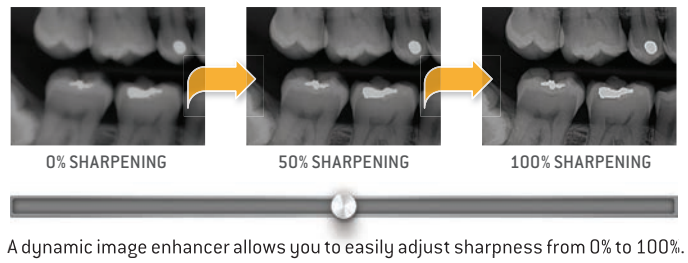

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