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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA News

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BRIEFS

New Dentist Conference CE covers debt, future, leadership and more

From learning how to manage student loan debt and maintaining a comfortable work-life balance to staying up-to-date on the future of health care and becoming leaders, the New Dentist Conference continuing education lineup is like choosing your own adventure.

This year's New Dentist Conference will be held Oct. 20-22 in Denver. In between networking opportunities and unwinding with colleagues at the New Dentist Reception, attendees can earn up to six CE hours per day from a wide-range of courses.

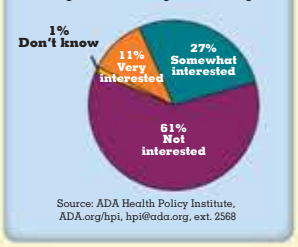
These CE courses are only for new dentists who registered for the New Dentist Conference. New dentists who

See NEW DENTIST, Page 15

JUST THE FACTS

Dental care in a retail setting

Among millennial adults ages 18 to 35 who were surveyed, nearly four in 10 said they were somewhat or very interested in obtaining dental care services in a a retail setting like CVS, Walgreens or Target.



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

Office for Civil Rights will not delay Sec. 1557 final rule

Regulation includes Medicare Advantage providers

BY JENNIFER GARVIN

Washington — The U.S. Department of Health and Human Services Office for Civil Rights said Aug. 15 that it will not delay enforcement of the final rule issued under Section 1557 of the Affordable Care Act.

Sec. 1557 prohibits entities that receive federal financial assistance from discriminating on the basis of race, color, national origin, age, disability and sex. In health care, the final rule applies to recipients of certain funding from HHS. Compliance requirements include requiring covered entities to "provide meaningful access to individuals with limited English proficiency"

See FINAL RULE, Page 11

War games: Col. Christensen S. Hsu, left, commander of the 673rd Dental Company Area Support, and Col. Peter M. Tan, commander of the 185th DCAS, during the April 17-29 training exercise at Joint Base Lewis-McChord in Tacoma, Wash. Cols. Tan and Hsu are oral and maxillofacial surgeons. See story, Page 7.

Shifting focus on patients

New licensure exam seeks to address ethical dilemmas

BY KIMBER SOLANA

Buffalo, N.Y. — Every year, hundreds of patients enter the halls of dental schools throughout the country volunteering to receive treatment as part of a clinical licensing exam for graduating dental students. Some of these patients have waited weeks and months to have dental care provided during the clinical exam process.

For the vast majority, the treatment is a success, with the candidate passing the exam for initial licensure and the patient leaving satisfied. However, if a treatment complication arises during the exam, the student is often asked to place a temporary filling in the tooth, and the patient's care may be further delayed.

Because of the special situations and requirements of the clinical exam process, some of these patients may not have been patients of record in the dental school except for the exam treatment itself. To identify the specific oral health condition, exam patients may also be found through social media or

See EXAM, Page 14

Dental community mourns dentists, their spouses killed in plane crash

BY MICHELLE MANCHIR

Tuscaloosa County, Ala. — The Mississippi dental community is mourning the loss of four dentists and their spouses in an Aug. 14 plane crash.

Drs. Jason and Lea Farese, Dr. Michael Perry and wife, Kim, and Dr. Austin Poole and wife, Angie, were returning from a Florida meeting to their homes in northeast Mississippi when the private plane they were in experienced engine trouble, according to the Mississippi Dental Association. Dr. Jason Farese, a pilot, attempted an emergency landing in Tuscaloosa when the plane crashed into trees before reaching the runway, the state dental association said.

The Federal Aviation Association said in a statement the crash occurred at 11:20 a.m. Aug. 14 and that it is assisting the National Transportation Safety Board in investigating the crash.

The three couples are survived by at least 11 children, the Mississippi Association said.

"It's just a great loss," said Dr. Francis G. Serio, former chair of periodontics and preventive science at the University of Mississippi Medical Center School of Dentistry, who said he taught all the dentists involved in the crash. "A lot of folks are hurting over this."

The Fareses, who operated Farese Family Dental in Oxford, Miss., met while both were students, said Dr. Serio.

Dr. Perry and his wife, Kim, were high school sweethearts, Dr. Serio said, adding that they "were great together" like

See CRASH, Page 15

Women dentists center of much at ADA 2016

BY DAVID BURGER

Denver — With the growth in the number of women entering the dental profession, ADA 2016 – America's Dental Meeting will inspire and feature education that promotes the health and well-being of female patients and clinicians.

A highlight should be the ADA Distinguished Speaker Series, featuring 19-year-old Nobel Peace Prize winner Malala Yousafzai Oct. 21 at 5 p.m. The Distinguished Speaker Series is presented by ACT Oral Care.

Ms. Yousafzai, who has campaigned for the rights of girls to receive an education since she was 10, attracted international attention in 2012 after the then-15-year-old was shot by the Taliban in a school bus in northern Pakistan. The Taliban has at times banned girls from attending school.

ADA 2016 AMERICA'S DENTAL MEETING® October 20-24 Denver

Following the attack, Ms. Yousafzai made a remarkable recovery and became well enough to return to school. Now living in Birmingham, England, with her family, she continues to campaign for the right of every child to go to school, and has refused to be silenced. At 17, Ms. Yousafzai became the youngest recipient of the Nobel Peace Prize in 2014.

Another highlight on Oct. 21 is Taking Care of #1: An Interactive Women's Panel, a three-hour program (6118) that commences at 1:30 p.m. and will end in time for attendees to attend Ms. Yousafzai's speech.

The panel — featuring Drs. Barbara Steinberg and Laura D. Braswell, as well as dental hygienists Judy Bendit and Ann Spolarich, Ph.D. — will, examine the physical, emotional and social issues involved with staying healthy while achieving fulfillment, balance and success in women dentists and dental hygienists' lives, said Dr. Steinberg, the moderator.

Dr. Steinberg is a clinical professor of surgery at Drexel University College of Medicine, as well as adjunct associate professor of oral medicine at the University of Pennsylvania School of Dental Medicine. She is an internationally invited lecturer in the field of dental treatment of the medically compromised patient and women's health. "We want women to participate, to pick our brains and to share with us," she said of the panel.

Ms. Bendit is on the faculty at the Temple University School of Dentistry and will speak on ergonomics. "Everyone has developed bad habits when it comes to ergonomics, but women have more challenges because most of the equipment was designed by men for men," she said. "This program will review many of the concepts and products that are new or re-engineered to help us work smarter — not harder — and ultimately feel better."

Dr. Braswell, adjunct faculty member at the Dental College of Georgia at Augusta University and at Emory University in Atlanta, is also the staff dentist for Zoo Atlanta and the Georgia Aquarium, and will speak on work-life balance. "Surviving the peaks and valleys of life is difficult, especially when you are trying to balance a career and family along with your own mental and physical health," she said. "By establishing a personal and professional 'safety net' we can navigate these rough patches and truly enjoy the good times."

Dr. Steinberg

Dr. Spolarich is a practicing dental hygienist as well as a physiologist. She is also a professor and course director of clinical medicine and pharmacology and director of research at the Arizona School of Dentistry and Oral Health, and will speak about stress. "Women are highly susceptible to stress-related illnesses and are at risk for developing poor coping behaviors," she said. "Positive coping skills and stress reduction strategies will be explored to help women stay physically, emotionally and spiritually healthy."

There are other offerings that educate and empower women, including:

- American Association of Women Dentists 95th Annual Meeting: The AAWD and women from across the country will meet Oct. 20-22 for networking, CE, exhibits and a silent auction. Visit aawd.org for more information.
- Join your fellow women dentists in an informal small discussion in one of the "Campfire Sessions" featuring peer-to-peer conversations on top issues for women dentists. At least one session will be held each day on Oct. 20-22. These conversations will be 60 minutes in length and one hour of CE will be provided and limited to 20 participants per session. Check ADA.org/meeting for the schedule in September.

ADA 2016 – America's Dental Meeting will convene in Denver Oct. 20-24. All CE courses are listed at eventscribe.com/2016/ADA/.

ADA 2016 registration is open. Registration and course fees increase after Sept. 16.

For the most updated information, visit ADA.org/meeting. Join the conversation on Facebook and Twitter using #ADADEN. ■

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Association of Retiring Dentists to meet in October

BY DAVID BURGER

The Association of Retiring Dentists will convene in Manchester, New Hampshire, on Oct. 28 for its annual meeting.

The city's Executive Court Banquet Center will host the one-day program, which will provide six hours of continuing education by the New Hampshire Dental Society.

"We all will retire," said Dr. Neil Hiltunen, the association's president and co-founder. "It may or may not be on our terms, but assuredly, we all will stop working someday, and none of us will get out of here alive. Prepare."


Dr. Hiltunen

Drs. Robert Brooks (Resilient Retirement: Planning it. Living it), Paul Brand (Impact of Embezzlement), Phil Higgins (Compass Points, Changing Directions) and Arnold Nadler (Going From Owner to Employee: What Do You Give Up and How?) will present, along with Connie Young (Medicare: What You Need to Know), Shelley Perreault (The Role of Insurance in the Dentist's Life Cycle) and Mark Franco (Legal Obligations When Retiring From Practice).

"Ignoring the inevitable doesn't prevent it from happening," said Dr. Hiltunen. "It just removes us from making difficult decisions and leaves our future to chance."

For more information, contact Dr. Hiltunen at doc2th@comcast.net. Registration is at retiringdentists.com.

ARD is also asking its members and others who are either fully or partially retired to complete a questionnaire that will serve as part of the basis for author Alan Roadburg's next book, "Life After Dentistry." Mr. Roadburg has already published the book "Life After Medicine." The questionnaire is available at afterdentistry.questionpro.com. ■

VIEWPoint

MyView

Worth the wait

Editor's note: Dr. Daniel Bernstein wrote this essay for his application to general practice residency programs and shared it with the ADA News.

By Daniel Bernstein, D.D.S.

Waiting. Lines of people, just waiting. Some wait through cold nights, others wait through hot days. Some stand while some sit. Waiting for dental care. Waiting for pain relief. Waiting for esthetic improvement to their smile. I have seen them wait in the villages of Nepal, the mountains of Peru, the Indian Health Service clinics of Arizona, the mobile clinics throughout North Carolina, the Medicaid offices of Asheville, North Carolina, and the student-run volunteer offices in Chapel Hill, North Carolina. These patients are waiting to receive a skill and an art; a trade that relies upon trust; a service feared by some while revered by others. All of this tireless waiting pushes me. It motivates me to pursue greatness. If they're going to wait for me, sacrifice their time, money and energy all for me, it makes me want to be the best that I can be. My desire to pursue postgraduate education stems from a simple goal — I want the dentistry that I perform to be worth the wait.

In order to fully address the reasons behind my pursuit of a residency program, I will address the past, present and future; namely, my discovery and pursuit of dentistry, my traits that I can currently bring to a residency program and my future dental goals. Starting with the past, my journey began in a small town in Alabama. I grew up in a household where dinner conversations were rich with chatter about staff and management decisions revolving around the scrap yard that my father owns. As the years of my education marched on, I found myself gravitating not toward ownership of the scrap yard but to dentistry — a perfect combination of the small business skills that I learned from my dad, the science that came easily to me in the classroom and the ability to help others, which gives purpose and meaning to my life. I haven't turned back since. At the University of North Carolina School of Dentistry, I feel fortunate to have learned the art form of dentistry from some of the best clinicians in the world. I have consistently sought out opportunities outside of dental school to advance my skill set within the country and abroad. With a curriculum geared toward maximizing clinical experience and a habit of filling my free time with dental volunteer work, I am confident that I have developed a core foundation of diverse clinical skills in dentistry. However, these past experiences have only served to highlight how much I have yet to learn.

I was once told that a good resident does what is asked, while a great resident does not need to be asked in the first place. Presently, I believe that my hard work ethic, positive attitude and desire to learn would allow me to be a great resident. Further, while some view dentistry as a solitary career in which dentists are competitors, I firmly believe that the ability to work with others is a pillar of dental success. Outside of the classroom and the clinic, I have grown these skills by creating my own programs to bring colleagues of mine together. The program that I am most proud of is called Bridging the Gap, which pairs UNC dental students in a mentoring relationship with UNC predental undergraduates and includes over 160 annual members. Creating several programs has shown me that working with others breeds a positive collective attitude, makes the task more enjoyable and maximizes the pace of learning and quality of ideas. Working hard and learning together with other residents is a significant motivator in my application to a postgraduate program.

See MY VIEW, Page 5

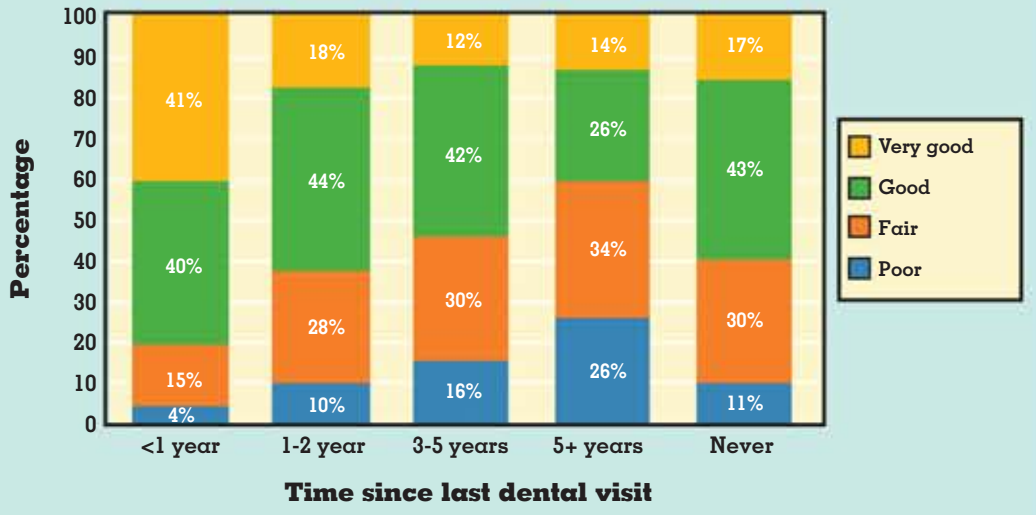
LETTERSPolicy

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

Overall condition of mouth and teeth

Of adults who had not visited the dentist in over five years, one in four said that the condition of their mouth and teeth is "poor."



Source: American Dental Association, ADA Health Policy Institute, "Oral Health and Well-Being in the United States" report. Available at ADA.org/statefacts.

Letters

Opioids in Massachusetts

I am confused with the alleged plaudits Massachusetts is self-reporting secondary to this new statute which "requires a seven-day supply limit on initial opioid prescriptions" ("Massachusetts Law Sets Limited on Opioid Prescriptions," April 4 ADA News).

It appears that Massachusetts has confused the dispensed amount with the signa or label of patient directions.

Prescribers understand that different patients, or even the same patient, will take differing amounts of an analgesic on different days, thus the pro re nata or "as needed." It is impossible for any prescriber to know exactly what a seven-day amount for a particular patient, especially a new one, is going to be.

Further, the new law "requires doctors to check the Prescription Monitoring Program database" before prescribing opioids. That may sound like good policy, but it is now a meaningless exercise. Checking Prescription Monitoring Program data, ostensibly to help limit drug diversion, one now can confirm that dispensed amounts have all changed to "days" rather than the actual quantities written for and theoretically dispensed.

Why would Prescription Monitoring Program regulators not list the true amounts of the drugs dispensed? If the amounts prescribed are not listed, other than "days," it is impossible to know if the prescription was filled accurately. Incredibly, this change is intentional.

The reason Prescription Monitoring Program reported for not listing the amounts of drugs dispensed is that when practitioners suspect they personally are being investigated on drug diversion related issues, the Prescription Monitoring Program data base could be accessed and then office records altered to mirror what is iterated in the data base. In order to avoid allowing practitioners to actually see what pharmacies report is dispensed, the Prescription Monitoring Program sites now incorporate a confidential formula to convert the definite dispensed amounts into indefinite "days."[1]

The original purpose of Prescription Monitoring Program-type data banks was to help doctors prevent diversion.[2] Now, some might say doctors have morphed from diversion preventers to targets. It now seems that the only way for doctors to be assured of following the law is to dispense not a number of tablets but a number of days.

Daniel L. Orr II, D.D.S., Ph.D., J.D., M.D.
Las Vegas

REFERENCES
1. Orr D. A Good Rx Redux, NV Dent Assn J, 2015;17(3):4-5
2. Orr D. A Good Rx, NV Dent Assn J, 2010;12(2):4-5

Editor's note: The American Dental Association is urging Congress to pass the Comprehensive Addiction and Recovery Act, which would authorize funds to improve the design and operation of state prescription drug monitoring programs. The ADA is also working with the American Medical Association

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Letters

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Task Force to Reduce Prescription Opioid Abuse to improve the design and operation of prescription drug monitoring programs across the country. Those with specific questions about the data collected can contact their state prescription drug monitoring program. A list of prescription drug monitoring programs by state is available at NASCA.org.

Opioid message

In the July 11 ADA News message from ADA President Carol Gomez Summerhays ("ADA Focuses on Prescribing Opioids Safely, Effectively"), she wrote, "The good news is that data from South Carolina's prescription drug monitoring program shows that a notable minority of dental patients had incidents of multiple preexisting opioid prescriptions. The bad news is that research on dental prescribing practices is still scant, leaving lawmakers to make far-reaching policy decisions based on anecdotal evidence and haphazard assumptions."

I think that the worse news is that "lawmakers are making far-reaching policy decisions based on anecdotal evidence and haphazard assumptions." Dr. Summerhays also states that between 2003 and 2012 dentists dropped from being the second most frequent prescribers of opiates to being the fifth. It seems to me that these lawmakers should be the focus of the ADA's attention now.

Peter J. Scelfo, D.D.S.
Fredericksburg, Virginia

Floss

I used to floss daily and keep my automobile windshield clean. Every night, after I brushed my teeth, I would dutifully use dental floss as I was taught in dental school. Likewise, I would dutifully keep my windshield wiper fluid reservoir stocked.

My dad taught me that a clean windshield helped my vision both at night and day, and that a clean windshield would help me stay safe. And clean teeth would help me preserve my dentition.

Now I find out that the dietary guidelines for Americans, as issued by the Departments of Agriculture and Health and Human Services, no longer mentions flossing. They say they never evaluated the efficacy of flossing. Not only was I given misinformation in dental school, but also I have been wasting two or three minutes of my life every single evening. What's worse, I've been wasting dozens of dollars on windshield wiper fluid. As it turns out, there is no research that shows that people driving with clean windshields are less likely to be in accidents than those driving with dirty windshields.

So that's it. No floss for me; no worrying about dirty windshields. Common sense is so 1990s. It's so low-tech.

David S. Ostreicher, D.D.S.
Levittown, New York

Delta disallow policy

I had to respond about the article "Association Asks Delta Dental to Reject Proposed Disallow Policy," (ADA News, May 16).

This is all about money and money only regardless of what Delta states. They want to discourage treatment and make the dentist work harder and take more time to complete a procedure. The less money they pay, the more they make and profit. Also, Delta is hopeful that the patient will not return for the other quadrants of treatment. Again, money saved is money profited.

It is a total joke for Delta to state "quality

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MyView

Continued from Page 4

Regarding the future, my aim is to attain a personal mastery in my endeavors. I have gravitated toward prosthodontic work through dental school, primarily due to the technical and artistic challenge that it offers and the rewards of patient emotion that is involved. Leading the Prosthodontic Interest Group and helping UNC's prosthodontics department chair with clinical research have been valuable experiences but I remain unsure of whether specializing in prosthodontics is right for me. My exploration of this specialty has, however, clarified my desire to hold my work to the highest standard. No matter the role of prosthodontics in my future, I am confident that my involvement in a dental residency program will greatly further my journey in performing state-of-the-art dentistry.

In summary, my accomplishments in the past have grown my appetite for what I want out of the future. I hope to further my education by exploring a wide array of treatment options, to hone my skills by performing advanced procedures held to a high standard and to work in an environment with a team of other motivated students dedicated to the well being of a patient population in need of care. I have sought out competitive postgraduate programs that offer this training, structure and standard of clinical excellence. In return, I will enrich my residency with a diverse clinical knowledge base and a positive attitude toward learning and working hard. My aim is for my postgraduate dental residency to enrich my mastery of dentistry so that once my patient's wait is over, the care they receive will be worth it.

Dr. Bernstein graduated from the UNC School of Dentistry in 2016. He is currently a resident at the San Francisco VA Medical Center.

Letters

Continued from Page 5

of care issues." Insurance has cut the fees for dentistry by 30-70 percent for most common dental procedures. There is nothing about Delta or any other insurance for that matter, that they care or have any interest in "quality care."

It is only about money and profit on their behalf. Insurance is a for-profit entity and they are doing their very best to increase profits daily at the expense of the patient, dentist and employer.

William H. Miller, D.M.D.
Arlington, Texas

Technology rebuttal

In the June 6 ADA News I read Dr. Markman's thoughts on scanners for impression making with great interest ("Keeping Pace With Technology"). He criticized scanning technology and felt he was being kind to call it "user-unfriendly" and that he was sold "sucky" technology. I, like Dr. Markman, am also a 1962 DDS graduate. I later received my specialty certificate in prosthodontics and a master's degree in higher education.

Many years ago I recall a very reputable professor in operative dentistry informing me that reversible hydrocolloid was the most accurate impression material and to refrain from using elastomeric impression materials. I questioned the tear strength of hydrocolloid and was informed that it was not a problem.

Change is difficult for all of us and may be even more so for experienced clinicians like Dr. Markman who for more than 50 years has made impressions using conventional techniques. Digital scanning has been used successfully in dentistry since 1989 and after 30 years is much more sophisticated and effective. It is here to stay and will only get better in much the same manner as hydrocolloid was replaced by newer and improved elastomeric impression materials.

The learning curve is steep when incorporating computer-aided design/computer-aided manufacturing technology into a dental practice. When mastered, both the clinician and the patient benefit.

Digital dentistry is the new norm. With patience and openness to learn new skills, we will all be more well equipped in our changing profession.

Howard M. Landesman, D.D.S.
Tarzana, California

For reducing tooth decay, CDC report highlights water fluoridation

BY MICHELLE MANCHIR

The Centers for Disease Control and Prevention in a report issued in August highlight water fluoridation as one of more than a dozen community-wide approaches that achieve lasting impact on health outcomes.

The CDC's Hi-5 (or Health Impact in 5 Years) Initiative highlights nonclinical, communitywide approaches that have evidence reporting positive health impacts, results within five years and cost effectiveness and/or cost savings over the lifetime of the population or earlier.

"Interventions that address the conditions in the places where we live, learn, work and play have the greatest potential impact on our health," the CDC says in describing the Hi-5 list.

Water fluoridation is listed alongside initiatives including early childhood education and public transportation systems as an intervention addressing the social determinants of health.

"Drinking fluoridated water keeps teeth strong and reduces tooth decay by approximately 25 percent in children and adults," the CDC writes.

"By preventing tooth decay, community water fluoridation has been shown to save money, both for families and the health care system."

The water fluoridation recognition builds on a previous recommendation of community water fluoridation from the Community Preventive Services Task Force as published in The Guide to Community Preventive Services.

The guide is a resource to aid community decision makers in choosing programs and policies to improve health and prevent disease in their communities. The task force recommended fluoridation "based on strong evidence of effectiveness in reducing dental caries across populations."

To read more about Hi-5, visit CDC.gov/policy/hst/hi5.

For more information about fluoride and community water fluoridation, including resources from the ADA, visit ADA.org/fluoride. ■

—manchirm@ada.org

Military dental commands band together during training exercise

BY JENNIFER GARVIN

Tacoma, Wash. — Dentists in combat zones often have duties that go way beyond fixing teeth. For two weeks in April, Col. Peter M. Tan, Army Reserve Individual Mobilization Augmentee Dental Corps Chief, led troops from the 185th Dental Company (Area Support) from Garden Grove and Vallejo, California, through a military simulation "war game" training exercise.

During the exercise — called Operation T-FIT for Total Force Integration — the troops were trained in how to survive in hostile environments and felt firsthand the physical strength required to execute their duties.

The participants were all officers and non-commissioned/enlisted soldiers from active and reserve dental commands from the Army, Navy and Air Force. During the event, they created command sites, clinics and barracks and learned that before dental care could even be approached, they first needed to know the basics. This included simple things such as how to connect a generator or how to assess field sanitation functions. They also learned medical triage and practiced fallen soldier evacuation exercises and underwent a simulated enemy attack.

Col. Tan commanded the exercise with Col. Christensen S. Hsu of the 673rd Dental Company (Area Support) at the Joint Base Lewis-McChord in Tacoma, Washington. Initial preparation was organized and directed by Col. Daniel Hash and Lt. Col. Alexander Farr.

"I was very proud of our soldiers, sailors and airmen that came together as Task Force Venom and to have served as their commander. 'Fit to Bite, Fit to Fight!' " said Col. Tan, an oral and maxillofacial surgeon. ■

Oral health programs on track to receive 2017 federal funding

Washington — The House Appropriations Committee approved the Labor, Health and Human Services and Education bill July 13, allocating important funding for many of the Association's key advocacy issues affecting oral health.

For the Health Resources and Services Administration, appropriators recommended more than $35.8 million for training in oral health care programs for fiscal year 2017. The appropriators also recommended the agency set aside $10 million for general dentistry residencies and $10 million for pediatric dental residencies and urged HRSA to work with area health education centers. The committee would like HRSA to focus on helping dental patients "establish primary points of service and address the need to help patients find treatment outside of hospital emergency rooms."

The committee also recommended that HRSA restore the chief dental officer position, noting it was "disturbed" that the agency has not maintained the appointment "in spite of the Administration's commitment in 2010 to establish the Oral Health Initiative, which highlighted several HRSA initiatives to improve access to oral health care, especially for needy populations."

The committee also recommended $18 million for the CDC's Division of Oral Health. Other oral health-related programs mentioned in the bill include:

- The National Institute of Dental and Craniofacial Research will receive $425.6 million, an increase of approximately $12 million from 2016.
- Ryan White AIDS Dental Services will receive $13.1 million in funding.
- The committee set aside $250,000 for the Maternal and Child Health Block Grant to develop demonstration projects to increase the implementation of integrating oral health and primary care practice.
- The National Institute on Drug Abuse received $18 million for safe prescribing education programs and is encouraged to work with other federal agencies, such as CDC, to further engage the medical community for increasing participation in its online continuing medical education courses on safe prescribing for pain and managing patients who abuse prescription opioids.
- Training in Oral Health Care and Rural Health. The Committee encouraged HRSA to work with states to "develop and facilitate public education programs that promote preventive oral health treatments and habits via increased oral health literacy in rural and underserved areas." ■

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Regional Delta office amends contracts to address Medicare

BY KELLY SODERLUND

Delta Dental of Michigan, Ohio and Indiana amended contracts effective Jan. 1, 2017, mandating dentists to take action regarding the Medicare Part D enrollment requirement and complete training in order to participate in Delta's network.

The federal regulations require dentists to take action by either enrolling or opting out of the Medicare program in order for their patients to be eligible for their Part D drug coverage. However, according to Delta Dental of Michigan, Ohio and Indiana, dentists who chose the opt-out option in these states will no longer be eligible to remain Delta network providers. Any dentist who opts out after June 20 will be impacted by this Delta policy.

Those who have opted out before will be allowed to stay in the network but are expected to terminate their opt-out status when the renewal opportunity arises, up to two years later. Note that these dentists cannot be paid for services rendered to Medicare Advantage patients.

Karen Burgess, executive director of the Michigan Dental Association, said the dental society has been receiving a deluge of calls from members since the letter was mailed looking for advice on what they should do.

"This is going to have to be something that each dentist decides for him or herself," Ms. Burgess said. "If you want to continue as a Delta provider, your choices have narrowed. That's a lot of patients and a lot of care that you're not going to be able to provide anymore if you opt out of Medicare."

"This is going to have to be something that each dentist decides for him or herself. If you want to continue as a Delta provider, your choices have narrowed. That's a lot of patients and a lot of care that you're not going to be able to provide anymore if you opt out of Medicare."

Those who have opted out will be allowed to stay in the network but are expected to terminate their opt-out status when the renewal opportunity arises, up to two years later. Delta Dental is the largest provider in Michigan.

"Delta Dental is very proud to administer a number of government-sponsored programs and currently serves more than 1 million children and adults whose plans are overseen in whole or in part by the Centers for Medicare and Medicaid Services. These plans include the Healthy Kids Dental program in Michigan and Medicare Advantage. In the coming months, it is expected that enrollment in Medicare Advantage, as well as other government sponsored programs, will continue to grow. Dentists participating in Delta Dental's networks may have patients in their practices who will be transitioning to Medicare Advantage plans in the near future," according to a statement from Delta Dental of Michigan, Indiana and Ohio. "As part of its administration of those government-sponsored programs, Delta Dental recently issued a routine amendment to its provider agreements in order to ensure ongoing compliance with applicable state and federal laws. These amendments will help to increase access to care for patients who participate in these programs and allow dentists to continue to treat those patients in their current practice who are transitioning to Medicare Advantage plans in the near future."

David Irwin, director of corporate communications for Delta Dental Plans Association, said this is not a national requirement for Delta network dentists. DDPA supports federal bill H.R. 4062, which calls for removing the mandate that Part D prescribing health care providers be enrolled in Medicare in order for their patients' prescriptions to continue to be covered by Medicare Part D plans.

Enrollment can be done either by using the 855i form (for those dentists billing for Medicare Services) or by using the 855o form (for those dentists ordering, referring or prescribing drugs). Opting out may be accomplished by submitting an affidavit to the local Medicare Contractors. Both enrolling using either form or opting out are valid options to allow patients to receive part D drug coverage. However if dentists opt out of Medicare, they cannot receive payment from Medicare Advantage plans (Part C Medicare) that typically cover services like cleanings and X-rays.

The contract amendment mailed to all dentists by Delta Dental of Indiana, Michigan and Ohio has a number of other clauses unrelated to the federal regulations, prompting the ADA to encourage dentists to review their third-party payer contracts closely.

"As always, it is important for every dentist who participates in a plan to be aware of what they are agreeing to," said Dr. Dave Preble, vice president of the ADA Practice Institute. "The Delta contract amendments apply to all of its network dentists and impose significant record keeping, audit and patient consent clauses."

The ADA has information on contractual clauses and a webinar on contracting available at ADA.org/dentalplans. ■

—soderlundk@ada.org

Board of Trustees proposes 2017 ADA budget

BY JUDY JAKUSH

Focus the message; fill the pipeline; simplify.

These three strategic priorities are driving the 2017 ADA budget proposal, which the Board of Trustees at its July 31-Aug. 2 meeting voted to transmit to the House of Delegates.

The Board is recommending a 2017 operating budget of $133.6 million in revenues and a dues increase of $10 to cover a projected 0.2 percent deficit. This would set a 2017 dues level of $532, a rate which does not reflect any potential costs for additional actions delegates may take at their meeting in Denver in October.

Dr. Summerhays

Dr. Roberts

Dr. Lemmo

In Board Report 2, which is the annual summary of anticipated revenue and expenses, the Board states it "believes that the process changes made this year put more emphasis on the importance of outcomes related to the advancement of the strategic plan rather than the financial budgeting process itself."

"In the 10 years I've served at the ADA," noted President Carol Gomez Summerhays, "the first four being on strategic planning, the budget has significantly evolved to support the Association's strategic priorities. It positions us well not only for next year but for years to come."

The intent of "Focus the message" is to connect with individual members and potential members. "Fill the pipeline" refers to creation of unique member outreach programs for targeting dental students and new dentists. "Simplify" includes standardizing and rationalizing how each level of the ADA operates and interacts with members actively in the best interest of the member rather than the organization.

As stated in the report, "Our ultimate long-term goal is to build the ADA into a business model that is self-sustaining through mechanisms such as strategy-driven budgeting that ensure that the organization changes to adapt to the needs of its dentist members. This ideal of operational excellence cannot be accomplished in one year and will be ongoing."

Dr. Gary Roberts, ADA president-elect, noted that "We are going to have to start looking at the budget three to five years out to assure that we are financially sustainable and able to deliver services that our members value."

In addition to anticipated revenues of $133.6 million in 2017, Board Report 2 projects $126.9 million in expenses and income taxes, generating a surplus before transfers to the insurance royalty reserve of $6.7 million. After transferring $7 million in royalty revenue to the insurance royalty reserve, the operating budget shows a net deficit of $300,000, thus leading to 0.2 percent deficit.

The House in Resolution 84H-2013 urged that the royalty reserve be dedicated to member value and long-term dues and financial stabilization.

Explained Dr. Ronald P. Lemmo, ADA treasurer, "Since there has not been a dues increase since 2013, and in light of the House policy urging us to handle the Great West Life royalty income the way we are presently doing so, the Board feels it is fiscally responsible to use a short-term scenario of a $10 dues increase until the study of our organization and business model is completed.

"The recommended dues increase," he said, "is designed to allow the ADA to operate in a surplus for the coming few years to allow the Association to undertake a comprehensive study of the ADA business model and develop proposals to assure long-term stability and sustainability."

As its title reflects, the strategic plan sets goals and objectives that put the member first, and the budget proposal includes support for programs that have been identified as having high member value, the ADA leaders noted.

This includes support for scientific research through a grant to the ADA Foundation Volpe Research Center as well as ongoing infrastructure support the ADA provides the states through Aptify member support software and website branding. The ADA has also embraced an innovation initiative: an example of that effort is the ADA Credentialing Service, which allows members to enter, store and update professional dental credentials in one place, at no charge.

The ADA House of Delegates will meet Oct. 21-24 in Denver. Board Report 2 and other House information are available to members only on ADA.org in the Member Center. Members First 2020 — Strategic Plan 2015-2019 is available online. ■

—jakushj@ada.org

ADA, others thank Congress for efforts in curbing opioid addiction

BY JENNIFER GARVIN

Washington — The ADA, the American Osteopathic Association and 81 other health groups commended the House and Senate for passing legislation to help reduce prescription opioid abuse.

On Jul. 13, the Senate passed the Comprehensive Addiction and Recovery Act by a vote of 92-2. The final version, which has also passed the House, raises awareness about the dangers of abusing opioid pain medications and includes training programs to help keep opioid pain medications from becoming a source of harm.

"We applaud the bipartisan work that led to this milestone," wrote the ADA in the July 14 letter signed by 83 organizations and led by the American Osteopathic Association. "As providers, we appreciate the comprehensive framework of prevention, treatment and recovery support that CARA's provisions can provide."

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

The coalition noted that the legislation reflects "a shift to recognizing addiction as a disease, rather than as a crime or a moral failing. Now we must be able to ensure treatment for this disease is available to all in our country who need it.

"We therefore urge Congress to continue to build on CARA's achievements, and to next ensure that appropriate funding is made available in order for providers to have the resources they need to prevent opioid addiction from claiming more lives and causing more devastation to families and communities," concluded the letter.

President Obama intends to sign the measure when it arrives on his desk, according to a White House press release.

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

—garvinj@ada.org

Final rule

Continued from Page 1

as well as providing qualified interpreters and translators.

In July, the Association requested an extension of the implementation deadlines, noting that while the ADA strongly supports nondiscrimination, it was concerned that the final rule "risks further limiting patient access to care." The Association also urged OCR to take into account the financial and other burdens that the rule will impose on small businesses.

In OCR's response, Director Jocelyn Samuels told ADA President Carol Gomez Summerhays and Executive Director Kathleen T. O'Loughlin that because the effective date (July 18) was "set by operation of the final rule" OCR is not able to make exceptions. Ms. Samuels also said OCR had devoted "substantial resources" to the development of the estimate of the burdens and benefits posed by the regulation.

"We believe the estimates in our impact analyses are sound, and we are unaware of any data or other evidence that would undermine our conclusions. Thus, we decline your request to revise the analysis of the burdens and benefits of the regulation that we have conducted and published," wrote Ms. Samuels.

While Sec. 1557 does not apply to Medicare Part B, OCR did clarify that the final rule does apply to any provider who receives reimbursement for Medicare Part C, Medicare Advantage, regardless of whether the plan reimburses the dentist or the patient.

"This approach is consistent with the application of longstanding federal civil rights laws, such as Title VI and Section 504," wrote Ms. Samuels.

In conclusion Ms. Samuels thanked the Association for its commitment to "compliance with Section 1557" and "strong support of equal access to health care."

For dental practices that receive certain federal financial assistance from HHS, the Sec. 1557 final rule will require that they post notices of nondiscrimination as well as taglines in the top 15 non-English languages spoken in the state indicating that free language assistance services are available.

The compliance date for the notices is Oct. 16. The rest of the rule went into effect July 18.

The notices must be posted in the dental office, on the website and in any significant publications and communications. For smaller items, such as postcards and tri-fold brochures, the practice may use a shorter nondiscrimination statement and taglines in the state's top two non-English languages spoken.

To minimize the administrative burden for member dentists who are covered entities, the ADA has prepared resources to aid in compliance with the rule, including an FAQ and checklist. Visit ADA.org/1557. There are also sample materials available on the OCR's website at hhs.gov/ocr.

For more information, visit the OCR's website and search Section 1557. ■

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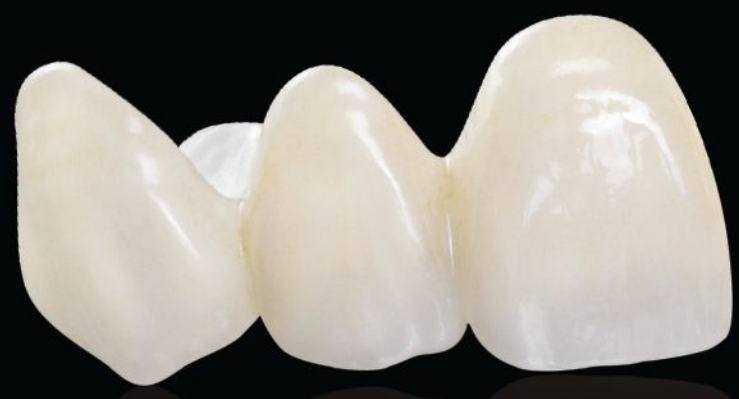

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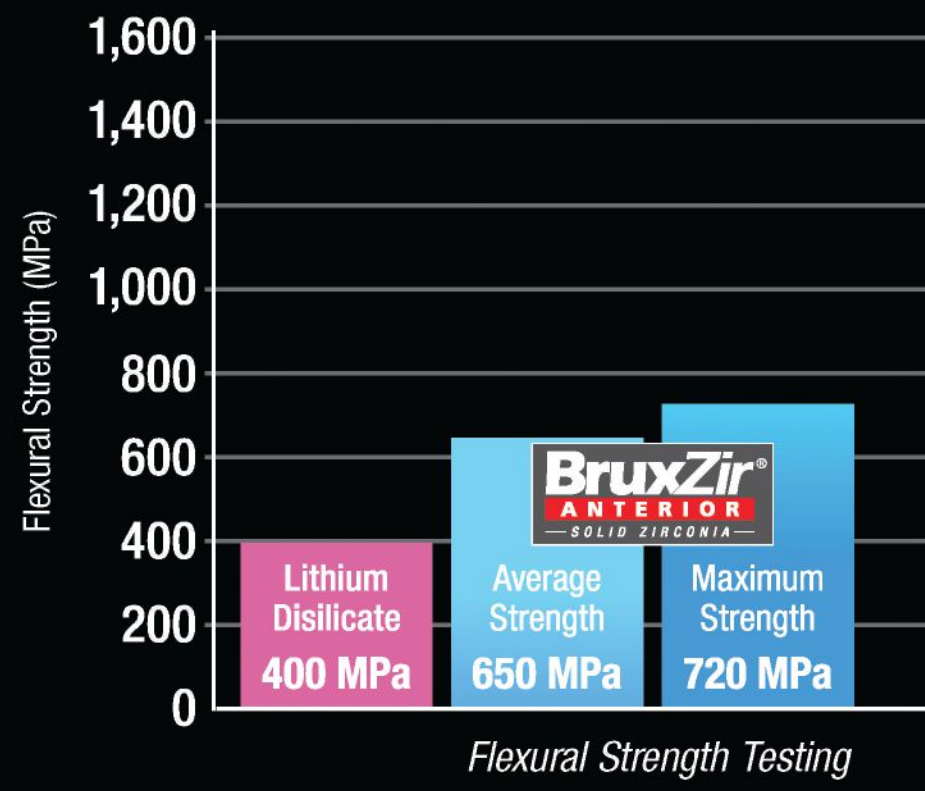

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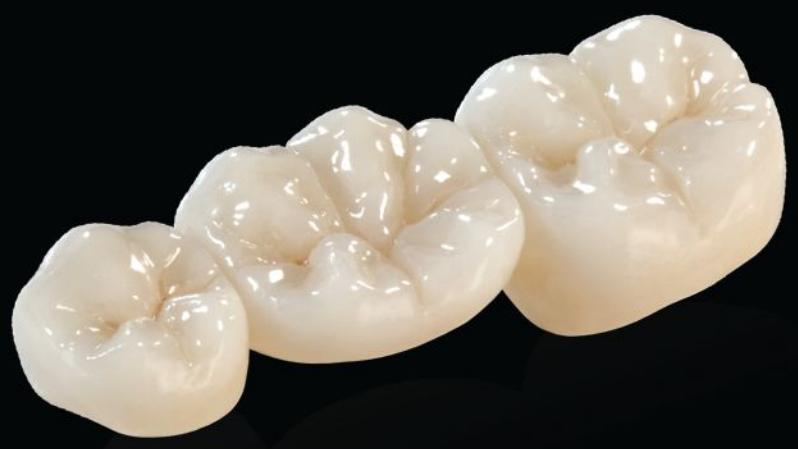

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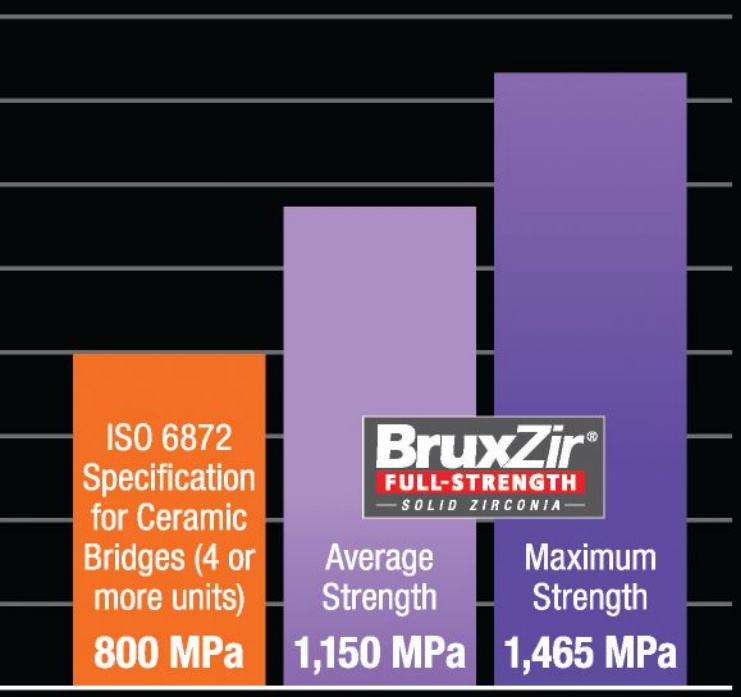

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Exam

Continued from Page 1

online-based patient-finding services, which takes the focus away from comprehensive oral health needs of patients.

"I often ask in my lectures, 'How many times has anyone ever asked how a patient did in the [licensure] exam?'" said Dr. Joseph Gambacorta, assistant dean for clinical affairs at the University at Buffalo School of Dental Medicine. "It's always about the candidate. We needed to find a way to switch the focus from the candidate to the patient. How do we put the patient first?"


Mr. Soliman


Dr. Gambacorta


Dr. Shampaine


Dr. Kaufman


Dr. Feldman

That question was at the heart of a collaborative effort to create the American Board of Dental Examiners (ADEX) Patient-Centered Curriculum Integrated Format examination, which is administered by the Commission on Dental Competency Assessments and based on the 2007 ADA policy on curriculum integrated format (CIF) clinical licensure exams.

The goal of the new examination model: to create and provide an exam that eliminates or addresses many of the ethical issues involved in using patients in clinical licensure examinations.

The ADEX Patient Centered CIF was piloted at the University at Buffalo in January 2015. This year, another six schools have adopted all aspects of the model, while some schools have adopted portions of it, such as the processes of patient approval and follow-up care, said Dr. Guy Shampaine, CEO of the American Board of Dental Examiners, Inc.

"There are still flaws and ethical dilemmas built into all clinic examinations with a live patient, let's not kid ourselves," said Dr. Herb Kaufman, associate dean of clinic operations at the Arizona School of Dentistry and Oral Health at A.T. Still University, which adopted the new examination model this year. "But this is a big improvement. This change is a movement in the right direction."

However, the new model has its critics, including the American Student Dental Association, which believes the ideal licensure exam should not involve patients in a live clinical testing scenario.

Nonetheless, schools that have adopted the Patient-Centered CIF exam say it's a vast improvement from the traditional model.

"My expectation is that in the next two to three years, this is going to be the predominant [clinical licensure examination] model," Dr. Shampaine said.

Based on ADA policy

In the early 2000s, in opposition to the use of patients in licensure exams, the New York State Dental Association led the development of the PGY1 model, which was adopted from the medical model and requires an additional year of training in a Commission on Dental Accreditation-approved postgraduate program.

However, PGY1 is only recognized in New York and a handful of other states.

For dental students seeking to practice in other states, "they were still taking the regular licensure examination that we and the ADA were opposed to," said Dr. Mark Feldman, executive director of the New York State Dental Association.

Around the time the PGY1 concept was developed, the ADA House of Delegates adopted a policy in support of eliminating the use of patients in board examinations, with the exception of the curriculum integrated format-type exam, as defined by the ADA.

The ADA policy statement recognizes that ethical considerations may arise from the use of patients in the clinical licensure examination process even though the clinical examination process is itself ethical. According to the CIF format, the exam should be performed by candidates on patients of record and within an appropriately sequenced treatment plan. All portions of the assessment should be available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate treatment plan. Opportunities for student remediation should also be available as needed. The Association encourages all states to adopt methodologies for licensure that are consistent with this policy.

In 2014, Dr. Feldman said a team, which included Drs. Shampaine, Gambacorta, Michael Glick, then-dean of the University at Buffalo dental school, and members of NYSDA, worked together to help develop a new examination model based on the ADA's CIF policy.

"The goal was to satisfy every component of the ADA definition of CIF," Dr. Shampaine said.

After this initial meeting, Dr. Feldman said, Dr. Glick offered to have the new model piloted at the University at Buffalo.

"My initial thought was that we were going to do the exam in 2015-16, but Dean Glick wanted to start it in January [2015]," said Dr. Gambacorta. "So we did."

How it works

The first problem the CIF model seeks to eliminate is the patient having to wait weeks or months for the one scheduled examination day to receive the care they need.

Now, the dental school schedules when examiners should visit the school in regular intervals — based on the school's determination of the timing and appropriateness of treatment.

"If a candidate has a patient who needs treatment that we also happen to test, the school schedules the patient for the session that the school has arranged for examiners to visit and evaluate the care," Dr. Shampaine said. "This way we don't have to worry about a candidate holding on to treatment, delaying treatment, or, probably more important, that the more urgent needs are not ignored to treat a lesser problem."

Second, all patients treated are patients of record with a comprehensive treatment plan. Because they are patients of record, the faculty will independently check the work after the examiners.

"This way, they can do their own assessment, approve the treatment and approve the follow-up," Dr. Shampaine said. "They're also evaluating the care and completeness of the dental record." In other words, the entire process is similar to the competency exams dental schools give their students but an outside examiner is also present to evaluate the procedure.

When a candidate is unsuccessful, it's the faculty who explain to them what mistakes were made and how to address it — making the exam a part of an educational process.

Dr. Kaufman said that in the past, a candidate would get a failing grade and wouldn't know exactly why he or she failed.

"It's the true definition of CIF because real remediation happens when the faculty sees the performance and can counsel the student in real time," Dr. Shampaine said. "If a student is unsuccessful, they can retake the sections, and the rescheduling is again up to the school."

Finally, because the patient is a patient of record at the school, the students and school provide follow-up care.

"The patient is not given a temporary restoration and sent out to fend for themselves," Dr. Kaufman said. They are taken care of right there, "and if follow-up care is needed, I don't have the impossible job of tracking these patients down since in this improved format, they are all patients of record."

ASDA adamant on alternatives

Despite some improvements to the traditional examination model, problems remain in the new model when addressing larger concerns involving ethics in using a patient in examinations and the exam's overall reliability and validity, according to the American Student Dental Association.

"ASDA does not support the curriculum integrated format," said Sohaib Soliman, ASDA president and University of Washington School of Dentistry student. "No current model meets all of ASDA's criteria."

ASDA's ideal examination model involves a combination of three components. The first is a manikin-based kinesthetic exam, which addresses candidates' hand skills. Second, it involves a nonpatient-based examination that addresses candidates' clinical decision-making skills and understanding of what's happening with the patient. And lastly, the submission of a portfolio on comprehensive patient care to showcase what a student has done for four years in dental school.

ASDA acknowledges that the CIF model is preferable to the current traditional licensure process because it is offered more than one time per year at each dental school; incorporates familiar faculty to assess the student's competency on care provided via a separate but simultaneous process; allows students to complete a comprehensive exam and form a phased treatment plan for the patient; and provides follow-up care for substandard procedures.

However, according to ASDA, the CIF model may not adequately address their questions of validity and reliability given that clinical exams with patients are difficult to standardize.

"No two humans are anatomically, physiologically, pathologically and psychologically identical, and therefore each clinical licensure examination is different," according to ASDA's position statement on the CIF exam.

In addition, while the CIF model requires exam patients to be patients of record at the dental school, students may still struggle with obtaining patients as required by the testing agency with the ideal carious lesion or periodontal condition for the examinations, Mr. Soliman said.

"In that case, it still requires students to advertise to the public and conduct outside screening," he said. "This model doesn't change the environment where the patient is treated as a commodity."

For many students, he said, they still have to resort to creative, but sometimes inappropriate, ways — such as paying patients to participate in the exam.

"ASDA strongly advocates the complete elimination of human subjects from initial licensure examinations," Mr. Soliman said. "Unfortunately, as long as there's a patient involved, it won't fit the model ASDA is looking for."

'A step forward'

Taking into account remaining flaws and ethical dilemmas built into patient-based clinical examinations, the CIF model remains a movement in the right direction and may be a bridge to the creation of a nonpatient-based exam, some educators say.

"As long as there are testing agencies and state boards of examiners to determine whether a candidate is granted a license, this model to me is by far ahead of what I've seen in the many years I've been involved in dentistry," Dr. Kaufman said.

After hearing about the new model, A.T. Still educators immediately contacted the Commission on Dental Competency Assessments to be considered as a beta test site and asked to participate.

A.T. Still dental school isn't considered a large school with class sizes of about 76, plus a residency and advanced education programs. Despite the size, lack of resources to implement the new model was not a problem, Dr. Kaufman said.

"There are flexibilities to the exam. We try to encourage our students to take the clinicals in one day," he said. "What we've implemented here may be different from what is done at other programs like Midwestern, Boston or [New York University]."

While they're still hoping for some improvements, Dr. Kaufman said, the school is favorably disposed on the new model. The students seem calmer, which then helps calm their patients.

"The patients leave here much less disappointed. There are many of my colleagues who believe that patient-based exams have no place in dental schools," Dr. Kaufman said. "I'm not generally political. I just want to take care of patients and educate students. And from what I've seen, this is a step forward." ■

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Moving forward

To help move change forward, the ADA's 2015-16 Licensure Task Force is focused on "policy to action" by encouraging more state dental boards to accept results of all five agencies' clinical exams as well as to enhance use of the curriculum integrated format by all clinical testing agencies until such time as nonpatient-based licensure examinations are established.

In addition, the ADA Council on Dental Education and Licensure and the ADA Department of Testing Services are investigating the feasibility of developing a nonpatient-based, objective structured clinical examination (OSCE) for licensure purposes. The ADA Board of Trustees will consider a report on the feasibility study later this year. An invitation-only forum for selected state dental boards will be held during ADA 2016 to solicit feedback on an OSCE. ■

Crash

Continued from Page 1

"peas and carrots."

Dr. Perry, a periodontist, went on mission trips to the Dominican Republic in 2015 and earlier this year along with two of his children who are grade-school-aged, Sarah and John West.

"He worked very hard but was not afraid to give back," said. Dr. Serio, adding that Dr. Perry helped fund a public baseball/soccer complex in his hometown.

Dr. Poole operated a dental practice in Clarksdale, Mississippi. He and wife Angie had five children, according to a local Mississippi newspaper, the Oxford Eagle.

Kind words about the dentists and their families flooded news reports and social media following the crash.

Dr. Mark Williams, president of the Mississippi Dental Association, said the outpouring of support from fellow dentists "has been truly inspiring."

On behalf of the Mississippi Dental Association, Dr. Williams said it "will work with the families and the practices to assist in any way possible. Our commitment and dedication to the staff members and families will be evident in the days to come."

Dr. Williams added that he is "heartbroken for the children who lost parents," adding that he recognizes the loss staff members in the dentists' respective offices are facing, too.

"Our dental offices often share a sense of family that binds us together and allows us to function like a family. The grief they feel must be overwhelming. Also, there are many patients that have lost their dentist and, in many cases, their friend. Words are not able to convey the devastating loss for so many," Dr. Williams said.

Dr. David Felton, dean of the University of Mississippi School of Dentistry, also released a statement.

"On behalf of the University of Mississippi Medical Center and the UM School of Dentistry, our deepest condolences go out to the children and families of the couples lost in this heartbreaking tragedy," Dr. Felton said. "Everyone on that plane were active members of Mississippi's tight-knit dental community and our dental school alumni family, and will be sorely missed." ■

University of the Pacific names new dental school dean

San Francisco — The University of the Pacific announced June 15 it named Dr. Nader Nadershahi as dean of the Arthur A. Dugoni School of Dentistry.

Dr. Nadershahi, a 1994 graduate of the dental school and faculty member since 1995, has served as interim dean since July 2015.

"Nader is a passionate and tireless champion for Pacific, the school and its faculty and staff," said Pacific Provost Maria Pallavicini, Ph.D. "He is the right person to ensure the Arthur A. Dugoni School of Dentistry continues to be a premier dental school amid the evolving landscapes in health care and education."

Dr. Nadershahi holds a doctorate degree in education from Pacific's Gladys L. Benerd School of Education and an M.B.A. from Eberhardt School of Business. In addition, he is a fellow of the International and American College of Dentists, the Academy of Dentistry International and the Pierre Fauchard Academy. He also has a private general dentistry practice in San Anselmo, California. ■

New dentist

Continued from Page 1

registered for ADA 2016 but not the New Dentist Conference cannot take these courses. The CE courses dedicated to dentists less than 10 years out of dental school are:

- MATTER: Create Move Value to Become the Obvious Choice by keynote speaker Peter Sheahan, founder and group CEO of Karrikins Group, Thursday, Oct. 20, 10-11 a.m.
- Increase Influence: Discover Eight Attributes of Successful Leaders, Thursday, Oct. 20, 1:15-2:45 p.m.
- Fit to Lead: A Guide for the New Dentist, Thursday, Oct. 20, 3:15-4:15 p.m.
- Dentistry for Kids: The Fast Tract to Your Practice Success!, Friday, Oct. 21, 8-9 a.m.
- How Mindfulness Rewires Your Brain for Excellence, Friday, Oct. 21, 8-9 a.m.
- Sure Wish I Understood These Three Things When I Was a New Dentist, Friday, Oct. 21, 9:10-10:10 a.m.
- Dental Insurance Reimbursement, Friday, Oct. 21, 10:20-11:20 a.m.
- To Tax, Financial Planning, and Investment Strategies for New Doctors, Friday, Oct. 21, 10:30 a.m.-12:30 p.m.
- What's Your Competitive Edge? The Tree Step System to Growth and Success, Friday, Oct. 21, 11:30 a.m.-12:30 p.m.
- Integrating Airway to Daily Practice, Friday, Oct. 21, 1:20-2:20 p.m.
- Dentologie DNA: Building a Brand Not a Practice, Friday, Oct. 21, 1:20-3:20 p.m.
- Informed Consent for New Dentists, Friday, Oct. 21, 2:30-3:30 p.m.

In addition, the New Dentist Conference this year include several "Campfire Sessions," such as:

- Getting Involved, Thursday, Oct. 20, 1:15-2:15 p.m.
- Advocacy & You, Thursday, Oct. 20, 2:30-3:30 p.m.
- Idea Exchange, Thursday, Oct. 20, 3:45-4:45 p.m.

To register for the New Dentist Conference, visit ADA.org/NDC. ■

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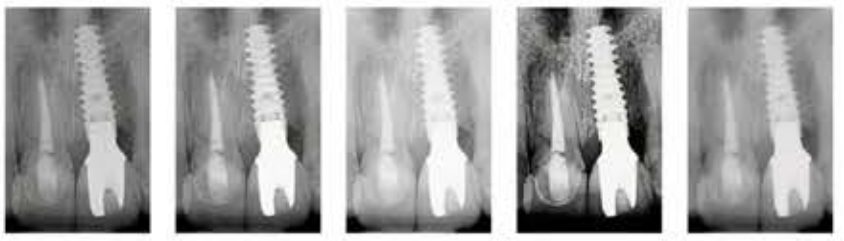

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Dynamic Image Enhancement allows you to maximize Schick 33's true diagnostic potential.

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