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VOLUME 49 NO.4



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BRIEFS

ADA creates 'fun experience' to educate consumers about Seal of Acceptance

The ADA has developed a resource to help educate consumers about the significance and usefulness of the ADA Seal of Acceptance.

For the first time, ADA communications staff along with Jamie Spomer, Ph.D., director of the ADA Acceptance program, created a 360-degree video.

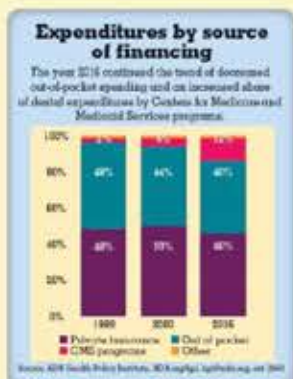


This means when watching the panoramic video on a phone or computer, users can move the screen around and view different images and messages.

The minute-and-a-half video discusses the ADA Seal from the viewpoint of a mother with her young son. The pair use oral health products in their home as messages pop up on the screen identifying different Seal products. The video also features a number of oral health tips, such as brushing two times a day with fluoride toothpaste.

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JUST THE FACTS



'Put action to that need'

ADA Foundation Give Kids A Smile events held nationwide; program kicks off in Buckeye state

BY MICHELLE MANCHIR

Columbus, Ohio — The more than 200 kids who filled The Ohio State University College of Dentistry's operatories on Feb. 2 for the 2018 Give Kids A Smile national kickoff got cleanings, X-rays, restorations, sealants and other treatment they needed but may not otherwise get.

All walked away with healthier smiles and also, in many cases, an oral care goody bag and balloon animals.

Before the event began, many of the essential organizers and sponsors of the event gathered for breakfast and reflected on the ADA Foundation's Give Kids A Smile initiative, which is in its 16th year and has served more than 5.5 million children during that time. More than 300,000 underserved children are expected

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Photo by Meredith Forrest Kulwicki



Smiles upon smiles: The ADA Foundation's Give Kids A Smile initiative is in its 16th year and dental offices across the country celebrated by providing free oral health care. From left, two children giggle at the University at Buffalo; a child tries on a balloon hat at The Ohio State University, which hosted the kick-off event; and Dr. John Nista presents Katarina, 5, with a present before her cavity treatment while Dr. Puja Balchandani looks on. See more GKAS stories on Page 14.

How does tax reform affect dentists, their practices?

BY DAVID BURGER

Washington — The recent tax reform bill passed by the government is the first major rewrite of the U.S. tax code in over 30 years and is packed with changes that could affect dentists' financial planning.

ADA News asked the president of the Academy of Dental CPAs to see what the Tax Cuts and Jobs Act means specifically for dentists beyond the revised standard deductions.

Allen M. Schiff is the president of the academy, which is made up of 26 dental CPA firms representing more than 9,000 dental practices. Mr. Schiff lectures on all subjects relating to dental practice management, especially those revolving around taxation.

"As a result of this major change in tax legislation, dentists should be meeting with their dental CPA as early as possible in 2018 to start the tax planning process," Mr. Schiff

said. "There are many aspects of the new tax legislation that will impact them."

Q: How would the tax reform affect dentists?

A: Beginning Jan. 1, individual dentists are now allowed to deduct up to 20 percent of qualified business income that passes through from a partnership, an S corporation, or a sole proprietorship. In essence, the dentist that has a pass-through entity will only be taxed

on 80 percent of their pass-through income.

Qualified business income is the net amount of qualified items of income, gains, deductions and losses with respect to the qualified trade or business — such as dentistry — of the taxpayer.

If your taxable income is \$315,000 or less and you file a joint return (\$157,500 filing single),

See TAX, Page 6

Core buildup among procedures that often prompt denial

ADA provides resources to educate dentists on how to best submit claims

BY DAVID BURGER

Editor's note: This is the seventh in a series featuring answers and solutions for dentists when it comes to the world of dental benefits and plans. The series is intended to help untangle many of the issues that can potentially befuddle dentists and their teams so that they can focus on patient care.

The existence of a CDT code does not necessarily mean that the procedure is covered or reimbursed by a dental

benefits plan.

That can sometimes be the case for D2950 — core buildup, including any pins, when required.

Numerous dentists have lodged complaints with the ADA Center for Dental Benefits, Coding and Quality and its staff after claims for core buildups were denied by third-party payers. Some dentists have even informed the ADA that this procedure is bundled with a crown procedure by

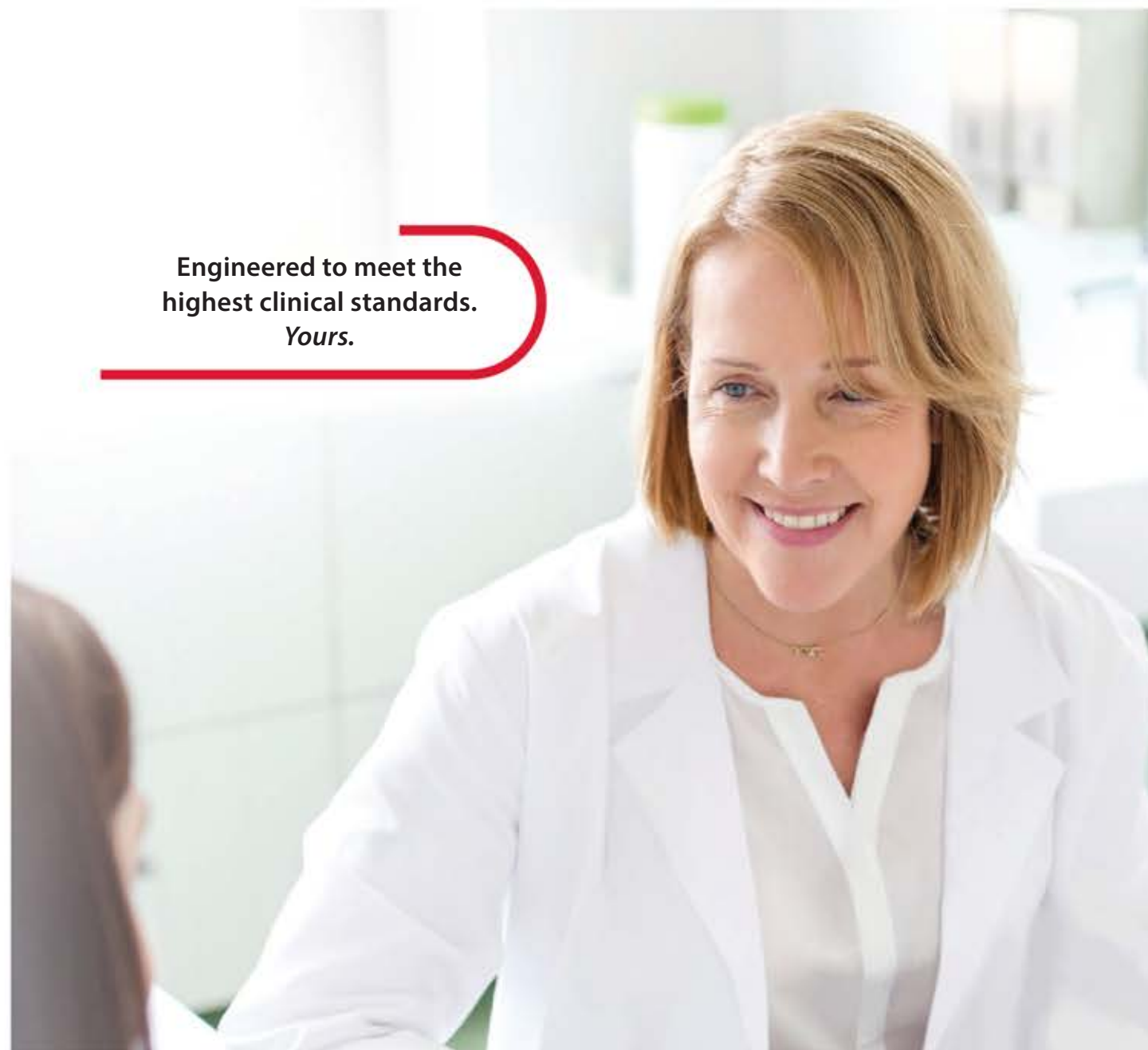
third-party payers, since a core buildup can be considered part of the crown preparation. Bundling of separate procedures to limit a benefit is against ADA policy.

The payers who choose not to cover core buildups do so for a variety of reasons, said Dr. Mark Mihalo, chair of the ADA Council of Dental Benefit Programs' Subcommittee on Coding and Transactions.

"I've been told by payers that core buildup is one of the most abused codes



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in dentistry and I have been on enough peer review panels to see this abuse," Dr. Mihalo said. "The Subcommittee on Coding and Transactions has a long-standing motto: Code for what you actually did, not for what you think you will get paid for."

Dr. Quinn Dufurrena, chief dental officer for United Concordia Dental and an ADA member, said that approvals for core buildup require supporting X-rays. In addition, he said, though it is not required, photos of the tooth being treated gives a better idea of how much decay existed, and he recommends they should be sent along with the claim to help speed up claim approvals.

Dr. Dufurrena said there is a misperception about insurance companies, at least from his standpoint. "We are looking for reasons to approve the claims," he said. "We give the benefit of the doubt to the provider. We want to approve the claims."

Dr. Mihalo seconded Dr. Dufurrena's recommendation that to minimize claim denials for core buildups, documentation of the condition that resulted in the buildup should be provided in the initial claim submission. This could include documentation indicating that the tooth was broken down to the extent that a buildup was necessary to perform the endodontic procedure.

Even in the face of denials of claims for core buildups, dentists should treat the patient with appropriate care regardless of the patient's insurance coverage, said Dr. Mihalo. Communication is crucial, he added, between the patient and the dentist. "Having patients who understand the limitations of their plan prior to treatment may help avoid problems," he said. "Dentists should help the patient understand the clinical basis for treatment, in spite of contractual limitations by the plan."

Further guidance is available in the ADA's members-only manual Responding to Claim Rejections, located at Success.ADA.org/en/dental-benefits/responding-to-claims-rejection. A section is devoted to core buildups.

The ADA has created a new landing page for dental benefits information that can help dentists address and resolve even their most vexing questions, ADA.org/dentalbenefits, part of the ADA Center for Professional Success.

Staff from the Center for Dental Benefits, Coding and Quality can help dentists with dental benefits-related problems, questions and concerns. Call 1-800-621-8099 or email dentalbenefits@ada.org for questions regarding denial of claims.

If dentists have a concern or question they would like addressed in a future issue of the ADA News, they can contact dentalbenefits@ada.org. ■

—burgerd@ada.org

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PUBLISHER: Michael D. Springer

NEWS EDITOR: Judy Jakush

DEPUTY NEWS EDITOR: Kelly Ganski

WASHINGTON EDITOR: Jennifer Garvin

SENIOR EDITORS: David Burger, Michelle Manchir, Kimber Solana

EDITORIAL NEWS ASSISTANT: Matt Carey

TECHNOLOGY MANAGER: Paul Gorski

GRAPHIC DESIGN & PRODUCTION: GERALYN NOVOTNY

COORDINATOR, DIGITAL AD & DESIGN: Liz Grace

PRODUCTION MANAGER: Rebecca Kiser

DIGITAL ADVERTISING SALES & SOLUTIONS:

Amber Lignelli

SENIOR DIRECTOR, ADVERTISING & PRODUCTION:

Gilbert Muñoz

ADVERTISING SALES MANAGER: Michelle Boyd

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Classifieds - Russell Johns & Associates, Kim Ridgeway, Senior Media Sales Associate, 5020 W. Linebaugh Avenue, #210, Tampa, FL 33624, 1-877-394-1388 phone, kridgeway@russelljohns.com

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ADA highlights accomplishments in 2017

More than \$1 million donated to dentists affected by natural disasters. Potential patients visiting the ADA Find-a-Dentist online search tool. And publishing an updated Oral Cancer Clinical Practice Guideline.

The ADA had plenty of reasons to celebrate in 2017.

For the third year, the Association released a video to visually articulate the impact, reach and value of ADA membership. These achievements in public education, community service, advocacy and helping members succeed can be shared via social media.



The 2017 accomplishments highlighted in the two-and-a-half minute video include:

- Exploding growth of the ADA Find-a-Dentist tool, which garnered 1.7 million visits

and 740,000 profile views.

- Give Kids A Smile celebrated its 15th anniversary, serving more than 5 million children since its inception.

- The ADA Foundation donated more than \$1 million to dentists affected by natural disasters.

- The ADA answered more than 6,500 calls about third-party payers, CDT codes and benefit claims.

- ADA News and JADA were again the two most-read dental publications by dentists.

For more information on the 2017 ADA Highlights, visit ADA.org/highlights. ■

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Strengthening coverage through our partnership



Meg Booth



Foti Panagakos, D.M.D., Ph.D.

The parents and caregivers of the nearly 9 million children who receive dental coverage through the Children's Health Insurance Program, or CHIP, are breathing much easier now. After 113 days without federal funding, the CHIP program was extended for 10 years. The government affairs staff and many members of the American Dental Association played a crucial role in this happy ending.

At the federal and state level, diverse coalitions are essential to ensure that oral health issues aren't left on the backburner. Over the past 12 months, the Children's Dental Health Project and the ADA have worked more closely than ever to articulate that dental coverage is a critical foundation for better oral health. Through that shared understanding, we've sought to help policy-makers better understand oral health and the integral role it plays in overall health, quality of life and economic mobility. In addition, the Children's Dental Health Project and ADA worked with stakeholders across the country to protect dental coverage for millions of Americans.

The Children's Dental Health Project's 20th anniversary has prompted us to look closely at the gains in coverage and access over the last two decades. As we reflect on 2017, our collaboration with the ADA on CHIP began long before the current session of Congress. Indeed, our organizations met with allies and established two core principles that shaped our mutual request for Congress to make dental coverage a guaranteed part of CHIP in 2009. The comprehensive coverage that is embodied within CHIP attests to the initial and careful planning that our organizations did.

While we do not take our collaboration for granted, this time we made it more visible to others. Last February, the Children's Dental Health Project and the ADA co-sponsored a briefing for members of Congress and their staff. As the debate over health coverage moved into high gear, both of our organizations wanted Congress to fully understand the impact of proposals that had been introduced. In particular, certain proposals would have resulted in significant cuts to state Medicaid programs and put dental coverage in danger.

Also in February, a timely study published in The Journal of the American Dental Association amplified the message that our two organizations delivered on Capitol Hill. The study showed that being insured (private or public insurance) was associated with children having more dental appointments and fewer unmet dental needs. Simply put: Coverage matters.

Last June, the ADA and Children's Dental Health Project co-authored a letter that 45 oral health organizations signed, encouraging Congressional leaders to reject "drastic funding cuts and structural changes to the

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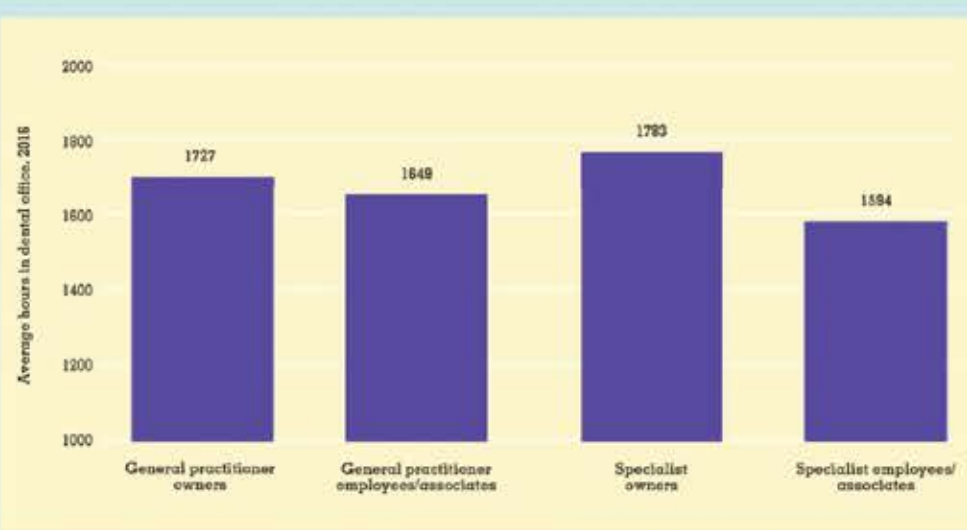
LETTERSPolicy

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SNAPSHOTS OF AMERICAN DENTISTRY

Average hours in the dental office

Among dentists in private practice in 2016, specialist owners spent, on average, the most amount of time in the dental office while specialist employees and associates spent the least amount of time.



Source: ADA Health Policy Institute, 2016 Characteristics of Private Dental Practice report. Available from <http://www.ada.org/en/science-research/health-policy-institute/data-center/dental-practice>.

Letters

Emergency referrals

People have all types of pain, trauma, infection, psychological and social emergencies and they go to hospital emergency facilities and/or mini health clinics to seek advice and care.

Dental pain, trauma, infection: there is usually no help at these locations. Pain medication (usually narcotics) and antibiotic drugs are often prescribed.

How about a dentist on staff or on call, or a method to get intra-oral photographs that can be sent to a dentist for consultation and/or follow-up exam and treatment? This could be a private dentist that can view the photograph digitally received or a government-type clinic.

Mark Haselkorn, D.D.S.
Florence, Massachusetts

Editor's note from Dr. Tim Fagan, chair of the Council on Advocacy for Access and Prevention: The author is absolutely correct: Many people access a hospital emergency department with dental pain.

Hospital emergency departments are typically ill-equipped to handle these issues, and for that reason, we are seeing significant awareness of our Action for Dental Health initiative regarding emergency department referral.

We've collected many types of successful models over the past few years, which are detailed on ADA.org



so members can utilize those models in their communities.

Additionally, we are now collaborating with the American College of Emergency Physicians to develop local dental office partnerships with support from community stakeholders.

This helps get the patient to the right place for the appropriate care at the right time.

CHIP extended for 10 years

Washington — The House and Senate on Feb. 9 passed another stopgap spending bill that includes a 10-year extension of the Children's Health Insurance Program and allocates \$6 billion for the opioid epidemic.

Lawmakers now have until March 23 to complete writing the omnibus spending bill in order to fund the government for the remainder of the fiscal year.

The bill also includes \$7 billion for community health centers over two years, \$600 million for the National Health Services Corps over two years and \$250 million for Teaching Health Centers over two years — three issues the ADA advocated for in the last spending bill.

Other items of note include:

- Earmarking \$2 billion for the National Institutes of Health.
- Continuing the Maternal, Infant and Early Childhood Home Visiting Program at the current level of \$400 million per year for fiscal year 2018 through 2022.

- Assigning \$4.8 billion for a Medicaid cap increase for Puerto Rico and U.S. Virgin Islands for two years.

Visit ADA.org/advocacy for information on other efforts. ■

ADA resources can help dentists fend off hackers, cyberattacks

BY DAVID BURGER

Greenfield, Ind. — The ADA Center for Professional Success has resources to help dentists fend off cyberattacks and hackers to possibly avoid what just happened to a suburban Indianapolis health network in January.

Hancock Health said it paid about a \$55,000 ransom to hackers to regain access to its hospital computer systems, according to an Associated Press story.

Steve Long, president and CEO of Hancock Health, said on the network's website that the

attack was initiated by a criminal group they believe was located in eastern Europe. He added, "A few moments after initiation of the attack, IT staff began to notice negative changes in system performance and messages began to appear on PC screens in the hospital indicating that the system was being encrypted using SamSam ransomware. These messages noted that decryption keys could be purchased with bitcoin."

Ransomware is a type of malicious software that infects a computer and restricts users' ac-

cess to it until a "ransom" is paid to unlock it. Individuals and organizations should be aware that paying the ransom does not guarantee that access will be restored. Ransomware can spread easily when it encounters unpatched or outdated software.

Hancock Health is an Indiana-based, full-service health care network serving Hancock County and the surrounding areas. The health system includes Hancock Regional Hospital, Hancock Physician Network and more than 20 other health care facilities, such as wellness

centers, women's clinics, family practices and the Sue Ann Wortman Cancer Center.

Information on The Center for Professional Success includes several tips on protecting dental offices from ransomware, as well as another example of how ransomware can be particularly devastating. Visit Success.ADA.org and search for "ransomware" to access the article.

Additional information on ransomware can be found at the U.S. Department of Health & Human Services' website hhs.gov by searching for "ransomware." ■

MyView

Continued from Page 4

oral health system" that could undermine the gains that families have made in securing dental coverage and accessing care. In our meetings with congressional leaders, we emphasized the need to continue expanding — rather than rolling back — access to oral health care.

In September, as the expiration of CHIP funding loomed, the ADA and Children's Dental Health Project led more than 140 other oral health stakeholders in a statement urging Congress to extend the program. Even when CHIP expired, we didn't let this disappointment distract us. Our organizations continued to pursue ways to revive hopes for a CHIP extension, building a positive dialogue with House and Senate members on both sides of the aisle.

A few days before the vote extending CHIP, a Wisconsin mother of three cited the importance of the dental benefits in CHIP. "I am so grateful for the dental coverage my children have," Jessica Bigboy told CDHP. "They see the importance of oral hygiene. We're lucky they haven't had any serious problems. With [CHIP], they have been provided with sealants, fluoride treatments, checkups and cleanings to prevent tooth decay and gum disease."

As the executive director and board chair of the Children's Dental Health Project, both of us value the relationship we have developed with the ADA to ensure that the oral health needs of families are not overlooked in Washington. As CHIP's future remained uncertain, dentists were among the many individuals who emailed or phoned their elected representatives and educated them about the power of coverage.

Securing 10 more years of CHIP funding is not the end of our collaboration with the ADA. Our organizations will continue to work with other dental organizations and oral health advocates at the national level to identify and advance common goals on Capitol Hill.

This is easy to say because each year many coalitions are formed in Washington, but not all of them stick together. What makes this partnership special is that it has the potential to put millions of children and families on a trajectory of better oral health.

We know we're not always going to agree on solutions to every policy problem. Nonetheless, we're identifying areas of consensus where working together can advance our shared goals. CHIP is a shining example of what we can accomplish together. Thank you to the ADA for helping to stabilize dental coverage for families.

Meg Booth is the executive director of the Children's Dental Health Project, a nonprofit policy institute in Washington, D.C. Dr. Foti Panagakos, Ph.D., is the chair of the Children's Dental Health Project Board of Directors and a member of the ADA Foundation Board of Directors.

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Tax

Continued from Page 1

then you are able to take the 20 percent deduction of pass-through entity income. If your taxable income is between \$157,500 and \$207,500 (single) and/or \$315,000 and \$415,000 (married filing joint), then there will be a phase-out of the 20 percent deduction. The benefit of the deduction decreases as income increases.

If your taxable income is \$415,000 (married filing joint) or greater (\$207,500 filing single), then there will be no 20 percent qualified business income deduction.

Internal Revenue Service Code Section 179 allows business owners to deduct the purchase price of equipment and/or software put into service during the year. Section 179 depreciation expensing limits have been raised to \$1 million per year, with a spending cap phase-out starting at \$2.5 million of equipment purchased in a given year.

This became effective on Jan. 1. Bonus depreciation, which was 50 percent, increased to 100 percent for any equipment acquisitions subsequent to Sept. 27, 2017. This includes both new and used property acquired. Consult with your dental CPA on the specifics of depreciation and bonus depreciation.

Q: What should dentists in general know about the tax reform changes, including how it relates to their personal finances?

A: Here is a quick reference guide for dentists to consider:

- Medical expenses can now be deducted for 2017 and 2018 calculated as an itemized deduction in excess of 7.5 percent of the taxpayer's adjusted gross income. Previously, it was limited to 10 percent of the taxpayer's adjusted gross income.

- An existing home mortgage would retain the \$1 million mortgage interest limitations. After Dec. 15, 2017, the deduction is limited to a mortgage of \$750,000 or less. For 2018, home equity loan interest is no longer deductible.

- Under the new legislation, the deduction for all state and local taxes combined cannot exceed \$10,000. These taxes include state and local income, sales, real estate or property taxes.

- Commencing in 2018, miscellaneous itemized deductions are no longer deductible. These would include tax preparation, investment advisory fees, unreimbursed business expenses, safety deposit rentals, et cetera. Dentists may want to ask their dental CPA if their dental practice can now pay these expenses and deduct them accordingly.

Q: Are there questions dentists should ask their accountants?

A:

- Do I have the correct taxing entity as we enter 2018?

- What changes can I implement now, so I can benefit from the 20 percent pass-through deduction?

- If I have an S corporation, what is the reasonable compensation you would recommend?

- If my practice operates as an LLC, what should my guaranteed payment be?

- Does it make sense to elect to use Section 179 depreciation for 2018?

- Should I consider electing out of the bonus depreciation for 2017 and 2018?

- If I have debt on my practice, should I consider bonus depreciation and/or



Tax expert: Allen M. Schiff is the president of the Academy of Dental CPAs. The ADA News interviewed him to see what the Tax Cuts and Jobs Act means specifically for dentists, beyond the revised standard deductions.

Section 179 depreciation?

- Does it make sense to title my automobile in my practice's name and depreciate it accordingly?

Q: The new tax law lowers the corporate tax rate to 21 percent from 35 percent, a large reduction. Is it causing S corporations to reconsider whether they should convert to being taxed as C corporations?

A: As a result of the reduction of corporate tax income tax rates, I would still advise to not place the dental practice into a C corporation. The reason for this: double taxation.

If you leave profits in your C corporation, you will save taxes going from 35 to 21 percent. But, you will be paying an initial tier of tax at 21 percent.

In the future, if you would like to withdraw the funds retained in your C corporation, you can accomplish this in one of two ways: salary check as a bonus payroll or pay a dividend to yourself. As you can readily see, you will pay taxes within the C corporation (21 percent) and when the funds are withdrawn as a dividend or a salary, you are taxed a second time at your individual tax rate.

Q: What about dentists who have plans to sell the company in the near future? What should they know?

A: If a dentist is thinking about selling his or her practice in the near future, my recommendation is they start the planning process now.

Besides practicing as a dental CPA, I am also a dental broker. What we inform most sellers is that it could take up to one year to sell your dental practice. If this is the case, you have plenty of time to do the necessary tax planning, but please start the planning now and not put it off.

Q: Does tax reform mean that there will be different ways to run a business?

A: If you are operating as a sole proprietor, an S Corporation or an LLC, you are in a great position to benefit from this new tax law as a pass-through entity.

The opportunity I see is for those of you who are working as an associate is to consider operating as a pass-through entity as opposed to as an employee.

You would have to form a pass-through entity in order to gain the potential benefit of this strategy.

Please also remember the income limitations as mentioned above, because if you exceed them, I would just stay the



way you are — as a W-2 employee.

Also, please consult with your dental CPA, because the Internal Revenue Service has taken on a big initiative for the abuse surrounding whether you are an employee (W-2) or an independent contractor (pass-through entity).

Q: Are there any changes regarding student loan interest deductions?

A: After threats to ax the deduction, the deduction has been retained. The student loan interest deduction allows you to deduct up to \$2,500 of student loan interest directly from your taxable income. For 2018, the student loan interest deduction will phase out when your modified adjusted gross income is \$65,000 filing as a single taxpayer and \$135,000 filing as married filing joint. It totally phases out at \$80,000 (single) and \$165,000 (married filing joint).

Q: Has the alternative minimum tax exemption changed?

A: Alternative minimum tax is imposed at a nearly flat rate on an adjusted amount of taxable income above a certain threshold (also known as an exemption).

This exemption is substantially higher than the exemption from regular income tax. The AMT's purpose is to ensure everyone pays a minimum amount of tax.

The alternative minimum tax exemption for 2018 has been increased from \$55,400 for single filers to \$70,300 and joint returns from \$86,200 to \$109,400. My opinion is that the number of taxpayers subject to AMT in the future will dramatically decrease as a result of the increase in the AMT exemption.

Q: Is there anything else that dentists should know that would shed some light on what is happening and what they can expect in the future?

A: In the future, because of the increase in the standard deduction (married filing joint - \$24,000), you may not be in a position to benefit by itemizing your deductions. If you find yourself in this position, you could consider paying two years of medical expenses or charitable deductions in one year as opposed to spreading it out over two years.

If you use your automobile for business purposes, the new tax law has increased the business vehicle depreciation. Below is the allowable automobile depreciation

for 2018 and beyond, assuming you are using the vehicle 100 percent for business purposes:

- Year 1 - \$10,000.
- Year 2 - \$16,000.
- Year 3 - \$9,600.
- Year 4 - \$5,760.

If you are currently leasing your business vehicle it may make more sense for you to consider purchasing your auto than to continue leasing a vehicle for tax purposes. Please be sure to consult with your dental CPA.

Beginning in 2018, business entertainment expenses incurred for recreation or amusement, including tickets for sporting events, will be disallowed.

Business meals provided for the convenience of the employer are now only 50 percent deductible whereas before they were fully deductible.

In addition, for tax years beginning after Dec. 31, 2017, the domestic production activities deduction — intended to provide tax incentives for businesses that produce most of their goods or work in the United States rather than sending that work overseas — is repealed. This applies to practices that are using computer-aided design and computer-aided manufacturing within their offices.

"The new tax law is very complex," Mr. Schiff said. "We as dental CPAs are waiting for further guidelines to be issued by the Internal Revenue Service. The Academy of Dental CPAs is currently studying all aspects of the new tax law. We discuss it daily and are always looking for ways on how this new tax law will be of benefit to our clients."

Updated tax tables are available at [irs.gov/pub/irs-pdf/n1036.pdf](https://www.irs.gov/pub/irs-pdf/n1036.pdf).

For more information on tax reform and the work of ADA Advocacy, visit [ADA.org/en/advocacy/advocacy-issues/tax-reform](https://ada.org/en/advocacy/advocacy-issues/tax-reform).

The information in this piece is not intended to be, nor should it be construed as, tax, accounting or legal advice. Readers are urged to consult a qualified professional when seeking such advice. The ADA makes no endorsement of the above advice, nor of any website or organization mentioned in the above piece. ■

—burgerd@ada.org

Marketing webinar to help dentists welcome and retain more patients

BY DAVID BURGER

Marketing can be a daunting activity for dentists at all stages of practice.

To help dentists, the ADA Council on Dental Practice is sponsoring a one-hour webinar on March 29 called GPS Managing Marketing: Demystifying Marketing.

The webinar will stream live from noon-1 p.m. Central Daylight Time.

This program is the fourth in a series of webinars based on content from the ADA's Guidelines for Practice Success modules and recaps some of the information available in the GPS module on Managing Marketing.

"Effective marketing, like dentistry, is both art and science," said Dr. Julia K. Mikell, a member of the Council on Dental Practice who participated in the development of the module on Managing Marketing. "The council recognized that practically every dentist can benefit from some marketing support."

Wendy O'Donovan Phillips, a contributor to the development of the Managing Marketing content and CEO of dental marketing company Big Buzz, and Dr. Pamela Porembski, director of the ADA Council on Dental Practice, are the presenters.

"Through this webinar, participants will be able to learn top trends in online advertising and marketing; develop an advertising and marketing plan; and be able to use market research to ensure success," said Ms. Phillips.

"The Council on Dental Practice created the entire suite of GPS resources in response to members' requests for practice management information," said Dr. Craig Ratner, chair of the Council on Dental Practice.

"This webinar will lead dentists through the perceived labyrinth of marketing and show them how a series of simple steps can help them market their practices more successfully and enable them to increase new patient inquiries, production, revenue and profitability."

"In this webinar, dentists will discover how other dentists achieve positive results through marketing," said Dr.



Scott Theurer, chair of the Council on Dental Practice Subcommittee on Practice Management. "After the program, dentists will be able to identify and articulate what makes the practice special and use that information to inspire patient loyalty."

Participants who complete at least 45 minutes of the program will receive one hour of continuing education credit. Those staying for the

complete program will receive a promo code offering them the chance to save 20 percent on all GPS products purchased through the ADA Catalog.

Register for the course at <https://cc.readytalk.com/r/f9zsj2zmqq7&com>.

The complete GPS module on Managing Marketing, as well as other GPS content, are available as a member benefit on the ADA Center for Professional Success website and can be accessed at ADA.org/gps.

Webinars on other GPS topics are also available for on-demand streaming at the site. ■

—burgerd@ada.org

Nominations sought for dental informatics award

ADA members who have completed original standards-related research and who have a dental degree earned after 2013 or are pursuing an additional degree or specialty are encouraged to apply for the Robert H. Ahlstrom New Investigator Award.

The award, named after the first chairman of the ADA Standards Committee on Dental Informatics, aims to highlight the crucial role dental informatics standards play in dentistry.

Applicants can submit an original standards-related research report that has been completed within the 2017-18 academic year but not published; a standards-related article that was published within the 2017-18 academic year; or a standards-related poster developed within the 2017-18 academic year.

Submissions must also address in 250 words or less how the research incorporates current dental standards and/or contributes to the development of dental standards.

Recipients of the award will receive a \$1,000 honorarium and airfare and a three-night hotel stay to present their paper at ADA 2018 – America's Dental Meeting in Honolulu.

Applications should be submitted by May 15. For more information or application materials, visit ADA.org/dentalstandards. ■



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Closing health disparities in Oklahoma

Dentist turns diversity institute experience into leadership roles

BY KIMBER SOLANA

Editor's note: This is the fifth in a series featuring graduates of the ADA Institute for Diversity in Leadership and how these dental leaders continue to affect their communities.

Oklahoma City— Dr. Timothy Kinnard was in private practice when he found a question he wanted answered: How well is SoonerCare, the state's Medicaid program, serving his community, especially dental access for children?

To help answer the question, in 2007, he applied for the ADA Institute for Diversity in Leadership, a program designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles within the profession and their communities.

"I thought the Institute would be interesting because I'm of ethnic background," said Dr. Kinnard, who is African-American. "I thought it would be a good experience to be around people of diverse backgrounds who had their own ideas to positively affect their communities."



Dr. Kinnard

As part of the ADA Institute for Diversity in Leadership, participants are tasked with developing and executing a personal leadership project that addresses an issue or challenge in his or her community, organization or the profession. Institute participants receive help from ADA staff and work with leading educators from Northwestern University's Kellogg School of Management and Duke University's Fuqua School of Business.

After conducting his research, in summary, SoonerCare "could be improved," he said. But more important to finding an answer to his question, his experience with the Institute put him on a path to focus more on public health.

Serving Native Americans

While in private practice, Dr. Kinnard was doing contract dentistry, practicing one day a week at the Oklahoma City Indian Clinic. In 2010, he decided to work for the nonprofit clinic full-time. One year later, he became its dental director.

According to Dr. Kinnard, travel and cost affect dental access for many in the Native American community. The clinic was often some of his patients' last dental option, he said.

"This clinic served a community with health and dental disparity," he said. "We were faced with limited resources but we provided the best service we could to our patients. We were serving a population that, without us being there, may not have had dental access."

The clinic saw over 10,000 patient visits a year. Dr. Kinnard served as its dental director for six years.

Returning to private practice

In 2017, Dr. Kinnard decided to transition back to private practice — this time using his leadership experience at the Institute and the clinic in establishing a practice that could help improve the care patients receive, especially dental Medicaid patients.

"I'm an African-American, my wife is Native American and my kids are African-American and Native American," he said. "I've



had an interest in getting back to private practice for awhile but I wanted to continue serving people in my community where there are health disparities

among minority populations."

In January, Dr. Kinnard closed on his new dental practice and began treating patients in the northeast area of Oklahoma City.

"It's a community that's primarily African-American, and we'll be serving diverse patients, including Native-Americans," he said.

Many of his patients are likely to be on Medicaid.

In his Institute project, Dr. Kinnard found that Medicaid was serving the population, particularly pediatric patients, well for basic and preventive service. However, there were concerns about wait times when it comes to getting authorization to do more major types of services, such as root canals and crowns.

See DIVERSITY, Page 11



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Gratitude: Shayleen, 10, left, Joelle, 10, right, and Grayson, 9, send a message to the organizers and sponsors of the 2018 Give Kids A Smile kickoff at The Ohio State University.

GKAS

Continued from Page 1

to receive dental services this year alone at GKAS events through the country.

"They are someone's children, grandchildren, brothers and sisters. They all deserve the chance to be healthy and have a smile on their face," said Dr. William Calnon, ADA Foundation president.

For ADA President Joseph P. Crowley, the event also served as a homecoming of sorts, since OSU is his alma mater.

He told organizers and sponsors of the Feb. 2 event that it was "awesome to be able to come home and see something like this."

"Oral health awareness is lacking in some places," he said. "GKAS has put action to that need."

The planning and organization it took to launch the event was clear to many of the families who took advantage of the no-cost care, including Andrea Garner, of Columbus, who brought her three children.

"They feel comfortable here," she said of her boys Malachi, 7, and Micah, 5. "They feel more like a friend than a dentist. They play with them; they talk to them."

Brittany Huddleston said she left her Columbus home early for her son Shawn's appointment.

"It's very important for kids to have access to dental (care)," she said. "Not a lot of people have it and people don't always realize — your teeth are very important. It's really nice to have a free dental clinic for anyone who needs it."

Some of the children who visited the Ohio State clinic were bussed in from nearby schools and given crayons and coloring pages to keep busy while their peers got care.

Dailyn, 10, took advantage of the activities and reflected on his dental cleaning that morning. "They were nice to me and told me how patient I was," he said proudly, holding up the dog-shaped balloon that third-year dental student Kyle Spackman made for him.

Mr. Spackman said he was recruited to create the balloon concoctions all day for the



Sealing the deal: Dhaval Patel, a third-year dental student, left, and John Fixari, a fourth-year dental student, apply sealants to Brianna during the Give Kids A Smile kickoff at The Ohio State University on Feb. 2.



Come together for care: Some of the organizers and sponsors for the 2018 Give Kids A Smile kickoff gathered for breakfast preceding the event on Feb. 2, where more than 200 kids were served. From left, Tina Cunningham, academic relations manager for Colgate; Phyllis Martina, senior academic relations manager for Colgate; Dr. William Calnon, ADA Foundation president; Dr. Patrick Lloyd, dean of The Ohio State University College of Dentistry; Michele Penrose, director of professional relations and development for Henry Schein; Dr. Joseph P. Crowley, ADA president; Dr. David Krol, member of the ADA Foundation Give Kids A Smile National Committee; Dr. Erin Gross, faculty advisor for Give Kids A Smile at The Ohio State University College of Dentistry; and David Owsiany, executive director for the Ohio Dental Association.

kids, who eagerly requested flowers or swords.

To be sure, Ohio State dental students were the principal organizers of the event, led this year by third-year dental student Haella Holmes.

"Seeing even just one kid who comes in in pain or comes in scared and leaves smiling and not in pain makes the whole day

worth it," she said. "We're very happy to help out."

Support for the GKAS program comes from national sponsors Henry Schein, Colgate and KaVo Kerr.

For more information about Give Kids A Smile, visit ADAFoundation.org/GKAS. ■

—manchirm@ada.org

Is your office compliant with OSHA? ADA can help

BY MICHELLE MANCHIR

How should hazardous chemicals in the office be labeled and who's responsible for doing it?

Which dental office staff members are required to receive Hepatitis B vaccinations?

Do all offices need an evacuation plan?

The ADA seeks to help practice owners answer these and other regulatory questions related to occupational safety.

The U.S. Department of Labor's Occupational Safety and Health Administration, or OSHA, has stated that exposure to numerous workplace hazards that might occur within the practice of dentistry are addressed in specific OSHA standards for

general industry. The ADA offers members resources with up-to-date and clear-cut information about how the regulations apply to them.

The ADA Science Institute maintains Oral Health Topics dedicated to OSHA and dentistry. It includes information about staff immunization requirements, hazard communication, exposure control, needle safety and links to additional resources online. To access the page, visit ADA.org/OSHA.

The ADA Center for Professional Success also maintains an OSHA overview webpage dedicated to managing regulations. It includes fact sheets, tips and

checklists related to OSHA office requirements, infection control, emergency preparedness and other topics that could be relevant to dental practice owners. To view this information, visit ADA.org/OSHA and find the link under the ADA Resources section.

Other OSHA resources from the ADA are available for purchase at a discounted rate for members. They include the ADA Practical Guide to OSHA Compliance Manual and CD-ROM with Update Service (S696B). This is primarily a record-keeping resource for the practice owner and/or compliance manager and the purchase includes three years of updates. The

ADA Practical Guide to OSHA Training: Compliance for Dental Professionals (P889) video and workbook is meant to help instruct staff on regulations related to safety standards. These products are sold together as a bundle, The ADA Complete OSHA Compliance Kit (K011), for a discounted price. Readers can save 15 percent on all ADA Catalog products with promo code 18111 until April 27. To order, call 1-800-947-4746 or visit ADAcatalog.org.

Members with questions about OSHA compliance can also call the ADA Member Service Center. Use the toll-free number on your member card. ■

After Hurricane Harvey, dentists form lasting friendship

Retiree helps successor rebuild dental practice damaged by storm, flooding

BY KIMBER SOLANA

Houston — Three years after dental school, Dr. Hieu Truong Do was ready to own a dental practice. She had held an associate job working in different locations, but after she had her firstborn, she thought it was time.

“I wanted to get a practice that was relatively close to home so I can have a flexible schedule and take care of both my newborn and parents,” said Dr. Do, a military wife whose husband, Michael, works in Washington, D.C. “Traveling in Houston from one dental practice to another just became too difficult for me as a new mother. Houston is a large city and with traffic, it can sometimes take more an hour to get between places.”

On Aug. 8, 2017, she closed on a practice previously ran by Dr. Gary Williams, who was retiring after 36 years.

Seventeen days later, Hurricane Harvey made landfall, which devastated the city of Houston.

“I still get emotional when I talk about Hurricane Harvey,” Dr. Do said. “I was very excited to be a new practice owner and then two weeks later, it was all gone with the arrival of Harvey.”

The next four months became a day-to-day grind to clean up, build and reopen the prac-

tice, she said. It was also a time, she added, made a lot easier thanks to the help of her fellow dentists, especially Dr. Williams.

The right person

Dr. Williams interviewed about 10 dentists over a course of a year and a half when Dr. Do came along. He was ready to retire and was looking for someone to take over his practice.

“I could tell instantly she was the right person,” he said of Dr. Do.

The two have crossed paths in the Houston area, volunteering in dental events and attending meetings at the Greater Houston Dental Society. The first time Dr. Do met Dr. Williams was in 2016, during a Veterans Day event where dentists were providing dental care to veterans and low-income residents.

“It wasn’t easy for me to walk away,” Dr. Williams said about retiring. “I had a beautiful office and loved taking care of my patients. But at the same time, I felt proud and also grateful

to hand it over to Dr. Do because I knew she would take care of it and of my patients.”

The two dentists held a ceremony and served the staff cake at the five-chair dental office located in the city’s northwest side. Dr. Do immediately began working four days a week after she acquired the office from Dr. Williams.

Meanwhile, Hurricane Harvey was already on its way.

See HARVEY, Page 13



First celebration: Drs. Gary Williams and Hieu Truong Do celebrate Aug. 8 a practice transition with a cake. Dr. Do closed on the practice run by Dr. Williams, who was retiring after 36 years. About two weeks later after the celebration, Hurricane Harvey made landfall, devastating the city of Houston and damaging Dr. Do’s dental office.

Diversity

Continued from Page 9

Other drawbacks, according to his research project, found that dentists were concerned that some services may not be covered, and there was a feeling that reimbursement rates could be better.

Dr. Kinnard said he plans to use his knowledge and experience to help his new patients.

“It helps me to be better able to streamline many of the dental services that dental Medicaid may offer to patients versus getting caught up in ‘red tape,’” he said. “By doing so, patients are treated more quickly and more likely to have better dental outcomes.”

For more information on the ADA Institute for Diversity in Leadership, which admits dentists each year with all expenses covered by the ADA, Henry Schein Cares and Crest + Oral-B, visit ADA.org/diversityinstitute. ■

 A large, detailed image of a dental machine, specifically a CEREC (Computerized Edge Recognition) system. A hand is shown operating the machine, which is used for creating dental restorations. The machine has a blue and white color scheme and a digital display.

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Harvey

Continued from Page 11

"When I heard about Harvey, I figured we'll be OK and the office will probably be OK, too," Dr. Do said. "We've had hurricanes and tropical storms in Houston before and the office was never flooded in 20 years. That gave me comfort."

'We saved what we could'

That comfort would be short-lived after three days of rain.

"I saw the neighborhood where my practice was located on the news. The whole area was flooded," Dr. Do said.

It took about week for the water to recede enough for her to be able to stand at a Chase Bank parking lot to survey her practice across the street.

"I couldn't get to it," she said. "It looked so unbelievable; the sight of my practice being flooded."

Nine days after Harvey hit, Michael, who was in Houston for the Labor Day holiday, donned waders and walked through 2 feet of water towards the practice. It was the first time someone saw the extent of the damage inside. It was clear the floors, walls and cabinets would need to be removed and replaced.

"Anything below 2 feet was gone," Dr. Do said. "But supplies in shelves above water were saved. If I could save a toothbrush, I saved it."



Damage: Hurricane Harvey caused major flooding in Houston, damaging Dr. Hieu Truong Do's new dental practice. The floors, walls and cabinets were removed and replaced.

The next day, Dr. Do's husband had to return to Washington, D.C., for work. After she dropped him off at the airport, she met her staff, a close neighbor of theirs and Dr. Williams to start the cleanup process.

"There was no time to waste," she said.

Dentists helping dentists

Dr. Williams said he couldn't be more impressed with his successor. Dr. Do put together a plan with regards to what she needed to do, including applying for a Federal Emergency Management Agency small business loan. She also arranged with a colleague, Dr. Tan Pham, to continue seeing her patients at his office nearby.

"On a scale of one to 10, she was a 12," Dr. Williams said. "She rose to the occasion."

Dr. Williams, like Dr. Do, saw the neighborhood where the dental practice was located on television.

"I live near the practice," he said. "As soon as the skies cleared, I got as close as I could. My heart sank to see everything I worked for 36 years underwater. Then I was more sad for Dr. Do, not for me. Her family is just the greatest people and I couldn't believe this happened to them."

Dr. Williams, who still owns the building, immediately hired a general contractor to start rebuilding the walls and floors.

"It was a disaster," he said. "We pulled out all the floors, all the cabinets, and we had 10 rooms of destroyed dental equipment, chairs and drywall."

Dr. Williams said he felt an obligation to help the military family. Dr. Do's husband, Michael, is a combat veteran having served three deployments in the U.S. Army — one in Iraq and two in Afghanistan.

"If I can help a bunch of strangers," said Dr. Williams, who organized the Veterans' Day event where Dr. Do first met him, "then I can do something for someone I consider friends and family."

Dr. Williams said he used much of his own money to get the practice back on track.

"Sometimes in life there are decisions that

gives you peace," Dr. Williams said. "That's what this one was. I can sustain the financial loss more than they could. And honestly, I got the best end of the deal because we're on earth to help people."

About four months later, on Dec. 11, the two dentists held another ceremony — a re-grand opening.

"The practice looks beautiful," Dr. Williams said. "Dr. Do did a great job digitizing the office, choosing the colors and furniture. I look at the new office as something we created together."

The patients, Dr. Do added, seem to love the new touch she added to her practice.

Dr. Williams said he knows that their story is small compared to many others in Houston who lost a lot more. Hurricane Harvey

is blamed for more than 60 deaths and nearly \$200 billion in damage.

"But I'm glad to have been able to do my part in helping this new dentist get back on her feet," he said.

Dr. Do said she considers Dr. Williams a hero. She also thanked members of the Greater Houston Dental Society and the Texas Dental Association who offered additional help, including Dr. Tham, who offered his office for her to see patients during the reconstruction.

"I'm just so grateful for the dental profession," she said. "Dentists helping each other out. I see the experience with Hurricane Harvey that life is not going to be straightforward, but I can take comfort that God always has a better plan for me." ■

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Delaware celebrates GKAS

BY JENNIFER GARVIN

Wilmington, Del. — Here in Wilmington — also known as Eagles country — euphoria remained following the team's first Super Bowl victory.

It carried over into the state's Feb. 10 Give Kids A Smile event, where children and volunteers alike shared their team spirit.

It even made it into the day's pep talk, when Dr. Joseph Kelly thanked volunteers for donating their time.

"An individual makes a difference, but a team makes a miracle," said Dr. Kelly, quoting Eagles coach Doug Pederson, and adding, "A smile is the window to the soul so you are really touching someone today."

This was the 15th year that the Delaware State Dental Society has participated in GKAS. Dr. Kelly's office was one of three locations to host events. The other two were in Dover and Middletown. All told, 158 volunteers, including 42 DSDS dentist members and other dental members including hygienists, assistants and office staff, donated their time and talents.

More than 300 children received free dental cleanings, restorations, fluoride treatments, X-rays, hygiene lessons and goody bags containing a toothbrush, toothpaste and dental floss.

Having the event at his office for the first time was an easy decision for Dr. Kelly, who regularly volunteers during annual mission trips with his staff to Jamaica.

"We're addicted," he said. "It's pure. You're just helping people." Every one of the office's 10 operatories was in motion on Saturday.

Six-year-old Kenny let it be known that he wanted to "go first." His sisters, Grace, 4, and Saniya, 8, were just going to have to wait.

"He's been dying for his teeth to fall out," said his mother Toni. "He wants the Tooth Fairy to come."

"What is that?" asked Grace, watching as hygienist Lindsay Baiocco expertly polished her brother's teeth.

"It's a special toothbrush," explained older sister Saniya.

Ms. Baiocco nodded, explaining, "It's making them nice and sparkly."

Over in room 3, Dr. Vincent Daniels was talking to 12-year-old Taliyah and her mother about sealants.

"She's a good candidate," he said, explaining how the thin, plastic coatings placed on Taliyah's back molars could help protect them from tooth decay.

Across the hall, Katarina, 5, was being prepped for a filling.

Dr. John Nista, an orthodontist, made her a balloon animal out of a latex glove, while Dr. Puja Balchandani put "sleepy jelly" on Katarina's tooth to "clean out the sugar bugs."

Meanwhile, back in the waiting room, dozens of children and their families patiently waited their turns. Some colored or played with toys. Others took a trip to the special hygiene room, where dental assisting students from nearby Delaware Tech provided interactive oral hygiene lessons.

"We've had a good turnout; it's a good team effort," Dr. Kelly said.

Said Dr. Thomas Conaty, "It's a small state and we all work together and do good things."

The Wilmington, Delaware, GKAS event is one of more than 1,300 expected to take place throughout the U.S. during 2018. To learn more about Give Kids A Smile or to make a donation to the ADA Foundation, visit ADAFoundation.org. ■

—garvinj@ada.org



Brushing time: Sandra Lopez, a dental assistant student at Delaware Tech, gives a hygiene lesson during GKAS.



All smiles: Dr. Vincent Daniels, right, and dental assistant Deepthi Nannapaneni, take a moment with 12-year-old Taliyah.

Kids receive oral health care, flu shots, nutrition advice at University at Buffalo GKAS event

BY KELLY GANSKI

Buffalo, N.Y. — Flu shots, nutrition and more were integrated Feb. 3 into the University at Buffalo's Give Kids A Smile event.

The spirit of the ADA Foundation's Give Kids A Smile program is to encourage dentists to work together with their communities to provide free dental care to children in need.

The University at Buffalo School of Dental Medicine took it one step further. Volunteer dentists, faculty members and dental students not only provided free dental care to about 200 children on Feb. 3, they partnered with students in the nursing, social worker, audiology and nutrition programs at the university to deliver an overall health assessment.

The nurse practitioner students recorded the height and weight of each child; tested their blood pressure; and gave several dozen flu shots. Children, accompanied by their parents or caregivers, also received hearing screenings, a lunchbox with healthy snacks and were assessed whether they would qualify for Medicaid or the Children's Health Insurance Program, said Dr. Stephen Abel, associate dean for students, community and profes-

sional initiatives at the dental school.

"Our students observed dietitians speak to parents about reducing sugar consumption; nurses address the importance of child immunizations; and audiologists discuss hearing and its importance on childhood learning," Dr. Abel said. "I honestly believe that all those interprofessional interactions make our dental students better primary care providers. And it did not go unnoticed just how much these nondental providers learned about oral health."

More than 200 dental students, 60 volunteer faculty and community dentists and a dozen hygienists spent the day assessing and treating children ages 2-18. Ten to 15 percent of the children made follow-up appointments with another clinic, Dr. Abel said.

"The interprofessionalism leads to a better understanding of the full scope of their colleagues' professional roles and responsibilities," Dr. Abel said. "In the end, we hope that activities such as these will lend themselves towards the building of health-care networks and referral networks in our communities." ■



Healthy smiles: Dietetic interns Natalie Rusu and Brooke Bubolz at the University at Buffalo School of Public Health and Health Professions man the healthy snack table at the dental school's Give Kids A Smile event Feb. 3.

Load up on fluoride info, continuing education before annual meeting officially begins

BY DAVID BURGER

Honolulu — ADA 2018 — America's Dental Meeting's pre-session includes a course involving silver diamine fluoride that kickstarts a series of continuing education courses that underscore the importance of fluoride.

New Advances in Caries Management: CRA, SDF and GIC (4207) is offered on Oct. 17 and will be repeated twice during the official meeting — Oct. 18 from 7-10 a.m. (5208) and 11:30 a.m.-2:30 p.m. (5217) It is also a cornerstone for a series of courses that include information about fluoride.

The series of courses that include information on fluoride features:

- Fact or Myth? Fluoridation According to the Internet (6804), Oct. 19, 1-2 p.m., Jane McGinley and Sharon Clough.

- Preventing Caries in the Pregnant Woman and Her Child (7800), Oct. 20, 7-8:30 a.m., Alice Horowitz, Ph.D., Dr. Jeanette Courtad, Ms. Clough.

- Patient Communication in a Digital World: From A to E-Patient (7801), Oct. 20, 11:30 a.m.-2 p.m., Dr. Brittany Seymour, Ms. McGinley, Leslee Williams.

Ms. McGinley, manager of fluoridation and preventive health activities for the ADA Council on Advocacy for Access and Prevention, said dentists get many questions from



their patients about fluoridation. "We want to make sure the dentists are up on the facts," she said. "Just because it's on the internet doesn't mean that it's true."

Correct fluoridation information is crucial at the meeting because Hawaii, she noted, is one of the three least fluoridated states in the nation.

The fluoridation courses are not the only

Oct. 17 pre-session courses.

The complete list is:

- Myths, Hype and Misconceptions About Laser Dentistry (4206), 7 a.m.-2 p.m. Dr. Robert Convisar.

- Orofacial Pain 101: The Basics and Beyond (4100), 7 a.m.-3 p.m., Dr. Seena Patel.

- Botox Therapy for Every Dental Practice (4205), 7 a.m.-3 p.m., Dr. Louis Malmacher.

- Anterior Composite Artistry Works (4203), 2-5 p.m., Dr. Lee Ann Brady.

- New Advances in Caries Management: CRA, SDF and GIC (4207), 2-5 p.m. Dr. Douglas Young. CRA is caries risk assess-

ment, SDF is silver diamine fluoride and GIC is glass-ionomer cement.

- Innovative Solutions to Complex Cosmetic Restorative Problems (4208), 2-5 p.m., Dr. Wynn Okuda.

- The Simple Socket Graft and PRF Hands-on Workshop (4204), 2-5 p.m., Dr. Bobby Birdi. PRF is platelet-rich fibrin.

Registration for ADA 2018 is open and until Feb. 28, registration fees are discounted to \$99 for member dentists. Rates increase March 1.

To register or learn more, visit ADA.org/meeting. ■

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New Dentist Conference scheduled for Oct. 18

Honolulu — Registration for the New Dentist Conference in Hawaii is now open.

The New Dentist Conference is designed for dentists who graduated from dental school less than 10 years ago. This year's conference features:

- A customized continuing education track curated by new dentists.
- Access to free courses that have fees for non-conference ADA 2018 attendees.
- Daily new dentist-specific keynotes featuring popular TED Talk speakers.

- The New Dentist Reception on Oct. 19 at The Modern Honolulu, a boutique hotel just steps away from the beach.

- Networking opportunities.
- Daily breakfast.
- A dedicated new dentist hotel.
- Unlimited access to ADA 2018 — America's Dental Meeting events, CE and the Exhibit Hall.

The customized CE track includes courses on medical/dental collaboration at the community level, wealth accumulation and bite splints in restorations.

Three speakers will be delivering keynote speeches, including Kindra Hall, a 2014 Storytelling World Award recipient.

Not least, on Thursday and Friday mornings, there will be yoga on the Great Lawn at the Hilton Hawaiian Village.

Take advantage of a special \$99 ADA 2018 registration rate until Feb. 28. Rates increase March 1. The New Dentist Conference package is available for an additional \$250 registration fee and includes the keynotes, meals, receptions, free CE courses plus the New Dentist Conference hotel rate.

The New Dentist Conference is held in conjunction with ADA 2018 — America's Dental Meeting Oct. 18-20 in Honolulu.

To learn more about the conference, ADA annual meeting or to register, visit ADA.org/NDC. ■

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what attending a meeting means to you.

Registration is now open! Take advantage of the **\$99 member dentist rate** through February 28. New Dentist Conference fees apply. Register today at [ADA.org/NDC](https://ada.org/NDC).

Looking to plan your trip? Visit [ADA.org/Aloha](https://ada.org/Aloha).

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FTC files complaint against dental companies

BY JENNIFER GARVIN

Washington — The Federal Trade Commission on Feb. 12 filed a complaint against three dental supply companies, alleging the companies violated federal antitrust laws by conspiring to refuse to provide discounts to or otherwise serve buying groups representing dental practitioners.

The dental companies, Benco Dental, Henry Schein Inc. and Patterson Companies Inc., are alleged to have “unreasonably restrained price competition for dental products in the United States; distorted prices and undermined the ability of independent dentists to obtain lower prices and discounts for dental products; deprived independent dentists of the benefits of vigorous price and service competition among full-service, national dental distributors; unreasonably reduced output of dental products to dental buying groups; and eliminated or reduced the competitive bidding process for sales to these buying groups.” In a news release, the FTC noted that the buying groups sought lower prices for dental supplies and equipment on behalf of solo and

small group dental practices.

“The alleged agreement among Benco, Henry Schein and Patterson deprived independent dentists of the benefits of participating in buying groups that purchase dental supplies from national, full-service distributors,” said the FTC, adding that “collectively, the big three are alleged to control more than 85 percent of all distributor sales of dental products and services nationwide, a total market estimated at approximately \$10 billion.”

The complaint also asserts that Benco violated Section 5 of the FTC Act on multiple occasions for “inviting a fourth competing distributor

to join the conspiracy” when it asked Burkhart Dental Supply “to refuse to provide discounts to buying groups.” Section 5 protects consumers from “unfair methods of competition,” according to the FTC website.

Henry Schein and Patterson denied the charges in statements posted on their websites. Benco has yet to respond publicly to the complaint.

“Based on the FTC’s press release, [Henry Schein] is being accused of participating in a conspiracy to refuse to provide discounts to, or compete for, the business of buying groups,” read the Henry Schein press release. Schein claims that,

contrary to the FTC’s allegations, it has consistently done business with buying groups, and has never entered into an agreement with others to refuse to do business with buying groups. Schein “believes that the allegations as described in the press release are meritless and intends to defend itself vigorously.”

In a similar release, Patterson said that it “believes that the allegations as described are meritless and intends to defend itself vigorously. The complaint seeks injunctive relief and does not seek monetary damages. The company does not anticipate that this matter will have a material adverse effect on our financial condition or results of operations.”

For more information on the Federal Trade Commission, visit FTC.gov. ■

Midwestern University dental school in Illinois announces new dean

Downers Grove, Ill. — Midwestern University declared Feb. 2 it named Dr. Harold J. Haering as dean of its College of Dental Medicine-Illinois.

Dr. Haering most recently served as associate dean for clinical education at the Midwestern University College of Dental Medicine in Arizona.



Dr. Haering

Dr. Haering earned his dental degree from the University of Kentucky College of Dentistry. After serving as a commissioned officer in the U.S. Public Health Service, he opened a family dentistry practice in LaBelle, Florida, and served his community for 27 years.

In addition, Dr. Haering formerly served in two ADA councils — the former Council on Access, Prevention and Interprofessional Relations and the Council on Education and Licensure. He also served as trustee of the Florida Dental Association, as a delegate to the ADA, and as a consultant to the ADA Council on Dental Benefits. ■

Registration open for Alliance of the ADA conference in April

Fort Worth, Texas — Alliance of the ADA members and those interesting in joining are invited to the AADA conference here April 19-21.

The agenda includes a talk with Dr. Robert Anderton, past ADA president, who will discuss risk management in the dental profession; physical therapy tips for the occupational impact of dentistry; a presentation from Great West Financial, ADA’s sponsored group insurance provider; and several networking and sightseeing events.

For more information about the Alliance of the ADA or to register for the conference, visit AllianceADA.net. ■

ADA Disability Income Protection Insurance vs. other providers’ disability insurance

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¹Lifetime costs for all carriers are based on the standard rate class for a \$10,000/month benefit with Own Occupation, Residual Plus benefits, and Cost of Living Adjustment coverage for a 35-year-old female to age 65. Competitor rates for Principal, MassMutual, Guardian, and The Standard were obtained from publicly available state department of insurance rate filing information required for individual disability income insurance policy forms typically sold to dentists by these companies along with any riders necessary to ensure a comparable definition of disability, monthly benefit amount, and other policy benefits. These competitor rates, benefits, and comparisons were validated by a nationally recognized independent third-party actuarial consulting firm. The competitor rates may differ from those shown depending on the final agent commission charged. The ADA Disability Income Protection Plan insurance lifetime premium shown is the sum of all filed gender-distinct rates in effect at 1/1/18 starting at the issue age until age 65; including rate increases with age and a 35% Premium Credit, which can go up or down annually, and does not include agent commissions, which are not paid under the ADA insurance plans. Visit insurance.ada.org to see rates for other classes and options, or call an Insurance Plan Specialist for a comparison.

This material is not a contract. Benefits are provided through a group policy (No.1105GDH-IPP Disability Income Protection) filed in the State of Illinois in accordance with and governed by Illinois law, issued to the American Dental Association, and underwritten by Great-West Financial®. All ADA-sponsored coverage is subject to underwriting and is not guaranteed issue unless specifically stated otherwise. Coverage that is guaranteed issue is subject to a pre-existing condition limitation. The ADA is entitled to receive royalties from the ADA Members Insurance Plans. Coverage is available to all eligible ADA members and student members in all fifty states and US territories under the aforementioned group policy. Each Plan participant will receive a Certificate of Insurance explaining the terms and conditions of the policy. Great-West Financial®, Empower Retirement and Great-West Investments™ are the marketing names of Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY, and their subsidiaries and affiliates, including Advised Assets Group, LLC and Great-West Capital Management, LLC. GWL&A is not licensed in New York, but eligible members residing in New York may request and ultimately receive coverage under the aforementioned group policy. ©2018 Great-West Life & Annuity Insurance Company. All Rights Reserved. AM337365-0218

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ADA templates simplify employee handbooks, correspondence

BY DAVID BURGER

When was the last time your office's employee handbook was updated?

Most practices are not in the habit of revising theirs on a regular basis.

But in light of rapid advancements in technology, it's worth taking another stab at your manual.

To make the task easier, the ADA offers The ADA Practical Guide to Creating and Updating an Employee Policy Manual (J670). The guide provides the framework for a customized office manual, including a USB drive included that features digital templates of policies and forms needed in every practice. The book contains 99 sample dental office policies, sample dental job descriptions and applications, an explanation of key human resources terms and more.

Dr. Bryce Dorrrough of Oklahoma City recently purchased the Employee Policy Manual. "It has been very helpful," he said. "As an older dentist who had not had to hire a new employee in some time, it was eye-opening as to the new environment of 'protected groups' and the questions you could and could not ask. In addition, it highlighted the critical need to have a detailed employ-

ee handbook and made a daunting task very manageable."

The template format of the Employee Policy Manual helps dentists avoid having to reinvent the wheel. In a similar spirit, The ADA Practical Guide to Dental Letters: Write, Blog and Email Your Way to Success (J053) steers a dentist through a compendium of sample letters and recommendations on how to win patients and influence people through their prose.

The ADA Practical Guide to Dental Letters comprises 281 pages of sample letters that can be easily adapted, including

marketing and promotional letters, patient education letters, news releases, social media posts, past due notices and more. The book comes with Microsoft Word versions of the letters for quick customization.

Readers can save 15 percent on these guides and all ADA Catalog products with promo code 18110 until April 30. To order, visit ADAcatalog.org or call 1-800-947-4746. ■

—burgerd@ada.org



Seal

Continued from Page 1

"It's a fun experience," said Dr. Spomer. "We wanted to create something to engage consumers while also providing dental professionals with a new tool to use while discussing the ADA Seal and the many ways it can be integrated into a patient's life."

The video demonstrates the range of the Seal program, which includes toothpastes and toothbrushes, but also water flossers, water filters, athletic mouthguards, sugar-free chewing gum and more.



The video will be posted on YouTube, ADA.org/Seal and the ADA's consumer website, MouthHealthy.

org/Seal360. It will also be featured in an upcoming paid social media campaign.

To view the video, visit www.youtube.com/user/AmericanDentalAssoc.

To get the full effect of a 360-degree video, you need the latest version of Chrome, Opera, Firefox or MS Edge on your computer. On mobile devices, use the latest version of the YouTube app. For a full 360 experience, screen it using a virtual reality device, such as cardboard glasses.

The ADA Seal of Acceptance program continues to seek ways to help consumers and dentists choose safe and effective oral health products, said Dr. Spomer.

The ADA Seal program requirements are consistent with current ADA and American National Standards Institute-approved standards. The requirements also help to ensure data submitted by companies reflects current scientific knowledge and study design.

To see all ADA Seal product categories and accepted products, visit ADA.org/Seal.

To see other patient video resources, subscribe to the ADA's YouTube channel, youtube.com/user/AmericanDentalAssoc. ■

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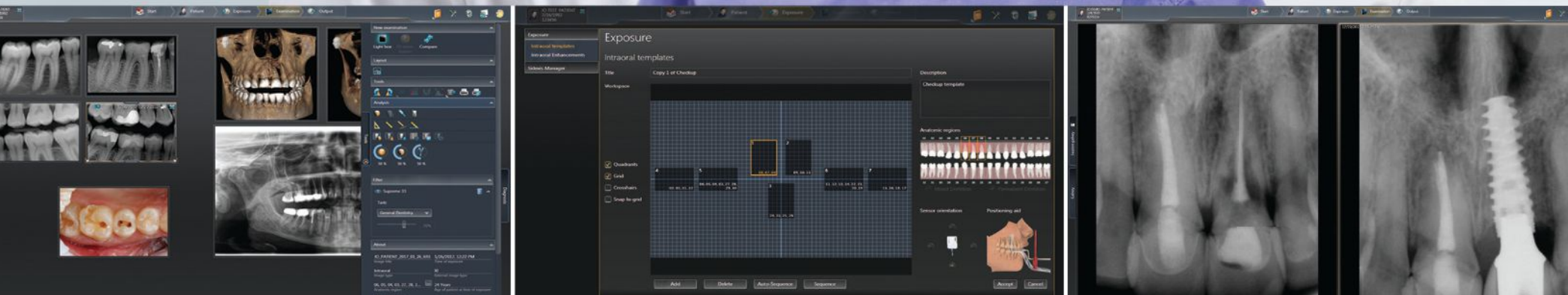
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