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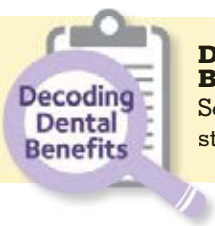


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ADA News

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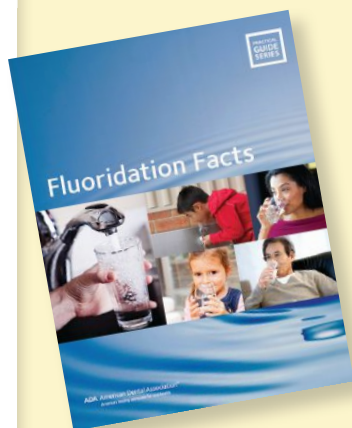
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BRIEFS

New edition of ADA's premier resource on fluoridation available

Dental professionals who have questions about water fluoridation can turn to the updated 2018 edition of "Fluoridation Facts," which was released in March.

Compiled by the experts of ADA's National



Fluoridation Advisory Committee, Fluoridation Facts is the ADA's premier resource on fluoridation.

This 114-page publication provides the latest scientific information about the benefits and safety of water fluoridation. It also includes information on fluoridation's cost-effectiveness, role in public health policy and the practice of fluoridating community water supplies.

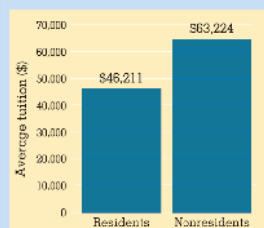
The book also features evidence-based responses to challenges put forth by groups opposed to fluoridation, 10

See *FACTS*, Page 5

JUST THE FACTS

Average first-year tuition

In 2016-17, 42 of 55 U.S. dental schools in operation charged first-year nonresident students more for tuition than first-year resident students. The average difference was \$17,013 for the 2016-17 school year.



Source: ADA Res./S. Policy Committee. ADA.org/factsheet/2016-17-18

ADA announces 10 under 10 winners

New Dentist Committee recognizes advocates, philanthropists, educators in inaugural awards



Dr. Vanessa Benavent
Clarksville,
Maryland



Dr. Jon Copeland
Wildwood, Missouri



Dr. Gerald E. Davis II
Nashville



Dr. Mai-Ly Duong
Mesa, Arizona



Dr. Michael Kroll
Lawton, Oklahoma



Dr. Christine Meiners
San Antonio



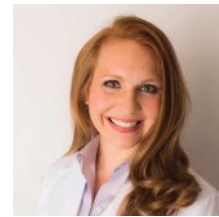
Dr. Hubert J. Park
Cambridge,
Massachusetts



Dr. Kristopher P. Rappold
New Orleans



Dr. Amisha Singh
Aurora, Colorado



Dr. Katie Vincer Sears
Columbus, Ohio

BY KIMBER SOLANA

An entrepreneur who established an athletic mouth guard company. A cancer walk organizer. A founder of a student-run free dental clinic at Tufts University.

The ADA announced March 6 the recipients of its inaugural 10 Under 10 awards, which recognize 10 new dentists who demonstrate excellence in their work, community and inspiring others.

Selected by the ADA New Dentist Committee from more than 200 nominations, the winners showcase the personal and professional successes of new dentists and how well they have mastered the art of balancing the many transitions of

See *WINNERS*, Page 16

Oral cancers highlighted for April awareness

BY MICHELLE MANCHIR

April is Oral Cancer Awareness Month and a good time for dental professionals to consider their role in screening head and neck cancers and making referrals when appropriate.

The ADA offers resources on the topic of head and neck cancers based on the best scientific evidence.

In 2017, the ADA released a clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity.

It offers clinicians an overview about the potential use of adjuncts as triage tools for the evaluation of lesions, including potentially malignant disorders in the oral cavity. The guideline also offers six recommendations, including that all adult dental patients should receive an intraoral and extraoral conventional visual and tactile examination when visiting

See *ORAL CANCER*, Page 31

Dummies make learning easier

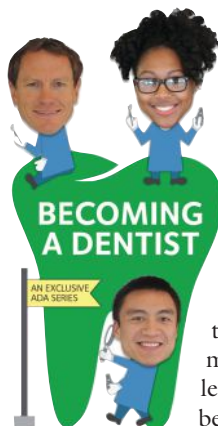
Simulation laboratory provides dental students with authentic experience treating patients

Editor's note: In November 2017, the ADA News launched Becoming a Dentist, a series of stories that follow three dental students at the University of Maryland School of Dentistry — Dan Yang, LaShonda Shepherd and Ben Horn — during their journey of becoming dentists. The first story, which introduced the students, ran in the Nov. 6 ADA News.

BY JENNIFER GARVIN

Baltimore — "Did you get all your wax off?" "What drill speed are you using?" "How do the burs go? From white to red or red to white label?"

Welcome to eavesdropping during operative den-



istry, the course that gets to the heart of dentistry: Improving someone's smile.

Today's assignment is to place a Class IV composite restoration on tooth No. 8. At the University of Maryland School of Dentistry, the operative dentistry program spans all four years of school. The first-year students receive hands-on experience in a simulation laboratory where they familiarize themselves with and learn to use typical dental materials on mannequins. Bit by bit the challenges they face and the knowledge they gain become increasingly complex, culminating in

See *SIMULATION*, Page 30

Centers for Disease Control and Prevention reports 'cluster' of dental workers diagnosed with lung disease

BY KIMBER SOLANA

The Centers for Disease Control and Prevention reported March 9 on a cluster of a patients composed of dentists and dental workers treated at a specialty clinic in Virginia with chronic, progressive lung disease.

The epidemiological review finding, according to the CDC, underscores a need for dentists and other dental personnel to wear adequate respiratory protection when ex-

posed to respiratory hazards at work.

According to the CDC's Morbidity and Mortality Weekly Report, from 1996 through 2017, 894 patients were diagnosed with idiopathic pulmonary fibrosis, a lung disease of unknown cause and associated with a poor prognosis, at a tertiary care center in Virginia. Of those patients, nine worked in the dental profession, seven of whom have died.

"During 2016, dentists accounted for an

estimated 0.038 percent of U.S. residents, yet represented 0.89 percent of patients undergoing treatment for IPF at one tertiary care center — nearly a 23-fold difference," according to the report. A collection of cases that is suspected to be greater than the number expected is referred to as a "cluster."

The one surviving patient in the cluster who was interviewed reported occupational exposure to silica and other materials used in

dental practice as well as other work-related and environmental exposures to dust, the report said. The patient also reported not wearing a National Institute for Occupational Safety and Health-certified respirator during dental activities throughout his 40-year dental practice and wore a surgical mask for the last 20 years of his dental practice, according to the CDC report.

In addition, in terms of tobacco use, three patients were former smokers, one had never smoked and the smoking history was unknown for the other five patients.

While no clear cause for the diagnosis was identified, the CDC said occupational exposures is a possibility.

"Dental personnel are exposed to infectious agents, chemicals, airborne particulates, ionizing radiation and other potentially hazardous materials," according to the CDC report. "Inhalational exposures experienced by dentists likely increase their risk for certain work-related respiratory diseases."

The CDC added that the cluster of idiopathic pulmonary fibrosis cases reinforces the need to better understand the occupational exposures of dental personnel and the association between these exposures and the risk for developing pulmonary fibrosis. This understanding may provide strategies to prevent potentially harmful exposures.

The ADA has stated that it takes very seriously the issue of occupational hazards. In a statement, the Association said, "The ADA works in collaboration with [the Occupational Safety and Health Administration] and the CDC to ensure the best possible guidance is available for dental professional." ■

—solanak@ada.org

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Since 1934, the ADA and Great-West Financial have offered insurance plans that aim to meet the diverse needs of ADA members throughout their dental career. For example, the ADA Disability and Office Overhead Expense Insurance Plans are specifically designed to protect members in the event of disability from their "own-occupation," which reinforces the value of the practice of dentistry.

For more information about ADA member insurance plans, visit ADA.org/en/member-center/member-benefits/insurance-resources. ■

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American Student Dental Association election: The American Student Dental Association announced Feb. 26 it elected its 2018-19 national officers. From left, Jeffrey Kerst, vice president, Louisiana State University School of Dentistry; Roopali Kulkarni, president, University of Pennsylvania School of Dental Medicine; Nancy Honeycutt, ASDA executive director; Alexandra Howell, vice president, Dental College of Georgia - Augusta University; and Ryan Twaddle, speaker of the house, Marquette University School of Dentistry. Ms. Kulkarni previously served as District 3 trustee to the national ASDA board. She co-founded and led the Penn Dental Happiness Project, a student group promoting happiness, gratitude, encouragement and mental and emotional health in the midst of life as a dental student.



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Shaking up the dental foundation



F. Emelia Sam, D.D.S.

Weaving my way through the crowds at the ADA 2017 in Atlanta was no easy feat. There was something specific I wanted to see and it required me to repeatedly walk the expanse of the Georgia World Congress Center. As a self-professed introvert, the hustle and bustle of varied agendas was, at times, quite disorienting. However, I was determined to attend this event for the first time.

Since completing my surgery residency in 2001, I've had a healthy respect for organized dentistry — albeit from a distance. Its importance cannot be overstated in regard to promoting oral health, providing clinical and ethical standards and shaping the vision for the advancement of our profession. That being said, I have long felt there was a

critical piece that remained unaddressed — at least in a conspicuous manner.

Traditionally, in our spaces of gathering, attendees have looked forward to: clinical continuing education, intensive hands-on workshops, practice management information, new technology, networking events, etc. All of these things are incredibly important. They speak to productivity, efficiency and competence, which directly relate to success.

Until relatively recently, the emphasis has been placed on the performance with much less regard for the performer.

If we are serious about the enhancement and protection of the profession as a whole, we must be serious about the enhancement and protection of the individuals contributing to said profession. Indeed, this is the charge of every industry, but I believe it to be especially important in the realm of health care. How are we to provide optimal care if we are not optimally caring for ourselves?

This is not to say that issues of well-being had gone completely unnoticed. Burnout and addiction have been topics addressed over the years. However, that seemed to be an after-the-fact approach. Knowing the inherent stresses of the job and the weight of responsibility we hold, what had we been doing in a consistent manner proactively?

That is why the integration of the Wellness Studio at the annual meeting was such a big draw for me. When I learned the ADA had a featured space dedicated to well-being at the previous meeting, I knew I had to attend — despite my aversion to crowds. Having been in the realm of wellness and personal development for over a decade, I was eager to see how the concept would be received by my colleagues.

I was delighted to witness overwhelming interest in the sessions offered. Furthermore, the audiences weren't made up of individuals already inclined to this way of being. Many were curious about bettering their quality of life and unsure of how to go about it. They were excited to have presentations offered within this forum. Rather than be left to seek out such information on their own, they were able to explore this territory amongst their peers.

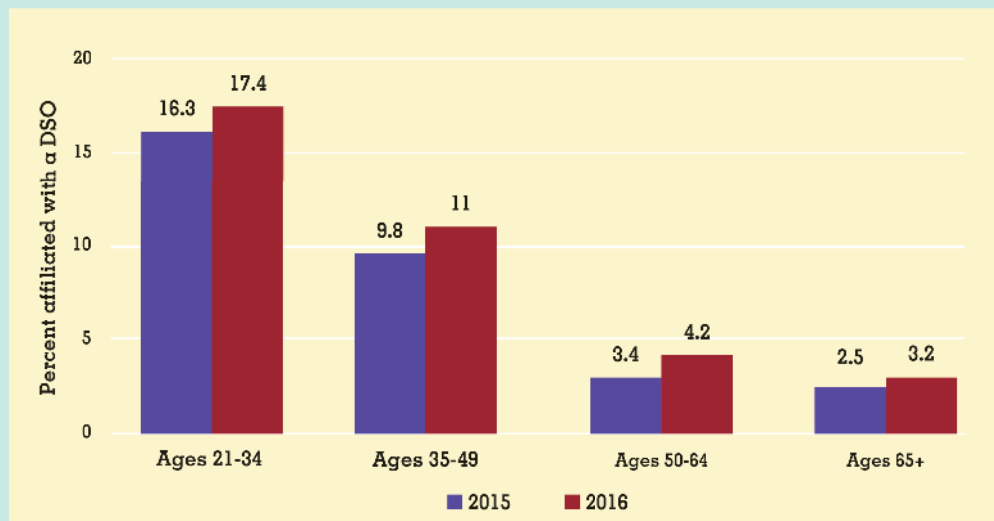
Clinician well-being is a quickly growing conversation, and I'm glad to see that dentistry is a part of it. The ADA is one of 130+ organizations committed to the National Academy of Medicine's Action Collaborative

See MY VIEW, Page 5

SNAPSHOTS OF AMERICAN DENTISTRY

Affiliation with dental service organizations by dentist age

Affiliation with dental service organizations rose among all dentist age groups between 2015 and 2016. More than 8 percent of all U.S. dentists are affiliated with DSOs.



Source: American Dental Association, Health Policy Institute Infographic, How Big are Dental Service Organizations? Available from: ADA.org/en/science-research/health-policy-institute/publications/infographics.

Letters

Smiling athletes

Take a look at the Feb. 24 issue of Sports Illustrated. Look at all the beautiful smiles and shining straight teeth on the faces of the athletes. This has to be a great reflection on what America's dentists have done in this century and the last century. Let's celebrate with the ADA.

Glendon Bogdon, D.D.S.
Franklin, Wisconsin

Scaling, root planing

Dental insurance companies are a thorn in the side of providers, and they are adept at creating frustrations by delaying and denying justifiable claims. In the Feb. 5, ADA News article "ADA Resources Can Help Dentists With Scaling, Root Planing Claims Process," author David Burger notes that periodontal scaling and root planing have the highest frequency of dental claims denial. I agree with the article, and there is a reason for this high frequency of denial. Deep scaling and root planing is the most overutilized and abused modality in dentistry. Ethical dentists will readily attest to the fact that second opinions for the procedure inarguably demonstrate that the procedure is frequently not

justified. Because the indication for deep scaling and root planing is highly subjective, the procedure is ripe for abuse. I can't recall a single article in our literature that addresses this ethical dilemma. State dental boards and organized dentistry have been disturbingly silent about this overutilization.

The relative dearth of demand for dental procedures that



have historically occupied dentists, in conjunction with the overproduction of dentists we have witnessed over the last decade or so have cultivated the environment that has fostered the overutilization of deep scaling and root planing we now witness. Dentists will unfortunately, but understandably, seek to justify their existence.

Stephen D. Carter, D.D.S.
Snellville, Georgia

Nominations for clinical research award sought

The ADA is accepting nominations for the 2018 Norton M. Ross Award for Excellence in Clinical Research.

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

Nominations should include a letter describing the nominee's accomplishments along with his or her curriculum vitae and a list of publications. Awardees receive a \$5,000 honorarium and a plaque.

The prize, awarded since 1991, honors the memory of Dr. Norton Ross (1925-1990), a dentist and pharmacologist who is considered to have elevated clinical research to a higher level of scientific standards. It is supported by Johnson & Johnson Consumer Inc.

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

LETTERS Policy

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

MyView

Continued from Page 4

on Clinician Well-Being and Resilience. As we address this internally, we must also be part of the larger dialogue that includes all caregivers.

There will be those who will be resistant. Perhaps they believe that matters of physical, emotional and mental well-being should be personal endeavors. They think that what matters most is providing services and obtaining the highest compensation possible. They aim to perfect systems. I would invite them to consider this crucial point.

You can build the most luxurious and breathtaking structure, but if your foundation is questionable, you run the risk of collapse. Your practice is the structure. Your well-being is your foundation.

I look forward to seeing how we navigate this terrain in the coming years. Wellness is currently trending but understand that it is not a fad. Inside and outside of health care, people are becoming increasingly interested in well-being and personal fulfillment. When we enter the doors of our professional spaces, those interests mustn't be left at the threshold.

After all, we enter those doors as whole individuals.

While we inhabit these spaces, it's comforting to know that our needs are being addressed comprehensively. Rather than eclipse our humanity, the profession is choosing to embrace it.

Dr. F. Emelia Sam is a clinical associate professor of oral and maxillofacial surgery at Howard University.

Facts

Continued from Page 1

question-and-answer segments and more than 400 references. Where available, references are linked to abstracts.

"'Fluoridation Facts' is the go-to resource on community water fluoridation for all members of the dental profession, as well as policymakers at the local, state and national level," said Dr. Howard Pollick, a member of the ADA National Fluoridation Advisory Committee. Dr. Pollick is also a health sciences clinical professor and director of the Dental Public Health Residency Program in the Department of Preventive and Restorative Dental Sciences at the University of California San Francisco School of Dentistry.

As local legislators and water authorities across the U.S. take up the issue of fluoridation, Dr. Pollick said the publication can provide "credible, authoritative information for city council members, water board members, legislators and their staff, where communities are initiating or facing challenges to existing water fluoridation programs."

"Fluoridation Facts" is available in print (product J120) or as an eBook (J120T) or as a bundle (J120BT) of the two. To purchase, visit ebusiness.ADA.org and search for the product numbers. Quantity discounts are available when ordering multiple print copies. Use code 18117 until May 21 for an additional discount.

For more information about fluoride and the ADA's advocacy efforts on fluoridation, visit ADA.org/fluoride. Dental professionals can also point their patients to the ADA's consumer website, MouthHealthy.org, for information about fluoride and fluoridation. ■



Mission of Mercy: Dental professionals and volunteers donated over \$1.15 million of dental care to underserved patients during the Feb. 2-3 Oklahoma Mission of Mercy event in Durant, Okla. Nearly 1,500 volunteers around the country offered cleanings, filings extractions, root canals on front teeth and other services to improve the smile line at no cost to the patients. Volunteers performed 8,166 dental procedures for 957 patients, averaging \$1,209 of dental care per patient. The 2019 event will be held in Oklahoma City in February.

Photo provided by the Oklahoma Dental Association

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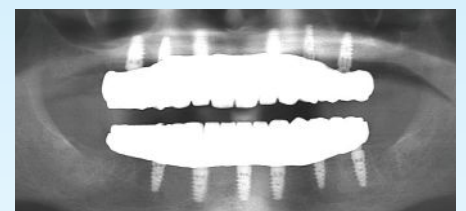
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Blue Cross Blue Shield of Massachusetts expands national network of providers

ADA resources can help dentists when signing contracts

BY DAVID BURGER

Boston — In the wake of Blue Cross Blue Shield of Massachusetts' February announcement that it has expanded its national network — making it one of the largest dental networks in the country — the ADA Council on Dental Benefit Programs is reminding dentists of the many resources the ADA has

when it comes to signing network contracts.

Blue Cross Blue Shield of Massachusetts' Dental Blue plan now includes 122,000 dentists at more than 300,000 locations across all 50 states, according to Dr. Bob Lewando, Dental Blue executive director.

The plan is extended to Massachusetts-based companies and their employees, who

could work across the country. According to the company, its health care plan includes more than 25,000 employers and covers 2.8 million employees.

"We know that good oral health leads to better overall health," said Rich Greenhalgh, vice president of specialty benefits at Blue Cross Blue Shield of Massachusetts. "That's



Association resources: Dr. Steven I. Snyder, chair of the ADA Council on Dental Benefit Programs, encourages ADA members to take advantage of the Contract Analysis Service, which can provide a plain language analysis of a proposed dental benefits plan and how it may affect a practice.

why we're thrilled to offer all Dental Blue members an expanded provider network, so they have an easier time finding a dentist and getting the dental care they need, no matter where they live in the country."

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

"The resources can help every dentist navigate the third-party payer environment, whether you are trying to make a decision on signing the contract, you are already participating in a plan, or you have chosen to remain out of network," said Dr. Steven I. Snyder, chair of the ADA Council on Benefit Programs.

"This is by far the most important decision for your practice."

"Before you sign any participating provider agreement, the ADA strongly recommends you utilize the Contract Analysis Service which will provide a plain language analysis of the

"Before you sign any participating provider agreement, the ADA strongly recommends you utilize the contract analysis service which will provide a plain language analysis of the proposed dental benefits plan and how it may affect your practice."

proposed dental benefits plan and how it may affect your practice," Dr. Snyder said. "In addition, you should check to determine if the plan will lease your name to other dental plan networks and find out how this may affect you."

The ADA has a podcast on leasing networks available at Success.ADA.org/en/dental-benefits/ppos-leased-networks-and-your-practice-the-impact.

The ADA Contract Analysis Service was created in 1987 and is a part of the ADA Division of Legal Affairs.

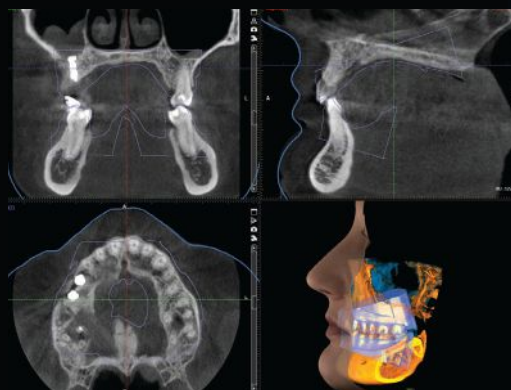
The service is available free of charge to members who request a review through their constituent dental society. For more information on the service, visit ADA.org/contractanalysis, and for more information on contracts visit ADA.org/dentalplans.

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. ■

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Misleading explanations of benefits highlight need for standardization

BY DAVID BURGER

Editor's note: This is the ninth in the Decoding Dental Benefits 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.

Dental offices have lodged complaints to the ADA about explanation of benefit statements that are incorrect or need to be clarified, but the Association has resources available for dentists when dealing with third-party payers.



The ADA has taken a strong position in advocating for clear EOBs, said Dr. Brett H. Kessler, a member of the ADA Council on Dental Benefit Programs.

“The language should provide information that clearly delineates the benefit limitations of the plan and any balance due to the dentist by the patient,” he said. “Importantly, it should not wrongfully interfere with the dentist-patient relationship.”

In at least one state, a legislator has decided to address problematic EOBs.

Dr. Michelle Caldier is a dentist and state representative in the Washington state

legislature, and is tackling the issue of what she sees as improper explanations of benefits from third-party payers.

“After joining the legislature in 2015, I received numerous complaints about misleading EOBs from Delta Dental, in which the company was denying payment to providers for services they should have paid and reporting the amount they denied as an ‘in-network benefit,’” Dr. Caldier said.

“Last year, I introduced House Bill 1316, which would have established fair dental insurance practices and required the Office of Insurance Commissioner to convene a work group to study EOBs. Although the bill didn’t pass, the [commissioner] ended up convening a work group anyway, and discovered numerous misrepresentations to patients. The [commissioner] then established recommendations, which were wrapped into another bill I introduced this year, House Bill 2502. Unfortunately, the majority party did not advance that bill forward either.”

Despite the setbacks, Dr. Caldier said she would re-introduce the bill at the next legislative session, an action the Washington State Dental Association — included in the work group — supports.



Dr. Caldier



Dr. Pauley

“The language should provide information that clearly delineates the benefit information of the plan and any balance due to the dentist. Importantly, it should not wrongfully interfere with the dentist-patient relationship.”

The state’s insurance commissioner identified a number of concerns with dental EOBs, according to Dr. Cynthia Pauley, president of the Washington State Dental Association:

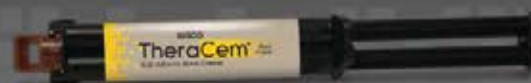
- Dental EOBs are not required to follow a standard format or standard definitions of terms.
- Information on EOBs can be confusing and can lead to misunderstanding.
- Some did not follow minimum requirements for the parties to do business in their name or follow other minimum disclosure standards.
- Some include misrepresentations about what the carrier paid, what the provider received and how the member’s cost share had been determined.

Dr. Caldier’s experience underlines the fact that the language in EOBs can create confusion between patients and dentists.

In an effort to get insurance companies and dental offices on the same page, the ADA has drafted a position on EOBs, available at Success.ADA.org/en/dental-benefits/ada-position-on-explanation-of-benefits.

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1. Gleeve CM, Chen L, Suli BL. Calcium & fluoride recharge of resin cements. Dent Mater. 2016;32(3):e26.

New guide to help dentists report procedures properly

If a dentist has ever wondered when to report a tooth or an oral cavity on a claim, The ADA Practice Institute has the answers in a new publication called “The ADA Guide to Dental Procedures Reported with Area of the Oral Cavity or Tooth Anatomy (or Both).”

The guide, developed with support from knowledge experts in the ADA Council on Dental Benefit Programs, will assist dentists and practice staff in knowing which CDT codes should be reported with either an oral cavity area code, or tooth number and surface, or both.

This free guide is available for viewing and download at ADA.org/en/publications/



Deep in thought: Drs. Paul Calitri and Brett Kessler, members of the Council of Dental Benefit Programs, listen to the rest of the council at a November 2017 meeting. The council helped to develop a new guide on procedures for dentists.

[ada-dental-claim-form.](http://ada-dental-claim-form.cdt/)

The ADA has created a 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. ■

Periodontitis may lead to increased cancer risk

Severe periodontitis may lead to an increased risk of cancer, according to a study published Jan. 27 by the Journal of the National Cancer Institute.

Researchers looked at data from more than 7,000 people aged 44 to 66 years from different U.S. regions, who did not have a cancer history and were either toothless or agreed to undergo a dental exam prior to the study.

The researchers found that the association between severe periodontitis and total cancer risk was stronger in men compared to male participants without gum disease or diagnosed with only mild periodontitis. In particular, the study noted an 80 percent increased risk for colorectal cancer in patients without teeth and an increase in lung cancer for nonsmokers who reported having periodontitis.

For more information, visit cancer.gov. ■

EOB

Continued from Page 8

In it, the ADA urges dental benefit carriers to consider these principles, statements and recommendations as part of the EOB statements they submit to dental beneficiaries and dental offices.

“Clear and accurate communication between patients, dentists and dental benefit payers is essential to the delivery of oral health care,” said Dr. Kessler. “EOB statements written in this fashion can help to strengthen and support that message.”

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

Previous installments in the Decoding Dental Benefits series are available at ADA.org/decoding.

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.

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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Study by NYU researchers shows periodontal disease can increase risk of precancerous lesions associated with stomach cancer

An increase in oral bacteria associated with periodontal disease could contribute to an individual's risk for stomach cancer, according to a study published in the November 2017 issue of the Journal of Periodontology.

This study, led by researchers from the New York University College of Dentistry and New York University School of Medicine, looked at the association between periodontal pathogen colonization and the potential risk of developing precancerous lesions that may predict stomach cancer.

The researchers looked at the results of full-mouth exams in 35 people with precancerous lesions potentially predictive of stomach cancer and the results of another 70 people without lesions. They found that the patients with precancerous lesions were more likely to experience gum bleeding when probed and also displayed less bacterial diversity in their saliva. The researchers also noted that a decreased bacterial diversity in dental plaque and not flossing teeth regularly were significant predictors of increased risk of precancerous gastric lesions.

The researchers' findings backed up earlier findings that "poor oral health is associated with an increased risk of precancerous lesions of stomach cancer," said Dr. Yihong Li, one of the study's authors.

The researchers concluded that periodontal bacteria and oral cavity bacteria diversity are "important factors contributing to a potentially increased risk of developing precancerous gastric lesions."

For more information, visit NYU.edu and search "oral pathogens and stomach cancer." ■

Registration open for conference on correctional health care

Dental professionals who want to learn more about correctional health care issues are invited to a conference in Minneapolis April 21-24.

Dental professionals can earn up to 26.75 hours of continuing education credit at the Spring Conference on Correctional Health Care hosted by the National Conference on Correctional Health Care. It includes more than 50 targeted educational sessions, including one titled "Promoting a Dental Culture of Safety Through a System of Checks and Balances."

The National Conference on Correctional Health Care calls itself "the only organization dedicated solely to correctional health care" and says the symposium will offer coverage of all aspects of correctional health, including opioids, mental health, chronic care, risk management, and other topics.

For more information or to register, visit nchc.org. ■

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First timers: Students and children celebrate during the Touro College of Dental Medicine at New York Medical College and the Ninth District Dental Association's Feb. 16 Give Kids A Smile event. It was the first time the college has held a GKAS event, and more than 40 preschool and elementary students from the Westchester County, N.Y.-area received free dental screenings, fluoride treatments and cleanings. The children also received oral health tips from Touro students. Dr. Bhagwati J. Mistry; Sherlita Amler, M.D., commissioner of Health for Westchester County; Kevin Byrne, assemblyman for the N.Y. 94th District; Dr. Bert Goldfinger, director of clinics at Touro; New York State Sen. David Carlucci; and representatives for New York State Sen. Terrence Murphy also attended the dental school's first Give Kids A Smile event.

Protecting athletes' teeth during Facial Protection Month

BY MICHELLE MANCHIR

April is National Facial Protection Month and an apt time to remind dental professionals about their role in helping protect patients from facial injuries while participating in sports.

The ADA supports the inclusion of an oral evaluation by a dentist and counseling regarding oral facial protection as part of the pre-participation physical exam required for high school athletes, according to the ADA House of Delegates Resolution 72H-2016.

Dental professionals can learn more about creating custom mouthguards, talking with patients about facial protection, becoming a dentist for a sports team and earn continuing education credit at the Academy for Sports Dentistry's 36th Annual Symposium scheduled for June 28-30 in New Orleans.

Dr. Danette McNew, president of the Academy for Sports Dentistry and a dentist in Rockwall, Texas, teaches third- and fourth-year dental students custom mouthguard fabrication at Texas A&M College of Dentistry in Dallas. In preparation for National Facial Protection Month, Dr. McNew in March led a group of dental students in creating custom mouthguards for dozens of high school-aged lacrosse players.

"This is a great opportunity for our dental students to reach out to the community and share their expertise learned from our course at the dental school," said Dr. McNew. The mouthguards are in most cases the first-ever custom-fitted mouthguards the high school athletes have received, she said, adding that the student athletes love the comfort of the mouthguard and are excited that it features their team logo and color.

Dr. McNew said the Team Dentist course at the Academy for Sports Dentistry's Annual Symposium, which is in conjunction with the National Athletic Trainers Association Convention, prepares dentist to be providers for athletes at all levels of experience, from elementary school-aged children to professional athletes.

For more information about the symposium or to register visit AcademyForSportsDentistry.org.

The ADA also offers information about mouthguards. To visit the ADA Science Institute's Oral Health Topics page on mouth-

guards, visit ADA.org and hover over "Science Research" and then select "Oral Health Topics."

Dentists can also refer their patients to the ADA's consumer website, MouthHealthy.org, for additional information about mouthguards.

The ADA's Mouthguards and Sports Safety brochure highlights the role mouthguards play in helping prevent mouth and jaw injuries for patients. The brochure, available at ebusiness.ada.org, is available for a 15 percent discount until May 31 with promo code 18118. ■



Protecting smiles: Providing athletes with mouthguards is one way dentists help protect their patients' mouths. Dr. Danette McNew, front row in the white jacket, and dental students from the Texas A&M College of Dentistry made custom mouthguards in March for high school lacrosse players.



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Mouthguard among ADA Seal-accepted products

In 2015, CustMbite Athletic Mouthguard (MVP & PRO) earned the ADA Seal of Acceptance and became the first athletic mouthguard to receive the Seal.

The ADA Council on Scientific Affairs awarded the Seal based on the finding that the product is safe and helps protect teeth from impact trauma, when used as directed.

CustMbite earned the ADA Seal by providing the council data supporting the safety of the mouthguard material. The mouthguard also passed a series of laboratory tests.

For more information about the ADA Seal program, visit ADA.org/seal. For more information about CustMbite, visit CustMbite.com. ■

Comments sought on nonsurgical caries management

ADA members are invited to share their expertise and insight on the use of nonsurgical treatments for caries management.

A panel of subject matter experts and methodologists from the ADA Center for Evidence-Based Dentistry are developing a clinical practice guideline on this subject. They are asking the public to review and comment on the guideline's recommendation statements, which were informed by a systematic review of the best available scientific evidence.

These statements are available to view online at ADA.org/caries.

Comments should be submitted by April 9 and will be reviewed by the panel and ADA methodologists as they further develop the guideline, which is expected to be published later this year with an accompanying systematic review.

The guideline looks comprehensively at all available interventions to assess their effectiveness at arresting or reversing caries lesions in primary or permanent teeth, said Dr. Rebecca Slayton, a dentist with a Ph.D., chair of the guideline panel and professor emeritus in the department of pediatric dentistry at the University of Washington

School of Dentistry.

"Clinicians are faced with both diagnostic and treatment challenges on a daily basis and having a decision pathway to guide them will lead to improved outcomes for patients," Dr. Slayton said, adding that comments from external stakeholders "ensure that all relevant evidence is included and that the recommendations are clearly written and understandable."

For more information on the guideline and to submit comments, visit ADA.org/caries or email the ADA Center for EBD at ebd@ada.org. ■

New grant program spurs international volunteerism

The ADA Foundation is launching a new grant program for international dental volunteer projects, designed to support established U.S.-based nonprofit organizations that are working to improve access to oral health care in underserved communities outside the U.S.

The application period opens March 20, in honor of FDI World Oral Health Day, and the deadline for submissions is May 1.

Eligible organizations must have a demonstrable three-year history and lead dental trips of at least one week duration per year. Trips may be service-oriented, dental education/oral health-oriented, or combination projects. About four grants of up to \$5,000 will be awarded.

For more information, go to the ADA Foundation website, ADAFoundation.org, or contact the ADA Foundation at 1-312-440-2547.

For those interested in volunteering internationally, visit the ADA Foundation's international volunteering website to search for programs. ■

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Exchange ideas, best practices on international volunteerism at May 11 workshop

Network with colleagues, trade ideas, earn continuing education and help to develop best practices for international volunteer projects May 11 at ADA Headquarters in Chicago.

The International Volunteer Dental Projects Best Practices Workshop is a one-day workshop designed for groups and institutions that are already involved in planning, directing, or implementing international volunteer dental projects dedicated to either the provision of care or training.

ADA Foundation

Registration is \$50 for the event, which is sponsored by the ADA Foundation, International College of Dentists, Academy of Dentistry International, Aseptico and Henry Schein. Seven hours of CE credit are available to participants.

Attendees can make reservations at the InterContinental Hotel Chicago through the group name "ADAF Intl Workshop Block" and the group code VYN by calling 1-800-628-2112 or online at <https://goo.gl/wqqE99>.

To register, visit ADAFoundation.org/en/adaf-international-programs/education-courses. Those with questions can email Briana Rowland, ADA Foundation manager of oral health programs, at rowlandb@ada.org. ■

Henry Schein donates health care supplies to nine dental schools

Melville, N.Y. — Henry Schein announced March 6 it is donating \$265,000 in health care products to nine dental schools in support of the schools' oral health outreach missions to underserved communities in the U.S. and globally.

The donations are part of the Henry Schein Cares Global Student Outreach Program, an initiative of Henry Schein Cares, the company's global corporate social responsibility program.

Under the Global Student Outreach Program, Henry Schein provides teams of dental students and faculty from each school donations of oral health supplies.

The teams use these during missions to provide education, emergency dental services, screenings, prevention, sealant application and restorative treatment to children and adults living in underserved communities.

For 2018, Henry Schein is partnering with the New York University College of Dentistry; Nova Southeastern University's College of Dental Medicine; Columbia University College of Dental Medicine; Temple University – Maurice H. Kornberg School of Den-

Under the Global Student Outreach Program, Henry Schein provides teams of dental students and faculty from each school donations of oral health supplies.

tistry; Stony Brook University School of Dental Medicine; Arthur A. Dugoni School of Dentistry – University of the Pacific; University at Buffalo School of Dental Medicine; the Meharry Medical College School of Dentistry; and the University of Florida College of Dentistry.

“For many people living in underserved communities, the Henry Schein Cares Global Student Outreach Program is their only access point for quality oral health care, so it is crucial that we provide the outreach teams from our university partners with these essential health care products,” said Stanley M. Bergman, chairman of the board and chief executive officer of Henry Schein, in a news release.

“We are pleased to support the next generation of practitioners as they gain valuable experience, provide quality treatment, and gain a greater understanding of the impact that their generosity can have on the oral health, and by extension overall health, of people in need.”

Dentists interested in learning more about volunteering your time to improve access to care for those in need both in the U.S. and around the world, contact the ADA Foundation at adaaf@ada.org or by calling 1-312-440-2547. ■

Government affairs: Federal dental service leaders meet with the ADA Council on Government Affairs in Washington to discuss legislative and regulatory issues during the council's March 1-3 meeting. From left, Dr. Frank Graham, chair, ADA Council on Government Affairs; Rear Adm. Nicholas S. Makrides, assistant surgeon general and chief dental officer, U.S. Public Health Service; Maj. Gen. Roosevelt Allen, chief, Air Force Dental Corps and Office of the Surgeon General; Rear Adm. Gayle D. Shaffer, chief, Navy Dental Corps; ADA President Joseph P. Crowley; ADA President-elect Jeffrey M. Cole; Dr. Gregory M. Smith, director of dental operations, Veterans Health Affairs Office of Dentistry; Army Col. James R. Honey, chief, TRICARE; and Army Col. Brett H. Henson, deputy chief, Army Dental Corps.



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Rutgers duo with experience in forensic dentistry helps out in Puerto Rico

BY DAVID BURGER

San Juan, Puerto Rico — Two faculty members of the Rutgers School of Dental Medicine didn't wait long when Hurricane Maria devastated Puerto Rico in late September.

Drs. Harry Zohn and Lawrence Dobrin were among the first responders to the island territory as forensic dentists of the federal Disaster Mortuary Operational Response Team.

For two weeks that lasted until Oct. 10, the two professors worked 12-hour days in challenging conditions to assist the Puerto Rico medical examiner's office in identifying fatalities from the disaster through dental records.

Dr. Dobrin, chief forensic odontologist with the New York City Office of Chief Medical Examiner and visiting associate professor at Rutgers, said it was a reward-

ing experience being able to help families in Puerto Rico in the way he could. "We need to have compassion for the living and reverence for the victims," he said.

Dr. Zohn, a full professor who teaches a course on forensic dentistry at Rutgers, first became interested in fo-



Investigator: Dr. Harry Zohn, a full professor who teaches a course on forensic dentistry at Rutgers, traveled with colleague Dr. Lawrence Dobrin to Puerto Rico in the wake of the devastating Hurricane Maria last fall. The two were members of the federal Disaster Mortuary Operational Response Team, which assisted the Puerto Rico medical examiner's office in identifying victims of the disaster.

rensis when as a college student he went to a lecture by Simon Wiesenthal, the late Holocaust victim, storyteller and Nazi hunter. A remark that Mr. Wiesenthal made left its mark on Dr. Zohn: "It's just as important to know if people are dead than if they're alive."

Dr. Zohn, who was already a fan of shows such as "Unsolved Mysteries," decided to learn as much as he could about forensic dentistry, enrolling in forensic courses at the Walter Reed Army Medical Center in Bethesda, Maryland.

For Dr. Dobrin, he first became interested in forensic dentistry when he was, and remains, an advocate for the prevention of child abuse, becoming an expert and lecturer in the field, as he is past president of the American Society of Dentistry for Children.

Eight dentists of the federal Disaster Mortuary Operational Response Team traveled to Puerto Rico to help the medical examiners' backlog of body identification.

The two have long resumes containing events that required their services, notably the Sept. 11, 2001, attacks in New York City. Both also have experiences with multiple plane crashes, natural disasters like Hurricane Sandy and even house fires.

Puerto Rico was something entirely different.

"No disaster is similar," Dr. Dobrin said.

Dr. Zohn said eight dentists of the federal Disaster Mortuary Operational Response Team traveled to Puerto Rico to help the medical examiners' backlog of body identification. The two worked in a sequestered location working on, among other tasks, dental X-rays.

Phone and internet service was erratic and electricity flickered on and off throughout the day despite a generator. Complicating matters was that dental records were in Spanish and many of their colleagues in the medical examiner's office only spoke that language.

Members of the team slept on cots in large quarters with hundreds of other people, and subsisted on MREs (Meals Ready to Eat), self-contained, individual field

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ADA helps develop dental chapter in national fire protection code

BY MICHELLE MANCHIR

A chapter that can help dentists protect patients has for the first time been published in an edition of the National Fire Protection Association's Health Care Facilities Code.

The chapter, which was written with input from the ADA, is called "Dental Gas and Vacuum Systems" and appears in the 2018 edition of NFPA 99, Health Care Facilities Code. It is available to review at no cost online at NFPA.org.

Prior to the creation of the chapter, "there was confusion regarding the application of NFPA 99 requirements to dentistry," said Dr. Dave Preble, vice president of the ADA Practice Institute in an article published in the NFPA Journal. "In some cases they were misapplied, and in others they weren't used at

vacuum systems.

Because of the chapter, people who "install, maintain and inspect dental gas and vacuum systems" will "no longer have to wonder where to look to find information on dental facilities," according to Dan Shoemaker, a Piping Systems committee member with the National Fire Protection Association, who was also quoted in the NFPA journal article.

For more information about the ADA's work in standards related to dentistry, visit ADA.org/dentalstandards. ■

—manchirm@ada.org



.....
People who "install, maintain and inspect dental gas and vacuum systems" will "no longer have to wonder where to look to find information on dental facilities."

all in dental settings. The new chapter, when implemented properly, can help dentists protect patients by preventing gas and vacuum line malfunctions."

The chapter lays out distinctions between medical air and dental air; provides performance and maintenance criteria for dental gas, vacuum and waste anesthetic gas disposal systems; provides rules on nitrous oxide scavenging and indicates the materials acceptable for piping in dental gas and

Forensic

Continued from Page 14

rations used by the military for use in combat. "They're good the first day or two," Dr. Dobrin said.

Drs. Zohn and Dobrin cannot reveal details about the victims but were happy to talk about the Puerto Rican medical examiners' response to their presence. "It was a psychological uplift to the people," Dr. Dobrin said. "They were very appreciative that we came and sacrificed our time. This was a tough deployment, but we were welcomed."

Dr. Zohn considers his role as a forensic dentist as "one of the most important aspects of my career. I feel like I'm making a difference."

The two echoed each other when they said that even though their efforts don't bring closure, they can at least offer certainty and, sometimes, bring peace of mind. ■

—burgerd@ada.org



Help was on the way: Dr. Lawrence Dobrin was among the first responders to Puerto Rico as a forensic dentist. He is chief forensic odontologist with the New York City Office of Chief Medical Examiner and visiting associate professor at Rutgers School of Dental Medicine.



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References: 1. Sharma D, Hong CX, Heipp PS. A novel potassium oxalate-containing tooth-desensitising mouthrinse: a comparative in vitro study. *J Dent.* 2013;41 (Suppl 4):S18-S27. 2. Data on file, Johnson & Johnson Consumer Inc.

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HPI: 39 percent of dentists participate in Medicaid, CHIP

BY JENNIFER GARVIN

More than a third of all U.S. dentists participate in Medicaid or CHIP for child dental services.

According to the ADA Health Policy Institute, 39 percent of U.S. dentists participate in Medicaid or Children's Health Insurance Program for child dental services.

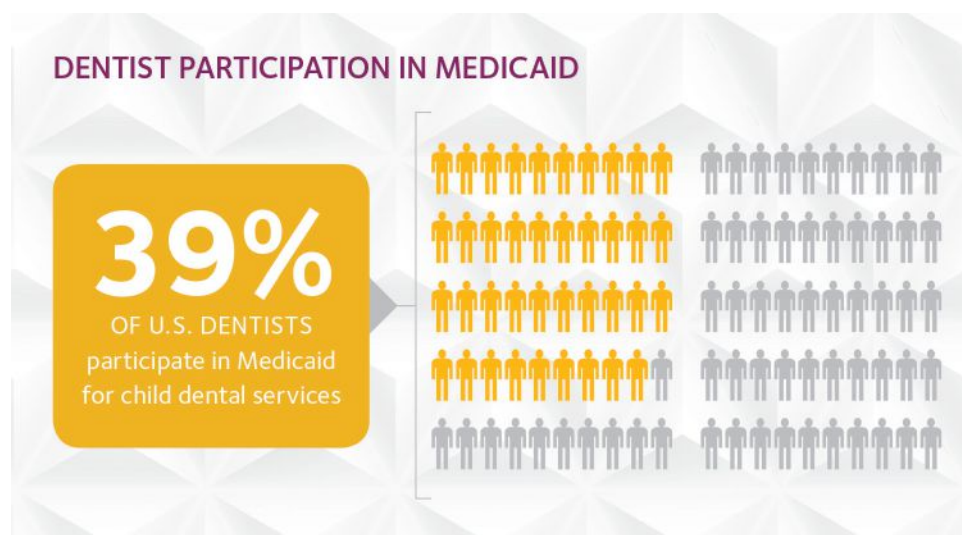
In a new infographic, HPI shows how dentists compare across gender, age group, specialty and state in terms of participation in Medicaid or CHIP in 2016. For states, HPI found that Iowa had the highest rate of participation at 85.5 percent and Maine

(15.4 percent), California (15.7 percent) and New Hampshire (15.9 percent) had the lowest. Four other states — Montana (77.2 percent), North Dakota (74.4 percent), Alabama (74.2 percent), Michigan (72.7) and Vermont (72.5) all boasted rates above 70 percent.

For gender, the analysts found that 43 percent of female dentists participated in Medicaid or CHIP compared to 37 percent of male dentists.

See all the states by visiting ADA.org/HPI and clicking on the infographics tab. ■

—garvinj@ada.org



Consequences for HIPAA violations remain even when business closes

The U.S. Department of Health and Human Services Office of Civil Rights announced Feb. 13 that a receiver appointed to liquidate the assets of a medical records company agreed to pay \$100,000 out of the receivership estate to settle potential violations of the Health Insurance Portability and Accountability Act.

Filefax, Inc., a Northbrook, Illinois, company that advertised it provided for the storage, maintenance and delivery of medical records closed its doors during the course of OCR's investigation in 2015 according to a news release.

"The careless handling of [patients' protected health information] is never acceptable," said OCR Director Roger Severino in a news release. "Covered entities and business associates need to be aware that OCR is committed to enforcing HIPAA regardless of whether a covered entity is

opening its doors or closing them. HIPAA still applies."

The OCR began its investigation after it received an anonymous complaint in 2015 that an individual transported medical records obtained from Filefax to a shredding and recycling facility to sell. The investigation found that the individual left medical records, which included patients' protected health information, of about 2,150 patients at the shredding and recycling facility.

In 2016, a court in unrelated litigation appointed a receiver to liquidate Filefax's assets for distribution to creditors and others. In addition to a \$100,000 monetary settlement, the receiver agreed, on behalf of Filefax, to properly store and dispose of remaining medical records found at Filefax's facility in compliance with HIPAA, according to the news release. ■

Winners

Continued from Page 1

being a young professional in the dental world, said Dr. Nipa Thakkar, New Dentist Committee chair. Nominees and winners had to be active ADA members who graduated between the years 2008 and 2017.

"It is remarkably invigorating to see this new generation of dentists — our generation — so efficiently impact change in our communities," Dr. Thakkar said. "These selected 10 new dentists display a passionate and deliberate effort to change the face of the dental profession."

The winners were chosen for making a difference in science, research and education; practice excellence; philanthropy; leadership; and advocacy. The 2017 10 Under 10 award recipients are:

- Dr. Vanessa Benavent, Clarksville, Maryland. Dr. Benavent is the current president of the Maryland State Dental Association and has testified as an expert witness in front of Maryland legislative committees on behalf of the dental profession.

- Dr. Jon Copeland, Wildwood, Missouri. Dr. Copeland is an action team leader for the ADA Dentist and Student Lobby Day. He is also a fellow in the Pierre Fauchard Academy and the International College of Dentists.

- Dr. Gerald E. Davis II, Nashville, Tennessee. Dr. Davis serves as the assistant dean of academic affairs at Meharry College of Dentistry where he obtained the agreement with Microsoft for Meharry to be a developer site for HoloLens, an innovative technology that assists dental student in training.

- Dr. Mai-Ly Duong, Mesa, Arizona. Dr. Duong has an 15-page long CV that highlights her accomplishments in dental science and research, including serving as a research assistant for the ADA Center for Evidence-Based Dentistry. In addition, she organized an annual oral cancer walk.

- Dr. Michael Kroll, Lawton, Oklahoma. Dr. Kroll is a federal dentist in the U.S. Army. He currently serves as a deputy consultant to U.S. Surgeon General for Comprehensive Dentists.

- Dr. Christine Meiners, San Antonio. Dr. Meiners is a leader in the Hispanic Dental Association and her community. She initiated a program to influence high school students to pursue a career in dentistry.

- Dr. Hubert J. Park, Cambridge, Massa-

chusetts. Dr. Park founded a student-run free dental clinic while attending Tufts University of Dental Medicine. He is also involved in organized dentistry and provides care to underserved in Boston and internationally.

- Dr. Kristopher P. Rappold, New Orleans. Dr. Rappold founded RappGuard, a company devoted to custom athletic mouth guards, which he gives away for free to high school sports teams. He also serves as team dentist and provides dental care in international trips.

- Dr. Katie Vincer Sears, Columbus, Ohio. Dr. Sears operates two dental practices that accept Medicaid in underserved areas in her community. She also offers an educational program for local community members to successfully achieve employment in the dental profession.

- Dr. Amisha Singh, Aurora, Colorado. Fluent in five languages, Dr. Singh was selected for her business savvy and entrepreneurial spirit. She has a real estate license and owned/managed a convenience store during dental school as a way to pay for her dental education.

"Through advocacy, philanthropy, entrepreneurial spirit and academic advancement, these new dentists particularly stood out this year," said Dr. Thakkar. "All the nominees, however, have had tremendous achievements that the New Dentist Committee celebrated in our deliberations."

The winners will receive a \$1,000 gift card and be recognized in various ADA publications and channels, including the ADA News and the New Dentist Now blog.

"To me, receiving the 10 Under 10 award means God has surrounded me with family, friends, mentors and colleagues who have so greatly contributed into my life, that it has become noteworthy to the dental community on a national scale," said Dr. Davis. "Furthermore, I am encouraged to continue being diligent in practicing a lesson my mother taught me, 'If you want to make an impact, find a need and fill it.'"

Several other recipients echoed those sentiments.

"Being recognized as ADA's 10 Under 10 is both exciting and humbling," said Dr. Vincer Sears. "At Scarlet Dental, I have proudly chosen to focus on treating the underserved, those patients who are on Medicaid and managed care plans. This focus is not considered glamorous or glitzy. So this national recognition feels fancy and fabulous."

For more information on the 10 Under 10 award recipients, visit ADA.org/10under10. ■

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Phishing attacks teem in tax season

The threat of a cyberattack through phishing is omnipresent, but phishing attacks may take advantage of the season. For example, according to a February cybersecurity newsletter from the U.S. Health and Human Services Office for Civil Rights, phishing attacks regarding tax refunds are common during tax season.

“Individuals must remain vigilant in their efforts to detect and not fall prey to phishing attacks because these attacks are becoming more sophisticated and harder to detect,” according to the newsletter.

Phishing is sometimes used to trick individuals into divulging sensitive information via electronic communication by impersonating a trustworthy source.

For example, the news release said, an individual may receive an e-mail or text message informing the individual that their password may have been hacked. The phishing email or text may next instruct the individual to click on a link to reset their password. In many instances, the link will direct the individual to a website impersonating an organization’s real website (e.g., bank, government agency, email service, retail site) and ask for the individual’s username and password.

Once entered into the fake website, the third party that initiated the phishing attack will have the individual’s login credentials for that site and can begin other malicious activity, such as looking for sensitive information or using the individual’s email contact list to send more phishing attacks, according to the newsletter. Alternatively, rather than capture login credentials, the link on the phishing message may download malicious software onto the individual’s computer. Phishing messages could also include attachments such as a spreadsheets or documents that contain malicious software that executes when such attachments are opened.

One of the primary methods of combating phishing attacks of all kinds is through user awareness, the newsletter said.

The Office of Civil Rights posted these tips for people on how to avoid becoming a victim of phishing attacks:

- Be wary of unsolicited third party messages seeking information. If a person is suspicious of an unsolicited message, they should call the business or person that purportedly sent the message to verify that they sent it and that the request is legitimate.

- Be wary of messages even from recognized sources. Messages from coworkers or a supervisor, as well as messages from close relatives or friends, could be sent from hacked accounts used to send phishing messages.

- Be cautious when responding to messages sent by third parties. Contact information listed in phishing messages such as email addresses, websites and phone numbers could redirect people to the malicious party that sent the phishing message. When verifying the contents of a message, use known good contact information or, for a business, the contact information provided on its web site.

- Be wary of clicking on links or downloading attachments from unsolicited messages. Phishing messages could include links directing people to malicious websites or attachments that execute malicious software when opened.

- Be wary of even official-looking messages and links. Phishing messages may direct peo-

ple to fake websites mimicking real websites using website names that appear to be official, but which may contain intentional typos to trick individuals. For example, a phishing attack may direct someone to a fake website that uses 1’s (ones) instead of l’s (i.e., all1phishes vs. allphishes).

- Keep anti-malware software and system patches up-to-date. Anti-malware software



can help prevent infection by a virus or other malicious software. Also, ensuring patches are up-to-date reduces the possibility that malicious software could exploit known vulnerabilities of the computer’s or mobile device’s operating system and applications.

- Back up data. In the event that malicious software, such as ransomware, does get installed on your computer, people may want to make sure they have a current backup. Malicious software that deletes data or holds it for ransom may not be retrievable.

For more information, visit the Federal Trade Commission’s consumer information on phishing at <https://www.consumer.ftc.gov/articles/0003-phishing>. ■

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Nassau County GKAS highlights dental care access challenges for kids with special needs

BY KIMBER SOLANA

Garden City, N.Y. — For children with special needs, access to dental care can be a struggle.

Patients with physical, medical, developmental or cognitive conditions require special consideration when receiving dental treatment, said Dr. Joseph Brofsky, pediatric dentistry section head at Cohen Children's Medical Center. Their options for dentists are often limited because of issues such as low insurance reimbursement rates or lack of training and proper equipment.

"Give Kids A Smile is about helping the underserved children," said Dr. Brofsky, who chairs the Nassau County Dental Society GKAS event. "Children with special needs are among the most underserved population."

For this reason, on its 15th year, the Nassau County GKAS extended an invitation to The Viscardi Center, a network of nonprofit organizations that provides services for children and adults with disabilities.

A dozen students from the center, many of whom use wheelchairs, were among the 1,100 children who roamed the Cradle of Aviation Museum during the March 9 dental screening event.

"The volunteers were just so thrilled when the students from The Viscardi Center showed up," Dr. Brofsky said. "You could feel the spark of electricity in the whole museum."

Of the 12 students from The Viscardi Center, four were found to have tooth decay, said Kim Brussell, vice president, public affairs and marketing at the Viscardi Center. The discovery allowed these children's parents to schedule follow-up visits with dentists.

"It was a really valuable experience for our kids," she said.

The invitation was also valuable in another way. It allowed volunteers, especially dental students and residents, to be exposed to patients with special needs in hopes some are inspired to treat this underserved population, Dr. Brofsky said.

Project Accessible Oral Health

The idea to bring in students from The Viscardi Center came about in 2017 when Dr. Brofsky attended a meeting of ADA Foundation Give Kids A Smile Ambassadors where GKAS organizers shared best practices and ideas. One idea that was raised at the meeting was treating children with special needs.

"I just thought that was a great idea," said Dr. Brofsky, who was a member of Project Accessible Oral Health, a global public-private partnership to raise awareness of the significant need to enhance oral health care for people with disabilities to improve overall health and quality of life. The project started in 2017 at The Viscardi Center.

"That's how I learned more about the extent of the oral health need for children with disabilities," Dr. Brofsky said.

When it comes to finding a dentist, people with special needs often see hurdles, said John Kemp, president and CEO of The Viscardi Center. These barriers range from difficulty in paying for treatment, to obtaining dental coverage, to the physical challenges of accessing a practitioner's office or being seated in a dental chair. For oral health care practitioners, lack of alignment within the reimbursement system creates an added challenge to serving this population, which requires ongoing professional development and training to address the unique needs of children and adults with diverse disabilities, according to the Viscardi Center.

"Now is the time to bring oral health into the conversation, as it plays a significant role in overall health," Mr. Kemp said. "Project Accessible Oral Health is an opportunity to explore challenges, collaboratively create solu-



Photo provided by The Viscardi Center

Puppets: Students from The Viscardi Center brushes the teeth of a puppet during a puppet show at the Nassau County Dental Society Give Kids A Smile program.



Photo provided by Dr. Joseph Brofsky

Smiles: Students from Evergreen Charter School pose with volunteers during the Nassau County GKAS event at the Cradle of Aviation Museum. More than 400 volunteers screen about 1,100 children during the event's 15th year.

tions, and build a roadmap to a healthier future for individuals, while examining cost-effective coverage and reimbursement strategies."

From brushing teeth to moon landing

Along with dental screenings, the children enjoyed learning about the importance of brushing their teeth through a puppet show, watching movies at the IMAX theater and exploring the museum.

In all, about 25 percent of the 1,100 children screened would need follow-up dental visits, Dr. Brofsky said. A dental van from Stony Brook University School of Dental Medicine also provided dental services, including sealants, cleanings and fluoride treatments, to 30 children.

For kids from The Viscardi Center, transportation is often an issue, making the visit to Nassau County GKAS' venue, the Cradle of Aviation Museum, quite an experience.

"The event was done in a really fun way," said Angelo Zegarelli, head of school at Viscardi Center, adding that the kids enjoyed going to a lunar module area and learning about astronauts. They were most excited, he added, learning how to brush teeth on a puppet.

"I don't know who had more of a good time, the kids or the volunteers," Dr. Brofsky said. "The amount of excitement from all the dentists, residents and dental student was something I haven't seen before. And we already have 1,100 kids in a museum filled with music, games, shows and celebrities."

While volunteer dentists who were familiar with treating kids with disabilities screened the kids with special needs, dental students and residents were still just as thrilled to have them.

"They were so eager to help out in any way," Dr. Brofsky said.

An event of firsts

Having the students from The Viscardi Center was not the only "first" to occur in the event's 15th year.

Dr. Brofsky said he was excited to see volunteers use the DEXIS CariVu, a device that can shine a powerful light to the teeth to detect carious lesions and cracks. This tool was particularly helpful when screening the students from The Viscardi Center. Dental X-rays would have been difficult or inappropriate to use on many of the kids, Dr. Brofsky said. KaVo Kerr, one of GKAS' national sponsors, donated the equipment and sent a representative to assist with its use. Support for the GKAS program also comes from generous donations from national sponsors Henry Schein and Colgate.

Another first is the idea to visit students at The Viscardi Center.

Because of transportation, only 12 students could come to the GKAS event. To address this issue, Dr. Brofsky said, Nassau County Dental Society and The Viscardi Center are working on scheduling a visit to the center to screen more students.

The collaboration is definitely something worth expanding on, especially during next year's GKAS, Dr. Brofsky said. Other dentists and GKAS organizers in the country, he said, should consider reaching out to kids with special needs for their events next year.

"If we can get the word out that kids with special needs are not that different from other patients, it would be one small step to getting more dentists to treat them," he said. ■

ACE Panel Report offers insight into dental techniques, products

BY MICHELLE MANCHIR

A report from the revamped ADA Clinical Evaluators Panel was released in March and features insight for dental professionals on the topic of posterior composite restorations.

ACE Panel Reports feature data compiled, in part, by surveys completed by ADA member dentists who have signed up to participate in short monthly studies related to dental products and prescribing habits.

The ADA Council on Scientific Affairs' Product Evaluation Subcommittee along with ADA Science Institute staff write the reports.

The resource aims to offer ADA members a way to understand their peers' opinions on various dental products and practices, offering insight and awareness on new products and techniques that can benefit patients and the profession.

For the report released in March, 311 practicing U.S. dentists and ADA members shared how often they place posterior composite restorations; their concerns regarding

bulk fill products; their preferred restoration products; and the most frequent reasons for placement/replacement of composite resin restorations.

The document also includes clinical insight gathered from the literature on the appropriate times to replace or repair posterior resin composite restorations.

The complete posterior composite restorations ACE Panel Report appears on this news page.

A previous ACE Panel Report, released in November, for which dentists were asked about their frequency of fluoride varnish and silver diamine fluoride use and the purpose for it, is available to view online at ADA.org/ACE.

ADA members are encouraged to join the ACE Panel and contribute to forthcoming surveys, which take five to 10 minutes to complete and are sent no more than once a month.

For more information or to join the ACE Panel, visit ADA.org/ACE. ■

ACE Panel Report Posterior Composite Restorations

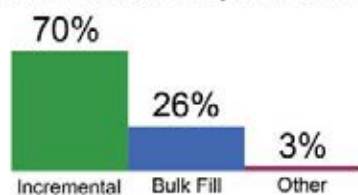
Survey Results Data reflect the opinion of 311 ACE Panel member dentists in the United States.

92% of ACE panelists place posterior composite restorations at least once a day

Top 5 Preferred Products

1. Filtek Supreme Ultra Universal (3M Oral Care)
2. Sonic Fill 2 Single-Fill Composite (Danaher/KaVo-Kerr)
3. TPH Spectra Universal Composite (Dentsply-Sirona)
4. Filtek Bulk Fill Posterior Restorative (3M Oral Care)
5. Herculite XRV Microhybrid Composite (Danaher/KaVo-Kerr)

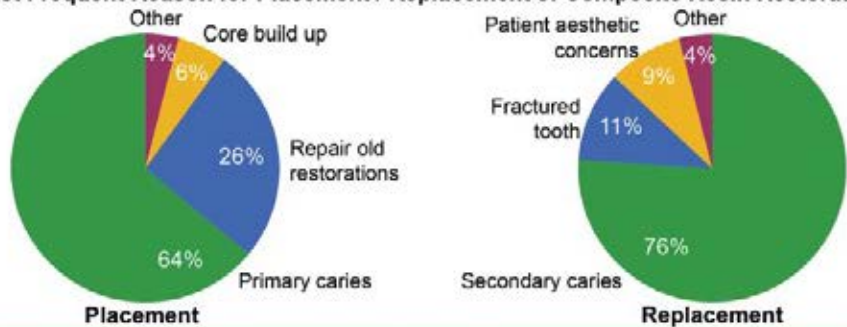
Preferred Posterior Composite Resin Type



Concerns Regarding Bulk Fill Products

- 45% prefer an incremental technique
 - 43% are concerned of an inadequate depth of cure
 - 40% are concerned of the polymerization shrinkage stress
- This question allowed for multiple answers.

Most Frequent Reason for Placement / Replacement of Composite Resin Restorations



Clinical Insight: Replace or Repair Resin Composite Restorations?

Repair helps increase the longevity of restorations and has high patient acceptance. Replacement of restorations sacrifices sound tooth structure, reduces the likelihood of continuing pulp vitality and increases the complexity and the risk of failure of dental restorations. Repair is indicated for localized shortcomings of secondary caries and fracture; while replacement is more appropriate when generalized or severe defects are present.

Repair of marginal defects involves careful opening and cleaning to assess undermining caries and to smooth surfaces. The restorative protocol includes surface etching, a bonding system and filling with flowable (small marginal repair) or bulk resin composite (major repair). For placement, replacement and repair, incremental techniques are more appropriate in preparations deeper than 2 mm, regardless of resin composite type.

Gordon VV, et al. J Am Dent Assoc. 2015;146(12): 895-903; Blum IR, Lynch CD, Wilson NH. Clin Cosmet Investig Dent. 2014;6: 81-7; Hickel R, Brishaver K. Int N Dent Mater. 2013;29(1): 28-50.

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FDA: Don't use compounded drugs from Cantrell Drug Co.

Health care professionals should not use drug products produced by Cantrell Drug Company of Little Rock, Arkansas, including opioids and antibiotics, because of "serious deficiencies" in the company's compounding operations, the U.S. Food and Drug Administration said in a March

news release.

The FDA said it is concerned about Cantrell Drug Company's "processes to ensure quality and sterility assurance that put patient safety risk," according to the news

See CANTRELL, Page 31

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Build your team at annual meeting

BY DAVID BURGER

Honolulu — Assembling and developing the right staff are integral components in creating a successful dental practice.

That is why the ADA is offering the Team Building track, a select series of continued education courses at ADA 2018 – America's Dental Meeting in Honolulu Oct. 18-22. The ADA Council on Dental Practice is sponsoring the track, with the hope that both individual dentists and dental teams will register for the courses.

“In a dental office, business and clinical personnel are more likely to perform well when they work effectively as a team. The result of their combined effort is synergistic — it's greater than the sum of each individual member's work,” said Dr. Scott L. Theurer, a member of the Council on Dental Practice and the chair of the Council's practice management subcommittee. “Patients can sense the positive energy of the dental team's relationships with each other and they feel well cared for when everyone on the team interacts with them in a consistent way. That positive feeling can reduce patients' anxiety and boost their appreciation for the treatment provided.”

Dr. Theurer continued: “Training together can be a very effective way for a dental practice to create and foster the team concept. Shared learning experiences, such as those available through the council's team building track at ADA 2018, give dental office teams the chance to see and appreciate the value that each individual brings to the team.”

Course topics range from social media to infection control, and each one promotes ways that the dentist and the team can work together to achieve a winning workflow and atmosphere for the practice and its patients.

“The courses featured in the track were selected because each one delivers systems or ideas that everyone on the team can easily implement in their practices in all business models,” said Dr. Theurer. “The course topics are especially relevant to areas many practices want to grow, including efficiency, excellent customer service and practice growth through attracting new patients and higher retention of current patients.”

The courses are:

- Understanding Dental Benefits and Third-Party Payer Issues (5807), Oct. 18, 8:30-11:30 a.m., Drs. Christopher Bulnes and Steven Snyder, created in partnership with the ADA Council on Dental Benefit Programs.

- Dental Instrument Cleanliness: How Clean is Clean Enough? (5802), Oct. 18, noon-1 p.m., Dr. Jeffrey Platt, created in partnership with the ADA Council on Scientific Affairs.

- CDP Forum: Working in a Group Practice (6805), Oct. 19, 7-8:30 a.m., panel to be moderated by Dr. Craig Ratner.

- Communications, Coding and Collections (6115), Oct. 19, 7:30-10:30 a.m., Laci Phillips.

- Wealth Accumulation for Young Dentists (6309), Oct. 19, 12:30-2 p.m., Dr. Mark Kleive.

- High-Tech Dental Law and Social Media (7104), Oct. 20, 7-8:30 a.m., Arthur Curley, J.D.

Registration for ADA 2018 is open. To register or learn more, visit ADA.org/meeting. ■

— burgerd@ada.org

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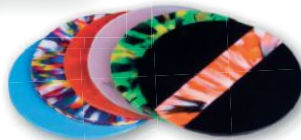
Paradise found: ADA 2018 – America's Dental Meeting is set for Oct. 18-22 in Oahu, with its buildings perched on the beach.

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Infection control courses abound at ADA 2018

Five continuing education courses related to cleanliness, sterility on tap in Honolulu

BY DAVID BURGER

Honolulu — Is there a difference between clean and sterile?

What are the potential implications of infection control product misuse?

And lastly, how clean is clean enough?

Five continuing education courses at ADA 2018 – America’s Dental Meeting will attempt to answer these infection control questions in an age when microbes and viruses are a part of everyday life and found in our air, soil, water and in and on our bodies — and especially prevalent in the dental care environment.



Dr. Platt

Particulate matter can also be left behind when cleaning is inadequate. The tool may then be sterilized but can still introduce foreign material into a wound.

Dr. Jeffrey Platt, immediate past chair of the ADA Council on Scientific Affairs and associate professor and chair of the department of biomedical and applied sciences at the Indiana University School of Dentistry, will lead a one-hour, no-fee course on dental instrument cleanliness. In an interview with ADA News, he said he is doing this as

“There is a big difference between clean and sterile.”

a voice of the Science Institute, and envisions an “elevated awareness” on the topic after his course.

“There is a big difference between clean and sterile,” said Dr. Platt, who, among other related things, will discuss ADA laboratory research on cleanliness and what the Food and Drug Administration considers to be a validated cleaning process for instruments.

The courses on infection control are:

- Hands-On Infection Control Workshop (7205), Oct. 20, 7-9:30 a.m., John Molinari, Ph.D. The course is also scheduled the same day from 10:30 a.m.-1 p.m. (7213) and from 2-4:30 p.m. (7221).
- Dental Instrument Cleanliness: How Clean is Clean Enough? (5802) Oct. 18, noon-1 p.m., Dr. Platt.
- Emerging and Re-emerging Infectious Diseases (8102), Oct. 21, 7:30-10 a.m., Dr. Molinari.

Registration for ADA 2018 is open. To register for the ADA annual meeting and these courses, and to learn more about the meeting, visit ADA.org/meeting.

To help dentists implement solid infection control procedures, the ADA offers The ADA Practical Guide to Effective Infection Control. Readers can save 15 percent on this and all ADA Catalog products with promo code 18108 until April 27. To order, visit ADAcatalog.org or call 1-800-947-4746. ■

—burgerd@ada.org



Blue Hawaii: ADA 2018 – America’s Dental Meeting will be held Oct. 18-22 in Oahu, where the average temperatures in October are in the 80s.



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Medical Music Group looking for new members

Washington — Medical Music Group, a symphony orchestra and chorale, is searching for health care professionals who can play musical instruments or sing.



Access to song: Taken from a YouTube video, the Medical Music Group performs at the 2011 Veteran's Day concert held at the Basilica of the National Shrine of the Immaculate Conception in Washington, D.C.

The organization is hosting a concert in Washington, D.C., on Aug. 12. The group will then play in Poland Aug. 19 along with trips to Lithuania and Latvia.

For more information on how to join, visit medicalmusical.org or email vanmmg@hotmail.com. Previous performances by MMG are available on Youtube by searching for "Medical Musical Group." ■



Inspiration: The ADA Big Idea 2018: Discovering Group Practice conference in Las Vegas on Jan. 31, held immediately before the American Academy of Dental Group Practice's annual meeting, was attended by more than 100 people learning how to create, expand and/or refine their own group practices. "A big takeaway from the conference was the idea that group practice can take on many forms," said Dr. Ron Riggins, who attended the conference. The ADA has resources on group practices at the ADA Center for Professional Success, Success.ADA.org, a one-stop website for dentists looking to learn how to find success in their practices. Click on the link at the top of the page that says Practice Management, and at that site there are videos, webinars and other resources about topics such as finance, technology and marketing. The center houses the ADA's Guidelines for Practice Success (ADA.org/GPS), which delivers resources needed to achieve practice goals, including modules with information on managing patients, finances, marketing the dental team and the regulatory environment.

Drive research at ADA Foundation Volpe Research Center

BY KIMBER SOLANA

The ADA Foundation Volpe Research Center is seeking input and ideas from ADA members in generating and developing materials and technologies that enable ADA dentists provide state-of-the-art, precision care.

"The history of the VRC has been one of identifying clinical needs and finding solutions for those needs through basic and translational research" said Dr. Tom Hart, senior director of the VRC. "Every dentist has a great idea. Sometimes it's in the form of 'if only I had this solution, I could improve clinical care.' VRC scientists can help make those

ideas materialize. Our research is directly impacted by input from front-line clinicians."

Formerly known as the Paffenbarger Re-

.....
"Our research is directly impacted by input from front-line clinicians."

search Center, the VRC is located on the grounds of the National Institute of Standards and Technology, in Gaithersburg, Maryland, a federal government research

campus, where it has been since 1928. Previously operated by the ADA and then jointly by the ADA and the ADA Foundation, the laboratory has been conducting the cutting-edge dental research for nine decades. Currently, VRC scientists seek to improve clinical practice by developing multifunctional dental materials, devices and sensors. Translation of their discoveries into clinical practice will enable ADA dentists to provide continual state-of-the art, precision care to their patients.

ADA members with input can send their ideas to Dr. Hart at Thomas.hart@nist.gov. ■



AN INSIDE LOOK AT WHO ANSWERS WHEN YOU REACH OUT FOR HELP

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6 tips for boomers preparing for retirement

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YOUR GUIDE TO A HEALTHY PRACTICE

BY SANTO LOPORTO

Many dentists who are actively planning for retirement in the next 5 to 10 years are members of the baby-boomer generation. There are an estimated 76 million baby boomers¹ in the United States.² Since these boomers began working, the world has changed in many ways and some changes affect life in retirement. For example, there has been:

- A shift from employer-managed plans (pensions) to individual-managed plans (401(k)s).
- An improvement in medical care leading to a longer life expectancy.
- A drastic increase in the cost of health care.
- Several economic recessions that have

caused professional and market losses. This fact is especially true for dentists, many of whom saw a significant decrease in revenue in the years after the 2008 great recession.

Since these changes have come about during their lifetimes, boomers may be less prepared for retirement than the generations that follow. In fact, approximately 35 million boomers do not have any retirement savings.³

In addition, if you own a practice, you may find it even more difficult to save for the future. A recent survey on self-employment and retirement reported that nearly two-thirds of the entrepreneurs cited “unpredictable cash flow as their biggest challenge.”³

The baby boomer generation is defined as those born between 1946 and 1964. There-

fore, depending on your age, there are different things that you may be able to do to make up for the lack of savings and be better prepared for a comfortable life in retirement.

If you are in the preretirement stage or recently retired, below are a few tips that you may find helpful:

1. The federal government allows those 50 years and older to save additional funds on a tax-advantaged basis in a retirement savings plan through catch-up contributions. Take full advantage of being able to save more money for retirement.

2. Social Security and Medicare regulations do change, and it's important to be educated about your options, since a misstep may cost you. A few age milestones to keep in mind are:

- 62 years — you may begin taking Social Security at a reduced payout amount rather than waiting until full retirement age.
- 65 years — you might qualify for Medicare benefits (depending on work history).
- 66 or 67 years (depending on birth year) — you may be able to apply for full Social Security retirement benefits.
- 70.5 years — you are required to begin taking required minimum distributions (RMDs) from tax-advantaged retirement accounts, such as 401(k)s and individual retirement accounts (IRAs).

3. Consider delaying retirement to build up your nest egg or plan for semiretirement or transition to a different career.

4. Review your current spending habits and look for ways to cut back on expenses to fund your retirement more effectively.

5. Pay close attention to your existing accounts and statements, evaluating where your savings are, how the money is allocated and any fees you may be paying.

6. Seek assistance from trusted financial professionals to better understand your options, including savings that offer tax advantages, remaining invested after taking RDMs and evaluating your practice in preparation for your transition.

To ensure that your retirement journey is a positive experience, there is a need to plan today. Make it a priority to think about your goals for the future and take steps to put money aside. Use these tips to help you get started on a strategy — no matter where you are in the nearly 20-year span of the boomer generation.

The ADA is here to help

Whether you're planning to maintain your practice or are preparing to wind down, the ADA offers retirement savings and distribution vehicles through AXA Equitable that can assist you in achieving your goals. With over 49 years of experience working with ADA members, AXA Equitable can help you review your options and offer you choices that will alleviate the burden of establishing and managing a retirement savings plan. It's one of the

ways that the ADA makes it easier for you to focus on doing what you do best — deliver quality dental care, educate and mentor the next generation of dentists or run a practice — whatever your true passion is.

Call 1-800-523-1125 to speak with a retirement program specialist or visit ADAretire@axa.us.com to learn how you can start saving today. ■



Mr. LoPorto is senior director and client relationship manager at AXA Equitable. His

article, written for general information purposes only, originally appeared in the Winter 2018 issue of Dental Practice Success. Read more at ADA.org/DPS.

This material does not constitute an offer or solicitation of any kind and is not intended, and should not be relied upon, as investment, tax, legal, or financial advice or services. The ADA Members Retirement Program contract form #5108 is funded by a group variable annuity contract issued and distributed by AXA Equitable Life Insurance Company, NY, NY. Annuities have limitations and restrictions. For costs and complete details contact a Retirement Program Specialist. AXA Equitable and its affiliates do not provide tax or legal advice. You should consult with your attorney and/or tax advisor before purchasing a contract.

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What is Dental Practice Success?

Dental Practice Success is a quarterly digital magazine that the ADA's Publishing Division produces in cooperation with the ADA Center for Professional Success. DPS features articles from well-known experts on a broad range of useful topics and fresh ideas on how to improve your practice.

Read the current issue at ADA.org/DPS or read past issues at the Center for Professional Success website, Success.ADA.org. Search for Dental Practice Success under the Practice tab on the left side of the home page.



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INDUSTRY Watch

News from the dental industry

Air Techniques appoints digital product manager

Melville, N.Y. — Air Techniques stated Jan. 2 that Robert Meehan accepted the role of digital products manager. Mr. Meehan will be in charge of the ProVecta X-Ray line and the CamX Camera line.

"We are very excited to welcome Robert to the Air Techniques team," said Christoph Roeer, CEO of Air Techniques, in a press release. "His experience will complement our current product management, while further advancing Air Techniques' digital product line in this increasingly important segment of the dental market." ■

Dentsply Sirona acquires Cleverdent

York, Pa. — Dentsply Sirona announced Jan. 18 that it purchased Cleverdent. Based in Münster, Germany, Cleverdent is known for developing the ClasenUNO, a dental mirror and high volume evacuation tip.

"This product provides our customers with innovative technology and enhances Dentsply Sirona's dental procedures to support more efficient clinical outcomes," said Mark Trimmer, Dentsply interim vice president of global preventives, said in a news release. ■

Sterngold hires director of technical, education department

Attleboro, Mass. — Sterngold announced Jan. 5 the hiring of Robert Vasile to be director of the technical and educational department. Mr. Vasile most recently worked as CAD/CAM and laboratory services manager for Bicon. He previously held management positions at Sirona and Astra Tech Dental. ■

Dental Health Products donates \$2,500 to Every Smile Counts Day campaign

New Franken, Wis. — Dental Health Products announced Feb. 20 that it donated \$2,500 to the Every Smile Counts Day campaign, an event set up by the Dental Lifeline Network that provides volunteer dentists and labs with supplies and funding.

"Thanks to participating companies,

this day will support thousands of volunteer dentists and labs nationwide in their work to help people with special needs address seriously neglected problems," said Fred Leviton, president and CEO of Dental Lifeline Network, in a press release. "Simply put, DLN will change more lives." ■

—Compiled by Matt Carey

Keep up-to-date on HIPAA with ADA kit

Dentists can find it daunting to understand which Health Insurance Portability and Accountability Act regulations apply to practices and then how to implement HIPAA programs that are right-sized for the practice.

But even beyond that, practices have an obligation to keep their HIPAA programs up-to-date in a changing world.

Even small, routine changes in the practice workflow can open up HIPAA risks. For example, dentists can't assume new employees have HIPAA-compliant habits appropriate to their practice environment. Whenever dentists implement a new digital device that stores or transmits patient data, the device and data need to be secured in alignment with HIPAA regulations.

To address this need, the ADA offers the ADA Complete HIPAA Compliance Kit (J598) with important components, including:

- A compliance manual to help practices design and implement a HIPAA compliance program. The manual includes key forms in paper and digital formats that can be customized as needed.

- HIPAA Update Service subscription to keep dentists and teams updated on any HIPAA changes. After the three-year term, practices can renew the service.

Features of the kit include:

- Sample policies and procedures.
- Sample Business Associate Agreement.
- Sample Notice of Privacy Practices (in English and Spanish).
- Glossary of key terms.

Readers can save percent on HIPAA and Occupational Safety and Health Administration products from ADA Catalog by using the promo code 18119 until May 31. To order, visit ADAcatalog.org or call 1-800-947-4746. ■



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DR. MICHAEL KROLL
Lawton, Oklahoma
Army



DR. CHRISTINE MEINERS
San Antonio, Texas



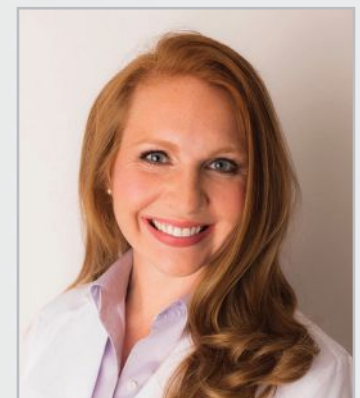
DR. HUBERT J. PARK
Cambridge, Massachusetts



**DR. KRISTOPHER
P. RAPPOLD**
New Orleans, Louisiana



DR. AMISHA SINGH
Aurora, Colorado



DR. KATIE VINCER SEARS
Columbus, Ohio

To learn more about the winners, their impressive accomplishments and the **10Under10** Awards, visit ADA.org/10under10.



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Wade Banner
Caitlyn Bell
Alexandra Chamberlain
Rachelle Flores
Shih-Yen Hsiao
Malieka Johnson
Emmy Le
Alexander Lee
Connie Oh
Daniel Ramirez
Stephanie Sandretti
Michael Scherer
Natalie Tung
Lila Wilson

COLORADO

Matthew Allen
Justin Pearson
Marc Thomas
Dawn Wehking

DISTRICT OF COLUMBIA

Noura Moussa

FLORIDA

Mihika Ahluwalia
John Aylmer
Alexander Brao
Brittney Craig
Jordan Harper
Aline Morin
Jenna Schwibner
Erin Shiveler
Kevin Vakani

GEORGIA

Jaha Howard
Rhoda-LeAnn Norris

IOWA

Cary Jackson
Jordan Moffitt

IDAHO

Brooke Fukuoka

ILLINOIS

George Barsa
Brian Homann
Anna Nord
Sobia Sarmast-Ali
Jonathan Wong

KANSAS

Julia Heinrichs
Scott Rogers

MASSACHUSETTS

Janice Cho
Maria Dona
Erinne Kennedy
Alessandro Villa
Kyle Vining
Katie-Rose Wagner

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Erica Ford
Koby Sarubin

MICHIGAN

Lauren Anderson
Kevin Cook
Sundus Marogy
Elizabeth Ralstrom
Chin-Wei Wang

MINNESOTA

Jeffrey Remakel

MISSOURI

Danielle Riordan
Nathan Suter
Benjamin Unruh

NORTH CAROLINA

Kevin Byrd
Michael Farmer
Shamik Wakil
Joshua Winneberger

NEW HAMPSHIRE

Lindsey Jackson

NEW JERSEY

Evan Krause

NEW MEXICO

David Manzanares

NEW YORK

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Alec Ganci
John Hansford
Marcus Johnson
Laura Johnstone
Mina Kim
Whitney Mostafiz

OHIO

Kyle Bogan

OKLAHOMA

Daryn Lu

OREGON

Travis Hunsaker
Geoffrey Skinner

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Dana Craig
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SOUTH CAROLINA

Anna Borden

TENNESSEE

Rachel Hymes
Taylor Jarrell
Elizabeth Randall

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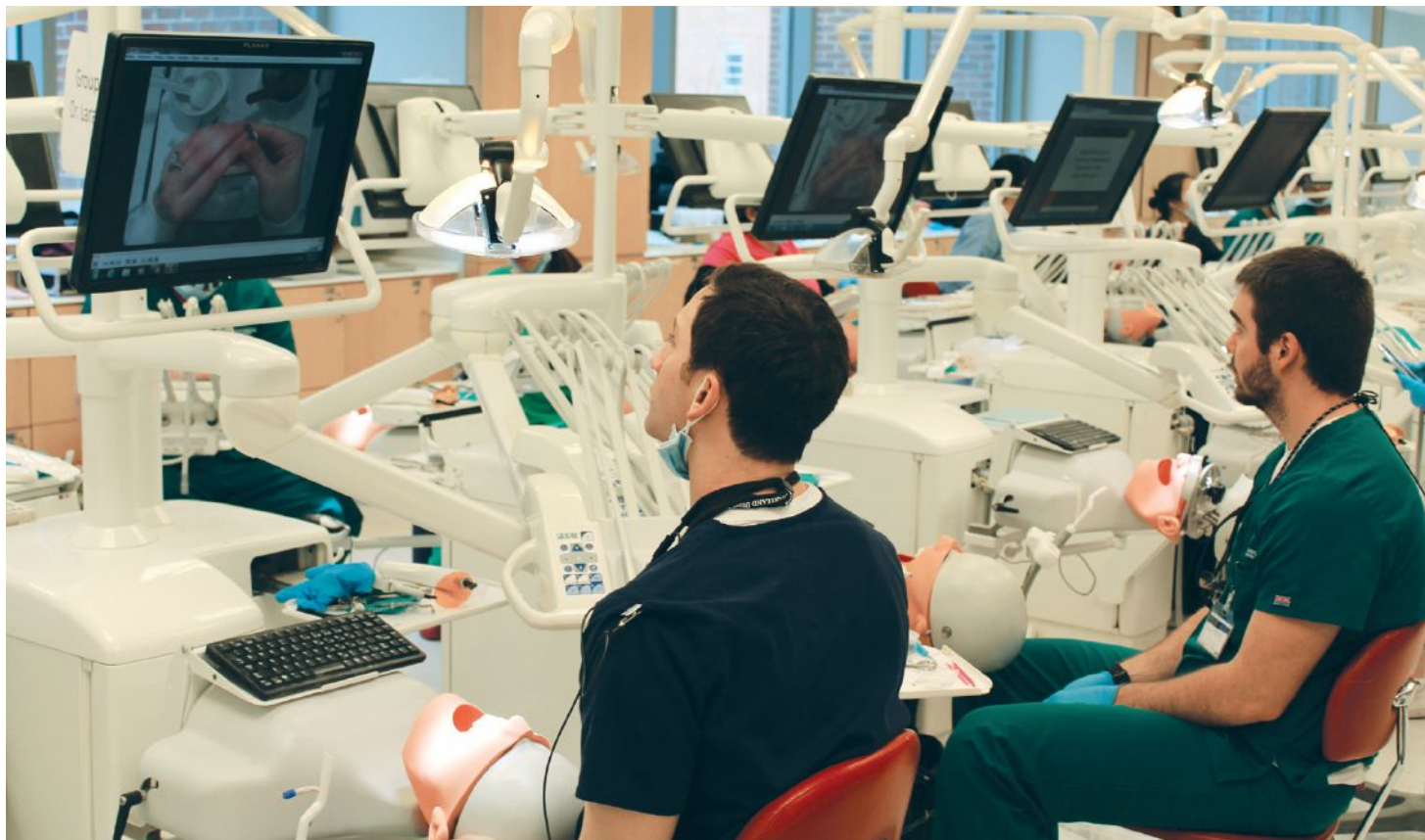
Continued from Page 1

dental materials on mannequins. Bit by bit the challenges they face and the knowledge they gain become increasingly complex, culminating in their final two years when the students are tasked with developing treatment plans and treating their patients in the school's clinic.

According to Dr. Mary Anne Melo, an associate professor of operative dentistry leading today's class, the goal at this stage is to provide all the first years "an excellent foundation" that will inform them well beyond graduation.

"Anytime you can practice what you've learned in a pre-clinical setting, you're going to retain the information that much better," Ben said. "Working with composite and amalgam and learning to make ideal preparations with the drill definitely makes me feel like I really am becoming a dentist. This class, more than any thus far, makes me excited for what's to come as a D2 and especially once we make it to the clinic in our D3 year."

Dr. Melo starts by demonstrating how to prepare a lingual matrix — a mold using an



Screen time: First-year students look at the video screens to get a close-up look at a procedure during an operative dentistry lab on Feb. 9.



Watch me: Dr. Mary Anne Melo, an associate professor of operative dentistry at the University of Maryland School of Dentistry, demonstrates placing a composite.

impression putty of the "patient's bite" — to guide the composite placement. As they do in all their simulation labs, the 65 students in this section of the class, watch Dr. Melo's movements up close on individual video



Lab work: LaShonda and Dan take their time making sure their composites are placed just right in operative dentistry class.

screens that capture the professor's every motion from a camera focused exclusively on her hands as she demonstrates a clinical technique.

After the students let their impressions set for about five minutes, they begin to trim any excess material from the matrix's surface. As the assignment directs, their aim is to capture the "lingual and interproximal contours" and wrap the material around the "facial side of the incisal edge." In layman's terms, the sides of the tooth facing in towards the mouth, the area where two teeth touch and wrap along the biting edge of the tooth.

"Use the No. 20 blade, not the No. 12," Dr. Melo instructs from her perch at the teaching station in the room, as the students follow her lead and carefully remove the excess wax from their impressions. In addition to the camera, the professor's work station is equipped with a microphone to ensure that she can be heard even if the students are drilling or suctioning.

"She makes it look so easy," said Dan, watching Dr. Melo's hands move. "It's challenging getting all that wax off."

Ben agreed, saying, "I still have some wax on mine too."

During this portion of the lab, Dr. Melo walks about the classroom to see how her students are advancing with the etching and bonding portion of the assignment. She's joined by clinical instructors Drs. Elaine Migginsky and Michael Raderman, who meander through the classroom offering guidance where needed. After getting their matrixes in shape, the students move on to part two of the assignment: Placing the composite.

"Apply a generous amount of composite against your lingual matrix," Dr. Melo instructs. "Use a plastic filling instrument for that. After the composite is loaded, apply light pressure to the matrix and tooth and push the composite into position."

"Can you see any gap between the composite and the lingual?" Dr. Melo asked.

"A little," said LaShonda.

"You can put a little more composite in there," Dr. Melo advised.

It's good practice, working on the mannequins.

"This lab has shown me just how far I am from becoming a real dentist," Dan said. "During simulation labs, I am constantly making mistakes but I also feel like I've definitely been improving. What I like most is the



The matrix: Dan shows off the mold of his mannequin's "bite."

opportunity to familiarize myself with some of the instruments and techniques that I will be using in clinic. While I understand that everything is just a simulation and that in practice it will be much different, I believe that this is valuable exposure and time spent, even if it's just to learn how to hold or learn the names of some of these instruments."

"The lab gives us a glimpse of what's to come in our dental careers, and that aspect has been really cool," added LaShonda. "We're nearing the end of the course, so it's funny to look back on earlier assignments and see how much our hand skills have improved over these past few months."

After an hour of working on their matrixes and getting their composites ready, something magical happens: the students start to look more confident, as if filling teeth has been part of them all of their lives. LaShonda already has her "etch and bond" technique down, preferring to place a little of the composite on her table tray first and work on the lingual shelf "one layer at a time."

Ben, who recently watched his older brother, an orthodontist, take an impression, was

pleased to have the opportunity now to use some of the same instruments and materials.

"I was like, I know how to use that," he said.

As they move on to their final step — finishing and smoothing — the students have to figure the best way to smooth and shape the lingual surface. Out come the drills, but what speed? Everyone helps each other when possible.

"With so many minds in one room, you never run out of opinions on how to approach each restoration/preparation. Whether good or bad, I feel like it's always a positive to be able to bounce ideas off of so many different people," Dan said.

On cue, Ben asked fellow first-year, Bridget Nucum, "What drill speed are you using?"

"Fifteen," she replied, "Ten wasn't working for me."

"The anterior tooth has been fun for me because I've seen the dentist I shadowed restore a chipped tooth before," said LaShonda, adding that this assignment was one of her favorites since it "allowed us to tap into the more artistic side of dentistry." ■

—garvinj@ada.org

Get on track with head and neck cancer in series at ADA 2018

Honolulu — A head and neck cancer track at ADA 2018 – America’s Dental Meeting offers dental professionals ways to learn about their role in cancer screening, biopsy and management.

A course offered at two different times during meeting in Honolulu will help clinicians learn to deliver a complete oral cancer exam, perform simple biopsies in office and identify when to perform biopsies and when to refer. Simple Biopsy Techniques for the GP or Specialist will be held 7-10 a.m. (5204) and also 11:30 a.m.-2:30 p.m. (5214) on Oct. 18. Dr. Robert Convisar, director of laser dentistry at the New York Presbyterian Hospital of Queens, will lead the courses.

Another course targets hygienists. What’s New in Oral Cancer Screening? A Workshop for Dental Hygienists is scheduled for two different times — 7-10 a.m. (5222) and 11:30 a.m.-2:30 p.m. (5223) on Oct. 18. Dr. Mark Lingen, a dentist with a Ph.D., a professor of pathology at the University of Chicago, Pritzker School of Medicine, and JoAnn Gurenlian, Ph.D., a hygienist, professor and graduate program director at Idaho State University will lead the course.

Dr. Lingen and Dr. Theresa Hofstede, associate professor in the department of head and neck surgery in the division of surgery at the University of Texas MD Anderson Cancer Center, will lead the course Oral Cancer Screening and Radiotherapy Morbidity

Oral Cancer

Continued from Page 1

their dentists.

To download and read the entire guideline, go to ADA.org/OralCancer.

The ADA Science Institute maintains a webpage on ADA.org about oral cancers, with data about incidence and mortality; information about risk factors, signs and symptoms; as well as links to other resources, including an instructional video demonstrating the patient intraoral and extraoral conventional visual and tactile examination for oral cancer. To view this page, visit ADA.org, hover over Science/Research and click on “Oral Health Topics.”

Dentists can use the Patient Page in JADA to help facilitate a discussion about lesions that might be oral cancer. To view this, visit JADA.ADA.org and search for “Oral Cancer: What To Do If Something Unusual Shows Up.”

Dentists can also refer patients to the ADA’s consumer website, MouthHealthy.org, for general information about oral head and neck cancer and human papillomavirus. Check ADA News in April for more information about oropharyngeal cancer and HPV.

An ADA CE course about HPV-related oropharyngeal cancer is available online. To access the course, visit <http://ebusiness.ada.org/education/viewcourse.aspx?id=58>.

Dental professionals can also purchase brochures for their patients related to oral cancers.

Get the Facts About Mouth and Throat Cancer (W151) includes information about the causes, signs, symptoms and risk factors for both oral and pharyngeal cancer, along with the HPV connection.

Tobacco and Oral Health (W190) discusses the effects of tobacco and tobacco-related products on oral and overall health. Receive a 15 percent off discount using code 18114 until May 21 at ebusiness.ADA.org. ■

—manchirm@ada.org

Management (6822).

Participants will learn to conduct a comprehensive visual tactile exam and differential diagnosis of common oral lesions; discuss findings of ADA oral cancer screening guidelines; and define the role of dental professionals in identifying and managing radiotherapy related morbidities. This course is scheduled for 11:30 a.m.- 2 p.m. Oct. 19.

Registration for ADA 2018 is open. To register for these courses or learn more about the meeting, visit ADA.org/meeting. ■

Cantrell

Continued from Page 19

release. Administration of contaminated or otherwise poor quality drug products can result in serious and life-threatening injury or death, according to the FDA.

“Despite the FDA’s concerns about egregious conditions observed at Cantrell’s facility, during several inspections, with the most recent in 2017, the company continued to compound and distribute drugs without adequately addressing their potentially dangerous conditions,” said FDA Commissioner Scott Gottlieb, M.D., in the March 1 news release.

“This reckless activity threatens patient safety and will not be tolerated.”

The FDA has sought legal action to prevent Cantrell from further production and distribution of drugs, it said in the release.

Drugs from the company can be identified by looking at the drug labels, which should include the company name, Cantrell Drug Co. The FDA urges health care professionals to check their medical supplies, quarantine any drugs from the company and not administer them to patients.

The FDA is not aware of reports of illness associated with Cantrell’s products, it said in March, but health care professionals and consumers are asked to report adverse events or quality problems to FDA’s MedWatch. Visit fda.gov/Safety/MedWatch. ■



- Up to 2-minutes of adjustable working time gives control over the pace of the procedure, while the abbreviated 2-minute thermo-activated set time, saves time and improves patient comfort
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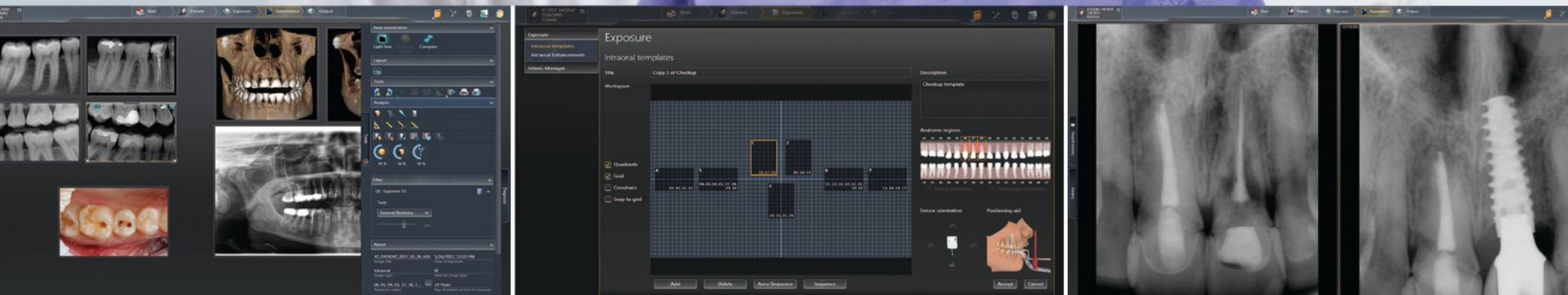
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