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American Dental Association, Publishing Division, "ADA News - 06/18/2018" (2018). *ADA News*. 555.
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ADANews

JUNE 18, 2018

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

VOLUME 49 NO.12



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BRIEFS

Hawaii state officials: Volcanic eruptions pose no threat to Oahu

Honolulu — Hawaii state officials are reassuring people with plans to visit the islands that the ongoing Kilauea volcano eruptions pose no threat to visitors or air quality.

ADA 2018 – America's Dental Meeting is set for Oct. 18-22 on the island of Oahu.



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"Visitors to Hawaii can be assured that the volcanic activity is having no effect whatsoever on the other islands, Oahu, Maui, Molokai, Lanai and Kauai," said Hawaii Gov. David Ige in a May 21 news release. "Visitors can book their trips comfortable in the knowledge that their vacation experience will provide all the enjoyment they expect when coming to our beautiful islands."

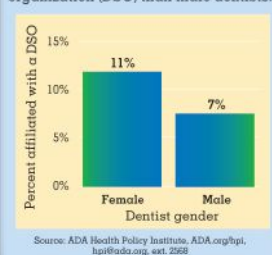
George D. Szigeti, president and CEO of the Hawaii Tourism Authority, added that travel to and within Hawaii is unimpeded by the Kilauea volcano. "Visitors have absolutely no reason to change their travel plans to the Hawaiian islands," he said in a

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JUST THE FACTS

DSO affiliation by gender

Female dentists are more likely to be affiliated with a dental service organization (DSO) than male dentists.



Senate introduces Action for Dental Health bill

Washington — The Senate on June 6 introduced S. 3016, the Action for Dental Health Act of 2018 — legislation aimed at improving oral health and access to oral health care.

Sen. Cory Booker, D-N.J., along with Sens. Bill Cassidy, R-La., Mazie Hirono, D-Ohio, and Tim Scott, R-S.C., introduced the bill.

"Oral health is an important part one's overall health and well-being, but many people lack access

INSIDE New law gives veterans more health care options, Page 7

to these essential services — especially those from underserved communities," said Sen. Booker. "This legislation takes a vital step in addressing those gaps and increasing families' access to oral health care

and preventive services."

The Action for Dental Health bill was introduced in 2017 by Rep. Robin Kelly, D-Ill., and Rep. Mike Simpson, R-Idaho, and the House overwhelmingly passed the legislation in February.

"The Action for Dental Health Act will help Americans improve essential oral health care for low-income and other underserved individuals by breaking down barriers

to care," ADA President Joseph P. Crowley said. "It will also help organizations qualify for oral health grants to develop and expand programs that establish dental homes for children, adults, the elderly, blind and disabled at no extra burden to taxpayers."

With passage, the ADA hopes the legislation will lead to:

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Magic: Chase, a two-year-old patient, is all smiles as Dr. Eyal Simchi use "magical" thumb lights to mesmerize the toddler. A video of the magic show has been viewed by millions since it was uploaded in May.

'Magic' dentist's video goes viral: 'It's been pretty crazy'

BY MICHELLE MANCHIR

Elmwood Park, N.J. — Dr. Eyal Simchi and his staff regularly post videos on Facebook of cheerful interactions he has with patients at his pediatric practice.

So when he and his office manager, who is also his wife, Rachel, posted a video in late May and returned to the office after three days away observing the Jewish holiday of Shavuot, the couple were in for a big surprise.

The video had gained millions of views, and the office was getting calls and texts from people all over the world. As of press time, the video had more than 35 million views, a far cry from the couple thousand his videos usually get.

"It's crazy how widespread it's gone," said Dr. Simchi.

The video features a two-year-old patient, Chase, during his first visit to the office of Dr. Simchi, who uses "magical" thumb lights in the video to mesmerize the toddler.

Dr. Simchi said he's not sure how the video got so popular, but it made the rounds on several social media channels including Twitter and Facebook.

The video has also earned him media coverage from local outlets and from NBC Nightly News.

The attention has sparked "overwhelmingly positive" responses from his patients and

See MAGIC, Page 9

CDHC who started nonprofit recognized with research award

BY MICHELLE MANCHIR

Tucson, Ariz. — Most dentists would find it unusual to see an abscess a day in their patient population.

For MiQuel McRae, a Community Dental Health Coordinator, it's endemic to the population she serves, a population that she profiled in the Third Annual El Rio Research Fair in May. There, Ms. McRae re-

ceived the Carlos A. Flores, M.D. Create Tomorrow Award, which is named in honor of Dr. Flores, a late El Rio board member and pediatrician and neonatologist.

Her recognition stems in part from her completion of the ADA-developed and trademarked CDHC program. A registered dental hygienist, Ms. McRae in 2015 completed CDHC certification at Rio

Salado Community College in Tempe, Arizona. Her poster was one of 49 presented at the research fair, which was sponsored by the El Rio Community Health Center, the A.T. Still University School of Osteopathic Medicine and the Wright Center.

The award recognizes projects that demonstrate impact on improved health outcomes or contrib-

ute to new knowledge of improved practices or policies that support health centers, according to the research fair's pamphlet.

Ms. McRae said the recognition was gratifying.

"I understand the work we do has value and our staff understands, but to be recognized with such a

See CDHC, Page 4

Pediatric airway symposium to clear the air on dental screening, treatment

BY DAVID BURGER

One of the speakers at the Aug. 24-25 conference, Children's Airway Health – A Practical Conference, thinks August can't come soon enough.

"This should have been done years ago," said Ron Mitchell, M.D. "It's a long time coming."

The two-day conference at ADA Headquarters is billed as a first-of-its-kind dental symposium open to all that will focus on compromised airway health in pediatric patients — and the role dentists can play in risk assessment, referral for diagnosis and treatment.



Dr. Ombrello



Dr. Mitchell

"This is groundbreaking," said speaker Dr. Jill Ombrello, a Dallas general dentist

who has travelled around the world to share her research and educate other doctors on pediatric sleep-disordered breathing and nonsurgical, nonpharmaceutical therapy to treat the chronic condition. "There's never been anything like this in dentistry."

Dr. Ombrello, whose presentation is titled Functional Therapy for Kids with Airway Problems, said many of her young patients come to her with symptoms associated with airway disturbances, including chronic allergies, inflammatory diseases, prolonged bedwetting, night terrors and attention deficit hyperactivity disorder.

When these symptoms are not addressed at an early age, the children tend to grow up to become adults with severe sleep apnea, said Dr. Mitchell, professor of otolaryngology and pediatrics and chief of pediatric otolaryngology at the University of Texas Southwestern and Children's Medical Center in Dallas, whose clinical and research interests are on the management of obstructive sleep apnea in children. "We need to tackle this early," he said. "We know that children who don't sleep well have serious consequences."

The continued education event — with 13 credit hours — is designed to help dentists recognize compromised airway health in their young patients and to know what to say and who to work with. Dentists are often on the front lines with these medical disorders, Dr. Mitchell said, so the best approach is to include a dentist among the medical professionals on the team.

All too often, he added, dentists and physicians like himself — an ear, nose and throat doctor — don't interact with one another when they encounter a child with sleep disturbances more extensive than the typical sleep problems children have. The dental expertise is valuable for developing the approach to managing these cases, he said.

"We need to tackle this early. We know that children who don't sleep well have serious consequences."

Dr. Ombrello said the conference's emphasis is right there in the title: "practical." She praises colleagues who are more proactive than simply reactive when addressing compromised airways and said her presentation will offer "solutions in real time."

According to the course description, at the end of this continuing education program, participants will be able to:

- Use tools to identify children at risk for airway compromise.
- Discuss diagnosis protocols with families.
- Apply appropriate diagnostic methods to support medical decision-making.
- Present various treatment options.
- Immediately treat children falling within their scope of expertise and scope of practice.
- Follow these children during the growth years to assess airway health when indicated.

"We're saving children, one child at a time, to let them become the best versions of themselves," Dr. Ombrello said.

Dr. Mitchell agreed. "The ultimate goal is to make children's lives better," he said.

To learn more and register, visit ADA.org/CELIVE. Register by Aug. 17 to receive the best rate.

Conference attendees have access to a discounted rate at The Westin Michigan Avenue Chicago through July 13, which is located at 909 N. Michigan Ave., one-third of a mile from ADA Headquarters, phone, 1-312-943-7200. Reference "Children's Airway Health Meeting." Reservations can also be made when going through the registration process via the link above.

Hashtags for the event are: #PediatricAir18 and #ADACELIVE. ■

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ADA News

(ISSN 0895-2930)

June 18, 2018

Volume 49, Number 12

Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, IL 60611, 1-312-440-2500, email: ADANews@ada.org and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.

Postmaster: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, IL 60611. © 2018 American Dental Association. All rights reserved.

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SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members \$22 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$101; institution \$142 per year. International individual \$138; institution \$179 per year. Canada individual \$120; institution \$161 per year. Single copy U.S. \$17, international \$19. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, 211 E. Chicago Ave., Chicago, IL 60611.

ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the front of your membership card.

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Photo by Sandy Simpson

Oral health and aging: Oral Health America hosted "Healthy Mouths, Healthy Bodies: Both Are Needed To Age in Place," June 8 in Washington. Marko Vujicic, chief economist and vice president, ADA Health Policy Institute, moderated the event. From left are panel participants Frederick Isasi, executive director, Families USA; Amy Gotwals, chief, public policy and external affairs, National Association of Area Agencies on Aging; and Cristina Boccuti, associate director, program on Medicare policy, Kaiser Family Foundation.

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In San Diego clinics, ADA president finds 'hope' for solution to dental care access

BY MICHELLE MANCHIR

San Diego — During his two-day visit in April to one-of-a-kind dental clinics run primarily by predoctoral students under the direction of professionals, ADA President Joseph P. Crowley found appreciative patients and dedicated volunteers.

He also found an efficient model for charitable dental care that could be replicated throughout the country, he said.

The University of California San Diego Student-Run Free Dental Clinic Project was established in 1999 with the goal of increasing access to dental services for the underserved. It also provides an educational experience for undergraduate students considering careers in dentistry, dental students on rotations and an opportunity for dental professionals to give back to their community.

From its modest beginning as a one-site, one night per week project, the Free Dental Clinic Project now operates at four sites, according to Dr. Irvin Silverstein and Donna Kritz-Silverstein, Ph.D., who oversee the program. Patients are currently seen in donated space at two churches and a school in San Diego. In November 2015, they opened a fourth free dental clinic at Veteran's Village representing a partnership between the San Diego County Dental Health Foundation, Veteran's Village of San Diego, and the UCSD Free Dental Clinic Project.

Services at the clinics include no cost preventive care and general restorative care and specialty services including endodontics, oral surgery, orthodontics, periodontics, prosthodontics and pediatric dentistry. Furthermore, the project is part of the larger transdisciplinary UCSD Student-Run Free Clinic Project, said Dr. Silverstein. In addition to dental care, patients at the clinics can receive medical care and also access a pharmacy, legal help, social work and even acupuncture.

While recognizing that other institutions — government, community, families, third-party payers — need to come to the table for long-term solutions to dental care access in the U.S., Dr. Crowley said the University of California San Diego Student-Run Free Dental Clinic Project is among the most remarkable models



Care at the clinic: ADA President Joseph P. Crowley, standing second from right, pauses his tour of the Pacific Beach Clinic, located in a Methodist church in San Diego. The clinic is among four operated as part of the University of California San Diego Student-Run Free Dental Clinics. Dr. Irvin Silverstein, standing far right, and Donna Kritz-Silverstein, Ph.D., front row, second from right, are two of the advisors of the clinics.



Emphasizing education: ADA President Joseph P. Crowley talks with middle school students at the Lemon Grove Academy for Sciences and Humanities during his trip to San Diego in April. The academy is a site for one of the dental clinics operated as part of the University of California San Diego Student-Run Free Dental Clinics.

of donated care he's ever come across.

"The volunteers here are filling the void everyone knows is there in an innovative way that is life-changing for many of the patients,"

Dr. Crowley told the ADA News.

The project represents a collaboration between the university, the community, local nonprofits and the work of loyal volunteers, he said.

For Dr. Crowley, another remarkable part of the project is the predoctoral student volunteer group, overseen by dental and other professionals, who keep the clinics running.

The predoctoral students are given the training they need to serve as chairside dental assistants as well as to take radiographs and complete administrative work that help ensure each patient gets the comprehensive care they need. Many of the predoctoral students involved with the clinics go on to graduate from dental school and continue to volunteer at the clinics as a dentist or specialist, Dr. Silverstein said.

More than \$9.4 million in dental care has been provided during more than 32,100 patient visits since the project launched about 18 years ago through February of this year, said Dr. Silverstein.

"The free dental clinics serve as a safety net for San Diego County," Dr. Silverstein said.

During his visit, Dr. Crowley was able to tour each clinic and talk with patients, staff and volunteers. At one of the sites, Lemon Grove Academy for the Science and Humanities, a public school in an underserved area, he spoke with students in middle school about the importance of education. What stands out about the school clinic, Dr. Crowley said, is that students show little fear of the dentist, because it exists directly outside their classrooms.

"They're touched by dentistry every day," he said. Because of the regular access to dental care and education, "It becomes ingrained in them that they can prevent dental disease."

Dr. Crowley said the unique program should and could be replicated in other cities, especially as he sees a renewed awakening in healthcare about the connections between oral and systemic health.

Still, the project also represents a conundrum when it comes to delivering dental care to the underserved. While "charity is not a health care system," Dr. Crowley said. "Dentists are out in their communities, donating care every day."

He said he sees "hope" for a long-term and sustainable solution when he sees strong collaborations like the one in San Diego.

"It was an all-around great experience," he said of his visit to the clinics. "There is hope on the outside of it." ■

CDHC

Continued from Page 1

high honor in the world of public health was the boost we needed to keep going," she told the ADA News. "It's nice to be recognized for your hard work because that doesn't always happen on a day-to-day basis."

Ms. McRae's poster displayed some general information about the students she and other volunteer hygienists have served through her nonprofit in two counties in Arizona that are designated health professional shortage areas. Tooth B.U.D.D.S., which was conceived as Ms. McRae's final community-based project for the Community Dental Health Coordinator program, involves hygienists providing preventive dental services in Title I elementary schools, or schools with high percentages of low income students, while using mobile equipment and in conjunction with an affiliated dentist.

Depending on their needs, children receive hygiene education, toothbrush kits, screen-



Ms. McRae

ings, fluoride varnish application or other services. Children are only treated if their parents or guardians return a consent form. Ms. McRae said her program, since its launch about a year ago, has provided more than 600 children with dental hygiene services and more than 1,200 received oral hygiene instruction and toothbrush supplies. Ms. McRae regularly utilizes teledentistry to communicate with a local dentist, sending radiographs for review and seeking referral for definitive treatment to establish a dental home when needed.

According to her poster, 100 percent of the children she saw at one school showed symptoms of dental decay. At another school,

20 percent of the children had never seen a dentist.

"We see at least one child a day with an active abscess that needs immediate attention," she said. "The reward comes when the child reports back that her/his tooth doesn't hurt anymore because they went to a dentist for continued treatment. Agriculture is a huge part of the economy in our area. We have seen dozens of children from migrant working families working on these farms who have never seen a dentist before. For many of these children, we are giving them their first toothbrush."

Ms. McRae sees Tooth B.U.D.D.S. as easily replicated in other communities, which is a principal component of the award that Ms. McRae won.

"What we are doing could be done by anyone. I attribute the confidence I had to venture out to the Community Dental Health Coordinator Program. I never would have stepped outside of my comfort zone had I not gone through the program," she said.

The Community Dental Health Coordinator program is a curriculum that emphasizes

community-based prevention, care coordination and patient navigation to connect underserved patients with a dental home. Community Dental Health Coordinators are often, though not always, dental assistants or hygienists who earn the CDHC certification at higher education institutions to work within a state dental practice act at a dental office.

The program, which takes about a year to complete and includes an internship or community demonstration project, aims to help bring dental care to patients in rural, urban and Native American communities by acting as an ambassador in the dental office who will help them arrange and keep appointments and understand the care they need.

Currently, 18 higher education institutions throughout the country offer the program or are preparing to offer it, often with the option of completing it online.

For more information about the CDHC program and where it is offered, visit ADA.org/CDHC.

For more information about Tooth B.U.D.D.S., send an email to toothbuddsinc@gmail.com. ■

Three guides available in ADA Catalog for first time

Dental sedation book updated

BY DAVID BURGER

Los Angeles — Dr. Stanley F. Malamed believes that many dentists are wary of using sedation in their practices — unfortunately, he added.

“Sedation techniques such as inhalation sedation with nitrous oxide and oxygen remain extremely safe and effective,” said Dr. Malamed, a dental anesthesiologist and emeritus professor of dentistry at the Ostrow School of Dentistry of the University of Southern California. “I have called inhalation sedation ‘the starter technique’ for many, many years, as I believe that all dentists should have this safe and effective technique available for their fearful patients. Surveys have shown that only about 30 percent of U.S. dentists employ nitrous oxide and oxygen in their practices to any appreciable degree.”

To educate the other 70 percent — as well as to further instruct the dentists who already utilize sedation in their practices — Dr. Malamed has released the sixth edition of his textbook, *Sedation: A Guide to Patient Management*, for the first time available in the ADA Catalog.

“The first edition was published in 1985,” Dr. Malamed said. “In the ensuing 30 years, significant changes have occurred in the area of sedation, both in medicine and dentistry. In this latest edition, all chapters have been updated to reflect developments in drugs, monitoring and regulation that have occurred since the fifth edition was published in 2010. The chapters on monitoring, intranasal sedation, intravenous sedation, general anesthesia and the section on special considerations had to be extensively rewritten to reflect these changes. Obviously, a new edition of a widely used book includes a review of dental and medical literature published since the most recent earlier edition so that any significant developments can be included. All chapters include updated references to current research in the specific area covered in that chapter or section.”

The 632-page guide combines theory with how-to technical instruction to help dentists master basic techniques in dental sedation and anxiety control. It also incorporates the latest guidelines from the ADA and the American Society of Anesthesiologists, along with images of the most current equipment and procedures used in dental practice today. In addition, there is detailed discussion on how to modify typical treatment protocols to successfully treat different patient populations — including pediatric, geriatric, physically compromised and medically compromised patients.

“The sedation publication is a practical guide to the overall subject of how to manage the fearful dental patient in a safe and effective manner,” Dr. Malamed said.

Two other guides are now available for the first time in the ADA Catalog: *Orofacial Pain: Guidelines for Assessment, Diagnosis, and Management*; and *Understanding Bruxism: Current Knowledge and Practice*.

Orofacial Pain includes an overview of each orofacial condition, as well as its symptoms, comorbidities, differential diag-

noses and treatment options. Every chapter in the 336-page guide has undergone updates to reflect the developments in the expanding field of orofacial pain.

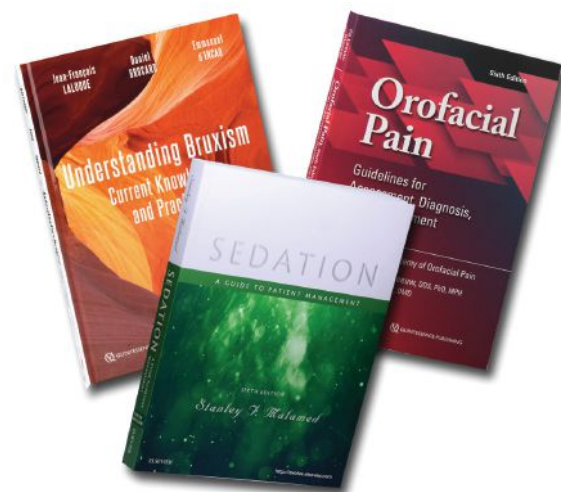
The 184-page bruxism guide outlines the latest research and various etiologies

and aggravating factors of bruxism, distinguishes the different types of bruxism and demonstrates how to complete a differential diagnosis. In keeping with the latest evidence, the authors promote a conservative approach to treatment and outline which treatment strategies to use in different situations.

Readers can save 15 percent on the three guides and all ADA Catalog products by using promo code 18127 by Aug. 17.

To order, visit ADAcatalog.org or call 1-800-947-4746. ■

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GOVERNMENT

ADA asks Congress to expand HSA, FSA limits

BY JENNIFER GARVIN

Washington — The ADA is asking Congress to increase the limits of health savings accounts and flexible spending accounts with the hope that consumers will be more likely to use their tax-advantaged savings toward dental services.

In a June 5 letter to the House Ways and Means Subcommittee on Health, ADA President Joseph P. Crowley and Executive Di-

rector Kathleen T. O'Loughlin urged committee members to increase the flexibility of HSAs and FSAs and preserve the current tax exclusions for employer-provided medical and dental plans. The letter was sent in advance of the committee's June 6 hearing, Lowering Costs and Expanding Access to Health Care through Consumer-Directed Health Plans.

They also asked the legislators to return

the FSA limits to the pre-Affordable Care Act level of \$5,000. Currently, FSA reimbursement for single coverage is limited to \$2,650 for 2018.

"The ADA believes the reduced amount is a step back for consumers when the cost of health care continues to increase and adversely impacts the patients' choices for dental care," wrote Drs. Crowley and O'Loughlin.

"The ADA applauds your continued efforts to improve our current tax system to make it better for providers and their patients," concluded Drs. Crowley and O'Loughlin. "The Association looks forward to continuing to work with you and your staff to achieve HSA and FSA expansion."

Follow all of the ADA's advocacy efforts at ADA.org/advocacy. ■

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Resources available for dentists with illness, injury

BY JENNIFER GARVIN

Seattle — The Washington State Dental Association wants dentists who encounter disabling accidents or illnesses to know: The WSDA Disability Support Program is here to help.

The association is connecting dentists in need with one of WSDA's disability support dentists. By calling WSDA, dentists can speak to "someone who has been where you are now and understands what you are going through," according to the organization's website.

And it's not just dentists in Washington. The program is open to dentists across the country dealing with disabling illness (e.g., stroke) and injury.

"It is vital that ADA support its dedicated members who have experienced a disability that prevents them from practicing," said Dr. Linda Edgar. "The ADA has members you can talk to and some step-by-step suggestions to help dentists who are injured or disabled navigate the process of reaching out for help."

To do that, WSDA has posted a support guide on its website that includes practice continuity plans and emergency planning as well as information on insurance issues.

For more information, call 1-206-973-5226 to speak to Brenda Berlin, WSDA disability coordinator, during business hours (8:30 a.m.-5 p.m. PST) or visit the WSDA website. www.wsdadental.org/member-center/disability-support-program.

To learn more about the American Association of Disabled Dentists, visit disableddentists.org.

The ADA Foundation Charitable Assistance Program is also available for dentists in need. For more information, visit ADAFoundation.org.

The ADA's health and wellness section is available on the Center for Professional Success website for dentists burdened by stress and burnout, addiction, or ergonomic issues. The ADA health and wellness section can help members find resources and dentist well-being programs in their own state to help with the challenges they face as a dental professional. Visit success.ada.org/en/wellness for more information. ■

ADA asks House to prioritize opioids bills

BY JENNIFER GARVIN

Washington — In advance of the House of Representatives voting on opioids legislation, the ADA expressed support for several proposals that complement the Association's ongoing efforts to keep prescription opioid pain medications from becoming a source of harm.

In a June 12 letter to House Speaker Paul Ryan, R-Wis., and Minority Leader Nancy Pelosi, D-Calif., the ADA supported the following bills:

- HR 5002, the ACE Research Act, which authorizes the National Institutes of Health to conduct research on innovative nonaddictive pain medications.

The ADA supports developing the spectrum of nonnarcotic alternatives to opioid pain relievers.

- HR 5261, the TEACH to Combat Addiction Act of 2018. The bill offers grants for clinical training and curriculum development



to enhance the skills needed for providers to manage acute pain with minimal use of opioids, identify risky substance use behaviors, and briefly counsel and refer those patients for appropriate treatment.

- HR 5812, the Creating Opportunities That Necessitate New and Enhanced Connections That Improve Opioid Navigating Strategies Act. The bill offers infrastructure grants and technical assistance to help states improve their prescription drug monitoring programs. The ADA believes the programs are a "crucial part of helping prescribers keep opioids from getting into the wrong hands."

However, it is critical that these programs be easy to use and that the data has integrity and is available across state lines," wrote ADA President Joseph P. Crowley and Executive Director Kathleen T. O'Loughlin.

- HR 5197, the Alternatives to Opioids in the Emergency Department Act.

The ADA supports offering grants to help acute care providers, such as hospital emergency rooms and implementing best practices for using nonaddictive alternatives to opioids. Dentists collaborating with hospitals in unique ways to facilitate referrals to dental offices and clinics is a component of the ADA's Action for Dental Health campaign.

- HR 5687, the Securing Opioids and Unused Narcotics With Deliberate Disposal and Packaging Act. The bill calls for manufacturers to develop new and convenient ways for consumers

New law gives veterans more health care options

BY JENNIFER GARVIN

Washington — A new law will make it easier for veterans to get health care and will also benefit dentists and physicians who work for Veterans Affairs facilities.

The Veterans Affairs Maintaining Systems and Strengthening Integrated Outside Networks Act — or MISSION Act — was signed into law June 6.

It streamlines the department's community care programs as well as ensure veterans don't experience a lapse in

health care services, including dental care.

The legislation also includes a provision that designates a limited number of scholarships for dentists and physicians under the Department of Veterans Affairs Health Professional Scholarship Program and another that increases the amount of education debt reduction available through the Education Debt Reduction Program.

ADA supported the bill and was in

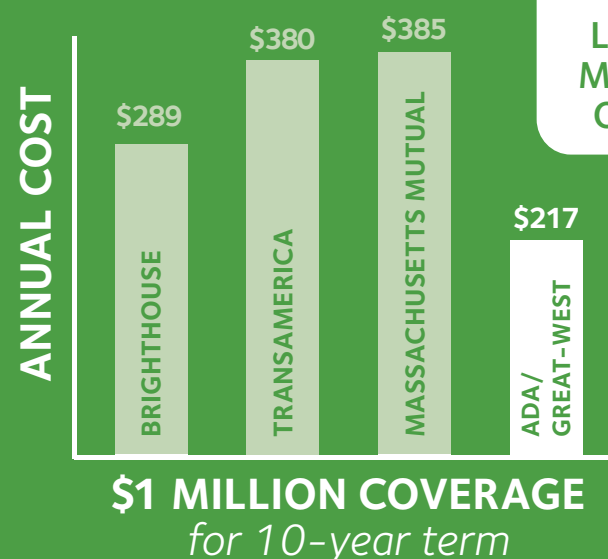
meetings with senior staff on the House Veteran's Affairs Committee.

The ADA will continue to monitor how this program is implemented and will provide dentists and dental students with the relevant information for applying to these scholarships once the program is in place should they have interest in working for the VA.

Follow all of the ADA's advocacy efforts at ADA.org/advocacy. ■

—garvinj@ada.org

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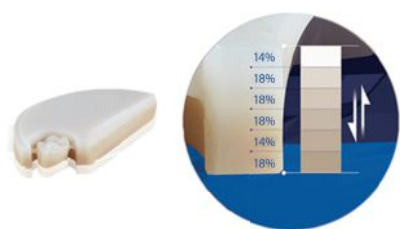
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Boosting data collection at GKAS events

New Jersey Dental Association honors duo for creating program

BY KIMBER SOLANA

Newark, N.J. — As undergraduate pre dental students, Drs. Eric Klein and David Glassberg decided they wanted to find volunteer opportunities in the profession they planned on joining.

"Throughout my pre dental training I had limited exposure to organized dentistry," Dr. Glassberg said. "I remember learning about [Give Kids A Smile] and it sounded really interesting. This is exactly the type of program that I would love to be involved in."

The duo remembers walking into a GKAS meeting at the New Jersey Dental Association, taking a seat at the table and introducing themselves.

"I explained that I was a pre dental student interested in volunteering for Give Kids A Smile. Although I wasn't a dentist yet, I wanted to contribute in any way possible to such a worthwhile program," Dr. Klein said.

That introduction about six years ago, said Maureen Barlow, NJDA director of programs and development, would lead to the creation of a new program focused on improving an important aspect in Give Kids A Smile events — data collection. The data, which include the number of children seen at various events, what kind of work or services was donated, etc., is used to drive state legislation involving oral health.

Six years later, this past May, both Drs. Klein and Glassberg received their dental degree from Rutgers School of Dental Medicine. During the seniors' awards ceremony, the duo was surprised when they were honored for their work and contribution.

"They helped create a program that was a huge success," said Ms. Barlow. "The program helped pre dental students get first-hand exposure to the dental office and, today, GKAS data collection went from the national average of 30 percent to 100 percent."

In New Jersey, GKAS is handled a little differently from other states. Ms. Barlow said the state dental association organizes the event and provides support, including marketing and organizational assistance, to the over 200 dentist participants throughout the state. The NJDA hosts meetings between September and January to plan prior to the kickoff of GKAS in February.

"Lo and behold, one day these two gentlemen show up to the meetings," Ms. Barlow said. "They basically came looking to volunteer their time."

At the following meeting, the two students and GKAS organizers brainstormed what pre dental students could do to help at the event, since their clinical participation would be limited by their status as undergraduates.

An idea clicked.

Dr. Cavan Brunsden, NJDA state manager of GKAS, said the ADA requests prompt data return from all of the GKAS events, but compiling data can be difficult.

"Dentists throughout the state are delivering their time and efforts in a truly magnificent and inspiring way," said Dr. Glassberg. "All of that generosity, however, was not properly being recorded and submitted back to the NJDA to accurately reflect the wonderful care these dentists and the state have provided. Once we recognized a need, there was a eureka moment."

The two presented their idea to the GKAS organizers, telling them they knew others who were eager to get involved and help, and who were interested in the opportunity to network, find a mentor and shadow a practicing dentist.



Collecting data: Drs. David Glassberg, front left, and Eric Klein, front right, pose for a photo with Rutgers dental students during the New Jersey Dental Association GKAS event in 2014. Drs. Glassberg and Klein were pre dental students at the time and helped GKAS volunteers collect data.



Award: From left, Drs. Cavan Brunsden, New Jersey Dental Association GKAS chair; Rosa Chaviano-Moran, associate dean for admissions at Rutgers School of Dental Medicine; Eric Klein; David Glassberg; and Maureen Barlow, NJDA director of programs and development. Drs. Klein and Glassberg were honored during the seniors' awards ceremony for their work and contribution to GKAS as pre dental students.

The association and GKAS organizers were more than thrilled at the prospect of a pre dental GKAS volunteer program.

"With [Eric and David's] guidance and leadership, a huge logistic problem was solved for NJDA and a huge opportunity for pre dental students was created," Dr. Brunsden said.

"We were thrilled by the response we received from the Rutgers pre dental undergraduate students," said Dr. Klein.

That positive reaction continued with the dean and students of the pre dental program at Rutgers who welcomed the idea of pre dental undergrads volunteering at GKAS.

That first year, over 50 Rutgers undergraduate students volunteered. They were placed in various dental practices participating in GKAS. This past year, 55 students participated and data collection reached 100 percent, Ms. Barlow said.

"It is so gratifying to see how the data collection program has come to fruition, continues to grow and is making such a big difference," Dr. Klein said.

The undergrad volunteers who sign up are introduced to the GKAS program in November. An orientation follows in January, at which the students are given the location of the practice to which they've been assigned.

In addition, NJDA hosts a recognition luncheon for the volunteers each year after GKAS. The dean of admission of Rutgers dental school also attends the luncheon and provides a presentation on the dental school admissions process.

"What is unique about this early engagement of pre dental students is the enthusiasm that it has generated among our prospective future

dentists and members of organized dentistry," said Dr. Brunsden.

Ms. Barlow said the program has grown so much that other colleges in the area are now contacting the New Jersey Dental Association asking how they can get involved.

"The program continues to evolve," Ms. Barlow said. "But it all stems from two pre dental students who just walked in and joined our meeting."

While in dental school, Drs. Klein and Glassberg passed the torch of the program to the upcoming pre dental students. "We recognized the benefit of this program and wanted to cement its incorporation into GKAS for future years," said Dr. Glassberg.

At the senior awards ceremony in May, Drs. Glassberg and Klein didn't know they would be honored for their work but when they recognized Ms. Barlow and Dr. Brunsden at the event, another light bulb clicked.

"It felt like we were coming full circle," Dr. Glassberg said.

In 16 years since GKAS began, Dr. Brunsden said, New Jersey has served more than 40,000 children and provided close to \$8 million in dental services.

"Last year, 130 volunteer sites delivered dental care to children in need, with all the details recorded by pre dental students from Rutgers and the New Jersey Institute of Technology through the program initiated by Eric and David," Dr. Brunsden said.

GKAS was a major part in the beginning of the duo's journey into dental school, and it followed them through graduation and beyond.

Dr. Klein is starting a general practice residency program at St. Barnabas Hospital in Bronx, New York, and looks forward to continued participation in GKAS. Dr. Glassberg is beginning a general practice residency program at Newark Beth Israel Medical Center in Newark, New Jersey, and will continue to be involved in GKAS as well.

"GKAS is our roots," Dr. Glassberg said. "I'm always thinking about ways to help the program, and now look forward to giving back as a dentist."

"Give Kids A Smile has had a profound influence on us as dental providers. The dentists who donate their time and effort exemplify generosity and kindness," Dr. Klein said. "These are the dentists we aspire to become."

The ADA Foundation recognizes the importance of capturing GKAS data and is currently in the process of upgrading the national data collection system, which is scheduled to launch Oct. 1. To learn more about the ADA Foundation's Give Kids A Smile program or to make a donation, visit ADAFoundation.org/GKAS. ■

ADA councils' CE at annual meeting offers insight into their work, activities

BY DAVID BURGER

Honolulu — Among the offerings of continuing education provided at the ADA's annual meeting are ADA council-presented courses, which Dr. Bud Evans believes are valuable for ADA 2018 — America's Dental Meeting here from Oct. 18-22.

"It gives members a chance to see what the ADA is doing," said Washington state-based Dr. Evans, continuing education chair of the ADA Advisory Committee on Annual Meetings. "It's also important for these areas to have a voice. They all have good, varied messages."

As of mid-June, several of the council-presented courses have been completely filled, but there are still spaces available in courses for dental professionals interested in topics ranging from zirconia properties to oral cancer screening.

"Oral cancer is really hot in the press right now," said Dr. Larry Williams, associate pro-

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fessor at the Midwestern University College of Dental Medicine-Illinois, who is co-presenting Following the Path of Oral Cancer Diagnosis and Treatment with Dr. Deepak Kademani, offered by the Council on Scientific Affairs and created in partnership with the American Association of Oral and Maxillofacial Surgeons.

Drs. Williams and Kademani will talk about

guidelines oral health care providers should follow when they find a lesion they suspect may be cancerous during oral cancer screening. They will discuss risk factors, differential diagnoses, referral, as well as learning about staging and treatment protocols for oral cancer lesions.

See MEETING, Page 10

Magic

Continued from Page 1

from strangers, including many adults who wonder if he'll take them on as patients (the answer is a polite "no," he said.)

Dr. Simchi said he suspects the video became so shareable for two reasons — because of Chase's "amazing" facial expressions and because it's a "clip about dentistry that wasn't scary."

"He was an awesome patient," Dr. Simchi said of Chase.

Like all the videos he posts featuring his young patients, Dr. Simchi gets written permission from their parents and guardians.

Dr. Simchi's natural rapport with children is demonstrated in many of the videos on his practice's Facebook page. Often he performs rudimentary magic tricks, sings and dances with the kids or makes balloons out of medical gloves.

He credits his ability to relate to children a result of his growing up with nine siblings and being the father of six of his own children, ages 15 months to 15 years.

After graduating in 2007 from the University of Medicine and Dentistry of New Jersey (now Rutgers School of Dentistry), Dr. Simchi pursued and was accepted to a pediatric residency before opening his own practice, he said.

He said he tries to keep the practice as comfortable and child-friendly as possible. Equipment is tucked under cabinets when possible and there are no overhead lights, he said.

"My goal in general is to keep my patients healthy but also happy," he said. "We don't work on crying kids."

When asked for suggestions for other dentists who may hesitate to treat children, Dr. Simchi said to try to understand how the little ones think.

"Get on their level. Find out what works for them," he said. "Kids are not always like little adults. They have to be spoken to differently. I sit on a little chair and talk to them eye-to-eye."

The video making the rounds sits on the homepage of Dr. Simchi's practice website, riverfrontsmiles.com. To see other videos of Dr. Simchi with patients, visit Facebook.com/RiverfrontSmiles. ■

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² Apatite-forming Ability of TheraCal Pulp-Capping Material, M.G. GANDOLFI, F. SIBONI, P. TADDEI, E. MODENA, and C. PRATI J Dent Res 90 (Spec Iss A):abstract number 2520, 2011 (www.dentalresearch.org)

³ Selcuk SAVAS, Murat S. BOTSALI, Ebru KUCUKYILMAZ, Tugrul SARI. Evaluation of temperature changes in the pulp chamber during polymerization of light-cured pulp-capping materials by using a VALO LED light curing unit at different curing distances. Dent Mater J. 2014;33(6):764-9.

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ACE Panel report focuses on bioactive materials

BY MICHELLE MANCHIR

Dentists can get insight on the use of bioactive materials from an ADA Clinical Evaluators Panel Report released in June.

“Bioactive dental restorative materials have received increased attention in recent years,” said Dr. Steven R. Jefferies, chair of the ADA Council on Scientific Affairs’ product evaluation subcommittee. “Focus on this topic has evoked many questions and observations from clinicians regarding materials and products in this category, as well as their reflections on the clinical significance of bioactivity in restorative dentistry.”

For the report, 318 practicing U.S. dentists and ADA members shared how they define a bioactive material, concerns regarding the materials, their most commonly used bioactive products how often they use bioactive materials (including cements, liners and restoratives).

The document also includes clinical insight gathered from literature on defining a bioactive material.

“This report provides some evidence-based clarity on this topic, insights on current products and their various indications for use, as well as information about how clinicians view important aspects and characteristics of bioactive dental materials,” said Dr. Jefferies.

View the entire ACE Panel report on this page, or view it online at ADA.org/ACE.

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.

A previous ACE Panel Report, released in March, asked ACE Panel members how often they place posterior composite restorations, their concerns regarding bulk fill product and their preferred restoration products. 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 Bioactive Materials

ace@ada.org

Survey Results

Data reflect the opinion of 318 ACE Panel member dentists in the United States.

Of the many clinical properties that can be used to define a bioactive material, respondents were most likely to identify

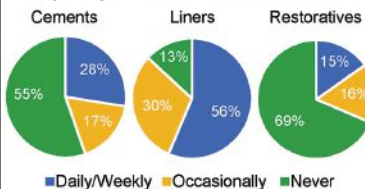
- 87%** the ability to induce formation of reparative dentin for pulp capping.
- 82%** the ability to favor tooth remineralization by releasing ions such as Ca^{2+} , F^- and PO_4^{3-} .
- 56%** the ability to form hydroxyapatite on its surface to “occlude” a cement gap.

This question allowed for multiple answers

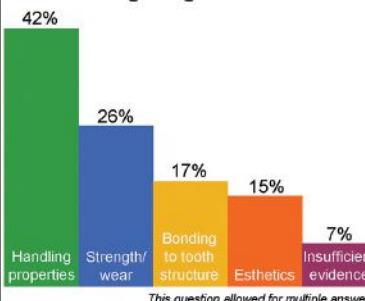
Most Commonly Used Bioactive Products

| Cements |
|--|
| 1. Ceramir Crown and Bridge QuikCap (Doxa Dental) |
| 2. TheraCem (Bisco Dental) |
| 3. ACTIVA BioACTIVE-CEMENT (Pulpdent) |
| 4. BioCem Universal BioActive Cement (NuSmile) |
| Liners |
| 1. TheraCal LC (Bisco Dental) |
| 2. Dycal Calcium Hydroxide Liner (Dentsply Sirona) |
| Life Pulp-Capping Material (Kerr) |
| 3. MTA-Angelus (Angelus) |
| ProRoot MTA Root Repair Material (Dentsply Sirona) |
| 4. Lime-Lite (Pulpdent) |
| Restoratives |
| 1. ACTIVA BioACTIVE-RESTORATIVE (Pulpdent) |
| 2. Biodentine (Septodont) |

Frequency of Use of Bioactive Materials



Concerns Regarding Bioactive Materials



This question allowed for multiple answers

Clinical Insight: Defining a ‘Bioactive Material’

In the field of dental biomaterials, the ability to form surface apatite-containing material (ACM), including hydroxyapatite, in a simulated body fluid (SBF) is defined as “bioactivity”.^{1,2} This property raises the possibility that ACM could be deposited on cement present at an open margin, on a restorative material at its interface with tooth structure, or on a liner in direct contact with the pulp.³ This ACM would serve the physical role of occluding the cement gap or tooth-restorative interface or the biologic role of interfacing with pulpal tissue to preserve pulp vitality.


The ability to release ions, including those present in tooth mineral, is a property associated with being “biointeractive”.⁴ Ions released from a “biointeractive” restorative material or cement may enter saliva, driving the process of remineralization in surrounding tooth structure. Some materials can be both “bioactive” and “biointeractive”. Additionally, calcium release and pH effects from a bioactive liner in contact or close to the pulp could cause the release of growth factors entombed in dentinal collagen, thereby stimulating odontoblasts to form reparative dentin.⁵

Emerging dental materials also show promise of another possible type of bioactivity/biointeractivity by their ability to prevent or reduce bacterial plaque.⁶ One approach is for these materials to release antibacterial agents such as silver or chlorhexidine. Another approach is to include molecules that prevent the attachment of biofilm to the restoration.

1. Kokubo T, et al. *J Biomed Mater Res*. 1990;24: 721–34; 2. Jefferies SR. *J Esthet Restor Dent*. 2014 Jan-Feb;26(1):14–26; 3. Jefferies SR, et al. *J Esthet Restor Dent*. 2015 May-Jun;27(3):185–186; 4. Ganssill MG, et al. *J Appl Biomater Funct Mater*. 2015 Jan-Mar;13(1):43–60; 5. Tomson PL, et al. *Int Endod J*. 2017 Mar;50(3):281–292; 6. Cheng L, et al. *J Dent Res*. 2017 Jul;96(7):855–863.

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Meeting

Continued from Page 9



Dr. Williams



Dr. Platt

Also on the agenda is the value of teamwork related to follow-up care.

Teamwork is essential between the dentist and specialist who can treat cancerous lesions, Dr. Williams said. “You don’t want to give blind referrals,” he said, saying that dentists should research and identify specialists to consult with after spotting potentially dangerous maladies in patients.

Another key, Dr. Williams said, is that dentists “should constantly be diagnosing, whether it’s a bump on the face or skin cancer — which Dr. Williams recently diagnosed in his 89-year-old father during a family visit. “Look,” Dr. Williams said. “Use your senses. Listen. Hear. See with your eyes. Be attentive to the patient.”

On Oct. 19, Dr. Jeffrey Platt, associate professor of dental materials and Ralph W. Phillips, scholar in Dental Materials at the Indiana University School of Dentistry, will lead the course Effect of Translucency on Zirconia Properties, presented by the ADA Council on Scientific Affairs.

“More zirconia products have been introduced to the marketplace and the differences can be confusing,” Dr. Platt said. “Translucent zirconia is not the same as other zirconia and it is important to understand the differences in properties when selecting and using a

material for any clinical application.”

ADA research provides the basis for his presentation, Dr. Platt said. “The intent of this course is to communicate to members the work that is being accomplished in their ADA Research Laboratories,” he said. “Excellent work is providing information that should be very helpful to the practicing dentist, including this work on zirconia. As a general statement, translucent zirconia has demonstrated decreased mechanical performance. During this course, the data being provided by the ADA Laboratory will help us work through the impact of the differences in zirconia on clinical decision making.”

Council-presented courses with availability as of June 8 include:

Oct. 18

- Using Telehealth Technology to Reach Underserved Populations (5805), 11:30 a.m.-2 p.m., Drs. Paul Glassman, Michael Helgeson and Steve Geiermann, Council on Advocacy for Access and Prevention.

Oct. 19

- Effect of Translucency on Zirconia Properties (6800), 7-8 a.m., Dr. Platt, Council on Scientific Affairs.

- Gold Medal Fellowship Research (6801), 8:30-9:30 a.m., Dr. Shaoping Zhang, Ph.D., Council on Scientific Affairs.

- Oral Cancer Screening and Radiotherapy Morbidity Management (6822), 11:30 a.m.-2 p.m., Drs. Mark Lingen, Ph.D., and Theresa Hofstede, Council on Scientific Affairs.

Oct. 20

- Following the Path of Oral Cancer Diagnosis and Treatment (7822), 7-8:30 a.m., Drs. Deepak Kademani and Larry Williams, Council on Scientific Affairs, created in partnership with the American Association of Oral and Maxillofacial Surgeons.

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

— burgerd@ada.org

Dental care program for Syrian refugee children to expand

Buffalo dentist to train teachers, volunteers on providing basic oral health

Buffalo, N.Y. — Dr. Othman Shibly, a clinical professor in the University at Buffalo dental school, recently completed his 15th mission in May to the borders of his native Syria to help deliver dental care to more than 2,000 refugee children.

But there's the challenge: That amounts to only about one percent of the 200,000 children displaced by the ongoing Syrian civil war. To address this challenge, Dr. Shibly is doing something a little different on his next mission.



Dr. Shibly

Through the University at Buffalo Miles for Smiles program, a biannual mission to deliver dental care to Syrian refugee children, Dr. Shibly will train teachers and volunteers at refugee camps in Lebanon on how to perform basic oral health care, allowing him to reach more people and increase the sustainability of care.

"No matter how good we are in our missions, we can only treat so much," Dr. Shibly said in a news release. "It would be impossible to have a significant impact on the oral health of refugees."

The training, made possible through a new partnership with Harvard University, Kings College London, and nongovernmental organizations Dental Mavericks and Global Steps, will begin in the fall. A Miles for Smiles mission in October will follow the training.

Dr. Shibly got involved in dental relief for Syrians after Dr. Mohammed Al-Nahhas, a dentist in Panama City, Florida, started providing dental care in collaboration with Syrian American Medical Society. With portable dental chairs and equipment, volunteers provided emergency treatment in several areas in Turkey.

"I visited Turkey in July 2012," Dr. Shibly told ADA News in 2014.

"Those refugees are people like us, but they happen to be in the wrong time and the wrong place and they deserve full dental services. Medical relief for Syrians is generally very good. But there is not enough dental care. At first, volunteers were concentrating on war injuries — thoracic and head and neck problems — as well as emergency dental care that was mostly extractions."

In his most recent mission, which ran from April 30 to May 6, Dr. Shibly delivered treatment to 900 Syrian refugee children and 300 local children in Lebanon. He led a group of volunteers from Harvard School of Dental Medicine, King's College London Dental Institute, Saint Joseph University of Beirut and individual practitioners from the U.S., France and Kuwait fill. Volunteers fill cavities, perform extractions and deliver oral health education.

Since 2015, Henry Schein has supported Dr. Shibly and Miles for Smiles by donating more than \$120,000 in dental materials and equipment, according to a news release.

In addition to the training program, Dr. Shibly is working on providing refugees with adequate housing. He's experimenting with a new program to repair homes in Syria in exchange for the owner's permission to

"Those refugees are people like us, but they happen to be in the wrong time and the wrong place and they deserve full dental services."

allow refugee families to occupy the house for two years — giving families an alternative to refugee camps.

Dr. Shibly and friends are financing the project out-of-pocket. According to the University at

Buffalo, each house will cost about \$500 to repair.

To learn more about international volunteering, visit the ADAFoundation.org/internationalvolunteer. The ADA Foundation will also hold a course on international volunteerism at ADA 2018 in Honolulu on Oct. 21 called Volunteer Internationally: Build Sustainable Oral Health Programs (8302). ■

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PPO-leasing networks can lead to confusion, consternation

BY DAVID BURGER

Editor's note: This is the 14th story 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.

Dr. David Urban, a Virginia-based general dentist, has seen how the growth in leased dental networks can mean unintended consequences for an individual practice over his 37 years in dentistry.

Often, he has seen that he has signed

with one preferred provider network, only to find that his name is part of an entirely different PPO, with the only notice being an explanation of benefits letter after the fact.

"It's problematic," Dr. Urban said, adding that leased PPOs make it harder for him to budget for the future and clearly and confidently talk to patients about their financial obligation.

In some cases, Dr. Urban finds out about the other PPOs only after submitting a claim for services and receiving an EOB that shows a reduction to a contracted fee

and restrictions against balance-billing the patient.

The ADA has heard Dr. Urban's concerns, and is going to bat for members like him, realizing the burden that leased PPOs often place on dentists and providing resources that address the situation.

"It's the marketplace today," said Dr. Mark Jurkovich, former vice chair of the ADA Council on Dental Benefit Programs.

"It's becoming more and more prevalent," said Dr. Paul Calitri, a Rhode Island general dentist and member of the Council on Dental Benefit Programs.



There are various types of dental plans that utilize leased networks, and there are potential advantages — and disadvantages — associated with these plans.

Some dentists want the benefits that can come with joining a dental network, like visibility and patient retention, Drs. Jurkovich and Calitri said.

But one of the disadvantages is that dentists who signed contracts with one PPO are sometimes surprised to find out that they were contracted with other plans — without ever having signed on to them. In an extreme example, a dentist who signs a contract with one PPO may inadvertently agree to participate with scores — or even hundreds — of PPO plans from across the country.

Other concerns with leased networks include:

- When portions of the network are leased, credentialing and quality issues may not be

One of the disadvantages is that dentists who signed contracts with one PPO are sometimes surprised to find out that they were contracted with other plans — without ever having signed on to them. In one extreme example, a dentist who signs a contract with one PPO may inadvertently agree to participate with scores — or even hundreds — of PPO plans from across the country.

under the control of the primary carrier. Dentists may be credentialed to different standards or not credentialed at all, Dr. Jurkovich said.

• Oftentimes, the lessor carrier has no direct contact with dentists in a leased network. Contract and fee disputes, as well as quality control, are managed by the lessee carrier. As a result, there may be long delays in resolving any disputes, creating administrative challenges and enrollee dissatisfaction. Dr. Urban cited this as a problem, often finding it hard to contact the lessee carrier.

Leased networks may also confuse dentists about which fee schedules are in effect. Confusion in the provider's office can lead to patient dissatisfaction if the wrong coinsurance or copay is charged — which ultimately leads to lost business. "There is a common sense of frustration," Dr. Calitri said, as well as additional administrative burdens to practices.

Dr. Jurkovich advises that dentists carefully

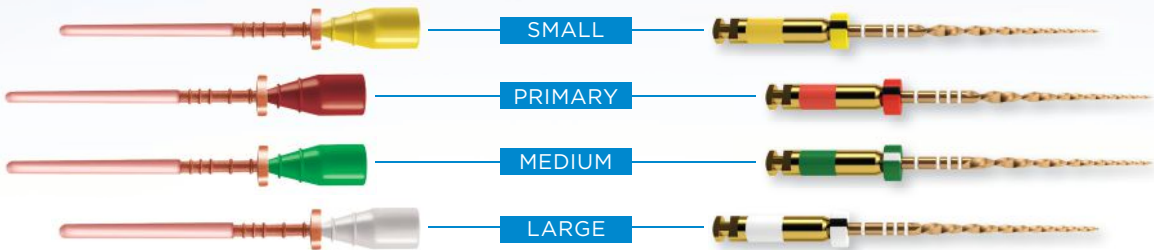


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Dr. Jurkovich

Dr. Calitri

review EOB statements to confirm dental plan benefit claims are paid correctly per a dentist's contract and network.

Dr. Jurkovich also recommends that dentists go through contracts with a fine-tooth comb.

They should be on the lookout for clauses on how the contract can be modified (including lease agreements) once signed and how much advance notice must be given if modifications are going to be made, especially when it comes to reimbursement terms and policies.

"The dentists need to know what they are signing," said Dr. Calitri.

He advises that his colleagues carefully examine the affiliated carrier clause in the contracts, in particular. "They are bound by the contracts they sign."

There are plenty of ADA resources on the subject, Dr. Calitri said, that many members are unaware of:

- The ADA Contract Analysis Service (ADA.org/contractanalysis) for unsigned contracts is a resource for member dentists, a tool to aid them in understanding and analyzing proposed contracts. The ADA provides the service through dentists' state dental societies. "It's a great service at no cost to the member," Dr. Calitri said.

- An ADA webinar on the subject called The Growing Impact of PPO Leasing on Your Dental Practice will stream June 26 at noon CDT and will be posted later on ADA.org by searching for the name of the webinar. Register before June 26 at <https://cc.readytalk.com/r/aul7dnzalzd&eom>. Dr. Calitri is one of the presenters.

- A 20-minute podcast called PPOs, Leased Networks and Your Practice: The Impact is available at the ADA Center for Professional Success at <https://Success.ADA.org/en/dental-benefits/ppos-leased-networks-and-your-practice-the-impact> and led by Dr. Jurkovich.

- A comprehensive list of questions to consider when reading a contract called "What every Dentist Should Know Before Signing a Dental Provider Contract" is located online at https://www.ADA.org/~media/ADA/Member%20Center/Members/DBIS_dental_provider_contract.pdf.

The ADA has created an online landing page for dental benefits information that can help dentists address and resolve even their most vexing questions.

Go to 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 and coding problems, questions and concerns.

Call the ADA's Third Party Payer Concierge at 1-800-621-8099 or email dentalbenefits@ada.org to reach an ADA staff member from the Center for Dental Benefits, Coding and Quality.

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

If dentists have a concern or question they would like addressed in a future of ADA News, they can contact dentalbenefits@ada.org with "Decoding Dental Benefits" in the subject line. ■

—burgerd@ada.org

Annual summit on antimicrobial stewardship in July

BY DAVID BURGER

Bloomington, Ill. — For the fifth year, the Illinois Department of Public Health on July 17 will host the Illinois Summit on Antimicrobial Stewardship, to include sessions looking at improving antibiotic use in dental settings, a review of guidelines on antibiotic prophylaxis and implementing antimicrobial stewardship in dental clinics.

The 8:30 a.m.-5 p.m. summit will convene at the DoubleTree by Hilton Hotel

and Conference Center in Bloomington.

All, even those from other states, are welcome to attend.

This annual event gathers health care professionals across the spectrum of care to discuss best practices and lessons learned around antibiotic stewardship.

More information about the event and registration is available at <https://stewardshipsummit2018.eventbrite.com/>. Direct any questions to DPH. DPSQ@Illinois.gov.

To view the agenda, visit the Illinois website at dph.illinois.gov/sites/default/files/resources/AMS-Summit-Agenda-2018.pdf.

The Illinois Department of Public Health's Division of Oral Health approved 5.75 hours of continuing education credit for dental professionals.

Out-of-state attendees can check with their state licensing board agencies to determine if the CE hours from the department are acceptable. ■



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¹ If there is an insufficient number of qualified entries, a winner will not be declared for a particular category.

² First practice owned by a dentist or group of dentists who graduated from dental school after January 2008.

³ Entries are judged by a panel of dental industry experts. Prizes will be distributed by December 31, 2018.

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Hawaii

Continued from Page 1

news release.

Virginia Pressler, M.D., director of the state's health department, emphasized May 25 that the air quality in Hawaii is safe.

"The air quality for the vast majority of the Hawaiian islands is clean and healthy," she said. "The emissions from Kilauea volcano are a nonfactor for Oahu, Maui, Molokai, Lanai and Kauai. The weather is beautiful and warm with cooling trade winds everywhere in Hawaii and is exactly what travelers expect when coming here for a relaxing and

fun vacation experience. This includes Hilo, Pahoa and the Kona and Kohala coasts on the island of Hawaii. The areas where precautions are required for people are in lower Puna, where lava is flowing and downwind from there on the island of Hawaii, particularly if they have respiratory problems."

The Kilauea volcano, the most active of the five volcanoes that together form the island of Hawaii — also known as the Big Island — began erupting on May 3, with numerous explosions resulting in heavy lava flow, forcing evacuations in certain areas close to the volcano.

Travelers planning a trip to Hawaii who have questions can contact the Hawaii Tourism United States Call Center at 1-800-GOHAWAII.

The ADA partners with Fox World Travel to offer travel discounts before, during and after the ADA annual meeting to all Hawaiian islands. Visit ADA.org/Aloha for more information.

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



Action

Continued from Page 1

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- Facilitating dental care to nursing home residents.

For more information on the ADA's Action for Dental Health initiative, visit ADA.org/Action. ■

Opioids

Continued from Page 7

and others to safely dispose of unused medications.

- HR 5327, the Comprehensive Opioid Recovery Centers Act of 2018, and HR 4684, the Ensuring Access to Quality Sober Living Act of 2018. Both bills seek to help organizations that provide recovery support services. "For 20 years, the ADA has helped state dental societies develop formal peer assistance programs to get dentists into treatment before they have an alcohol- or drug-related incident. These programs leverage the confidentiality, trust and understanding of a tightly knit profession to support dentists throughout their recovery, and help them establish some measure of long-term stability in their lives," wrote Drs. Crowley and O'Loughlin.

- HR 5776, the Medicare and Opioid Safe Treatment Act, and HR 5774, the Combatting Opioid Abuse for Care in Hospitals Act. HR 5776 includes language adding dentists to a requested pain management study by the secretary of Health and Human Services.

- HR 5774, the Combatting Opioid Abuse for Care in Hospitals Act, calls for adding a dentist to the technical expert panel for reducing surgical setting opioid use.

"We applaud your bipartisan efforts to alleviate the scourge of opioid abuse that has been devastating our communities, as well as your leadership on this issue," Drs. Crowley and O'Loughlin concluded.

For more information, visit ADA.org/opioids. ■

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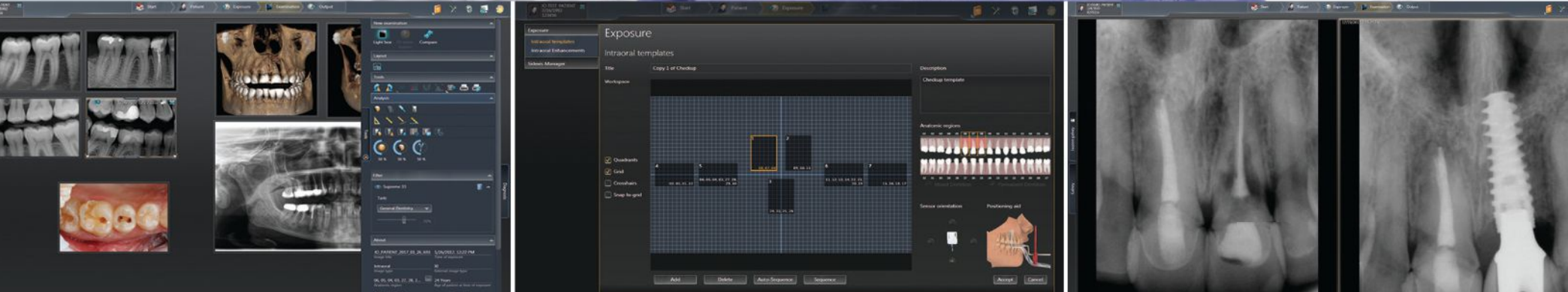
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