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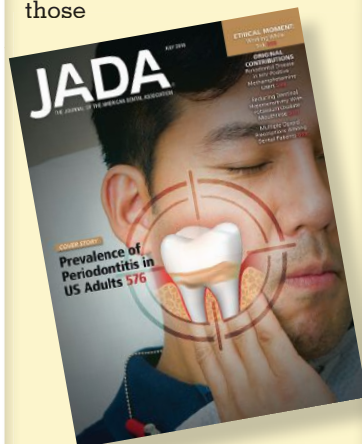
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BRIEFS

July JADA: Periodontitis remains prevalent oral disease in U.S. adults

An estimated 42 percent of U.S. adults age 30 years or over with one or more teeth have periodontitis, according to the July issue of The Journal of the American Dental Association.

About 7.8 percent of those



adults have severe periodontitis.

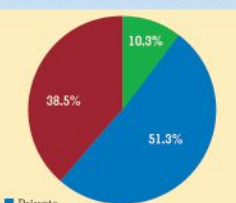
The numbers come as part of the issue's cover story, "Periodontitis in U.S. Adults: National Health and Nutrition Examination Survey 2009-2014," in which

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JUST THE FACTS

Child dental insurance

In 2015, the majority of children in the U.S. had private dental benefits while 1 in 10 had no dental benefits. The rest received dental benefits from Medicaid or CHIP.



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

House passes legislative package addressing nation's opioid crisis

BY JENNIFER GARVIN

Washington — The House of Representatives June 22 overwhelmingly passed a legislative package aimed at ending the nation's opioid epidemic and focused on expanding treatment and recovery initiatives and fighting synthetic drugs.

H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, next heads to the Senate. The bill is an aggregate of more than 50 individual opioid bills, a number of which the ADA supported.

Among other things, the House package authorizes a new round of training grants to help prescribers manage acute pain with minimal use of opioids, identify risky substance use behaviors, and briefly counsel and refer those patients for appropriate treatment. It also provides assistance

to help states improve their prescription drug monitoring programs.

Additionally, the bill authorizes the National Institutes of Health to fast track its pain management research, including the development

See OPIOID, Page 6



'Giant of modern dentistry': A campaign to memorialize Dr. Otto King, the first editor of what's now The Journal of the American Dental Association, culminated June 20 with the unveiling of a Huntington, Indiana, historical marker. On site are, from left, Dr. Jack Drone, editor of the Journal of the Indiana Dental Association; Doug Bush, Indiana Dental Association executive director; Dr. John Regan, Huntington dentist who led the campaign; Dr. Daniel Fridh, IDA president; and Dr. John Williams, dean of the Indiana University School of Dentistry. See story, Page 9.

New National Board Dental Examination to begin in 2020

Committee for an Integrated Examination members honored for their work

BY KIMBER SOLANA

Dr. Mark Christensen still remembers when he was asked nearly a decade ago to chair a committee tasked on developing and validating an

exam to replace the National Board Dental Examination.

"I don't think any of us thought we were signing up for such a long journey," he said during a recognition dinner held June 19 in Chicago. "I guess we had a lot more stamina that we thought."

Dr. Christensen was among the core members of the Committee for an Integrated Examination honored for their work on creating the Integrated National Board Dental Examination, a new written, cognitive examination for dental licensure scheduled to replace the current

National Board Dental Examination Part I and Part II, also known as NBDE, no sooner than August 2020.

Other committee members honored were Drs. B. Ellen Byrne, Bruce D. Horn, Stephen T. Radack, III, Ron J. Seeley and Andrew Spielman.

Citing changes in educational curricula and instructional methods over the years, The Joint Commission on National Dental Examinations, the agency responsible for the development and administration of the NBDE, appointed the committee members in 2009 to develop a new examination. They were tasked

on looking for specific opportunities, including increasing the appropriateness of test content; improving the examination experience for candidates; and to better assist regulatory agencies.

"We thought we could get it done a lot earlier," Dr. Seeley said at the event. "But the important thing was to get it right. And we got it right."

Major overhaul

While changes and modifications have been made to the National

See EXAM, Page 15

ADA publications excel in awards from association publishing trade group

BY DAVID BURGER

Washington — A multitude of ADA publications earned 17 EXCEL Awards from a trade group for association publishing.

Association Media & Publishing announced the EXCEL Awards June 25 during the 38th Annual EXCEL Awards Gala in Washington, D.C. The EXCEL Awards recognize excellence and leadership in nonprofit association media, publishing, marketing and communications.

The winners were selected from 841 entries from across the association publishing industry.

“Last year we were privileged to have

earned eight EXCEL awards, and this year our publications and products more than doubled that tally,” said Michael D. Springer, ADA senior vice president of business and publishing. “It is a testament to the quality and breadth we provide to our members, as well as to the talent and effort of our editorial and design teams.”

“We are privileged to recognize outstanding work in the association media and publishing industry this year,” said Michael Marchesano, As-



sociation Media & Publishing executive director, in a news release. “The EXCEL Awards showcase and spotlight first-class association content that’s both innovative and enlightening in a rapidly changing world.”

The ADA News won both a gold and bronze award for editorial excellence for newspapers for a series of stories in a single issue. The Aug. 7, 2017, and Aug. 21, 2017, issues were recognized.

The Aug. 21 issue of the ADA News featured the stories, “Kansas Dentist Helps with Neanderthal Toothaches,” by David Burger, ADA senior editor; “ADA Lauds President Trump’s Statement on Opioid Abuse as National Emergency,” by Mr. Burger; and “You Can Imagine the Pride I Felt”: Colorado Dentist Becomes State Association President 22 Years After Her Father Served in the Same Role,” by Michelle Manchir, ADA senior editor. The Aug. 7 issue featured the stories “Dentists Can Help Fight Against Tick-Borne Diseases,” by Mr. Burger; “ADA to FDA: Expand Opioids Efforts to Include Managing Dental Pain,” by Jennifer Garvin, ADA Washington editor; and “New Dentists at Delegates Meeting: Time for Our Generation to Lead,” by Kimber Solana, ADA senior editor.

Dental Practice Success, a quarterly digital magazine designed to help dentists focus on the business side of their practices, won a gold award for design excellence in digital for the spring, summer and fall issues. It also won a bronze award for general excellence in digital publishing for its winter, spring and summer 2017 issues. Dental Practice Success is designed by Geryl Novotny, layout and design coordinator for ADA Publishing, and edited by Stacie Crozier, editorial director of digital content.

The ADA Catalog team earned three awards for promotional content: a gold award for their folding smartphone stand, a silver award for the Building and Refreshing Your Dental Practice mailer, and another silver for the ADA Catalog 2018 Preview. The ADA Catalog is the dental profession’s premier sourcebook for products including the CDT 2018: Dental Procedure Codes manual, HIPAA and OSHA kits, patient education materials, practice management books and staff training videos. The ADA Catalog is published twice annually, in September and January.

The 11th edition of The Chairside Instructor manual won two gold awards, in the categories technical book and eBook.

Three products swept the educational brochure category with gold, silver and bronze awards.

The print edition of the onsite convention program for ADA 2017 – America’s Dental Meeting also won a gold award.

The complete list of ADA winners are:

- Books: technical book — The Chairside Instructor, 11th edition: gold.
- Books: electronic book — The Chairside Instructor, 11th edition eBook: gold.
- Digital media: blog single post — New Dentist Now, “The dark days of dentistry” by Dr. Joe Vaughn: silver.
- Journal cover design — JADA, September 2017 issue: silver. Anna Abbinante designed the cover.
- Newspaper: editorial excellence — ADA News, August 7, 2017, issue: gold.
- Newspaper: editorial excellence — ADA News, August 21, 2017, issue: bronze.
- Newsletters: general excellence (digital) — Dental Practice Success, winter, spring and summer 2017 issues: bronze.

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PUBLISHER: Michael D. Springer**NEWS EDITOR:** Judy Jakush**DEPUTY NEWS EDITOR:** Kelly Ganski**WASHINGTON EDITOR:** Jennifer Garvin**SENIOR EDITORS:** David Burger, Michelle Manchir, Kimber Solana**EDITORIAL NEWS ASSISTANT:** Matt Carey**TECHNOLOGY MANAGER:** Paul Gorski**GRAPHIC DESIGN & PRODUCTION:** Geralyn Novotny**COORDINATOR, DIGITAL AD & DESIGN:** Liz Grace**PRODUCTION MANAGER:** Rebecca Kiser**DIGITAL ADVERTISING SALES & SOLUTIONS:**

Amber Lignelli

SENIOR DIRECTOR, ADVERTISING & PRODUCTION:

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Wells Fargo Practice Finance offers eight courses at ADA 2018

BY DAVID BURGER

Honolulu — Wells Fargo Practice Finance will present eight free practice management courses at ADA 2018 – America's Dental Meeting to help dentists achieve their long-term financial goals.

Each course below offers continuing education credit. The courses are:

- Maximizing Your Profitability Through Real Estate (5320), Oct. 18, 7:30-8:30 a.m., Kent Murphy and Dan Van Eps.
- Harness the Power of Your Vision (5321), Oct. 18, 9:30-10:30 a.m., Gregory Bowen and Bernie Stoltz.

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- Building Wealth From Day One (5322), Oct. 18, 11:30 a.m.-2 p.m., Wendy Catone and Jeff Wyatt.
- The Numbers Will Set You Free (6320), Oct. 19, 7:30-8:30 a.m., Tammara Plankers.
- Demystifying the Business Plan (6321),

Oct. 19, 9-10 a.m., Johnette Green.

- The Alternative to Student Debt — Practice Management (7311), Oct. 20, 7-8:30 a.m., Dr. David Rice and Gavin Shea.

- Quick! Call My Attorney (7312), Oct. 20, 11:30 a.m.-12:30 p.m., Andrew Ventura and Ali Oromchian, J.D.

- Social Media and Me (7313), Oct. 20, 1-2 p.m., Sabrina Morrow and Wendy Phillips.

Wells Fargo Practice Finance is exclusively endorsed by ADA Member Advantage and members receive preferred pricing.

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

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In-office membership plans could generate patient loyalty, revenue

BY DAVID BURGER

Editor's note: This is the 15th 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.

Seatac, Wash. — Dr. Gregory Yen had a eureka moment nearly a decade ago, standing in line at his local Costco.

The dentist surveyed the throngs of people jam-packed into the store. All of them, he thought, were paying for memberships just so they could buy products at a discount.

“What is keeping dentists from offering such programs?” he asked himself.

For eight years now, Dr. Yen has been offering in-office membership plans to his patients, reaping the benefits of avoiding “paperwork swimming pools” from traditional dental plans — while supporting patient loyalty and building revenue. Under this setup, there is no interference in the dentist-patient relationship, he said.

Although every in-office membership plan is different — that’s the beauty, advocates say — membership plans are dental care plans that practices offer directly to their patients. Patients pay a monthly or annual subscription directly to their practice for preventive care and discounts off other treatment.

It is not an insurance plan, no claims are filed and no payments are made to any other health care providers. Once the annual fee is paid to the dentist directly, patients are entitled to the dental benefit membership

program for 12 consecutive months.

Dentists other than Dr. Yen are interested in offering in-office membership plans.

Staff from the ADA Center for Dental Benefits, Coding and Quality have heard the calls of dentists. To help other dentists who are thinking about offering their own in-office membership plans, the ADA has just posted a toolkit on how dentists can set up in-office plans on the members-only ADA Center for Professional Success, Success.ADA.org.

The toolkit is available at <https://Success.ADA.org/en/dental-benefits/is-an-in-office-dental-plan-right-for-your-practice>.

The toolkit is also tied to a July 19 ADA webinar titled Increase Value In Your Practice! How? Start Your Own Dental Plan, where members can register at <https://cc.readytalk.com/registration/#/?meeting=lkbnr36omr4n&campaign=ekx1g78j5j2a>. After July 19, the webinar will be posted on Success.ADA.org, searchable by the name of the webinar.



Dr. Yen



Dr. Paumier

Dr. Yen, who has taught many other practices how to install their own programs nationwide, provided his prevention-emphasized plan as an example. For the patient, it costs \$412 annually, which includes two comprehensive exams, two cleanings and bite-wing X-rays. Patients receive 15 percent off all other services and a \$55 annual treatment credit that is “bankable” if unused, so long as the patient renews the following year.

Dr. Yen also partners up with specialists who have agreed to extend the 15 percent off discount — and sometimes even more — to the patient should they need specialty care.

“The ever-increasing insurance runaround and insurance policy blockades towards excellent patient care was the impetus for our program,” said Dr. Yen, who is one of the speakers in the July 19 webinar. “As a second-generation dentist, our family realized that the third-party paying concept — especially with the prominence of the contract-based PPO-type arrangement with its treatment interference and never-increasing fee caps — was unsustainable in the long term for any business.”

Another advantage, Dr. Yen said, is that before treatment, the patient knows the exact cost. “In-office plans are very transparent,” Dr. Yen said. “We guarantee to our patients the cost of their treatment plan down to the penny. With these programs, they know what all their choices are and what the costs will be — with no outside influence or fine-print conditions. ‘Will my plan cover this?’ is no longer part of the narrative.”

Dr. Yen said there are reasons dentists don’t typically offer these programs, including “an addiction to the typical dental plan model and fear of change. Ironically, we manage fear on a regular basis for our patients. How about our own? Like we tell our anxious patients, there are times when we must be courageous about what we are facing. We are living in one of those times. Our profession as we know it is at stake.”

Dr. Thomas M. Paumier, a dentist in Canton, Ohio, is former president of the Ohio Dental Association and now chair of a state task force that is researching in-office membership plans and whether their association should endorse such plans. Although his practice doesn’t offer a plan now, he plans to start an in-office dental plan within the next year, he said.

Dr. Paumier said he recognizes the need for these types of plans. “Nearly 50 percent of the population does not have an employer-provided dental plan,” Dr. Paumier said.

“Consumers desire a dental benefit and those with a dental plan seek dental care more often, have a higher treatment plan acceptance rate and generally have better oral health.”

The success of subscription models such as Amazon and Netflix show that similar plans in dentistry could increase customer loyalty and provide recurring revenue for practices, Dr. Paumier said.

“Every dollar paid by the consumer goes toward dental care and is paid directly to

the dentist,” he said. “There are no claim forms, no prior authorizations and no denials or limitations on services. This model is finally a dental benefit which is dentist- and consumer-friendly.”

While dentists who offer in-office membership plans stress that the programs are easy to set up, outside vendors have stepped in to guide practices through the process.

One is Kleer, a Pennsylvania-based company that has helped more than 500 practices in 38 states create their own customized membership plans since its launch in January.

Dave Monahan, CEO of Kleer, is another presenter in the July 19 webinar and said he researched the marketplace and saw a need for a cloud-based platform that enables dentists to create their own membership plan and offer it directly to patients. Kleer, he said, eliminates the cost and hassle of the dental plan middle man, making it easy for patients to get the dental care they want while enabling dentists to increase patient loyalty, visits and treatment acceptance.

“Patients don’t trust dental plans,” Mr. Monahan said. “They’re expensive and complicated.” Among dentists, he said, “The level of anger towards dental plans was beyond what I expected. It’s sad.”

The result, Mr. Monahan said, are plenty of uninsured people who would theoretically gravitate towards practices that offer in-office membership plans. Uninsured patients want more care, but feel like they can’t afford it — until now, he added.

Dentists interested in these programs should exercise their due diligence first. Jennifer Stoll is chief commercial officer of DentalPlans.com, a member of the Consumer Health Alliance, a national trade association for discount healthcare programs. Ms. Stoll cautioned dentists seeking to create their own in-office membership plans to check with a lawyer to see if their states have regulations on such programs or make sure they are partnering with a vendor company that is fully compliant.

According to the Consumer Health Alliance, 34 states have discount health program laws, while 23 of those states require a license or registration for discount health programs including in-house dental plans.

In addition, some states may consider these types of plans to be a form of prepaid insurance and, if so, require dentists to license or register with the state accordingly. While there are states that have enacted direct primary care agreement legislation which allow physicians to implement an in-office plan without having to register as an insurance company, few of these laws apply to dentists, said Allen Erenbaum, president of the Consumer Health Alliance.

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.

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

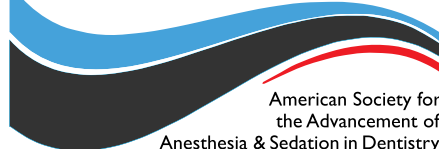
Contact dentalbenefits@ada.org with ideas on future topics to be explored in this series. ■

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ADA thanks group addressing oral health needs of Alaska Natives, American Indians

BY JENNIFER GARVIN

Washington — In continuing efforts to improve the oral health of American Indians and Alaska Natives, the ADA is urging Congress to pass legislation that would strengthen the Indian Health Service's efforts in creating a centralized credentialing system.

"Streamlining the credentialing process will help fill dental vacancies with quality health care professionals in a timely, efficient manner," wrote ADA President Joseph P. Crowley and Executive Director Kathleen T. O'Loughlin in a June 13 letter to the House Committee on Natural Resources and Subcommittee on Indian, Insular and Alaska Native Affairs. The Association was writing the committee to offer thanks for their support of HR 5874, the Restoring Accountability in the Indian Health Service Act of 2018. The ADA also worked to ensure report language was added to the bill to streamline and improve the credentialing process. During the committee hearing on the bill, Rep. Paul Gosar, R-Ariz., who is also an ADA member and dentist, urged his fellow legislators to make volunteer credentialing as easy as possible so that more dentists will be able to volunteer.

"Many of our dentists are more than willing to help address the oral health care needs of the American Indian and Alaska Native populations, however, streamlining the credentialing process is necessary to facilitate those efforts," wrote Drs. Crowley and O'Loughlin, adding that the ADA "appreciate[s] the committee's strong commitment to improving the oral health care of Native Americans."

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

Applicants sought for ADA Foundation grants for programs serving seniors

The ADA Foundation is seeking applicants through Sept. 7 for its Senior American Access to Care grants, which are awarded to nonprofit organizations providing underserved senior Americans dental homes and/or continuity of care.

The one-year grant awards are up to \$25,000 per organization. The funds can be used for, but are not limited to, covering costs of direct oral health treatment; dental clinic supplies, instruments and equipment; patient and/or provider

transportation; salary specific to work on this grant project; and outreach to recruit dentist participation in program activities.

To be considered for the grant, applicants must:

- Be a U.S.-based, 501(c) nonprofit organization.
- Have a U.S. licensed dentist oversee the grant project.
- Provide licensed oral health services with

a goal of providing a dental home to underserved Americans age 62 and over.

- Have the ability to track specific indicators while achieving long-term success.
 - Grantees will be required to sign a grant agreement upon approval.
 - Grantee will be required to submit a report at the end of the grant period describing outcomes, impact, and how the funds were used.
- To apply, visit ADAFoundation.org. ■

JADA

Continued from Page 1

researchers examined information from the National Health and Nutrition Examination Survey, which included data related to a full-mouth periodontal examination.

"This national study demonstrates that periodontitis is a highly prevalent oral disease among U.S. adults," said corresponding author of the study, Paul Eke, Ph.D., a senior health scientist and epidemiologist at the Centers for Disease Control and Prevention.

Dental practitioners "should be aware of the high prevalence of periodontitis in U.S. adults and may provide preventive care and counseling for periodontitis. General dentists who encounter patients with periodontitis may refer these patients to see a periodontist for specialty care," said Dr. Eke.

To read the full study, visit JADA.ADA.org.

Other highlights of the July issue of JADA include an examination of opioid prescription patterns among privately insured dental patients in the U.S.; a look at the prevalence and severity of periodontal disease in a cohort of HIV-positive and -negative methamphetamine users; and a study on the use of potassium oxalate mouth-rinse to reduce dentinal hypersensitivity.

Each month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ■


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GOVERNMENT

ADA meets with HHS to discuss efforts in ending opioid crisis

BY JENNIFER GARVIN

Washington — In a June 12 meeting with the Office of the Assistant Secretary for Health, ADA President-elect Jeffrey Cole discussed ways for the ADA to collaborate with federal agencies on preventing first-time exposure to opioids from the dental chair.

“This was a great opportunity for the ADA to highlight everything dentistry is doing and will continue to do to address the opioid issue,” Dr. Cole said. “The Association looks

forward to collaborating with HHS.”

The Office of the Assistant Secretary for Health oversees 12 core public health offices — including the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps. During the one-hour meeting with U.S. Assistant Secretary of Health Brett Giroir, Dr. Cole and ADA staff shared the following Association initiatives:

- Adopting interim policy on opioids that supports prescription limits and mandatory

continuing education for dentists. The new policy, officially titled Interim Board Policy on Opioid Prescribing, is believed to be one of the first of its kind from a major health professional organization. For more than 10 years, ADA education efforts on this issue have included free quarterly webinars.

- Tasking the Centers for Disease Control and Prevention with developing guidelines for treating acute pain. The ADA shared with HHS that to date, the federal response has

focused almost exclusively on chronic pain management, which is seen less in dentistry than in medicine. For that reason, the federal response to the opioid crisis has not been particularly helpful to dentists.

- Asking the Centers for Medicare and Medicaid Services to prioritize hiring a chief dental officer or dentist clinician in a position of authority to oversee oral health issues in Medicare and Medicaid. ■

—garvinj@ada.org

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Georgia law lets providers choose reimbursement payment method

Atlanta — A new Georgia law enables health care providers to choose the method by which they are reimbursed by insurers for health services and prohibits insurance companies from requiring electronic payments/virtual credit cards as the only way to receive a claims payment.

HB 818, which Georgia Gov. Nathan Deal signed May 8, goes into effect Jan. 1, 2019. Georgia is the second state in the country to pass this type of legislation, according to the Georgia Dental Association, which designated HB 818 as its primary legislative agenda item for 2018.

Georgia Rep. Dr. Lee Hawkins agreed to carry the bill as lead sponsor after discovering his office was processing virtual credit card payments without his knowledge and recognizing the negative financial impact on his practice. Reps. Richard Smith, Mark Newton, Sharon Cooper, Carolyn Hugley and James Beverly signed on to the bill as co-sponsors. A virtual credit card is defined in the new Georgia law as a single-use credit card exclusively provided in an electronic or digital format.

“This is a more common sense approach,” said Dr. Hawkins, who figured out his practice averaged paying 3 percent in fees when the virtual credit cards were used. “Health care is expensive enough.”

See GEORGIA, Page 7

Opioid

Continued from Page 1

of new, nonaddictive pain medications; and calls on drug manufacturers to develop new and convenient ways for consumers to safely dispose of unused medications.

In 2016, the ADA successfully lobbied for the Comprehensive Addiction and Recovery Act, which authorized a number of activities to help prevent opioid misuse and abuse. Congressional funding for those activities has been limited.

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

Louisiana bill protects dentists, patients regarding claim denials

BY DAVID BURGER

Baton Rouge, La. — A new law in Louisiana will prohibit dental carriers from denying any claim for a procedure where the insurer has issued a prior authorization.

HB 429, developed by the Louisiana Dental Association, also prohibits dental carriers from denying or recouping a claim due to loss of coverage or patient ineligibility if within 30 days prior to the date of treatment the dentist obtained confirmation of coverage from the carrier.

Gov. John Bel Edwards signed the bill, which was passed unanimously in the state House and Senate May 15. The law will become effective Jan. 1, 2019.

“In simple terms, it clears up much of the confusion between dentists, patients and insurance companies that in the end, significantly impedes dentists’ ability to get properly paid for their services,” said Ward Blackwell, LDA executive director, in an ADA News interview.

Mr. Blackwell continued: “Moreover, it will eliminate instances of insurers issuing pre-treatment estimates, pre-determinations and similar documents that offer no assurance of a subsequent claim being paid in lieu of a prior authorization.”

He added that under the law, a dental benefits company can’t recoup a paid claim if the company had confirmed to the dentist a patient’s coverage/eligibility and later found the patient was not covered/eligible, but had sufficient information available indicating that the patient was no longer covered or was ineligible for coverage.

The legislation was drafted after LDA President Dr. David Hildebrandt heard from member dentists numerous examples of issues they’d encountered in their dealings with dental benefits companies, Mr. Blackwell said.

“Numerous dentists indicated that they had received prior authorizations — or similar documents issued in response to requests for prior authorizations — and subsequently had the claims for those procedures denied. This was clearly one of the more significant issues members were facing, both in terms of aggravation and financial impact.

“LDA staff and lobbyists determined that legislation was likely the best approach to address the problems of insurance companies issuing prior authorization and confirmation of coverage determinations but denying the subsequent



claims or recouping payments — two of the most frequently cited areas of concern for member dentists that led to resolutions by the LDA leadership directing the LDA staff and

lobbyists to draft and introduce a bill that would address these issues,” Mr. Blackwell said.

Mr. Blackwell said the ADA provided support by helping draft amendments that moved the bill toward becoming law.

In the end, the passage of the law benefits the patient, Mr. Blackwell said. “Once the new law takes effect, patients will be able to rely on the information in a prior authorization in deciding whether or not they can afford to have a certain procedure,” he said. “And all these related issues should cease to be a problem.”

Follow all of the ADA’s advocacy efforts at ADA.org/advocacy. For more information on the ADA’s principles for model legislation, which state dental societies can use in their legislative efforts, visit ADA.org/en/advocacy/principles-for-model-legislation. ■

Georgia

Continued from Page 6

HB 818 also states that when initiating payments to a provider using electronic funds transfer payments, insurers must notify the provider of any fees associated with a particular payment method, advise the provider of the available methods of payment and provide clear instructions to the health care provider on how to select an alternative payment method. This includes giving providers the option of choosing physical checks when being reimbursed, which the GDA said many of its members were told was no longer an option by some insurers.

In an FAQ used to explain this issue to state legislators, GDA stated how the processing fees incurred by providers when processing virtual credit card reimbursements typically range from 2.5 to 5 percent being automatically subtracted from the reimbursement payment, which can have a serious financial impact on a dental practice. “For example, if a practice bills \$1,000,000/year and only accepts virtual credit card payments, that is an automatic expense of \$25,000-50,000/year for that practice.”

“Operating revenues are critical in any health care service practice and particularly critical in lower-income communities and single-practitioner practices,” said Frank J. Capaldo, GDA executive director.

Providers covered by this bill include dentists, physicians, pharmacists and any entity licensed to provide health care services in the state.

To view the bill, visit legis.ga.gov/Legislation/en-US/display/20172018/HB/818. ■



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Delta proposes new fee methodology in Massachusetts

BY DAVID BURGER

Boston — After more than a year of acrimony, the Massachusetts Dental Society and Delta Dental of Massachusetts have come to an agreement that includes a revised fee schedule methodology proposal for the Delta Dental Premier and Delta Dental PPO networks.

The Massachusetts Dental Society said it supports the proposed changes to its Delta Dental Premier plan even though it requires dentists to take a fee reduction of 9-10 percent, said Dr. David P. Lustbader, the society's immediate past president.

In 2016, Delta launched Total Choice, a

new PPO product which reimburses dentists about 25 to 30 percent less than they would receive under the current Delta Premier plan. "This PPO product was communicated to dentists with very short notice and caused considerable concern for dentists, employers and legislators," said Ellen Factor, director of dental practice and membership engagement services for the Massachusetts Dental Society.

The 2018 fee methodology proposal highlights the changing economic landscape for dentists and third-party payers across the country. Dr. Lustbader said that he understands that both sides needed to find common ground and that

the dentists have to swallow a "less bitter pill. I'm not happy about it. But 10 percent is better than 30 percent fee reduction."

The agreement comes on the heels of sparring from both sides since the beginning of 2017. The Massachusetts Dental Society initiated a request in January 2017 urging the division of insurance to look into Delta Dental of Massachusetts' business practices. In addition, a group of Massachusetts dentists unaffiliated with the Massachusetts Dental Society filed a petition last June asking the state attorney general to investigate Delta Dental's insurance practices.

In 2017, Kristin LaRoche, spokeswoman

for Delta Dental of Massachusetts, addressed the petition. "It's unfortunate that at a time that the health care community across the state is coming together to combat rising health costs, a small group of dentists are opposing our efforts to do the same in dental care," she said. "As an oral health community, we have two choices. The first is to innovate and make dental coverage more value-based and affordable. The second is to protect the status quo and threaten access to care."

Delta Dental of Massachusetts filed the revised fee schedule methodology with the Division of Insurance on June 13. The state Division of Insurance will hold a public hearing on July 12, and the division needs to approve the revised fee schedule.

"The rising costs of health care are not acceptable nor sustainable," said Dennis Leonard, president of Delta Dental of Massachusetts. "All of us in the oral health community are committed to moving towards more accountable, value-based models to control costs and improve access."

He continued: "We are pleased to announce this new proposed methodology change to our Delta Dental Premier and Delta Dental PPO networks that is the direct result of productive conversations with dentists, members and oral health partners. If approved, this change will achieve two important goals — ensuring a sustainable, predictable Premier network for providers while maintaining a competitive, more affordable option for Massachusetts customers. We know that having a strong Premier network is a priority for Massachusetts dentists and are happy to provide a lengthy window for dentists to consider these changes and look forward to productive discussions in the months to come."


The earliest that this change will go into effect is Jan. 1, 2019, giving providers time to plan for these changes and make the best decision for their individual practices, Ms. LaRoche said in June to the ADA News. "Delta has activated a question hotline and is posting video FAQs every two weeks for providers. Delta is also offering individual meetings with any dentists who want to better understand the new methodology and what it will mean for their individual practices. Dentists can speak with network specialists by calling the DDMA hotline 1-617-886-1009 or sending an email to networks@deltadentalma.com."


The Massachusetts Dental Society will continue to update its website with additional details at massdental.org/delta. ■


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Idaho, Illinois add adult dental benefits to state Medicaid

BY JENNIFER GARVIN

Beginning July 1, Illinois and Idaho will each see adult dental benefits added to their state Medicaid programs.

On June 4, Illinois Gov. Bruce Rauner signed a budget that "for the first time, includes funding for dental prevention services for adult Medicaid recipients in Illinois," according to a statement from the Illinois State Dental Society. The legislation states that on July 1 the Illinois Department of Healthcare and Family Services will be required to provide adult dental services — including diagnostic, preventive,

See ADULT, Page 14

'Giant of modern dentistry,' ADA pioneer honored in Indiana hometown

BY MICHELLE MANCHIR

Huntington, Ind. — Surrounded by countryside, this city of about 18,000 boasts a charming downtown, curated sunken gardens, and finds its place in history as the hometown of former U.S. Vice President Dan Quayle.

Until recently, not many knew that Huntington was also home to a giant of modern dentistry and one of ADA's most influential founders: Dr. Otto Ulysses King.

Dr. King, who died in 1951, served as the Association's first general secretary — what would be known today as its executive director — and journal editor from 1913 to 1927. He oversaw the first publication of what's now *The Journal of the American Dental Association*.

On June 20, about 50 Indiana historical and dental officials, and some members of Dr. King's extended family, came together to unveil a cast aluminum sign outside the building where Dr.

he advocated for better dental education, preventive dentistry and free dental care for children.

In 1914, President Woodrow Wilson appointed him to the sixth international dental conference in London. As a member of the national Committee on Dentistry, Council of National Defense, he mobilized dentists for World War I service to treat oral trauma inflicted by trench warfare. In 1920, he co-founded the American College of Dentists.

Dr. King and his first wife, Mayme Beaver King, had two children, Walter and Helen. While they are deceased, some extended members of Dr. King's family were present June 20

to honor their relative, including his great-niece from Indianapolis, Pamela Sue Beem Durkin; her son, Jeffrey; and Jean Evans Brewer, Dr. King's great-granddaughter.

Ms. Evans Brewer and her husband, Glynn, live in Texas and visited Huntington for the first time for the event.

"I didn't know him, but I've known of him my whole life," she told the ADA News. "I'm just really proud of him and what he's contributed to dentistry."

At the luncheon, Ms. Evans Brewer read a quote from a speech made by Dr. King at an early annual session of the ADA as he accepted his reelection to

secretary. Ms. Evans Brewer said she believes the quote represents her great-grandfather's belief in community and helping others succeed.

"I do not receive this great honor in the sort of spirit that it is just coming to me, but I like to believe it comes to me as a divine call," Dr. King reportedly said, "and I expect to do all I can, not only to raise the standard of dentistry, but to help my Maker to make each one the ideal man we ought to be."

Those wishing to view the Dr. Otto U. King historical marker can visit it at 322 N. Jefferson St. in Huntington. To read more about Dr. Otto, visit blog.history.in.gov. ■



Proud moment: Jean Evans Brewer, great-granddaughter of Dr. Otto King, shares stories about her great-grandfather at a luncheon following the historical marker unveiling honoring Dr. King on June 20 in Huntington, Indiana.

King last practiced dentistry in Huntington.

It represents the first historical marker in Indiana that recognizes the contributions of a dentist, said Casey Pfeiffer, marker program director at the Indiana Historical Bureau, which sponsored the marker along with The Huntington County Historical Society.

"He set the bar pretty high," said Dr. Daniel Fridh, president of the Indiana Dental Association, at a luncheon honoring Dr. King's life following the unveiling.

To be sure, Dr. King's life was full of notable achievements, many of which were mentioned at the luncheon thanks to the research and organizing efforts of Huntington dentist Dr. John Regan, who led the effort to get the state to recognize Dr. King.

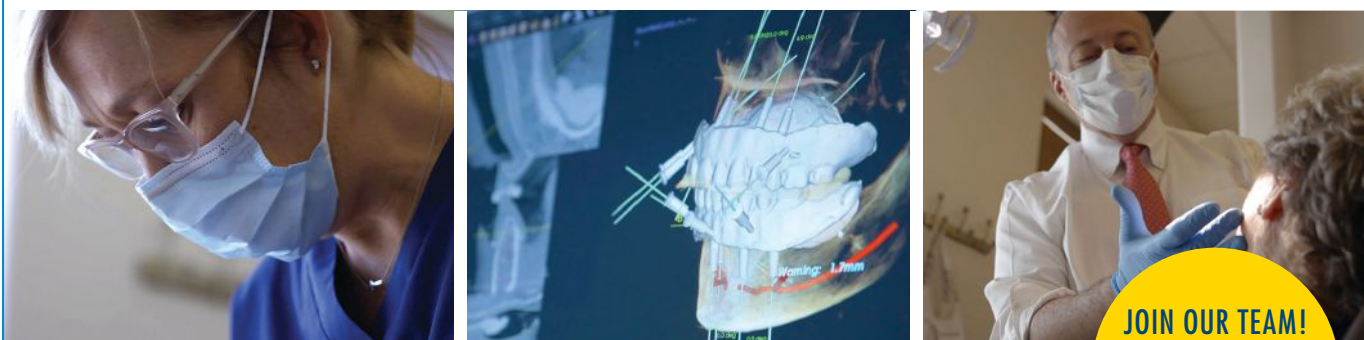
Dr. King was the president of his Northwestern University dental school class, graduating in 1897 before entering private practice in Huntington. In 1913, he was made the general secretary of the American Dental Association — which was then called the National Dental Association — and soon after launched the *Official Bulletin*, a quarterly publication that would become *JADA*. The first issue was 32 pages long with no advertising, and it was mailed from Huntington by the Whitelock Press, in a building still standing that until recently published the city's local newspaper, said Dr. Regan.

In 1917, *The Bulletin* went from a quarterly to a monthly, and Dr. King resigned from his private practice to devote more time to his work with the Association, according to an archived ADA News article. The ADA Board of Trustees in 1925 recognized that Dr. King's combined duties of secretary and editor had become burdensome. The Board appointed a new editor, retaining Dr. King as secretary and business manager until his retirement in December 1927.

He is credited with helping grow the membership of the Association and is remembered for his advocacy work. The historical marker notes that

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Dentist builds awareness about oral cancer

BY MICHELLE MANCHIR

When Dr. Josephine Chang Pallotto organized a 5K walk in 2017 to honor the memory of her mother, Susan Chang, who died as a result of a head and neck cancer in 2016, she remembers thinking at the time, “I don’t know what I’m doing.”

She persevered, and dozens of supporters and community members came out to the Lansing, Illinois, event at a public high school and donated money to research for a cure.

On Aug. 25, with some experience under her belt, Dr. Pallotto will again honor her mother through another walk. This time, however, it’s

moved near downtown Chicago with support from the University of Illinois at Chicago and the Chicago Dental Society. The ADA will also be represented with a team there.

“This location will reach a lot more people,” said Dr. Pallotto. “This is my way of trying to create awareness on a larger scale.”

Those who recognize Dr. Pallotto’s name may remember seeing her speak at the opening session at ADA 2017 – America’s Dental Meeting in Atlanta. There, she shared the story of her parents’ immigration to the U.S. from Taiwan with nothing but a single suitcase for both of them in tow.

Her mother’s diagnosis, stage IV nasopharyngeal carcinoma, came after Dr. Pallotto graduated in 2011 from the New York College of Dentistry. Moved by her mother’s strength in enduring the illness and treatment, and with the desire to help find a cure for other patients of the disease, Dr. Pallotto organized the 2017 walk, which raised thousands of dollars for research.

This year, at least six other similar events are scheduled across the country, said Oral Cancer Foundation president Brian Hill. The money raised benefits oral cancer research.

In many cases, dental offices help support



A sweet memory: Dr. Josephine Chang Pallotto, with her mother, Susan Chang, following her 2011 graduation from New York. Susan Chang died in 2016 after a diagnosis of nasopharyngeal cancer.

and come out for the events, and there are other instances in which dentists or hygienists help organize the effort.

Mr. Hill, a survivor of stage IV oral cancer, said he is encouraged by organized dentistry’s engagement with creating awareness about oral cancer.

“Dentistry is on the front line of finding oral cancer early,” he said.

To find out more about Dr. Pallotto’s walk or other oral cancer walks, visit OralCancer.org and click on the “events” tab. To view Dr. Pallotto’s oral cancer walk page, visit <https://donate.oralcancer.org/event/chicago2018>.

The ADA offers dentists resources related to screening for oral cancers.

In 2017, the ADA released a clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity. 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. Visit ADA.org and hover over “Science/Research” and then select “Oral Health Topics.” ■

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Advocate: Dr. Josephine Chang Pallotto launched an oral cancer walk in memory of her mother, Susan Chang, in 2017 following Ms. Chang’s death in 2016 for nasopharyngeal cancer.

Dig deep into evidence-based dentistry at ADA workshop

BY MICHELLE MANCHIR

Dr. Ashley Clark knows how important using the best available evidence is when teaching her students or treating her patients at the University of Texas Health Science Center at Houston (UTHealth.)

So, naturally, there are times when she needs to look into the literature for answers, she said.

An assistant professor of oral pathology, Dr. Clark said a May workshop hosted by the ADA Center for Evidence-Based Dentistry provided her with skills to search the literature more efficiently and discern the quality of evidence.

Dental professionals looking for similar insight can register for How to Conduct and Publish Systematic Reviews and Meta-Analyses: A Hands-On Workshop set for Nov. 8-10 at ADA Headquarters in Chicago.

Participants will learn to conduct, write and publish systematic reviews and meta-analyses from experts in the field of dental research, including Dr. Michael Glick, editor of The Journal of the American Dental Association.

One of the workshop objectives is to review the Cochrane-preferred GRADE (Grading of Recommendations, Assessment, Development, and Evaluation) approach to assess quality of evidence, which is one of the topics that Dr. Clark said stuck with her following the May workshop.

“I know I am a better clinician and better teacher after attending the workshop, which is not something I say lightly,” Dr. Clark said. “It far exceeded my expectations.”

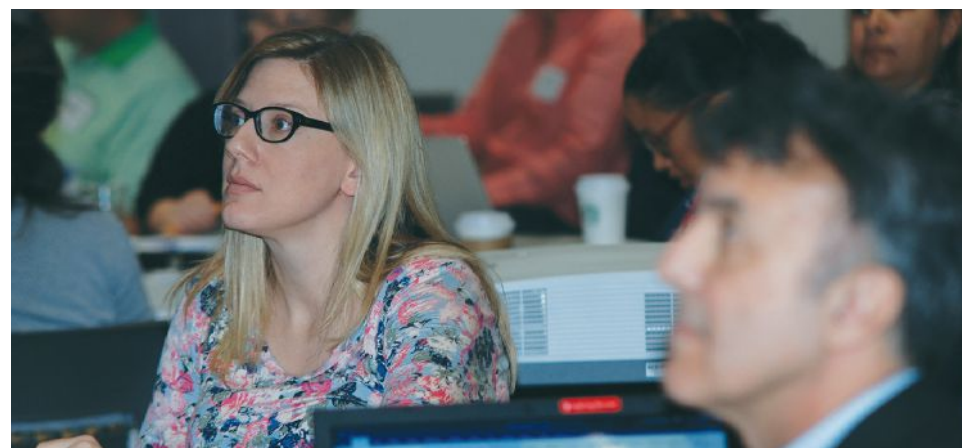
The course, spread over the three days, will offer 18 hours of continuing education credits. Clinicians and researchers will gain skills they need to better understand primary studies and the principles of the systematic review methodology.

Presenters at the workshop include Dr. Alonso Carrasco-Labra, director of the ADA Center for Evidence-Based Dentistry; Kelly O’Brien, an informationist at the ADA Library and Archives; and Dr. Romina

Brignardello-Petersen, a dentist with a Ph.D., who is a postdoctoral research fellow in the Department of Health Research Methods, Evidence, and Impact at McMaster University in Canada as well as a lecturer in the Faculty of Dentistry at the University of Chile.

Tuition is \$750 for ADA members and \$900 for nonmembers and it includes course materials and lunch.

For more information about the workshop or to register, visit ADA.org/SRworkshop. ■



Evidently enthralled: Dr. Ashley Clark listens to a speaker during a May workshop hosted by the ADA Center for Evidence-Based Dentistry.

Excel

Continued from Page 2

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Minimally invasive, oral-systemic tracks new for ADA annual meeting

BY DAVID BURGER

Honolulu — ADA 2018 — America's Dental Meeting from Oct. 18-22 here will feature not just one, but two new continuing education tracks: one on the relationship between oral and systemic health, and the other on minimally invasive dentistry

That's in part because of the emphasis placed on the duo by Dr. Bud Evans, a Washington-state general dentist and chair of continuing education for the ADA Advisory Committee on Annual Meetings.

The oral-systemic track will contain guidance on how "to get medicine and dentistry on the same page," Dr. Evans said. "It's important to emphasize that." Women's health, in particular, will be a focus.

As for the minimally invasive track, Dr. Evans said there is growing focus of the role preventive dentistry can play in a person's oral health, rather than waiting until problems occur.

The oral-systemic track with available space as of June 29 includes:

- Inflammation: The Oral-Systemic Connection (5107), Oct. 18, 7-10 a.m. and 11 a.m.-2 p.m. Amy Doneen, D.N.P., Bradley Bale, M.D.
- Targeting Biofilm: The Secret to Hygiene Success (6216), Oct. 19, 2-4:30 p.m., Dr. Rand Mattson, Diane Bosgieter.
- Periodontal Pathogens and Inflammation: Clinical Application (6109), Oct. 19, 7-10 a.m., Dr. Doneen.



October 18-22 • Honolulu

- Martinis and Menopause: Implications for Women's Health (7331), Oct. 20, 7-8:30 a.m., Kelli Jaecks.
 - Great Guts: The Good, the Bad and the Ugly (7103), Oct. 20, 7-9 a.m., Dr. Uche Odiatu.
 - Potpourri of Pearls on Women's Health (7113), Oct. 20, 11 a.m.-2 p.m., Dr. Barbara Steinberg.
 - A Lifetime of Health and Wellness for Women (8106), Oct. 21, 7:30-10 a.m., Dr. Steinberg.
 - Body on Fire: Inflammation's Role in Oral-Systemic Links (8301), Oct. 21, 7:30-10 a.m., Ms. Jaecks.
- Courses in the minimally invasive track with space available as of June 29 include:
- New Advances in Caries Management: CRA, SDF and GIC (5217), Oct. 18, 7-10 a.m., Dr. Douglas Young.
 - Biomechanics and Biomimetics: The Restorative Impact Part 1 (5101), Oct. 18, 7-10 a.m., Dr. Graeme Milicich.
 - Minimally Invasive Exodontia Workshop (5205), Oct. 18, 7-10 a.m., Dr. John Alonge.
 - Biomechanics and Biomimetics: The Restorative Impact Part 2 (5109), Oct. 18, 11 a.m.-2 p.m., Dr. Milicich.
 - Minimally Invasive Exodontia Techniques Workshop (5213), Oct. 18, 11:30 a.m.-2:30 p.m., Dr. Alonge.
 - CAMBRA: A Simple Roadmap for Clinical Success (6204, 6211 and 6224), Oct. 19, 7-9:30 a.m., 10:30 a.m.-1 p.m., 2-4:30 p.m., Dr. V. Kim Kutsch.

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

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Tobacco cessation goal of CDC Tips campaign, webinar

BY MICHELLE MANCHIR

Atlanta — Around 15 percent of U.S. adults smoke, according to the Centers for Disease Control and Prevention, so many dentists may regularly find smokers in their chairs.

Many smokers want to quit, according to the CDC, which earlier this year launched its annual Tips From Former Smokers campaign that aims to help inform the public about the toll that smoking-related diseases can take.

This year, the Tips From Former

Smokers campaign includes the story of an oral cancer survivor, Christine, a Pennsylvania woman who was diagnosed with oral cancer at age 44 and had to get half of her jaw removed as part of treatment.

“I didn’t think I smoked that much,” she says in one of the videos featuring her story, “But I got oral cancer and it came back twice. Now I have no jaw and no teeth. If you smoke, you’re a smoker, just like I was.”

The CDC encourages dentists to

refer patients interested in quitting smoking to its “How to Quit Smoking” section of the website at CDC.gov/tips, which includes details on how to develop and stick to a quit plan.

“Dental health professionals can serve an instrumental role in encouraging people to stop using tobacco,” said Corinne Graffunder, Dr.P.H., director of CDC’s Office on Smoking and Health. “They are often the first health professionals to spot a potential problem. My hope

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is that CDC’s resources will provide dentists and dental hygienists with tools to assist their patients with quitting all forms of tobacco use for good.”

The CDC’s campaign ads are running on television and in print and digital mediums, and all the stories from former smokers and other resources related to the campaign are online at CDC.gov/tips.

The CDC credits its annual tobacco education campaign with helping more than half a million people quit smoking for good. The people in the ads, including Christine, are “real people” telling their real stories, according to Dr. Graffunder.

The CDC, in collaboration with the ADA, is offering a webinar at 11 a.m. Central time on July 31 that will discuss smoking cessation and its resources for dental professionals. Registration information was pending as of press time. Contact Sharon Clough, ADA manager of preventive health activities, by email at cloughs@ada.org for more information.

The ADA urges its members to become fully informed about tobacco use prevention and cessation. (House of Delegates Resolution 78H-2016.)

Tobacco and tobacco cessation are topics covered by the ADA Science Institute on an Oral Health Topics page. The ADA also offers a continuing education course, Tobacco Policy, Pharmacotherapy, and Dentistry, that includes information about training opportunities for dental health professionals who want to learn more about tobacco cessation pharmacotherapy. Visit ADA.org for more information. ■

Adult

Continued from Page 8

and restorative and services needed to treat periodontal disease — to all adults covered by Medicaid.

In remarks thanking Illinois legislators, state dental society President Barbara Mousel said preventive dental services are “critical” for all adults and they also give dentists “the opportunity to provide early interventions for not only dental disease but overall health as well.”

On July 1, Idaho will also see adult dental benefits restored for adults on Medicaid. The Idaho State Dental Association estimated that the new law will bring “basic dental care back to an estimated 29,000 adults who qualify for Medicaid.”

The legislation “restores preventive dental care to the existing adult Medicaid population to the extent that it was provided prior to removal in 2011, and to the extent such services are defined by [the Social Security Act].”

This legislation also stated that the total cost of restoring the dental benefits is \$3.8 million but said “70 percent of that cost is covered by federal funds.”

For more details on this story, visit ADA.org and search for the headline. ■

Exam

Continued from Page 1

Board Dental Examination since it was first administered in 1933, the new integrated exam would represent a major overhaul.

Since 1933, the NBDE saw several changes. This includes changing its format in the early 1950s from essay questions to multiple-choice questions; the adoption of norm-referenced scoring procedures; and the employment of computer scoring and statistical techniques to identify rule violations. The Joint Commission was formed in 1980, succeeding the Council on National Board Examinations. Previously, the ADA's National Board of Dental Examiners was the standing committee established in 1928 to provide and conduct written examinations for use by state boards in making licensure decisions.

When it came to creating a new examination for dentistry, also known as INBDE, the committee knew the exam needed to integrate the biomedical, behavioral and clinical sciences to assess entry-level competence, Dr. Christensen said.

"From the outset, it was clear that this was not to be a combination of Part I and Part II but a whole new examination that would more effectively and efficiently serve the same purpose," he said. "And that's why it took so long."

The process began with identifying the field or domain of cognitive knowledge, skills and abilities needed to safely practice general dentistry, Dr. Christensen said.

"So that was the goal: to come up with a new examination, not dependent on traditional disciplines or previous structure but, instead, directly related to the tasks practicing dentists do," he said.

'Better for the public'

The new test relies less on rote knowledge and information recall than the current NBDE examinations do, and instead emphasizes the decision-making process relevant to the safe practice of dentistry, according to the joint commission. For example, the new exam will include questions asking about patient care, how dentists approach the practice of dentistry and how dentists keep up with advances in the profession.

According to the commission, the new exam is designed to assist state boards of dentistry in making decisions about candidates for dental licensure. It added that by integrating content covering the basic, behavioral and clinical sciences, the exam simulates the decision-making required for the safe practice of dentistry.

To fully appreciate the committee's accomplishment in creating a new exam, one has to begin with the test construction teams, said Dr. Lisa Heinrich-Null, joint commission chair.

To determine appropriate content, the committee drew from the clinical competency areas the American Dental Education Association regards as necessary for new dentists to master to perform successfully, and added two areas the Commission on Dental Accreditation considers important. Also, two science review panels confirmed the relevance of the content areas, and the committee relied on results from a practice analysis and additional feedback from stakeholders and communities of interest to determine what proportion of questions to devote to each area.

"They took the 'unknown,' learned how to make it better and arrived at a wonderful place," said Dr. Heinrich-Null. "From my perspective, this historic new exam is a superior way to assess the cognitive skills of a sharpened integratively-taught dental professional to present to their state boards and be the best professional to serve the public."

The joint commission will officially announce the implementation dates for the new exam and

the retirement of the National Board Dental Examination Part I and Part II in the next month or so. According to the commission, the last administration of Part I will occur July 31, 2020; and the last administration of Part II will occur July 31, 2022. The new exam is also expected to include 500 items, compared with 900 in total from both NBDE Part I and Part II.

"The new examination will better protect the public, and it will better serve state boards and students and dental education," Dr. Christensen said. "It will be a significant improvement — a change that will broadly impact and benefit the profession."

For more information on the Integrated National Board Dental Examination, visit ADA.org/JCNDE/INBDE. ■



Gala: From left, Drs. Lisa Heinrich-Null, Joint Commission on National Dental Examinations chair; Mark Christensen, Committee for an Integrated Examination chair; Stephen T. Radack, III, CIE member; Ron J. Seeley, CIE member; B. Ellen Byrne, CIE member; and Bill Robinson, joint commission vice chair were honored during the CIE Gala, held June 19 in Chicago. Committee members not pictured are Drs. Bruce D. Horn and Andrew Spielman.

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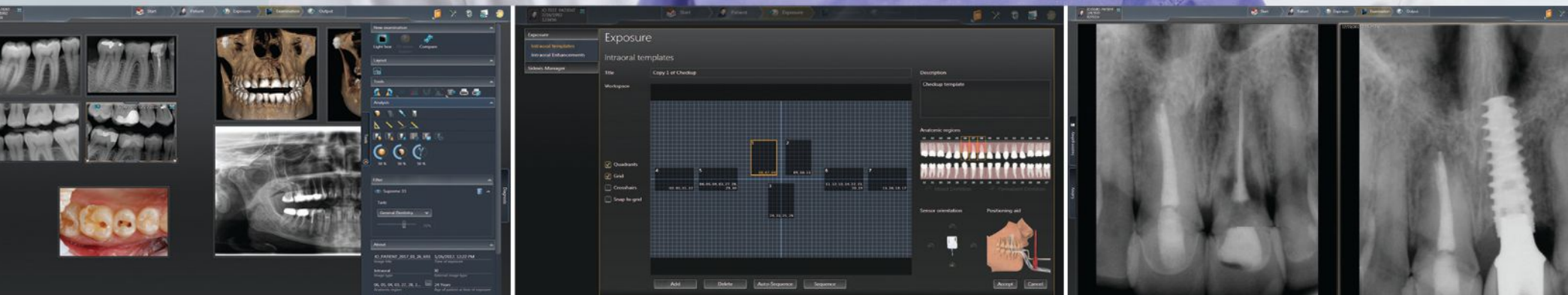
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