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BRIEFS

CDT 2019 available to aid in accurate coding

With 15 new codes, five revised codes and four deleted codes, CDT 2019: Dental Procedure Codes is ready to go.

CDT 2019 was released Aug. 28, enabling dentists to record procedures with increased specificity and accuracy when the new codes go into effect Jan 1, 2019. Since many practice management software systems do not include full CDT descriptors, the CDT 2019 manual and Companion help dental professionals

decide which code fits best.

And more accurate coding means fewer claims rejections and speedier reimbursement. This documentation may also protect practitioners if questions arise about treatment rendered. Since each code consistently records a service that was delivered, practitioners can build a thorough history of patient visits and treatment plans.

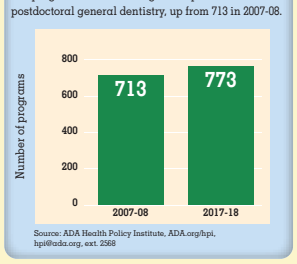
CDT 2019 is the most up-to-date coding resource and the only Health Insurance Portability and Accountability

See CDT, Page 21

JUST THE FACTS

Accredited advanced dental education

The number of accredited advanced dental education programs in the U.S. has steadily increased during the past decade. In 2017-18, there were 773 programs for ADA-recognized specialties and postdoctoral general dentistry, up from 713 in 2007-08.



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

Joint Commission, ADA agree on dentistry-related patient safety occurrences label

BY KIMBER SOLANA

The Joint Commission, the nation's largest standards-setting and accrediting body in health care, agreed with the ADA that two dentistry-related patient safety occurrences should not be labeled as sentinel events. A sentinel event is generally defined as an incident that results in death, permanent harm or severe temporary harm.

In a July 31 letter to the Association, Edward Pollak, M.D., Joint Commission patient safety officer and medical director, stated that the following dental-specific situations are not sentinel events:

- Wrong site infiltration of local anesthesia.
- Swallowed small instruments during dental procedures, specifically when the swallowed item passes through without incident.

The correspondence was in response to a July 18 letter from ADA President Joseph P. Crowley highlighting that the ADA felt The Joint Commission should reevaluate the two occurrences to be patient safety events in a lesser category than sentinel events. The Federal Dental Services and the U.S. Department of Veterans Affairs had brought the category issue to the attention of the Association. Sentinel events are one category of patient safety events that require a higher level of reporting and scrutiny, to assist accredited

See SAFETY, Page 21

What they did on their summer vacations

University of Maryland dental students celebrate 'last free summer'

Sibling reunion: Dental student Ben (second from left) hangs out with his brothers and sister, all of whom are in the health care family. From left, Jason (orthodontist), Ben, Ryan (periodontist), Adam (radiation oncologist resident) and Meghan (cardiac anesthesiologist).

CAD/CAM connoisseurs: Dan and LaShonda during their June trip to the Pacific Dental Services University in Irvine, California, for a computer-aided design/computer-aided manufacturing course.

BY JENNIFER GARVIN

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

If the summer between the first and second years of dental school really is "the last free summer," then LaShonda, Dan and Ben did everything they could to soak up life beyond the walls of 450 W. Baltimore St., aka the University of Maryland School of Dentistry or UMSOD.

But first, they needed to study. And study. And study some more. That's because UMSOD requires its students to take Part I of the National Board Dental Examination no later than October 1 of their second year in dental school.

With 400 questions ranging from biochemistry to anatomy and several clinical scenarios, the pressure was on.

"The board exam is definitely the most important exam of the year," Ben said, "but then again, every exam in dental school feels like taking a final in undergrad, so there was no way to begin prepping for it while school was in session."

LaShonda was grateful to be taking the exam in 2018. She couldn't imagine waiting until the following summer, when her notes and memories of her 2017 curriculum review might not be as fresh.

"I started off studying dental anatomy because I felt that we were most removed from that section since the course ended in the first semester, and I knew it would cover a large chunk of questions on the exam," said LaShonda, who took her exam on June 27. "These are fact-based questions and I'd forgotten some of the small details."

Each day she hunkered down in her apartment complex's community room and surrounded herself with study tools: Dental Decks flashcards, the Dental Mastery app and the First Aid for the NBDE Part 1 study guide.

See BECOMING, Page 16

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(ISSN 0895-2930)

September 3, 2018 **Volume 49, Number 16**

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.

ADA American Dental Association®
America's leading advocate for oral health

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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.

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Council reports: Dr. David White, left, of Reno, Nev., shares an update on ADA activities and coalition efforts during the Aug. 17 Council on Government Affairs meeting in Washington, D.C. At right is Dr. Dave Minahan, of Kenmore, Wash. The two-day meeting also included discussions on federal legislation aimed at ending the nation's opioid epidemic, Action for Dental Health and a tour of the ADA's new office building in Washington, D.C., which is steps away from the Senate side of the U.S. Capitol.

VIEWPoint

MyView

The Wild West of online reviews

By Donald Hills, D.D.S.

Out of curiosity, today I opened an email I would normally delete. I learned that there apparently is a way for me to "cheat the system" and stack online reviews in my favor. Little did I know, I could "beat" the competition, leave all the foolish dentists in my wake and cheat my way to two-dozen, five-star Google reviews each month. There is so much wrong with the online world described in this email, so where do I begin?

There was a time, not too long ago, when a caring professional provided quality treatment and could expect kind word-of-mouth advertising to grow his practice. I would like to think that still exists. Unfortunately, in today's hyper-socialized online world, the Wild West has taken over. We all expect some deception in traditional advertising, resulting in our conditioning to question claims made in ads. However, the social aspect of online reviews, for better or worse, obscures our ability to see through the fog of self-expression and we accept the descriptions as more accurate than prudence would dictate.

There are exceptions to the potential deception of online reviews. The engineers and programmers at Yelp, for instance, have spent 10 years fine-tuning their software to recognize planted reviews, bogus claims, malicious fabrications and the like. Sadly, many online review sites, even very popular sites, have no protocols in place to vouch for the accuracy of the evaluations. Anyone can post anything, about anyone, anytime and that is truly frightening. But does it have to be?

Two-dozen, five-star Google reviews a month, peddled so tastelessly in the email I read today, simply does not exist. No rational patient would fall for such nonsense, not to mention the absurd expectation such reviews create.

In reality, online evaluations made by patients are not much different from the way patients shared their opinions and recommendations with each other 20 years ago. The uniqueness about online evaluations today is the sheer size of the potential audience and the anonymity of some posting sites. We have to ask, does it really matter? I would suggest that to be the very best dentist, be kind and empathetic, be fair, be honest, treat everyone like you would treat your spouse or child and your online reviews will be positive. If your office is messy, poorly run, if the staff is unreceptive or rude, or the treatment is substandard, then you certainly must expect online reviews to reflect that as well.

Most of us have embraced technology and incorporated state-of-the-art equipment into our offices. The digital age allows us to provide superior care, from better diagnostic images to unsurpassed marginal integrity. The ship has sailed on 20th century dentistry, and 21st century social media has changed how patients inquire and learn about a dental practice.

Online reviews are firmly ensconced in today's world of social media and

See MY VIEW, Page 5

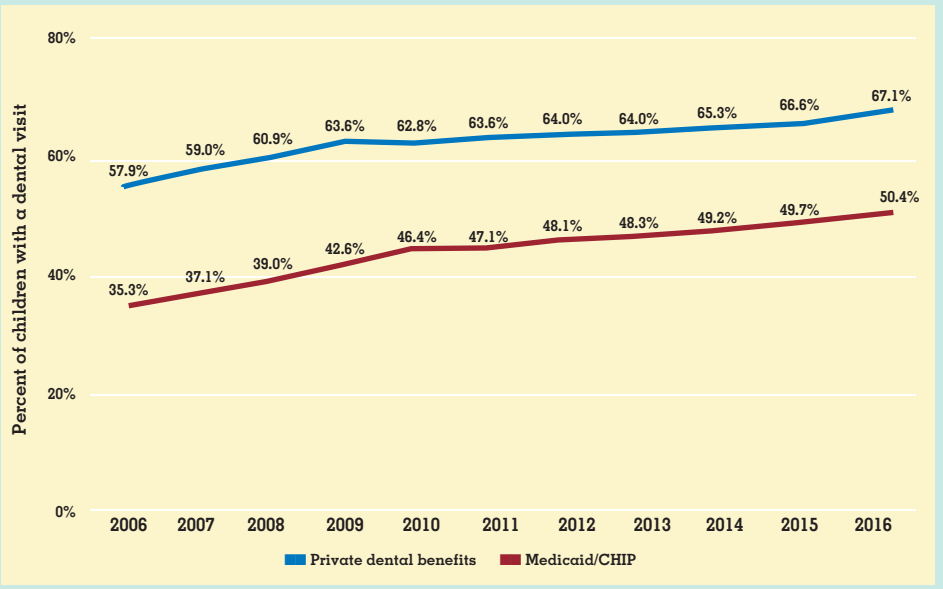
LETTERSPolicy

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

SNAPSHOTS OF AMERICAN DENTISTRY

Dental care use among children

In 2016, for the first time, a majority of Medicaid or Children's Health Insurance Program children had a dental visit in the past year. From 2006 to 2016, the gap in dental care utilization between children with private dental benefits and children with Medicaid or CHIP narrowed. In 2006, the difference in utilization between the two benefit types was 22.6 percentage points. In 2016, it was 16.7 percentage points.



Source: ADA Health Policy Institute Infographic, "Dental Care Use Among Children: 2016."
Available from: ADA.org/en/science-research/health-policy-institute/publications/infographics.

Letters

Affordability

I have an interesting twist to the story "HPI: More Publicly Insured Children Seeing Dentists," (Aug. 6 ADA News) which includes "closing gap between publicly and privately insured children." Years ago I worked in a practice where half of the patients received Medicaid benefits and half were fee-for-service/private insurance. It was interesting that fee-for-service and privately insured often had to say, "Doc, I just can't afford the space maintainer (or other treatment). What do we have to do to avoid an acute problem and just do that?" So the tax-paying patient had to reduce treatment on their children because they couldn't afford it, but the Medicaid patients got everything at the expense of the taxpayer? Just a thought.

Geoff Bauman, D.M.D.
Newark, Ohio

DIY dentistry

Regarding do-it-yourself dentistry ("ADA Launches Public Awareness Campaign Discouraging DIY Dentistry," Aug. 20 ADA News), the ADA would do well to publicize some of the more famous quotations on the subject, such as:

"The doctor who treats himself has a fool for a patient," William Osler, famous physician of the 19th century and founding professor of Johns Hopkins Hospital.

"A man who is his own lawyer has a fool for a client," a well-known proverb among lawyers.

"He who has himself for a doctor, has a fool for a patient," All of which can be

applied to DIY dentistry .

Gregory Belok, D.D.S.
New York City

PPO leasing networks

I recently read your June 18 article by David Burger "PPO-Leasing Networks Can Lead to Confusion, Consternation," and was concerned with the tone of the article being negative on the topic.

I, for one, am happy to see preferred provider organization leasing occurring. And I will tell you why.

Until early spring of 2017, I was a fee-for-service dentist with only one contract: Delta Dental. I practiced for nearly 25 years under that arrangement. Many large envelopes showed up in my mailbox asking me to "join our fabulous network of (underpaid) dentists." I declined. As low as Delta Dental reimbursements have become recently, almost all the large envelopes had fees 40-75 percent of the fees Delta is paying today. Why would I discount my fees that much? Just to keep a warm body in my hygiene chair, or place a crown at 33 percent of my usual, customary and reasonable fee?

No, thanks. I can't make a profit doing that. I was already wondering why I was continuing to accept Delta Dental fees that haven't been increased in many years. Are you listening, Delta?

As the dental insurance benefit climate has been changing over the last few years, I realized far too many patients were making choices to transfer to in network offices based upon the propaganda

See LETTERS, Page 5

ADA health literacy essay contest open to all dental schools

Nine out of 10 adults struggle to understand and use health information that is unfamiliar, complex or jargon-filled, according to the Centers for Disease Control and Prevention.

By using health literacy principles, dentists are among the health care providers who can help improve their patients' understanding about oral health and how to achieve it.

The ADA's annual health literacy essay contest for dental students helps future dentists learn to use plain language to explain scientific topics. For the first time, all U.S. dental schools accredited by the Commission on Dental Accreditation will be invited to participate in the pilot contest this year.

Dental students are asked to research scientific literature on the topic "Cavities: What Are They and How Do We Prevent Them," and then write a 500-700 word essay. The winner's essay will be published on the ADA consumer website, MouthHealthy.org, and its author will receive $500. Four runners-up will receive a $250 award.

Participating schools will be responsible for distributing information about the contest to faculty and students. They will also select one essay from their students' entries to submit to the ADA for the final round of judging. Entries to the ADA are due no later than Nov. 30.

This is the fourth year that the ADA has hosted a health literacy contest. The pilot began in 2015 by the suggestion of Dr. Sorin Teich, professor at Case Western Reserve University School of Dental Medicine.

Last year, Case Western Reserve University student Erinn Enany won the contest for her essay on the topic of "important things you should know about baby teeth." Her essay can be read on MouthHealthy.org.

For more information about the contest, or about health literacy in dentistry, visit ADA.org/healthliteracy. ■

Letters

Continued from Page 4

insurance companies send along with their explanation of benefits statements and meetings during benefit open enrollment periods. My best option was to join select networks that offered reimbursement at or above Delta Dental, but below my usual, customary and reasonable fees. They do exist. Honest. I'm proof. I joined just two networks as a contracted provider, with (negotiated) fees about midway between Delta and my UCR fee.

How does the PPO leasing benefit my office? Simple. When a low-reimbursement plan leases one of the two networks I participate in, my office is paid based upon my (higher) contracted fees from one of the two networks. And I can still maintain a doctor-patient relationship with that family with the poor plan, because to them, I am an in-network option through the lease. The patient is happy to be in a great office and I'm happy not being reimbursed at 50 percent or worse of my full usual, customary and reasonable fee through a low reimbursement plan that I could have signed trying to maintain patient flow.

If this plan of attack is working for me, it can work for you. Do your research, employ some experts on the subject. I did, and figured out how to walk away from low reimbursement plans. They only exist because a dentist is willing to sign a contract. You do have a choice, provided PPO leasing exists. So, please don't throw the baby out with the bathwater; PPO leasing works very, very well for some of us.

Ernest Johnson, D.D.S.
Phoenix

MyView

Continued from Page 4

are here to stay. I am certainly troubled about the anonymity of some sites, as people can be more critical when their identity is unknown. Yet, fortunately, patients do recognize quality and caring dental treatment and will post positive online reviews. My advice to you is to be persistent. As wild as the online review world is, with time your online reviews should accurately portray and reflect the positive environment in your office.

This editorial, reprinted with permission, first appeared in the Sept.-Dec. 2017 issue of the Nassau County Dental Society Bulletin from New York.

Father, daughter complete 50 marathons in 50 states

BY DAVID BURGER

Dr. Heather Sturdivant and her father, retired dentist Dr. Jerry Yoneji, faced challenges when running marathons together.

It wasn't shin splints, or broken blisters, or anything like that.

The biggest challenge, Dr. Sturdivant said, was linking the states together, so that they could do as many back-to-back as possible.

"Once we did New Hampshire and Maine on Saturday and Sunday, and then the next weekend we completed Connecticut and Rhode Island," said Dr. Sturdivant, who practices dentistry in Littleton, Colorado.

The duo had been trying to complete a marathon in each of the 50 states, and in June, the two completed the arduous quest, running and completing the Mayor's Midnight Sun Marathon in Anchorage, Alaska.

All told, the 50 marathons covered more than 1,310 miles.

"I am actually sad that it is over," Dr. Sturdivant said. "I really enjoyed spending the time with my dad and seeing the United States."

Dr. Yoneji practiced in Great Falls, Montana, until retiring in 2015. He said he ran a marathon for the first time in 1992, and once his daughter began running cross-country and track in high school and continued through dental school, he started thinking about the quest.

He had already been an adventurous marathoner.

"My wife saw an article about a marathon in China on the Great Wall," Dr. Yoneji said. "We signed up, but because of the SARS epidemic we elected to go to run the Vienna City Marathon instead. We did go to China and completed The Great Wall Marathon in 2004. We then learned of runners trying to complete marathons on all seven continents so I said, 'Why not?'"

In 2005, Dr. Sturdivant and her sister Julie joined Dr. Yoneji and his wife Jenny in Tanzania and ran the Kilimanjaro Marathon, and it was the first marathon for those three.

While Dr. Sturdivant was in dental school, Dr. Yoneji completed running marathons on all seven continents in 2008. "I was looking for another challenge and running in all 50 states sounded like a good idea," he said. "Being able to travel to all the states and actually run 26 miles in each, you really get to see some interesting and beautiful things."

Dr. Sturdivant jumped at the idea. "It is a great way to see each other more often," she said. "It sounded like a fun goal and something that we could do together."

Over the years, the families would gear vacations around marathon destinations. "Luckily our families were on board with our pursuit," Dr. Yoneji said. "I think the most marathons we ran in a year was 10."

Most of the time the two try and stay together unless they think that Dr. Sturdivant has the opportunity to place in the top three in the women's division. "Heather is much faster than I," the father said. "The standing agreement was she could run her own race if she wanted to. A couple of times about a mile into the race I would see Heather reach into her pouch for her head phones, and I knew she would soon take off. She ended up winning races in Georgia, Missouri and Iowa as well as placing in several others."

Being side by side was what they savored the most. "During all of this we have seen each at our best and worst and have been able to help each other through some hard spots in some races," Dr. Yoneji said. "The time together has been truly special."

Dr. Yoneji doesn't have any immediate plans for another quest, but his daughter does. She has two continents to go to complete a marathon in each one: Asia and Antarctica.

Like father, like daughter. ■

— burgerd@ada.org

Togetherness: Drs. Jerry Yoneji (left) and Heather Sturdivant cross the finish line at the 2013 Leadville Trail Marathon in Colorado.

The end: Drs. Jerry Yoneji and Heather Sturdivant celebrate the completion of their quest to run 50 marathons in 50 states at the finish line of the Mayor's Midnight Sun Marathon in Anchorage, Alaska, in June.

Dentist dances his way into national spotlight, sharing oral health messages

BY MICHELLE MANCHIR

Greenville, S.C. — Dr. Rich Constantine waited until his office staff was away at lunch to record — by himself — the 36-second video that put him in the national spotlight in July.

"I was embarrassed, and I knew I wouldn't be able to do it in front of them," he said.

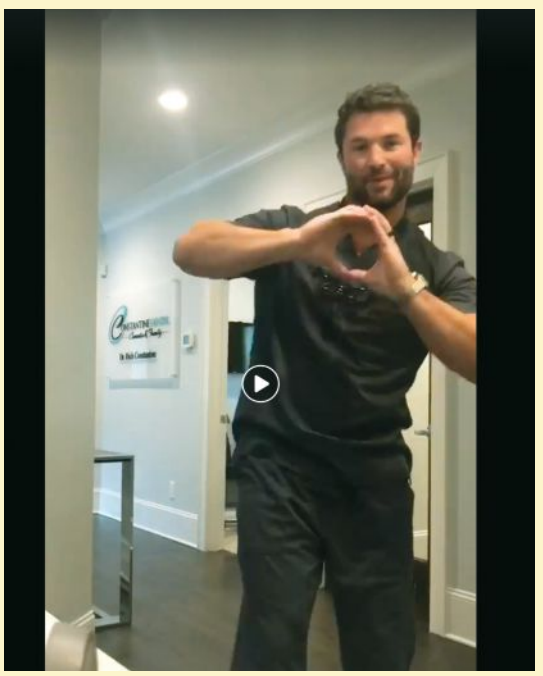
The video featured the dentist participating in the online "In My Feelings Challenge," in which social media users complete the same dance moves to a song by the rapper Drake.

To have some fun with his dental practice's Facebook followers, Dr. Constantine's office staff dubbed the video "In My Fillings," and posted it online.

The next morning, the video had already reached more than 5 million views, and days later the dentist was fielding calls from The Today Show and Inside Edition, seeking interviews. By now, any embarrassed feelings the 2009 West Virginia School of Dentistry graduate had about the dance have washed away.

"It has been pretty wild," Dr. Constantine told the ADA News. "Totally unexpected."

Since that time in mid-July, Dr. Constantine's life has been filled with new experiences thanks to the viral video. Aside from the media attention, including from TV stations as far as the United Kingdom, the dentist has been asked to appear at charity events in the Greenville area, and now he's launching his own nonprofit that he hopes will benefit families whose lives have been affected by cancer. Both he and his wife, Trish, have lost family members to the disease, he said.



Viral in a good way: Dr. Rich Constantine dances in a video that has logged more than 85 million views on YouTube at press time.

He's still making videos for his practice's Facebook page, and often they include messages about oral health or dental hygiene, including reminders to brush two times a day for two minutes.

For Dr. Constantine, who said he previously practiced dancing only at weddings and in "living room dance-offs" with his wife, putting dentistry in a positive light is a major benefit of the attention.

"What we're trying to do with all of this is spread the word that dentistry can be fun," he said. "Dentistry is something that can benefit you and doesn't need to be scary. We're not just trying to promote our office but the whole profession."

Still, Dr. Constantine said his practice's patient base has grown significantly since the video caught fire online. Also great is that established patients who hadn't been in for awhile have come in for return visits, he said.

These days, he's often recognized around Greenville as the viral dentist, getting stopped while he's out at Home Depot or gas stations, he said. He still doesn't know how the video got so popular, but the "In My Fillings" post had more than 85 million views on Facebook as of press time.

"I find myself in this unique position where not only can my office bring happiness through what we're doing, but we also have the ability to create the smiles that people want to share," he said.

When asked what he would share with other dentists about his "going viral" experience, Dr. Constantine suggests letting patients in on your personality to make a connection.

"If they see you're happy and you have the desire to make them happy, they're much more eager to accept and understand the importance of treatment plans," he said. "Don't be scared to be yourself and let people see you for you."

Dr. Constantine can be found on Facebook at https://www.facebook.com/greenvillescdental/ and on Instagram at Constantine_dental. For more information about the nonprofit he is launching this year, visit SmileOnCancer.org. ■

Maryland Department of Health campaign: 'Two minutes with your dentist can save your life'

BY MICHELLE MANCHIR

More dentists in Maryland are more consistently taking their patients' blood pressure thanks to a grant from the Centers for Disease Control and Prevention and a campaign launched by the Maryland Department of Health.

The grant is funding a pilot program to encourage more dentists to screen patients for hypertension at each visit and refer those with elevated blood pressure to a physician for a follow-up.

Dr. Hughes

With program guidance from the state and local health departments, 47 dental practices have joined the program, screening more than 36,000 patients, said Dr. Debony Hughes, director of the Maryland Department of Health's Office of Oral Health.

To help raise awareness for the campaign and educate patients, the office of oral health this summer launched a campaign called "Two Minutes With Your Dentist Can Save Your Life."

Ads featuring the message will run in movie theaters, gas station pump TV screens and targeted cable TV stations throughout the state, said Dr. Hughes.

"We hope that people continue to share this message and ultimately introduce this practice to a whole new audience of dentist and dental patients," Dr. Hughes said.

"While many offices have already been participating in routine blood pressure screening for their patients, the highlighting of this protocol will expand public knowledge of the practice by the dental practitioner community," said Dr. Jane Grover, director of the ADA Council on Advocacy for Access and Prevention.

With the program in place, Dr. Hughes shared stories of patients who credit their blood pressure screening at the dental office with saving their lives, including a 49-year-old man who started blood pressure medication after seeing his physician only after his 198/120 reading in the dental office. In another case, a 46-year-old man's 140/110 reading at a dental emergency walk-in clinic led him to the emergency room, where it was discovered he needed emergency heart surgery.

"He was very grateful that his blood pressure had been taken and shared with the health service specialist that it saved his life," Dr. Hughes said.

In 2017, the American Heart Association redefined what it considered high blood pressure in adults from 140/90 to 130/80. At the time, the change meant 46 percent of U.S. adults are identified as having high blood pressure, compared with 32 percent under the previous definition.

Screening for diabetes, high blood pressure and high cholesterol in the dental office could save the health care system up to $102.6 million each year, according to a 2014 study published by the ADA Health Policy Resources Center.

For more information about the program in Maryland, visit health.maryland.gov/oral-health. ■

Treating geriatric patients focus of ADA webinar

The ADA is hosting a Sept. 19 webinar to help clinicians who treat geriatric patients.

The webinar, Treatment for the Geriatric Patient, will be held online from 2-3 p.m. CST.

Dr. Gregory J. Folse, a member of the National Elder Care Advisory Committee, operates a mobile geriatric dental practice in Lafayette, Louisiana, that provides comprehensive dental treatment to 3,800 nursing facility residents. Dr. Folse will lead the webinar and discuss the ins and outs of treating geriatric patients, including the "Deadly Five" conditions that stop or delay oral care: potential osteonecrosis, anticoagulants, recent acute medical conditions, severe infections and high blood pressure on the day of surgery. The discussion will also show how these conditions can affect treatment planning decisions and provide answers to many dental, medical, pharmacological and psychological concerns.

In addition, attendees will learn when to provide dental treatment, maintain oral disease or do nothing at all.

Participants in the live webinar session are eligible for one hour of continuing education. Find the link to register online by searching ADA.org for the headline "Webinar Centers On Treating Geriatric Patients." ■

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FDA to issue pain management guidelines

BY JENNIFER GARVIN

Silver Spring, Md. — The Food and Drug Administration announced Aug. 22 that it will develop prescribing guidelines in an effort to give health care providers "the most current and comprehensive guidance on the appropriate management of pain."

To do this, the FDA said it has awarded a contract to the National Academies of Sciences, Engineering, and Medicine to develop evidence-based guidelines for "appropriate opioid analgesic prescribing for acute pain resulting from specific conditions or procedures."

"The primary scope of this work is to understand what evidence is needed to ensure that all current and future clinical practice guidelines for opioid analgesic prescribing are sufficient, and what research is needed to generate that evidence in a practical and feasible manner," said FDA Commissioner Scott Gottlieb, M.D., in prepared remarks.

Dr. Gottlieb said the FDA plans to re-examine how opioids are being prescribed since "many common, acute indications" could be treated with "just a day or two of medication rather than a 30-day supply, which is typically prescribed."

He also said the FDA is concerned about excess pills being "misused or abused by friends or family members" and the increased risks for misuse, abuse and addiction some patients may face.

Strategies for the management of acute pain in medicine and dentistry are the same.

"This presents a difficult challenge both for the U.S. Food and Drug Administration and for health care providers," Dr. Gottlieb said. "We want to reduce the likelihood of misuse and abuse of these drugs and, at the same time, ensure our approaches are properly targeted, evidence-based and serving the medical needs of patients."

"One of the ways we believe we can work together with medical professional societies as good stewards of public health is by developing a framework that can assist them in creating evidence-based guidelines on appropriate opioid analgesic prescribing to treat acute pain resulting from specific medical conditions and common surgical procedures for which these drugs are prescribed," Dr. Gottlieb concluded. "Ultimately, our public health goal is to support more rational prescribing practices."

The contract with the National Academies of Sciences, Engineering, and Medicine is independent from the National Academy of Medicine's new Action Collaborative on Countering the U.S. Opioid Epidemic, a public-private partnership of which the ADA is a supporting organization.

In March the ADA adopted interim policy on opioid prescribing that supports prescription limits and mandatory continuing education for dentists.

The policy is believed to be one of the first of its kind from a major health professional organization. During a meeting with the National Institute on Drug Abuse and National Institute of Dental and Craniofacial Research, leadership from the two NIH branches praised the ADA for the policy.

ADA President Joseph P. Crowley and Executive Director Kathleen T. O'Loughlin met with Commissioner Gottlieb in March.

The two shared several opioid articles published in the April 2018 edition of the Journal of the American Dental Association, including a systematic review that found various non-steroidal anti-inflammatory drugs, alone or in combination with acetaminophen, were found to be as effective, if not more effective at managing acute dental pain and produced less side effects than opioids.

For more than 10 years, ADA education efforts on this issue have included free quarterly webinars.

The 2018 offerings included information on providers' role in helping DEA prevent prescription drug abuse, interprofessional approaches to addressing opioid abuse and managing dental pain in adolescents and adults.

Follow all of the opioid-related ADA efforts at ADA.org/opioids. ■

—garvinj@ada.org

Prioritizing patients over paperwork

Administrative Efficiencies Summit seeks solutions to help dentists

BY DAVID BURGER

Administrative burden and paperwork are ever-increasing and the ADA is working to help members navigate these changing times.

"The council is sensitive to offices needing to hire full-time staff to simply be on the phone with the insurance carrier to get information for each patient," said Dr. Steven Snyder, Council on Dental Benefit Programs chair. "In this day and age of reducing reimbursement rates, we are seeking ways to help dental offices become more efficient."

Dr. Synder recognized the problem. "This needs to be solved," he said.

In this vein, the first-of-its-kind Administrative Efficiencies Summit brought together ADA member dentists with other stakeholders in the dental benefits landscape whose activities and products affect the administrative costs of a dental practice. The goal was to bring practical solutions to existing inefficiencies.

The ADA Council on Dental Benefit Programs and the ADA Practice Institute's Center for Dental Benefits, Coding and Quality convened the one-day summit on Aug. 17 to help smooth the adoption of automated and standard electronic transactions to deal with dental benefit plans.

Dr. Brett Kessler, a member of the Council on Dental Benefit Programs, acknowledged the collaborative spirit of the meeting. "We addressed gaps in communication and made it apparent that everyone can play in the sandbox together," he said.

More than 30 attendees came together in the same room to find solutions and included representatives from varied sectors of the dental community, including dentists, dental benefit plans, dental practice management system vendors, clearinghouses and financial institutions.

Leadership: Dr. Steven Snyder, left, and Dr. Christopher Bulnes listen to a presentation on the latest CAQH Index report during the Administrative Efficiencies Summit on Aug. 17 at ADA Headquarters. Dr. Snyder is chair of the ADA Council on Dental Benefit Programs, and Dr. Bulnes is the vice chair.

Besides identifying ways to help dentists, the summit focused on patients and their experiences with dental plans and benefits so that dentists can spend more time providing care. "The bottom line is caring for the patient," said Dr. Craig Ratner, chair of the Council on Dental Practice. "That is the most important to me."

The group discussed seven topics after a presentation on the CAQH Index report, which tracks the progress in the shift from manual (e.g., phone, fax or mail) to electronic business transactions between heath plans and providers. The seven topics — patient eligibility and benefits verification; pre-determination; claim submission; reimbursement; reconciling account receivables; coordinating benefits; and dentist credentialing — acknowledged obstacles that kept dentists from easing into electronic transactions and ways in which they can be overcome.

The basis of discussions was the situation descriptions as described to the ADA by members. Each described the current situation faced by the dentist and the potential ideal state that could be achieved when a practice is able to implement a consistent and automated solution. These descriptions were, in essence, gap analyses with recommendations on possible solutions that to achieve require collaborative actions.

The members of the summit, led by Dr. Snyder, were consistent in their beliefs that this meeting shouldn't be one-and-done.

According to the Council of Affordable Quality Healthcare — better known by its acronym CAQH — full adoption of electronic processes for the transactions could save the dental industry nearly $2 billion in direct costs each year, with most of these savings accrued to provider offices.

There were four immediate action areas identified and responsible persons or entities were identified at the meeting. Initial findings, conclusions and recommendations are due in November. Feedback will be reviewed with the Center for Dental Benefits, Coding and Quality and be used for planning and scheduling additional next steps.

"We are pushing out more education through webinars and online material and encourage members and their office staff to learn more about these solutions as we develop them," said Dr. Chris Bulnes, vice chair of the Council on Dental Benefit Programs.

"This meeting is a good example of how the ADA works for its members," said Dr. Mary Lee Conicella, ADA member and Aetna chief dental officer who represented the National Association of Dental Plans.

"I don't think it could have gone any better," said Dr. Snyder.

The council wants to continue to hear from members about the burdens they face in their offices. Office managers can too highlight problems that the council needs to address within the industry. Dentists and their staff are encouraged to send their thoughts to dentalbenefits@ada.org. ■

— burgerd@ada.org

Closure of Oregon dental laboratory program leaves only 13 U.S.-based training programs

BY DAVID BURGER

Portland, Ore. — In 1992, there were 56 CODA-accredited dental laboratory technology programs in the U.S., according to Bennett Napier, chief staff executive of the National Association of Dental Laboratories.

Five years ago, there were 19.

Now there are only 13.

The Oregon Association of Dental Laboratories, with support from the National Association of Dental Laboratories, has asked Portland Community College to reconsider its decision to close the dental laboratory technology program at its Sylvania campus.

"The ADA Council on Dental Practice is very invested in issues relating to all dental personnel, including dental lab technicians," said Dr. Craig Ratner, chair of the council. "The education and training of all dental health care workers is a major concern for the council, as is access to qualified personnel in all job positions. The closure of this program in Oregon is especially newsworthy and dentists need to be aware that there are significantly fewer programs to train dental lab technicians and this can impact both our patients and our practices."

On July 27, Katy Ho, Ph.D., vice president of academic affairs at Portland Community College, announced the closure in a letter to the dental laboratory technology advisory committee. According to the letter, the decision was based on the budget constraints of the college; high cost of the program per student; the ability of the college to maintain and invest in high-cost equipment and facilities; and "historically low" enrollment and completion.

The Oregon Association of Dental Laboratories objected to the conclusion. "The continuation of the dental laboratory program is not an easy decision, but we strongly believe it is the right one for its students, the doctors, the patients and the community," said the Oregon Association of Dental Laboratories' board in an Aug. 7 letter to Mark Mitsui, Ph.D., college president. "It is ever so critical for Portland Community College, as the largest in-state public college, to be the vanguard of the maintaining and nurturing the future dental technologist for our community. Access to dental care is extremely important to Oregon's citizens. Dental laboratories generally provide dentists with support on over 65 percent of an average dental practice's prescriptions for restorative and cosmetic oral health care."

The letter continued: "We believe that the career path for Portland Community College's dental laboratory program graduates is bright to become leaders in the industry. According to the Department of Labor, year-end 2017 figures indicate 3 percent growth in demand for dental technicians and average wages have gone up over 11 percent since 2014."

Dr. Ho said the college will continue to teach the curriculum for the next two years to help students who are currently enrolled or who have signed up to start in the fall.

Portland Community College's dental laboratory technology program is the only one of its kind in Oregon.

Homayoun Louie, one of the program instructors at Portland Community College, said the fall of 2018 enrollment is full, with 18 students accepted, with some students coming from out of state. He estimated that 90 percent of graduated students become employed either by Oregon Association of Dental Laboratories-member labs or other labs in the area.

Mr. Napier said he was frustrated with the "snowball" of dental laboratory closures, and worried that "we haven't seen the worst yet," predicting that the nation could soon be down to 10.

But with student interest trending upward, Mr. Napier hopes that demand for qualified laboratory technicians will precipitate the opening of new programs across the U.S. "Some of the schools are growing and turning students away," he said. "Some schools have had to double faculty to meet the demand."

The Council on Dental Practice has had an official representative on the National Association of Dental Laboratories' National Board for Certification in Dental Laboratory Technology for many years and the council was initially created to respond to concerns in the dental laboratory arena. Dental laboratory technology programs are accredited by the Commission on Dental Accreditation.

For more information on the National Association of Dental Laboratories, visit NADL.org. ■

—burgerd@ada.org

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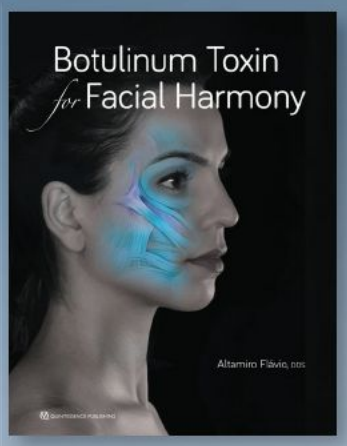

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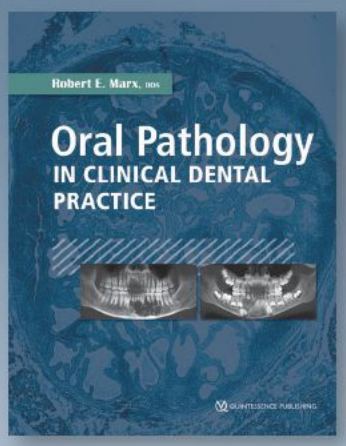

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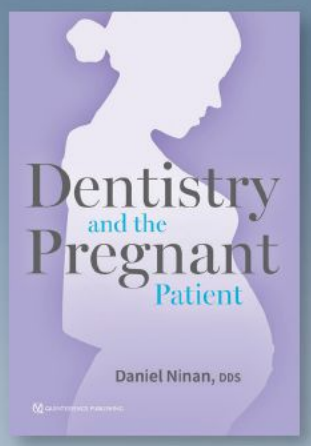

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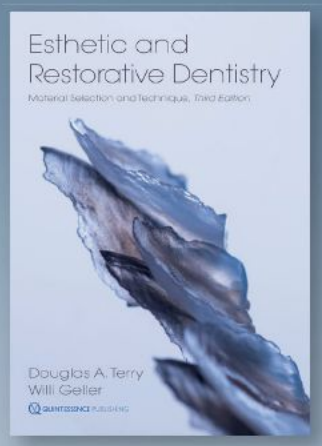

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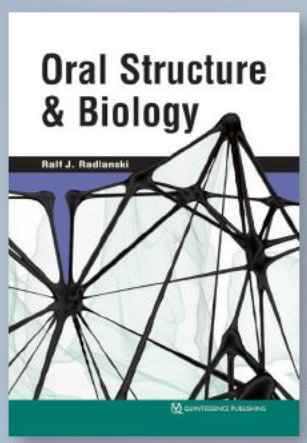

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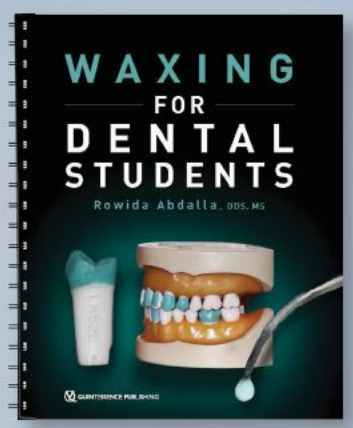

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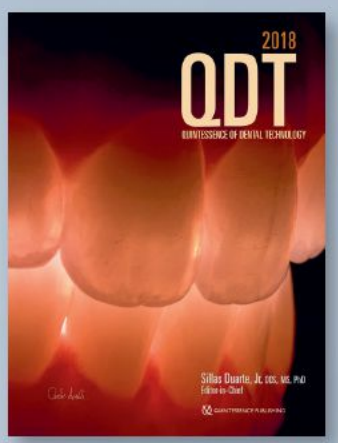

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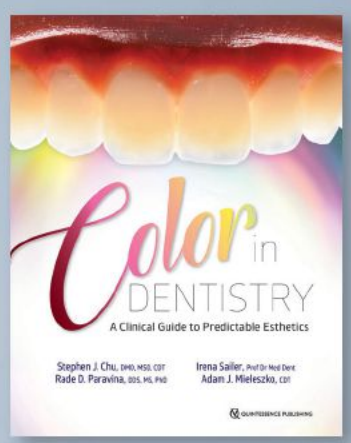

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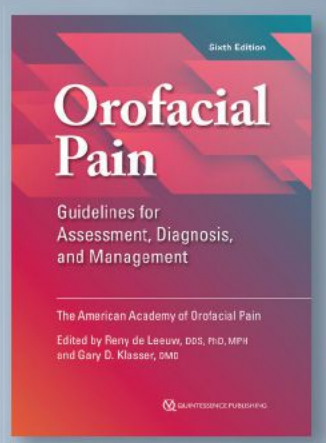

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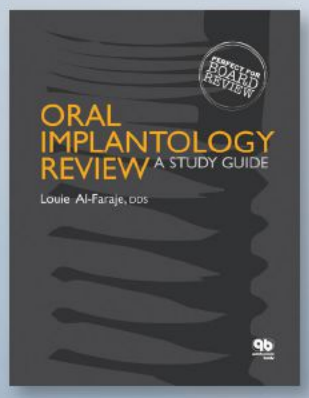

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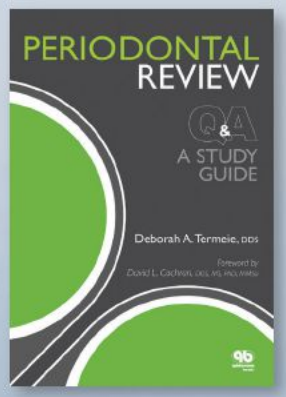

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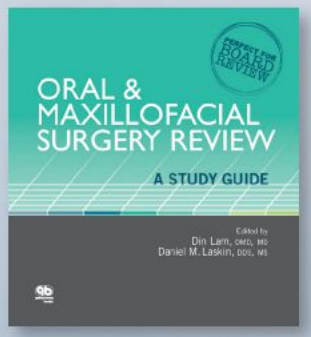

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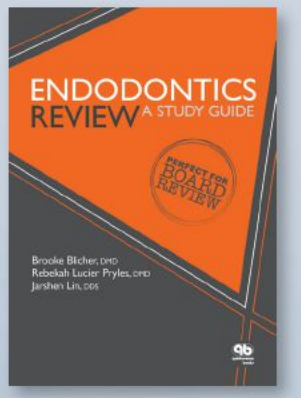

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Editor-in-Chief: Werner Schupp
Published quarterly.
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ADA has resources that help state societies draft legislation

BY DAVID BURGER

Editor's note: This is the 17th 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.

It's all about not having to reinvent the wheel.

Whether the issue is disallowed clauses or delayed refund requests, many problems faced by dentists every day can be addressed by state dental societies in their legislative efforts, according to Dr. Brett Kessler, member of the ADA Council on Dental Benefit Programs.

The ADA recognizes this, so the Council on Dental Benefit Programs has a webpage devoted to Principles for Model Legislation for state dental societies to use as they see fit.

All of the principles are written broadly so that each state can tailor to their needs.

"The ADA works tirelessly to influence public policies affecting the practice of dentistry and the oral health of the American public," Dr. Kessler said. "In Washington, D.C., and in state capitals, the ADA lobbies legislatures, Congress, the Administration — fighting for things that matter to dentists and the patients they serve. And the ADA also provides technical support to help state dental societies advance their respective policy agendas. And that's an important member benefit, because those policies affect every dentist in every practice — and ultimately every patient."

The model legislation is available at:

ADA.org/en/advocacy/principles-for-model-legislation.

This resource is there, ready to go, when the issue arises. Like a fire department, the ADA doesn't want to wait until there's a fire to cobble together resources — it needs to have them ready for when the fire happens.

One example of model legislation is language to address the withholding of benefits from one dentist because of overpayment to another dentist or based on another patient's account.

To aid state dental associations considering legislation to address this issue, the ADA has identified concepts that could be included in state legislation. The concepts are:

- Any contract providing benefits for dental care shall not withhold payment to a dentist because of an alleged overpayment to another dentist.
- Also, the plan shall not withhold payment to a dentist because of an alleged overpayment to the dentist based on another patient's account.

In another example, the ADA has heard from dental offices that dentists have been asked to refund payments to a plan because of an alleged overpayment to the dental office. Sometimes these requests are sent up to two years after the patient was treated. This can create accounting difficulties for dental offices and it is also very difficult for dentists to obtain payment from the patient after such a long period of time has elapsed.

In response, the ADA Council on Dental Benefit Programs has drafted language for legislation to address the issue.

These were just two of the scenarios the ADA Council on Dental Benefit Programs has written model legislation about. Other issues concern affiliate carrier clauses; medical loss ratio; dental designation; inadequate notice to providers when carriers change policies; deferred compensation programs; and transparency in third-party payment transactions, among others.

Dr. Kessler

In addition, the ADA Department of State Government Affairs offers resources to help state and local dental societies benefit from the best practices and lessons learned in other states and municipalities. For additional information or to request assistance, contact the department at 1-312-440-2525 or govtpol@ada.org.

One state where the ADA aided successful legislative efforts is Louisiana. A new law in the state, effective Jan. 1, 2019, prohibits dental carriers from denying any claim for a procedure where the insurer has issued a prior authorization.

Ward Blackwell, Louisiana Dental Association executive director, said the ADA provided support by helping draft amendments that moved the bill toward becoming law.

Follow ADA advocacy at ADA.org/advocacy.

The ADA has also 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. ■

Guardian rescinds third molar sedation position

BY DAVID BURGER

The Guardian Life Insurance Company of America has reversed its position on third molars and associated sedation and anesthesia, now assuring dentists that claims will no longer be reviewed for medical necessity.

According to Guardian's website, Guardian has more than 114,000 in-network dentists in over 330,000 locations.

Dr. Randi S. Tillman, Guardian's assistant vice president and chief dental officer, said, "We made updates to Guardian's clinical policies that we thought would better align our claims practices with the marketplace and clinical norms."

"Soon after that change was implemented, the feedback we received from our customers and professional community was that the new medical necessity review process did not align with customer expectations," she told the ADA News in a statement.

"Therefore, effective immediately we will no longer apply medical necessity review criteria to third molars and associated IV sedation or general anesthesia."

Oral surgeons for whom Guardian has mailing addresses will receive postcards with this information, Dr. Tillman said. She added that it is not necessary for dentists or patients to resubmit denied claims, as Guardian will automatically reprocess any denied claims retroactive to April 26 within 45 days.

"The positive feedback we've received, to date, reinforces how much value Guardian places in listening to our customers and the professional dental community," Dr. Tillman told the ADA News.

"This is just another example of the ADA advocating on behalf of all dentists nationwide," said Dr. Steve Snyder, chair of the ADA Council on Dental Benefit Programs.

Visit the ADA Center for Professional Success at Success.ADA.org. ■

Oral and maxillofacial specialty group celebrates its centennial

BY MICHELLE MANCHIR

In August of 1918, 29 exodontists from around the country gathered at a hotel Chicago, signing a charter and launching what's known today as the American Association of Oral and Maxillofacial Surgeons.

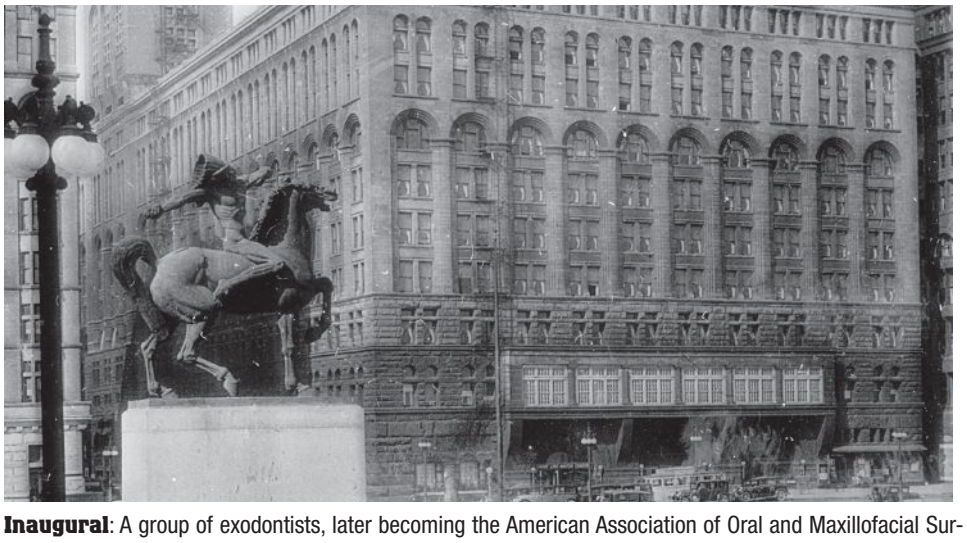
This year, the association boasts more than 9,000 members and will celebrate its 100th anniversary during its annual meeting scheduled for Oct. 8-13 in Chicago, according to a news release.

"We will celebrate the rich history of our association and the oral and maxillofacial surgery specialty," said the association's president, Dr. Brett Ferguson.

After their first momentous meeting in Chicago, the group became known as the American Society of Exodontists, later becoming the American Society of Oral Surgeons and Exodontists, then the American Society of Oral Surgeons and finally, in 1978, the American Association of Oral and Maxillofacial Surgeons, the group said in a statement.

The AAOMS sent the ADA News some notable milestones from the last century.

- In 1918, Dr. Menifee Howard contacted other exodontists about the need for an oral surgery organization to benefit the specialty and serve the public, which led to the Aug. 6 meeting that year in Chicago. The first initiation fee for the group was $10, while annual dues were $5.
- The association's first annual meeting that included education was held in 1920, where participants heard presentations on "Nitrous Oxide and Oxygen" and "Higher Standards of Ethics in the Exodontia Specialty," among others.
- In 1934, the annual meeting included a seminar on using intravenous agents such as sodium thiopental, following years of discussions focusing on inhalation of general anesthesia.
- In 1942, the American Society of Oral Surgeons and Exodontists canceled its annual meeting for the only time in its history, "as the nation focused on World War II."
- At the 1961 American Society of Oral Surgeons Annual Meeting, the House of Delegates became the organization's legislative body.
- In 1994, the American Association of Oral and Maxillofacial Surgeons House of Delegates voted unanimously that oral and maxillofacial surgery is and always will remain a specialty of dentistry. In 1997, the ADA adopted a new definition of dentistry that includes oral and maxillofacial surgery.



Inaugural: A group of exodontists, later becoming the American Association of Oral and Maxillofacial Surgeons, held its first meeting in Chicago in 1918 at the Auditorium Hotel.

In honor of the AAOMS' centennial, its October annual meeting will offer a historical review as part of nine different educational tracks based on the oral and maxillofacial scope of practice. The tracks include anesthesia; cosmetic and orthognathic surgery; dental implants; dentoalveolar; head and neck oncology; pediatrics and cleft; reconstruction; temporomandibular joint; and trauma.

For more information about the meeting or the organization, visit AAOMS.org. ■

Survey: Most dental practices are prepared for medical emergencies

BY DAVID BURGER

Nearly 97 percent of dental practices reported that they had a plan for responding to medical emergencies in the office, according to a survey conducted by the ADA Council on Dental Practice earlier this year.

The survey's results are available online at ADA.org/emergencysurvey.

"According to the survey, dental practices report that they are largely prepared for medical emergencies that might happen in an office," said Dr. Craig Ratner, Council on Dental Practice chair. "It also revealed that some of the most commonly occurring medical emergencies are situations that can occur almost anywhere."

Other key findings from the survey include:

• The top three medical emergencies that required medical treatment that have occurred in practice within the previous 12 months were syncope (39.8 percent), epinephrine reaction (37.4 percent) and postural hypotension (33.9 percent).

• Most practices (86.4 percent) reported training staff on how to respond to medical emergencies that can occur in the practice.

• The most common types of staff training for managing medical emergencies in the practice were reviewing written materials (60.3 percent) and live training by an outside presenter (58 percent).

• Two-thirds (66.1 percent) of responding practices reported maintaining a log to document staff training for medical emergencies.

• Most practices (96.5 percent) had at least one staff person trained in Basic Life Support as offered by the American Heart Association or the American Red Cross.

• Basic Life Support-certified staff members include dentists (99.5 percent); dental assistants (84.8 percent); dental hygienists (76.7 percent); and office managers (70.9 percent).

• Most dental practices (93.4 percent) have an emergency medical kit with drugs to manage routine medical emergencies.

• Practices with emergency medical kits containing medications report having:

• Oxygen available for emergencies (95 percent).

• Epinephrine auto-injectors for adult patients (83.6 percent).

• An automated external defibrillator (75.7 percent).

• Epinephrine auto-injectors for pediatric patients (61.8 percent).

"The Council on Dental Practice conducts surveys, like this one, because they provide valuable information about our members," said Dr. Ratner. "The results also enable the Council to share information with other agencies in the Association to develop resources, information and training opportunities that will help members succeed in all aspects of their practices, including during unforeseen emergencies."

The CDP Survey on Preparedness for Medical Emergencies in the Dental Practice was emailed to a random sample of professionally active licensed dentists. Five hundred and twenty-nine individuals completed the survey. More than three-fourths (76.5 percent) of the respondents reported being in general dentistry practices and 52.8 percent of the total respondents were in solo practice.

The ADA website has a number of resources available that help dentists prepare for medical emergencies at ADA.org/medicalemergencies.

ADA Member Advantage has endorsed select HealthFirst Practice readiness solutions, including emergency medical kits. ADA members can receive a discount on selected products by entering "ADAMEMBER" in the discount code field at checkout at healthfirst.com/ADA.

In late fall, the ADA will publish a new manual called Medical Emergencies in the Dental Office: Response Guide that can be preordered now at ADA.org/emergencyresponseguide. ■

— burgerd@ada.org

Article highlights importance of fluorides

A systematic review published earlier this year in Gerodontology underscores the importance of fluorides in oral hygiene.

Authors of "Personal Oral Hygiene and Dental Caries: A Systematic Review of Randomised Controlled Trials," reviewed personal oral hygiene interventions and their influence on the incidence of dental caries among 743 participants in three studies.

Researchers concluded that "personal oral hygiene in the absence of fluorides has failed to show a benefit in terms of reducing the incidence of dental caries."

In discussing their findings, the authors address the "dangers" in the "unqualified promotion of oral hygiene for dental caries prevention" and expressed concern that it "may lead individuals to select fluoride-free toothpastes."

The article can be read in full online at onlinelibrary.wiley.com by searching for the article title. ■

Chicago pediatric clinic that serves 100 every day gets $2 million boost

BY MICHELLE MANCHIR

Many Illinois families drive hours from their homes to access the University of Illinois at Chicago College of Dentistry's pediatric clinic, located about three miles west of Michigan Avenue in the city's downtown, said Dr. Marcio da Fonseca, head of the university's department of pediatric dentistry and director of oral health for special needs children.

The UIC pediatric dental clinics see about 100 patients every day for comprehensive and urgent care, Dr. da Fonseca said, and soon it may be able to serve even more. In July, the Illinois Children's Healthcare Foundation announced a $2 million grant for the clinic to build a pediatric dentistry ambulatory surgery center, which is expected to include four procedure rooms and two general anesthesia suites.

Currently, the pediatric clinic relies on the university's hospital surgery center to treat many of its patients needing extensive dental work under general anesthesia.

Most children who visit the clinics are at high risk for dental disease, said Dr. da Fonseca. About a third of the population includes patients with special needs, including chronic health conditions and developmental delays, he said.

But the University Hospital operating rooms are often booked so the pediatric clinics regularly have a backlog of more than 1,000 patients waiting for general anesthesia services, said Dr. da Fonseca.

The new pediatric dentistry surgery center, located in the college's oral and maxillofacial surgery department, will allow the UIC College of Dentistry to serve an additional 1,000 pediatric patients each year who need care under general anesthesia and an additional 1,500 pediatric patients who need dental care under sedation, according to a news release from the Illinois Children's Healthcare Foundation.

The university's junior dental students and 18 residents in its recently expanded specialty residency program staff the pediatric dental clinics, which are easily accessible via public transportation, said Dr. Clark Stanford, dean of the UIC College of Dentistry. Faculty members oversee the clinic and also see patients, including Dr. Stanford himself, who mostly sees patients with special needs and genetic anomalies.

Furthermore, the college of dentistry recently received a grant from the Fry Foundation to hire a social worker who, through a partnership with the university's social work program, will assist patients and families decrease barriers to access to dental care and understand their needs in a holistic way, said Dr. Stanford.

To serve more patients, Dr. da Fonseca said the university has been looking for collaborations with community partners, such as the Illinois Children's Healthcare Foundation. Due to Illinois' notorious state budget woes, funding from the state has dramatically decreased since the 1980s, said Dr. Stanford, so private donations are crucial to maintain — and certainly to increase — the volume of care at the university's clinics, he said.

"We also will embark on a strong prevention program to help decrease the burden of dental disease for our patients," said Dr. da Fonseca.

The pediatric dentistry surgery center that will be built thanks in part to this grant "will have a profound impact on the delivery of oral health care to children in Chicago and throughout the state of Illinois for generations to come," Dr. Stanford said.

Construction for the new facility is expected to begin in November.

Illinois Children's Healthcare Foundation is a statewide private foundation that began investing in children's oral health programs in 2004, according to a news release.

For more information about the foundation or the project, visit ilchf.org. ■

Floss picks, fluoride rinses among ADA Seal-accepted products

BY MICHELLE MANCHIR

Several oral health care products, including floss picks and fluoride rinses, earned the ADA Seal of Acceptance in the second quarter of 2018.

The ADA Council on Scientific Affairs' acceptance of the following items means the products' manufacturers met clinical and ADA laboratory requirements in addition to ADA and American National Standards Institute-approved dental standards, when applicable.

Here's a summary of the items:

• Listerine Total Care Anticavity Mouthwash, Listerine Total Care Zero Anticavity Mouthwash and Listerine Nightly Reset Anticavity Fluoride Mouthwash each earned the Seal based on the finding that the products are safe and have shown efficacy in helping to prevent tooth decay.

• Dollar Shave Club Superba! Fluoride Toothpaste & Gel Toothpaste received the Seal based on the finding that the product is safe and has shown efficacy in helping prevent tooth decay.

• DenTek Floss Picks (Comfort Clean, Comfort Clean Easy Reach, Fresh Clean, Triple Clean, Complete Clean, Complete Clean Easy Reach and Kids Fun Flosser Picks) each received the Seal based on the finding that the products are safe and have shown efficacy in removing plaque between teeth and helping to prevent (and reduce) gingivitis.

• Medline Supersoft Nylon Toothbrush received the Seal based on the finding that the product is safe and has shown efficacy in removing plaque and helping to prevent and reduce gingivitis.

See photos of and more information about every product with the ADA Seal of Acceptance at ADA.org/Seal. ■

HPI: Average dentist retires later

According to the ADA Health Policy Institute, the average dentist currently retires just before they turn 69, although back in 2001 their average retirement age was about 65.

In an infographic published Aug. 20, HPI uses 2017 data to look at the exit rate for retiring dentists in the U.S. and also projects that by 2037, the number of U.S. dentists will outpace the U.S. population growth during that same stretch.

HPI defines "exit rate" as the number of practicing dentists who retire, leave the U.S., let their license lapses, or who pass away over a 5-year period. Exit rates reached a low point in the years right after the great recession in 2008.

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

International volunteer projects receive ADA Foundation grants

Five international dental volunteer organizations that oversee projects in Central America and Asia are the recipients of a new grant program through the ADA Foundation.

The grants, up to $5,000 each, are designed to support established U.S.-based nonprofit organizations that are working to improve access to oral health care in underserved communities outside the U.S.

The recipients are:

• Colonial Presbyterian Church, Kansas City, Missouri. The church conducts dental mission trips to Guatemala and plans to use grant funds to replace its portable dental chairs — many of which are held together with duct tape and bailing wire — and two portable dental operating systems.

• Global Dental Relief, Denver. Global Dental Relief provides dental care to children in Nepal, India, Guatemala, Kenya and Cambodia. It will use grant funds for a new four-chair portable clinic to be set up in local schools in the foothills of Nepal.

• MEDICO-Medical Eye Dental International Care Organization, Northlake, Illinois. MEDICO is a humanitarian organization that provides volunteer teams and services throughout Honduras, based on a model of seeing what needs are, and matching available resources to those needs. The organization will use grant funds to purchase a portable dental chair, portable stools and other supplies.

• Open Wide Foundation, Scottsdale, Arizona. The foundation sponsors oral health care providers for about 40 weeks each year in Guatemala. The grant will specifically support a Special Needs Week of care exclusively for patients with developmental disabilities.

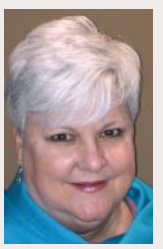
• Strong Villages, Agoura Hills, California. The program provides dental care to populations in Belize, Cuba, Ecuador and India and the U.S. With the grant funds, they plan to add two portable dental units; an addition to the Tumul K'in Health Center in Belize; and purchase supplies.

For those interested in volunteering internationally, visit the ADAFoundation.org/internationalvolunteer. ■

Executive director of Mississippi Dental Association named honorary member

BY DAVID BURGER

Jackson, Miss. — The ADA Board of Trustees has named Connie Lane, retired executive director for the Mississippi Dental Association, as an ADA honorary member for her contributions to the advancement of the art and science of dentistry.


Ms. Lane

Ms. Lane is the fourth person this year to be rewarded with honorary membership. The Board in April approved as recipients Dr. Patrick Hescot, immediate past president of the FDI World Dental Federation; David Hemion, retired executive director of the Montana Dental Association; and Joe Martin, a retired ADA employee who worked with the ADA Institute for Diversity in Leadership.

Ms. Lane was executive director of the Mississippi Dental Association for nearly two decades, retiring on Aug. 31.

While Ms. Lane wore many hats throughout her career, a signature achievement was literally and figuratively keeping the Mississippi Dental Association afloat during a devastating natural disaster.

"In 2005 Hurricane Katrina decimated our Gulf Coast and continued inland affecting dentists statewide," said Dr. Sherry Gwin, Mississippi Dental Association president, in her nominating letter. "Ms. Lane left her tree-littered home to man the phones at the MDA. Calls flooded in from dentists about the MDA Relief Fund, insurance contacts and for a much-needed comforting voice of support. Ms. Lane contacted other dental associations and organizations for relief with money, equipment and manpower to aid our dentists." ■

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ADA celebrates CVS Oral Health Month

BY KIMBER SOLANA

In collaboration with CVS Pharmacy's celebration of CVS Oral Health Month, the Association is providing a major presence at the retailer's locations and website this September.

This presence includes a circular ad on Sept. 23, which will feature ADA Seal of Acceptance products and encourage consumers to find an ADA dentist; an in-store free-standing Colgate display with shelves dedicated to ADA Seal products; and online promotion through the microsite, CVS.com/ADAdental. Additionally, the ADA will help promote CVS during custom posts that will run on BuzzFeed about the ADA Seal of Acceptance.

CVS Oral Health Month is the latest endeavor by the ADA and CVS Pharmacy, which announced in January a three-year initiative that gives the Association a continuous in-store and digital presence to help put millions of dental patients on a path to better overall health. The initiative's goal: to make it easier for the public — and potential/current patients — to achieve better oral health from dental chair to daily care.

A core component of the initiative is to give premium placement and promotion of dental care products — including mouthrinses, toothbrushes, toothpastes, floss/interdental cleaners and sugar-free gum — that have earned the ADA Seal of Acceptance.

Consumer dental products that earn the Seal have undergone ADA scrutiny, with extensive review of data from clinical and/or laboratory studies to ensure the company's therapeutic claims are legitimate. The ADA Seal program requirements are consistent with current ADA and American National Standards Institute-approved standards.

Programs to connect oral health in consumer-friendly ways, such as CVS Oral Health Month, will continue over the next three years. Earlier this year, CVS Pharmacy launched CVS.com/ADAdental, to help shoppers find ADA Seal products sold at CVS and find a dentist through the ADA Find-a-Dentist online search tool. ADA videos and articles promoting oral health information and tips are also featured on the webpage. CVS Pharmacy's May circular included a full page with tips on replacing toothbrushes while promoting Find-a-Dentist and ADA Seal products. ■

Webinar focuses on student loan refinancing, debt repayment options

Association members seeking to learn more about student loan refinancing and debt repayment options can attend a free Sept. 19 webinar, Student Loan Best Practices for ADA Members.

The webinar is scheduled for 7-8 p.m. CDT and is hosted by Laurel Road, the student loan refinancing program endorsed by the ADA. It will address the following questions:

- What is student loan refinancing, and am I eligible?
- What are the consideration surrounding the decision of whether to refinance vs. pursue loan forgiveness?
- How much money do I stand to save by refinancing?
- Will refinancing affect my credit?
- Will refinancing affect my ability to purchase a home?
- Is there any dedicated refinancing program for medical residents and fellows?
- Is the Public Service Loan Forgiveness program a viable option for high earning medical professionals?
- Will the proposed legislative changes to federal repayment program affect me?

Student loans remain a top issue for dental students and new dentists, according to the ADA. The ADA joined three other dental organizations thanking Congress, in an Aug. 20 letter, for introducing legislation that would allow full-time faculty members participating in the Dental Faculty Loan Repayment Program to deduct the benefits received from their federal income taxes.

In addition, ADA members refinancing their student loans through Laurel Road may save more money with new rates that went into effect this year. As with other Laurel Road product offerings, ADA members receive an extra 0.25 percent discount on their student loan refinancing rate as long as they maintain their membership.

The ADA had announced in 2017 that students going into any one of the nine ADA-recognized specialties and general practice residencies are able to refinance their entire student loan portfolio as soon as they are matched to a residency program.

To register for the webinar, visit LaurelRoad.com/ADA-Webinar. For more information on Laurel Road and student loan refinancing and current rates, visit LaurelRoad.com/ADA. For information on ADA debt resources, visit ADA.org/mydebt. ■

Becoming

Continued from Page 1

"I kind of went back through my notes and then took screenshots of notes — I have crazy ways of remembering things," she said. "That's all I did my first few days of studying and then I'd test myself on the Mastery app."

In addition to the study sessions, LaShonda also interned at the Maryland State Dental Association in her spare time, taking part in her first Mission of Mercy.

"It was great being able to see firsthand what it means to help people in this profession," she said.

Down the road in Annapolis, Ben was perfecting his own study routine. After scheduling his exam for July 3, Ben got down to business. Setting a strict "no weekends" policy — in order to maximize time with his wife and young daughters — Ben quickly assumed a routine that entailed regular study sessions at the Naval Academy library by day and self-administered quizzes at night.

Like LaShonda, dental anatomy also took precedence for Ben. He went back and consulted his own notes and followed up by testing himself with the Mastery app.

"I like to write my own notes for what I need to study," he said. "I also went through the app and made about two pages of notes per segment that I want to make sure to read before the exam. Stuff that was repeated that's bound to be important."

When he wasn't studying, Ben prioritized seeing his family — extended and nuclear. There was a friend's wedding in Chicago, a siblings retreat in North Carolina and a long visit with his entire family, including his parents. He also announced that he and his wife, Caitlin, were expecting their third child in October.

No one logged more miles than Dan. In June, he and LaShonda took part in a digital dentistry boot camp in Irvine, California, where they learned about incorporating digital dentistry techniques into practical lessons for the clinic. The course gave the students hands-on experience with crown prep, digital scanning, design tools, milling/sintering, staining and glazing, and cementation.

"It was wonderful meeting with dental students from across the country and networking with them," Dan said. "Except for three rising D2's from Maryland, all the other students were upperclassmen with clinic experience. It was super cool just to learn from those who have walked the road before us. I was lost at times because we only have preclinic knowledge so I didn't understand all the jargon or techniques, but it was still interesting to be exposed to it all!"

In addition to the California trip, he also flew to China to visit his grandparents. Plus, Dan moved into a new apartment near campus.

"After this summer, the following summers in dental school are all pretty busy so this might be my only chance to go back to visit my extended family," he said.

He took his exam July 9, about six weeks after classes ended.

"I felt pretty burnt out at the end of my first year so I wanted to take a minibreak before getting back into the grind," he said.

Like the others, Dan also relied on the Mastery app as well as the First-Aid book and averaged 4-6 hours a day studying, usually at the Ellicott City, Maryland, library. He also spent time studying in nearby cafes and coffee shops so he "didn't get sick of one location."

By the end of July, with their "real" summers under way, the exam results were in.

And did our intrepid dental students pass? Of course they did, all three of them. On to second year! ■

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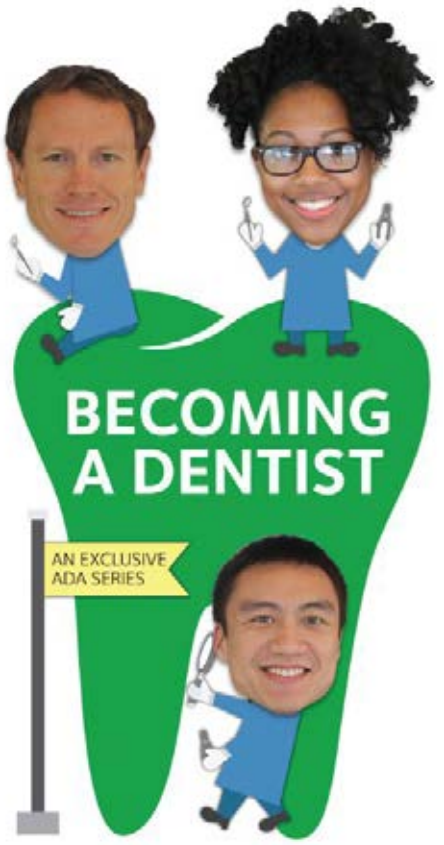

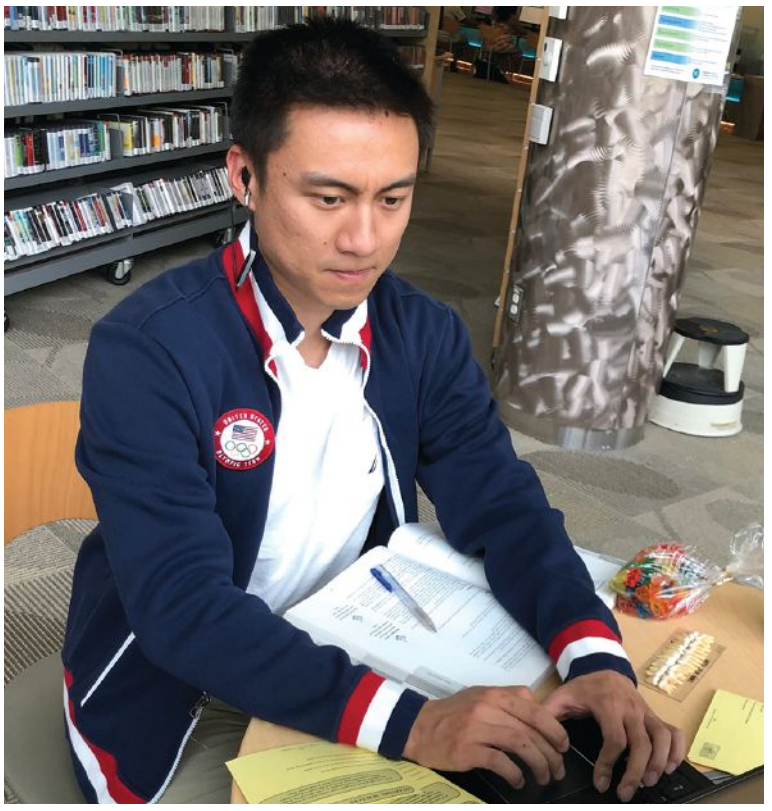

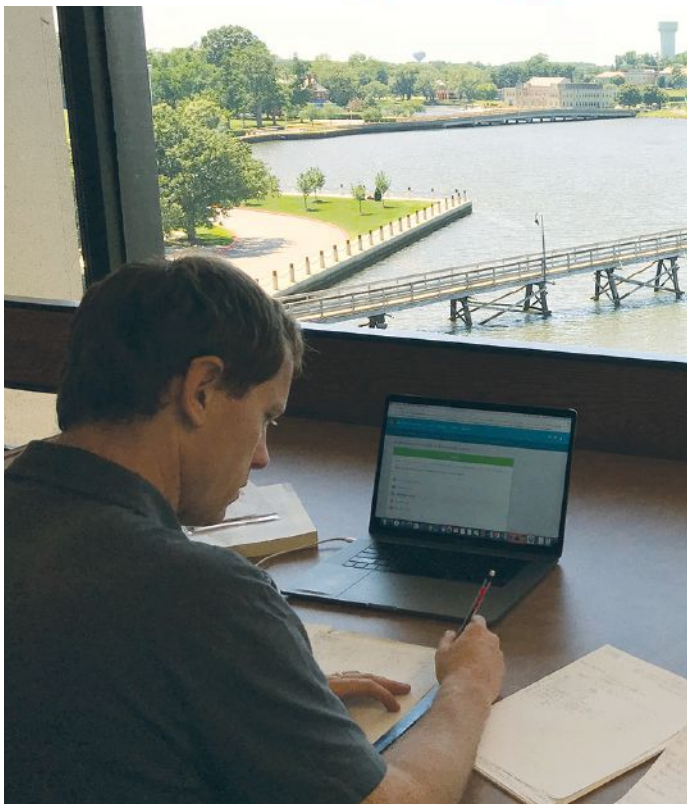

Summer of '18: Clockwise from top, LaShonda takes a quiz to test herself prior to taking Part I of the National Dental Board Exam. Ben, a graduate of the U.S. Naval Academy, takes advantage of a view from the campus library as he goes over his notes from dental anatomy. Dan prepares to take Part I of the National Dental Board Exam.

Association, other groups thank Congress for supporting Dental Faculty Loan Repayment Program

BY JENNIFER GARVIN

Washington — Four dental organizations, including the ADA, are thanking Congress for introducing legislation that would allow full-time faculty members participating in the Dental Faculty Loan Repayment Program to deduct the benefits received from their federal income taxes.

In an Aug. 20 letter to Reps. Yvette Clarke, D-N.Y., Mike Simpson, R-Idaho, and Paul Gosar, R-Ariz, the ADA, American Dental Education Association, American Association of Orthodontists and American Student Dental Association said they were "pleased that Congress understands the importance of this program."

"As you know, [HR 6149] will exclude certain federal loan repayments made to dental faculty from being included as gross income for the faculty member that receives it," the groups wrote. "This would prevent the dental faculty member from having to pay a potentially hefty tax bill on those federal loan repayments as defined in Title VII of the Public Health Service Act."

The Dental Faculty Loan Repayment Program was created to assist accredited dental schools in recruiting qualified faculty and residents in advanced education programs in general, pediatric or public health dentistry. In the letter, the dental groups explained that a critical factor in recruiting and retaining these positions is "the staggering level of student loan debt and income disparity with private practice."

"Because of your support, new dental faculty loan repayment grant cycles were initiated by the Health Resources and Services Administration in fiscal years 2016, 2017 and 2018," the organizations wrote. "Programs may support loan repayment contracts over five years to recruit and retain faculty. Full-time faculty members are eligible for repayment of 10, 15, 20, 25 and 30 percent of their student loan balance (principal and interest) for each year of service."

"The program is already making a real impact in oral health training, and by alleviating taxation of such payments to the individual, HR 6149 will make the program even more effective in recruiting and retaining dental faculty," they concluded. ■

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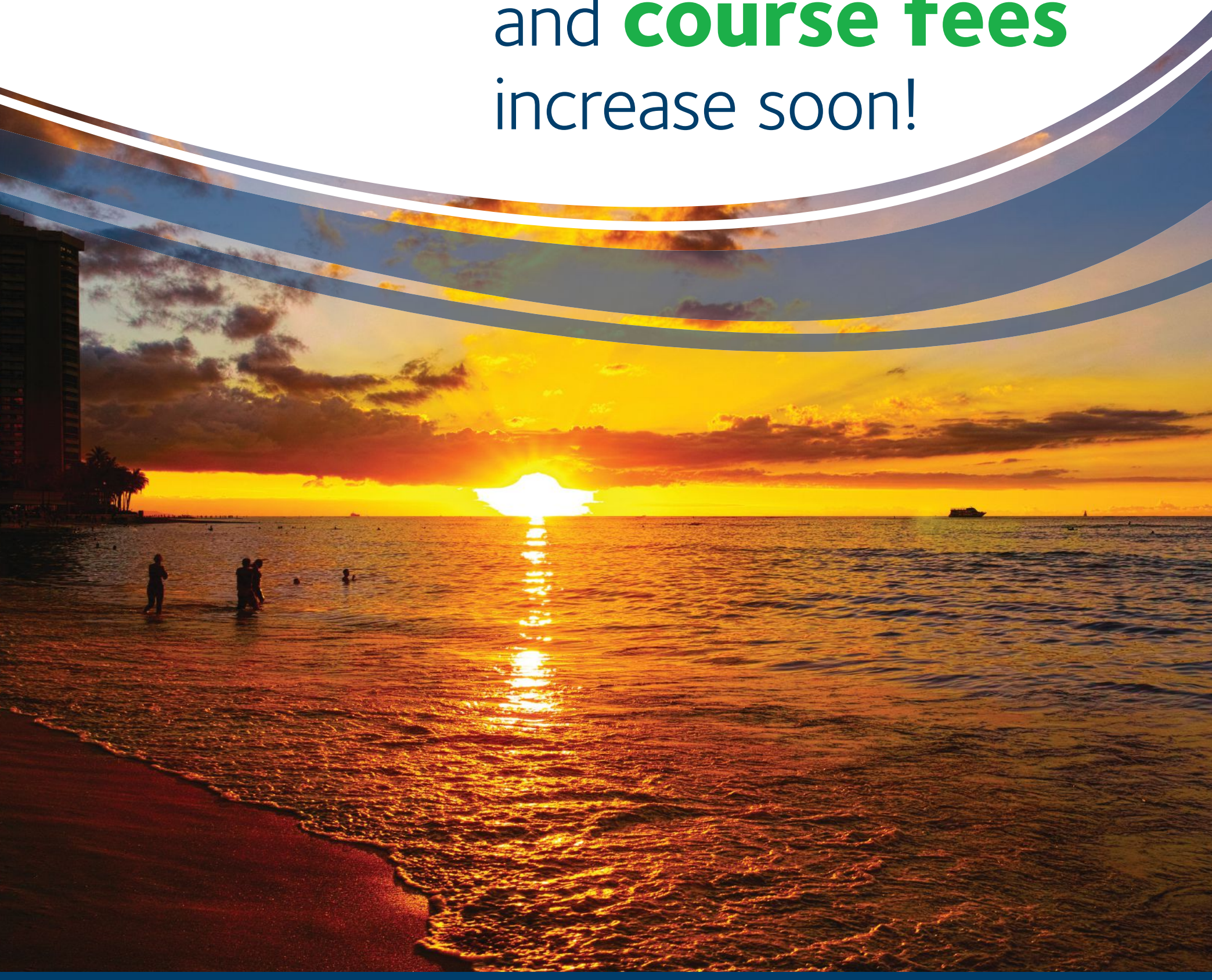

Time is running out. Registration rates and CE fees increase on September 21.
ADA.org/meeting

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Airway conference gives dentists tools that can make difference in children's lives

BY DAVID BURGER

For Dr. Niki Latiolais, a general dentist from Mount Pleasant, Texas, the issue of children's sleep-disordered breathing hits close to home.

Her daughter would wake up more than 10 times a night as a toddler. In addition, she suffered from night terrors, regularly wet her bed and was having difficulty in school.

But once Dr. Latiolais' daughter had her tonsils removed and was fitted with an oral appliance designed to keep the mouth closed and her airway open, the difference was like night and day. The girl now sleeps deeply without disturbances and even though she is only in the second grade, reads at a fifth-grade level.

Dr. Latiolais said she has a passion for helping her own patients struggling with sleep apnea and other obstructed airway issues, which explains why she was one of more than 260 people attending the sold-out 2018 Children's Airway Health — A Practical Conference at ADA Headquarters in Chicago Aug. 24-25.

"It is a long-overdue meeting," said Dr. Steve Carstensen, a diplomate of the American Board of Dental Sleep Medicine and emcee of the conference. "All of the speakers have told me that we should have done this a long time ago."

With dentists making up 80 percent of the audience, the conference brought together experts in sleep-disordered breathing from both the medical and dental communities, signaling how a team of doctors are needed to successfully diagnose and treat the disorder.

"This is an evolving field," said attendee Dr. Alan McDavid, a general dentist who has an office in McKinney, Texas. He also has a second office called Texas Sleep Solutions, a clinic that specializes in treating patients with sleep-disordered breathing. He said he attended the conference with his colleague Dr. Jason Hui to "see if I can pick up a few more pearls." He said he appreciated the opportunity to hear the perspective from those in the medical field.

The symposium focused on compromised airway health in pediatric patients — and the role dentists can play in risk assessment, referral for diagnosis and treatment.

Ron Mitchell, M.D., professor of otolaryngology and pediatrics and chief of pediatric otolaryngology at the University of Texas Southwestern and Children's Medical Center in Dallas, spoke about achieving the best outcomes for pediatric patients with obstructive sleep apnea. He stressed that if diagnosed and treated early in life, patients could grow up to be adults without sleep disorders.

Dr. Mitchell recommends that every dentist who sees children should ask the parents about their children's sleep patterns. In addition, if a patient is at risk and/or corrected early, the sleep patterns should be evaluated over a person's life to ensure "a lifetime of awareness and healthy living."

Continual learning and asking questions at dental visits about sleep habits are crucial, echoed Dr. Carstensen.

Requiring parents to fill out medical history forms as a way to screen for disorders is a big part of how speaker Dr. Jill Ombrello treats her patients, she said in a talk called "Pediatric Sleep-Disordered Breathing: A Silent Epidemic."

Dr. Ombrello said the questionnaires are necessary to diagnose disorders as early as possible, because they almost always get worse, quoting Taylor Swift's song "Bad Blood": "Band-Aids don't fix bullet holes."

Camaraderie: Three dentists from Texas converse during a break at the 2018 Children's Airway Health conference at ADA Headquarters Aug. 24-25. From left are Drs. Alan McDavid, Collin Kraus and Jason Hui.

Engaged: Drs. Jill Ombrello and Niki Latiolais smile when watching David Gozal, M.D., give his keynote speech on approaches to diagnosing pediatric obstructive sleep apnea.

Packed: A standing-room-only crowd of more than 260 people attended the conference.

Treating sleep-disordered breathing in children, Dr. Ombrello said, "unlocks their potential and lets them be the best versions of themselves."

Conference organizers are planning to continue the conversation and dive deeper into this topic at ADA Headquarters March 3-4, 2019. Those interested should keep their eyes open for registration information.

In 2017, the House of Delegates approved an ADA policy statement addressing dentistry's role in sleep-related breathing disorders, developed as a result of a 2015 resolution. The adopted policy emphasizes that "dentists are the only health care provider with the knowledge and expertise to provide oral appliance therapy."

The adopted policy statement outlines the role of dentists in treatment of the disorder. Key components include assessing a patient's risk for the disorder as part of a comprehensive medical and dental history and referring affected patients to appropriate physicians. In children, the dentist's recognition of suboptimal early craniofacial growth and development or other risk factors may lead to medical referral or orthodontic/orthopedic intervention to treat and/or prevent the disorders. The policy also covers evaluating the appropriateness of oral appliance therapy as prescribed by a physician; recognizing and managing appliance side effects; continually updating dental sleep medicine knowledge and training; and communicating patients' treatment progress with the referring physician and other healthcare providers.

The entire policy can be found online: ADA.org/en/member-center/leadership-governance/councils-commissions-and-committees/dentistry-role-in-sleep-related-breathing-disorders. ■

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September JADA examines dental sealant quality measures

BY MICHELLE MANCHIR

Dental quality measures originally designed for use with billing data may not provide the most accurate picture of how a practice is doing with respect to the quality of care delivered to patients, according to the cover story of the September issue of The Journal of the American Dental Association.

For the article "Assessing the Validity of Existing Dental Sealant Quality Measures," authors compared the performance of two sealant quality measures against a manual audit of charts to identify measurement gaps that may be filled by using data from electronic health records.

Researchers concluded that the Dental Quality Alliance sealant measure and the Oregon Health Authority sealant measure led to underestimation of the care delivered from a practice perspective.

"It is really important to document the care delivered as completely as possible in the electronic health record," said Muhammad Walji, Ph.D., corresponding author of the article. "We can then use these data for more accurately measuring quality. Quality measurement is an important first step in our quest for continuous improvement."

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

Other highlights of the September issue include a systematic review and meta-analysis looking at how much impacted canines are associated with root resorption of the adjacent tooth using cone-beam computed tomography; a take on clinical decision-making in the era of evidence-based dentistry; and a case report looking at treatment of a rare case of pyoderma gangrenosum with aggressive periodontal disease.

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

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Volunteers sought for U.S. Navy humanitarian mission to South America

San Diego — The University of California San Diego Pre-Dental Society is seeking volunteers for a U.S. Navy-led humanitarian mission to South America in the midst of the Venezuelan refugee crisis.

A recommissioned hospital ship, the USNS Comfort, is set to deploy Sept. 26 and return on Dec. 8. The ship will go through the Panama Canal twice.

"It is a great honor that the Navy has selected our civilian nongovernmental organization to help with this crisis," said Dr. Irvin B. Silverstein, UCSD Pre-Dental Society director. "We have a chance to make a difference and work with many partner nations to help alleviate suffering and save lives."

The UCSD Pre-Dental Society is looking for dentists, physicians, pharmacists, optometrists, nurses, dental hygienists, dental assistants, medical assistants, medical and dental lab technicians, pharmacy techs, physical therapists, biomedical repair technicians, sonographers, translators, educators, engineers and all other health-related professionals.

In the past, volunteers did not have to stay on for the entire mission. Preference will go to those who can volunteer for longer periods. Once aboard the ship, the Navy covers volunteer expenses, including food and lodging.

On Aug. 20 the U.S. Department of Defense and the U.S. Navy contacted the University of California San Diego Pre-Dental Society about the mission.

Tens of thousands of Venezuelans are fleeing their country amid chronic shortages of food and medicines, according to the BBC. "The country's longstanding economic crisis has seen more than two million citizens leave since 2014, causing regional tensions as neighboring countries struggle to accommodate them," the BBC reported.

Interested volunteers can contact missionsteam@ucsdpds.org or dsilverstein22@cox.net as soon as possible to begin the volunteer credentialing process and receive updates about the mission.

To learn more about volunteering internationally or to find an international volunteer opportunity visit the ADA Foundation's international volunteer website ADAFoundation.org/internationalvolunteer. ■

Safety

Continued from Page 1

programs in identifying process issues and improvements that can reduce the likelihood of these events occurring in the future.

Other patient safety events are incidents or conditions that could have resulted or did result in harm to a patient. They can be, but are not necessarily, the result of a defective system or process design, a system breakdown, equipment failure or human error. These events also include instances that could have but do not cause harm to a patient, as well as close calls.

"It has come to our attention that [The Joint Commission] has determined that certain patient safety events in the delivery of dental care that are not sentinel events, have been determined to be sentinel events," Dr. Crowley said in the letter to Mark R. Chassin, M.D., president and CEO of The Joint Commission.

The ADA's letter underscored that wrong site local anesthesia was considered a sentinel event because it is considered an invasive procedure — by virtue of the introduction of a needle into a body or by the introduction of a pharmacologic agent through the needle, regardless of the severity of the harm to a patient.

However, the ADA stated, "then every vaccine inoculation and every intramuscular or intravenous injection would be an invasive procedure."

Dr. Crowley

The ADA's position, Dr. Crowley said in the letter, is that wrong site local anesthesia is not an invasive procedure unless all other needle stick pharmacologic introductions are treated likewise.

"Furthermore, if all such procedures are invasive, then there must be a reconsideration of the rule that the severity of the harm matters not for wrong site administration," the letter stated. "For sentinel event to remain meaningful and effective, severity of harm can never be disregarded as a determinant, since severity of harm is the single most important distinguishing factor between sentinel events and other patient safety events."

In the issue of swallowed small instruments, such as endodontic files or burs, the ADA said this patient safety event often does not rise to the level of sentinel events.

Normal protocol for a swallowed instrument is to have the patient radiographically examined to ensure that the instrument was indeed swallowed and not aspirated into the lungs, Dr. Crowley said.

"If the instrument was aspirated, there is no question that it would be a sentinel event," he added. "However, if the instrument has been swallowed, the probability that the instrument will pass, without adverse effect, through the gastrointestinal tract is very high." No intervention would be needed in such cases.

In The Joint Commission's response to the ADA's requests, Dr. Pollak said the commission concurred.

"We accept your view and agree that wrong site local anesthesia injection is not a sentinel event," the letter from The Joint Commission said. "We also concur with your assertion that these should be looked at as patient safety events by the appropriate local quality and safety teams."

In regard to the swallowing of small instruments, The Joint Commission said that aspiration and those that require further medical treatment to retrieve the swallowed instrument should be labeled as sentinel event. However, when it comes to swallowed foreign objects that routinely pass without incident, The Joint Commission agreed that these incidents are not sentinel events.

These issues have been particularly problematic for the Federal Dental Services and the ADA is pleased to have been able to succeed in assisting them through a very positive interaction with The Joint Commission, Dr. Crowley said.

"This collaboration between the Federal Dental Services and the ADA will hopefully continue to address important issues affecting member dentists," he said. ■

CDT

Continued from Page 1

Act-recognized code set for dentistry.

CDT 2019 can also be purchased as a kit that includes the CDT 2019 Coding Companion, which trains staff on how to use the right codes at the right time, and the award-winning CDT Code Check App, which puts complete CDT codes on dentists' phones or tablets.

Revised for 2019, the CDT 2019 Coding Companion trains staff to code more accurately and efficiently with key coding concepts, 100 coding scenarios and a Q&A section with 175 questions. Organized by coding category, each chapter was written by a dental expert, including coding consultants, insurance administrators and practicing dentists. The companion includes four new authors in the 2019 edition.

The CDT 2019 manual and CDT 2019 Coding Companion e-Books are free with purchase of the print books from the ADA Catalog.

One code addition approved at the most recent meeting of the Code Maintenance Committee of particular interest, according to Drs. Steven I. Snyder and Christopher Bulnes — the chair and vice chair, respectively, of the ADA Council of Dental Benefit Programs — was the inclusion of a code requested by the American Association of Oral and Maxillofacial Surgeons. It is a code for "infiltration of a sustained release therapeutic drug — single or multiple site."

Dr. Bulnes said with the increased focus on the use of opioids and the problems associated with their use, patients are requesting non-narcotic alternatives for post-operative pain control. Dentists are now increasingly utilizing a sustained-release pharmacologic agent infiltrated at the surgical site to reduce the use of narcotic pain medicine in their pain management protocol, he said.

Another code addition for CDT 2019 reflects the rising awareness of the role oral health plays in overall health. Spurred by a proposal from the University of Maryland School of Dentistry and the Maryland State Office of Oral Health, CDT 2019 now includes a code assigned to the use of a blood glucose level test that provides an immediate finding of a patient's blood glucose level.

Dr. Bulnes said more and more dentists are testing their patients' blood glucose level, for if a diabetic dental patient is about to undergo a long, complex procedure, it is helpful to know what their blood sugar level is at that moment.

HIPAA requires that a CDT code from the version in effect on the date of service must be used — no matter when the claim is submitted. CDT 2018 is valid for services delivered through Dec. 31.

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Readers can save 15 percent on the CDT 2019 manual and all ADA Catalog products with promo code 18137 until Nov. 9. To order, visit ADAcatalog.org or call 1-800-947-4746. ■

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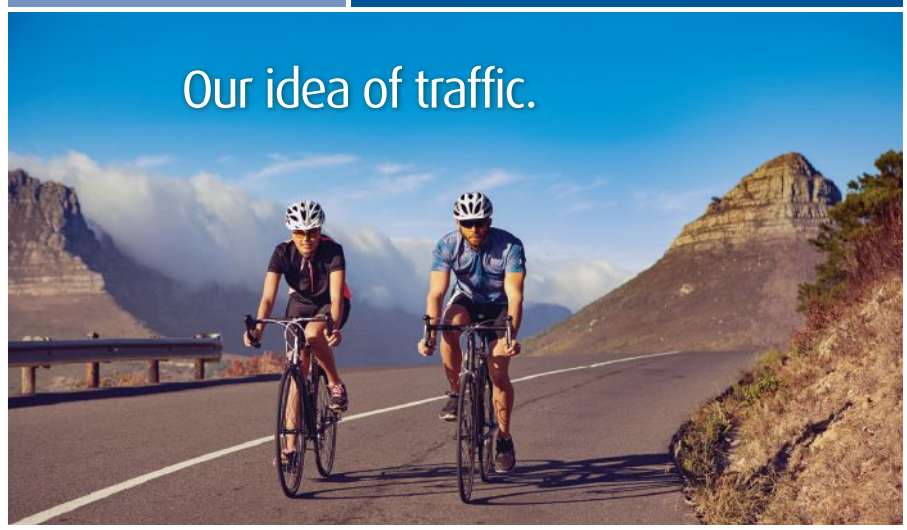

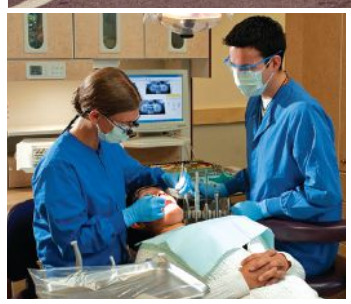

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