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ADA News

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

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VOLUME 46 NO.13

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BRIEFS

CDT book and app, ADA News receive EXCEL awards

Product Development & Sales and the ADA News, departments within the ADA Publishing Division, earned EXCEL Awards from Association Media & Publishing, a trade group for association publishing.

The EXCEL Awards recognizes excellence and leadership in nonprofit association media, publishing, marketing and communications.

CDT 2015: Dental Procedure Codes (JO15) won the Gold EXCEL Award in the Books: Technical Book category. CDT 2015 gives dental staff a resource to code and document services accurately for claim submissions and dental records. The product is the most up-to-date coding resource, and the only HIPAA-recognized code set for dentistry. It includes a

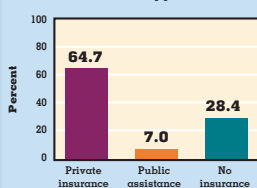
See EXCEL, Page 25



JUST THE FACTS

Insurance coverage

The majority of patients who saw dentists working in private practices were covered by private insurance in 2013. More than one in four patients had no insurance coverage and fewer were covered by public assistance.



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

Appropriators bar alternative provider funds

BY CRAIG PALMER

Washington — House and Senate appropriation bills would continue a long-standing prohibition on funding for alternative dental health care providers demonstration projects authorized by the Affordable Care Act.

The ACA authorizes grants “to establish a demonstration program to establish training programs to train, or to employ, alternative den-

INSIDE

Aspen Dental settles with N.Y., Page 14

tal health care providers in order to increase access to dental health care services in rural and other underserved communities.” But Congress has never appropriated funds to support the 15 authorized dem-

onstration projects.

The ACA defines alternative health care providers to include “community dental health coordinators, advance practice dental hygienists, independent dental hygienists, supervised dental hygienists, primary care physicians, dental therapists, dental health aides and any other health professional that the Secretary [Department of Health and Human Services] deter-

mines appropriate.”

Congress also included in the alternative provider section of the ACA a “clarification regarding [the] dental health aide program” authorized by the Affordable Care Act: “Nothing in this section shall prohibit a dental health aide training program approved by the Indian Health Service from being eligible

See PROVIDER, Page 2



Bright new smile: Ed Naranjo, with his grandson Izaiah, checks out his new dentures provided by a team of volunteers associated with the Academy of Prosthodontics Foundation Outreach Program during the volunteers’ visit to the Confederated Tribes of the Goshute Reservation in Utah. See story, Page 22.

Member dentists urge tax repeal

BY CRAIG PALMER

Washington — ADA member dentists have urged Congress to repeal the Affordable Care Act medical device tax in more than 6,500 messages to their representatives and senators, the Association said.

The U.S. House of Representatives on a bipartisan 280-140 vote June 18 approved a repeal of the excise tax on medical devices that has generated widespread industry and professional opposition. ADA member messages supported repeal of the tax.

Dentist messages continue now that the repeal debate has moved to the Senate. The Association said dentists have responded to three action alerts, two geared to the House vote, with 6,500 messages to Congress.

A third ADA medical device action alert June 30 thanked dentists who sent messages to the House of Representatives and said, “Please take a moment to urge your Senators to vote to repeal this burdensome tax.” The Senate is likely to consider repeal legislation later this year and the White House has threatened to veto the repeal.

“The dental industry estimates that the excise tax increases the

See DEVICE TAX, Page 19

CDP weighs medical testing in dental office

BY KELLY SODERLUND

The Council on Dental Practice will submit a report to the ADA House of Delegates that will include the pros and cons of medical screenings in the dental office.

The research is in response House Resolution 28H-2014, which directed the appropriate ADA agencies to research the implications of

incorporating medical screening methods into patient evaluations and report back to the 2015 House. The medical screenings could include tests related to diabetes like hemoglobin A1c or glucose; HPV testing; saliva biomarkers for various cancers; HIV testing; hypertension

See TESTING, Page 27

July JADA features new perio guidelines

BY MICHELLE MANCHIR

The July 2015 issue of The Journal of the American Dental Association features new ADA clinical practice guidelines and a supporting systematic review regarding the non-surgical treatment of chronic periodontitis by scaling and root planing with or without adjuncts.

The ADA Council on Scientific Affairs convened a panel of experts to conduct a systemic review of evidence, resulting in the guidelines.

“Practitioners are confronted with many options for treatment interventions in caring for their patients,” said Dr. Christopher Smiley, lead author of the panel. “These guidelines allow clinicians to contrast anticipated outcomes in mak-

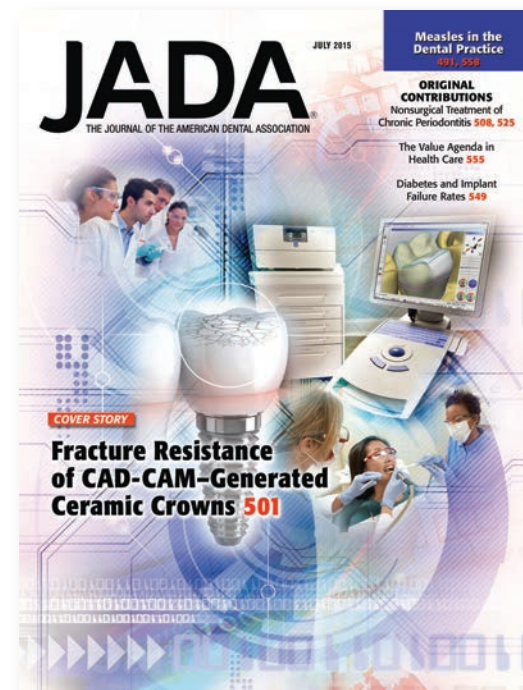


Dr. Smiley

ing care choices that most benefit patients.”

The panel concluded that conventional scaling and root planing should be considered for the initial treatment for patients with chronic periodontitis.

Furthermore, the new guidelines and review reiterate that the value of providing adjunctive therapies in conjunction with SRP must be carefully considered in tailoring individual care recommendations for patients, as few may enhance results beyond what is achieved through SRP alone, Dr.



Smiley said.

The panel’s systematic review included 72 research articles providing clinical attachment-level data on trials of at least six months duration and published in English through July 2014.

“The treatment of chronic periodontal disease is challenging for both the patient and the dental team,” said Dr. Smiley. “It is hoped that this systematic review will aid in the decision-making process on the broad range of available treatment options.”

To view this and other features in the July JADA, visit jada.ada.org/current.

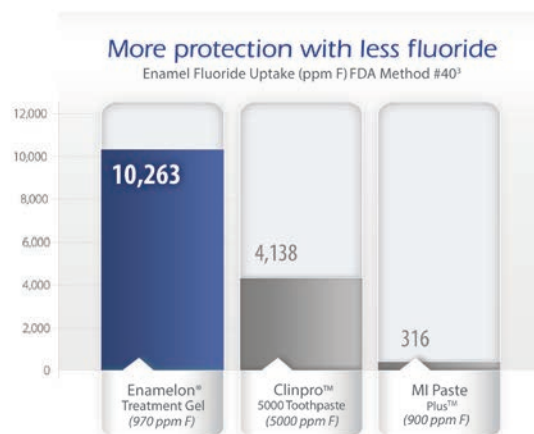
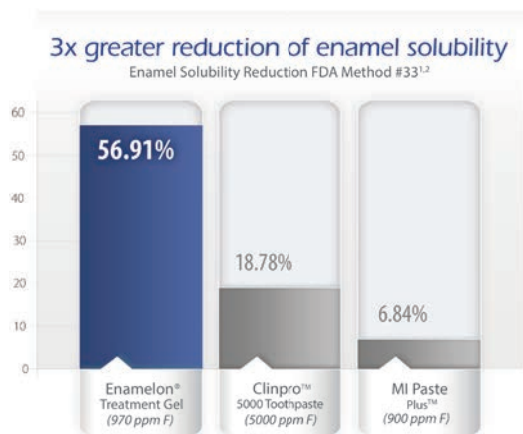
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1 Schemehorn BR, DiMarino JC, Movahed N. Comparison of the Enamel Solubility Reduction from Various Prescription and OTC Fluoride Toothpastes and Gels. Journal of Clinical Dentistry, 2014;25:61-4. 2 Negative Control (Water) recorded a -5.45% Enamel Solubility Reduction 3 Schemehorn BR, DiMarino JC, Movahed N. Comparison of the incipient lesion enamel fluoride uptake from various prescription and OTC fluoride toothpastes and gels. J Clin Dent, 2014;25:57-60. / Enamelon® United States Patent Numbers: US 5,993,784, US 5,711,936, US 5,651,959 and other patents pending. Made in U.S.A. / Ultramulsion® is a registered trademark of WhiteHill Oral Technologies, Inc. / Clinpro™ and MI Paste Plus™ are not trademarks of Premier® Dental Products Company.

Provider

Continued from Page 1

for a grant under this section.”

The alternative dental health care providers authorizing language is still in effect after the U.S. Supreme Court June 25 upheld an unrelated key part of the Affordable Care Act providing health insurance subsidies for qualifying Americans.

But both the House and Senate Appropriation Committees have approved bills that would continue to bar funding for these demonstration projects during fiscal year 2016, which begins Oct. 1. If an appropriations ban is to continue Congress must renew it annually. The fiscal year 2015 appropriation bars such spending.

The Senate Appropriations Committee approved a Department of Health and Human Services appropriation continuing the ban on ACA demonstration project spending during fiscal year 2016 the same day the Supreme Court upheld the Affordable Care Act.

“The Committee continues long-standing bill language that prohibits funding for section 340G-1 [demonstration program] of the PHS [Public Health Service] Act,” said Senate Committee Report 114-74 on the appropriation for government health programs, including those authorized by the Affordable Care Act. House appropriation language is the same.

Both chambers have approved language barring alternative provider funding in fiscal year 2016 but neither chamber has acted on the committee-approved appropriation bills. ■

—palmerc@ada.org

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Dr. Robert L. Bartheld, past ADA vice president and leader of the Oklahoma Dental Association, dies

BY KELLY SODERLUND

McAlester, Okla. — Dr. Robert L. Bartheld, former ADA vice president, died June 15. He was 82.

Dr. Bartheld served as vice president of the ADA from 1995-96 and was also a past president of the Oklahoma Dental Association.

He was a general dentist in private practice for more than 45 years, according to the ODA, and was a past president of the East-



Dr. Bartheld

ern District Dental Society and the International College of Dentists.

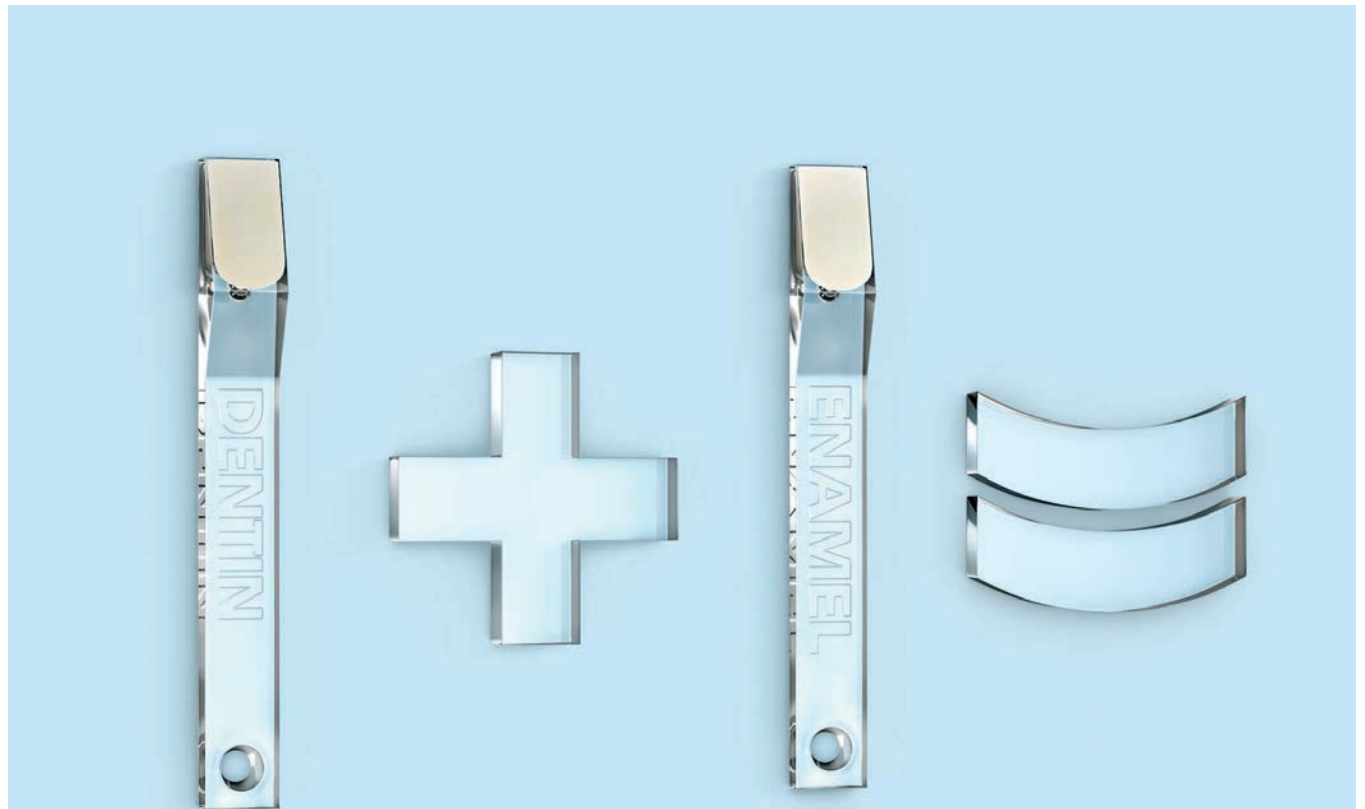
In 2009, the ODA awarded Dr. Bartheld with the James A. Sadoris Lifetime of Leadership Award, the state association's most prestigious award.

Dr. Bartheld attended

the New Mexico Military Institute Jr. College, finished his bachelor's degree at the University of Oklahoma and received his dental degree from the University of Missouri at Kansas City Dental College.

He was married to his wife, Pat, for nearly 60 years and had four children and eight grandchildren. Services were held June 20 at First Presbyterian Church, 222 E. Washington Ave., McAlester, Oklahoma. ■

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Dennis Flanagan, D.D.S.

Recently a retrospective research study entitled “Outcomes of Implants and Restorations Placed in General Dental Practices” was published in the *Journal of the American Dental Association*.

This was funded by the National Institute of Dental and Craniofacial Research and was performed and written by Dr. John DaSilva and coworkers (1). There has been much discussion about this work. Much of the discussion apparently has been misunderstood.

Dr. DaSilva’s work entailed a retrospective analysis of the “success rates” of implant-supported fixed crowns and partial dentures placed by general dentists as compared to treatment by academics and specialists.

A retrospective is a lower level of evidence credibility. It is not a double-blinded randomized controlled trial, the highest level of credibility. Nevertheless, this article does point out the need for extensive education and training for any clinician who endeavors to perform implant treatment.

It is very likely that the majority of practicing dental specialists and academic clinicians practicing today were educated in dental implants in the exact same manner as general dentists, that is, through continuing education courses. Formal education has only recently been instituted in dental schools.

A subsequent article appeared by Dr. P. Papaspyridakos in *Evidence-Based Dental Practice* evaluated Dr. DaSilva’s article (2). He considered the work and made a commentary of three key points. First a “formal post-doctoral education in oral Implantology is necessary to achieve high success rates.”

Second, the distinct difference between success and survival needs to be made. Success means the implant is in place with appropriate bone loss. Whereas, a surviving implant is in place irrespective of the remaining osseous level (3). Third, Dr. DaSilva’s work is a low level of credibility. Dr. Papaspyridakos also importantly points out that treatment by skilled specialists and academics may not be realistic in the “real world” of dental practice.

These articles point to the importance of training and education. The American Academy of Implant Dentistry has an education and credentialing process. The AAID and American Board of Oral Implantology/Implant Dentistry have processes that enable dentists to be educated, trained and then to demonstrate a proficiency in oral implantology. The AAID Associate and Fellow credentials indicate a level of education, training and expertise. Advanced education in immunology or other basic sciences that many specialists receive are certainly advantageous but doubtfully primarily useful in clinical oral Implantology.

As Dr. Papaspyridakos points out, when comparing university-based formal education and extensive continuing education, the skills developed by the clinician may be more related to the quality of the clinician than the program attended. For example, the degree of site debridement may be a variable that may be reflective of an astute clinician irrespective of where or how the clinician was trained.

See MY VIEW, Page 5

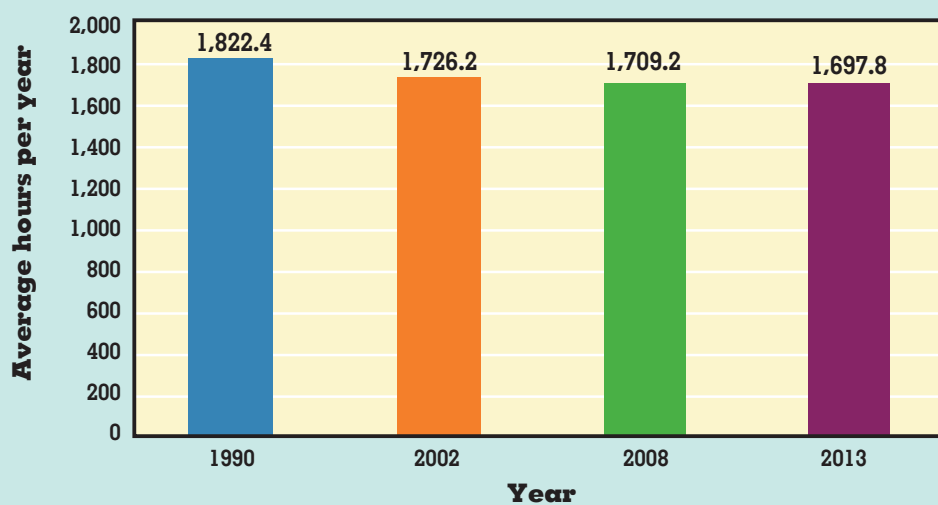
LETTERSPolicy

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

Average hours per year in the dental office

Among solo owner dentists in private practice, the average number of hours per year spent in the practice has declined since 1990, reaching 1,698 hours per year in 2013.



Source: American Dental Association, ADA Health Policy Institute, 2013-14 “Characteristics of Private Dental Practices” report. Available at ADA.org/en/science-research/health-policy-institute/data-center/dental-practice.

Letters

Taxing sugar

Letter writers (June 1 ADA News) complained about sugar drink taxes. Taxing sugar drinks could reduce government spending. The Heritage Foundation says Medicare spending is growing faster than any other part of government. A Duke University study said obesity related illnesses are projected to cost \$550 billion a year. I read that 46 percent of Congress received donations from American Crystal Sugar in the last election cycle. No wonder we have huge government sugar subsidies, tariffs on foreign sugar competitors, the destruction of our Everglades due to “big sugar” and little action on sugar taxes. Would the letter writers at least support elimination of sugar subsidies?

Joseph D. Barnett, D.D.S.
Tallahassee, Florida

Amalgam challenge

I have to disagree with Drs. Leonard Kessler (Letters, April 20 ADA News) and Robert Puszykowski (Letters, May 18 ADA News) in the strongest terms. They state that “amalgams can last forever,” and “the patient will be buried with the [amalgam] fillings.” I spend

a good bit of my day, every day, replacing old failed amalgams. They, of course, get recurrent caries as does any dental restoration, but more importantly cause teeth to fracture. The literature is replete with research for the last 40 years demonstrating that the setting expansion of amalgams creates outward forces on the tooth structure which will eventually lead to frac-



ture. I guarantee every reader has seen innumerable times a tooth with an old amalgam where a cusp has fractured off or the tooth has split. This is caused by the amalgam. The ADA preaches evidence-based dentistry. I challenge every reader to do a thorough literature search on amalgams and tooth fracture. This might open even the most

closed of minds on the subject.

Stephen H. Chronister, D.D.S.
Topeka, Kansas

Amalgam restorations

I read Dr. Puszykowski’s response (Letters, May 18 ADA News) to Dr. Kessler’s letter (Letters, April 20 ADA News) with interest. I fully agree with his assessment of amalgam restorations. I recently saw a patient in whom I placed numerous amalgams 44 years ago and not one shows any sign of breakdown or wear. No current posterior composite that I am aware of can even come close to this type of durability and cost effectiveness.

However, even though Dr. Kessler has an “amalgam free” office and doesn’t place amalgam, I can’t imagine any dentist who doesn’t have to remove old amalgams that need replacement or that require reduction during crown preparation. Wouldn’t that necessitate the use of an amalgam separator? Could somebody please clarify this point?

John M. Peacock, D.D.S.
West Dundee, Illinois

See LETTERS, Page 5

MyView

Continued from Page 4

It appears that general dentists are placing and restoring an increasing number of implant cases. This will probably continue. Effective training and education is important to ensure that the patients treated are treated efficaciously. Thus, it may be important for implant treatment to be taught to undergraduate dental students and not only to specialty residents.

Inevitably there will be surgical and prosthetic complications which will need to be addressed (3). A controversy can arise. The “team approach” is where the patient is referred to different surgical and prosthetic specialists for treatment. In these cases with complications, the question arises as to which clinician “owns” these cases, especially in those with late complications (4, 5). Questions arise such as what is the cause of the complication and is there a fee for treatment. Thus it may be better that a single clinician performs both the surgical implant placement and restoration of these cases. Patients may be better served by one responsible well-educated and well-trained dentist.

The need for formal education and training is evident. Therefore it is time for the American Dental Association to approve oral Implantology as a recognized dental specialty. Dental schools should begin training in this arena. Dental implant treatment has become a viable modality that benefits our society. It is time for our beloved profession to make this important change.

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2 Papaspyridakos P. Implant success rates for single crowns and fixed partial dentures in general dental practices may be lower than those achieved in well-controlled university or specialty settings (published online ahead of print December 15, 2014). *J Evid Based Dent Pract*. 2015;15(1):30-32.

3 Papaspyridakos, P, Chen CJ, Singh M, Weber HP, Gallucci GO. Success criteria in implant dentistry: a systematic review (published online ahead of print December 8, 2011). *J Dent Res*. 2012;91(3):242-248.

4 Barr, BK. Whose implant is it, anyway? *Academy News*. 2013;23(2):3.

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Editor’s note: Dr. James M. Boyle, chair of the Council on Dental Education and Licensure, explains that a specialty is an area of dentistry that has been formally recognized by

the American Dental Association as meeting the Requirements for Recognition of Dental Specialties which can be found on ADA.org by clicking on “Education and Careers,” then “Careers in Dentistry,” then “Dental Specialties.”

Dental specialties are recognized in those areas where advanced knowledge and skills are essential to maintain or restore oral health. A sponsoring organization must submit a formal application to the Council on Dental Education and Licensure that demonstrates compliance with all the requirements for specialty recognition. The council then submits its recommendation for approval or denial of request for recognition of the proposed specialty to the Association’s House of Del-

egates. In 1993, the American Academy of Implant Dentistry’s application for recognition as a dental specialty was denied when the council recommended and the ADA House of Delegates agreed that the requirements for specialty recognition were not met.

The ADA believes that the public is best served if the profession is oriented primarily to general practice. However, the public and profession benefit substantially when interest areas are developed and advanced through education, practice and research.

Today’s rapidly emerging technologies and science are providing more sophisticated and complex solutions to problems encountered in general dentistry. The advances are changing and enhancing the

dental practice environment. Recognizing this, the 2010 ADA House of Delegates adopted “Criteria for Recognition of Interest Areas in General Dentistry,” which can be found on ADA.org by clicking on “Education and Careers,” “Careers in Dentistry” then “General Dentistry.”

The council also has developed a process to consider requests for recognizing interest areas in general dentistry. Such a request would be submitted to the council and ultimately acted on by the ADA House of Delegates. This is a new recognition program offered by the ADA.

Perhaps in the future a sponsoring organization for implantology will consider pursuing recognition by the ADA. The council stands ready to receive applications.

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Letters

Editor’s note: The Council on Scientific Affairs thanks Dr. Peacock for his letter. Dr. Peacock is correct. Even though some dental offices may not use dental amalgam to restore teeth, amalgam separators would still be indicated for removing amalgam restorations.

Amalgam separators are effective at capturing waste amalgam from either placements or removals. Most local statutes or ordinances that may require separators take this into account.

GOVERNMENT

CDA: reimbursement rates lagging

BY CRAIG PALMER

Sacramento, Calif. — Current Denti-Cal reimbursement rates are insufficient and there has been a significant decline since 2008 in participating providers, the California Dental Association said in citing a state health department review of the Medicaid dental program.

The Department of Health Care Services reported a double-digit decline in providers while Denti-Cal was enrolling nearly 40



Dr. Weber

percent more children and 77 percent more adults. The report also shows that California's reimbursement rates for the 25 most common Medicaid dental services fall significantly short of those in New York, Texas and Florida and that California's rates are only

31 percent of the national average for commercial insurance, the CDA said in a news release posted July 6 at cda.org.

The recently adopted 2015-2016 state budget reversed a 10 percent reimbursement rate cut that took effect in 2013, but the report mandated by the state legislature indicates more work is needed to address the shrinking provider network, the CDA said.

"We appreciate how the new leadership

within the department has focused on the Denti-Cal program, and releasing this comprehensive review of reimbursement rates should provide helpful guidance to the governor and Legislature in the work that remains to rebuild the Denti-Cal program," said Dr. Walt Weber, CDA president.

"The reversal of the 10 percent cut was an important and greatly appreciated first step, but our hope is that in the [Legislature's] special session and in discussions on the federal waiver being held this summer legislators and the department recognize that a multi-faceted approach is necessary to ensure access to care for all eligible children and adults," Dr. Weber said. The special session is focused specifically on stabilizing and increasing Medicaid funding. ■

OSHA updates label requirements for safety data sheets

BY CRAIG PALMER

Washington — The Occupational Safety and Health Administration recently updated labeling requirements for safety data sheets, according to the ADA Practical Guide to OSHA Compliance. The update includes the development of internationally recognized pictograms warning users of chemical hazards.

The ADA Practical Guide to OSHA Compliance is available at ADA.org or by calling the ADA Member Service Center at 1-800-947-4746.

As of June 1, 2015, all labels should contain pictograms, signal words, hazard and precautionary statements, the product identifier and supplier identification. Employer staff training on the new label elements and safety data sheet formats is required. The safety data sheet was formerly known as the material safety data sheet.

The ADA manual offers further information on training requirements for the hazard communication standard revised by OSHA in 2012 to align with the United Nations' Globally Harmonized System of Classification and Labeling of Chemicals.

The June 1 effective date applies to manufacturers and importers developing hazard communication standard-compliant safety data sheets and labels. Chemical manufacturers and importers must provide a label that includes the specified elements. OSHA's enforcement guidance memorandum includes this Q&A:

Q: I'm an employer and have not received updated safety data sheets or labels for some of the hazardous chemicals I use in my business. Will OSHA issue a citation to me?

A: No. Once you receive hazard communication standard 2012-compliant safety data sheets, you must maintain them [federal code citation]. Once you receive HCS 2012-compliant labels, you may either maintain them on the chemical containers or follow the workplace labeling requirements contained in [federal code citation]. For more information visit OSHA's hazard communication website.

Employers must ensure that the safety data sheets are readily accessible to employees.

The information contained in the safety data sheet is largely the same as in the former material safety data sheet except that now it's required to be presented in a consistent user-friendly, 16-section format, OSHA said. ■

—palmerc@ada.org

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†In a randomized, double-blind, placebo-controlled clinical trial, 60 participants were randomly sorted into 1 of 4 groups to test cross-contamination during oral procedures. Participants were instructed to rinse for 1 minute with either cetylpyridinium (CPC) rinse, chlorhexidine (CHX) rinse, water, or were instructed not to rinse. After, participants were brought into an unoccupied dental office where blood agar plates were placed on a support board, the participants' chests, and the examiners' foreheads to measure dental aerosols. After an oral prophylaxis of the full mouth using an ultrasonic scaler, the plates were sent to a microbiology laboratory to detect the amount of dental aerosols measured in microbial colony-forming units. CPC and CHX equally decreased splatter microorganisms vs rinsing with water and no rinsing. CPC rinse used is a bioequivalent to Colgate Total® Advanced Pro-Shield™ Mouthwash formula.

Reference: 1. Feres M, Figueiredo LC, Faveri M. *J Am Dent Assoc.* 2010;141(4):415-422.

OSHA issues best practices for providing restrooms for transgender workers

Transgender employees should have access to restrooms that correspond to their gender identity, according to the Department of Labor's Occupational Safety and Health Administration.

On June 1, OSHA released its best practices for providing restroom access to transgender workers. This includes providing employees with a safe and sanitary restroom that they're comfortable using in accordance with

their gender identity.

"Restricting employees to using only restrooms that are not consistent with their gender identity or segregating them from other workers by requiring them to use gender-neutral or other specific restrooms, singles those employees out and may make them fear for their physical safety," according to the OSHA best practices document. "Bathroom restrictions

can result in employees avoiding using restrooms entirely while at work, which can lead to potentially serious physical injury or illness."

OSHA encourages employers to also provide employees with additional restroom choices, including single-occupancy gender-neutral facilities and the use of multiple occupant, gender-neutral restroom facilities with lockable single occupant stalls.

The guidance may have a low impact on dental practices with unisex restrooms. The OSHA Sanitation Standard generally does not require employers to have separate restrooms for each sex if the restrooms are occupied by no more than one person at a time and can be locked from the inside. For more information, see the OSHA Sanitation Standard at osha.gov.

Under these best practices, employees should not be asked to provide any medical or

"Bathroom restrictions can result in employees avoiding using restrooms entirely while at work, which can lead to potentially serious physical injury or illness."

legal documentation of their gender identity in order to access gender-appropriate facilities, OSHA says. In addition, no employee should be required to use a segregated facility because of their gender identity or transgender status nor should they have to travel an unreasonable distance from their worksite, OSHA said.

Employers who ignore these recommendations may risk citations. The Occupational Safety and Health Act prohibits employers from retaliating against any employee who exercises their rights under the law, including raising a health or safety concern or filing an OSHA complaint.

Employers should also be aware of any state or local laws pertaining to this issue. For more information, visit osha.gov. ■

New FMLA forms include genetics language

Washington — New Family and Medical Leave Act forms tell health care providers completing medical certification forms for patients requesting leave for a serious health condition, "Do not provide information about genetic tests ... or genetic services ... or the manifestation of disease or disorder in the employee's family members."

Recently updated FMLA forms include the references to the Genetic Information Nondiscrimination Act. The GINA strictly limits the disclosure of genetic information, including tests and services, and bars discrimination on the basis of genetic information.

The forms include instructions to the health care provider when "your patient has requested leave under the FMLA."

The FMLA applies to private sector employers of 50 or more employees. Dentists and other health care providers may be asked to provide health information for a patient requesting leave for a serious health condition.

The new FMLA forms are valid through May 31, 2018. Previously issued forms expired Feb. 28. ■

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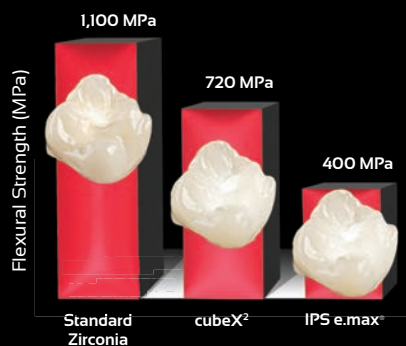
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Texas dentist receives ADA Foundation's Emergency Disaster Assistance Grant

BY DAVID BURGER

Wimberley, Texas — Dr. Brian Martinez has flood insurance.

But that's only since Memorial Day weekend, when a swollen river inundated his home, resulting in more than \$50,000 in damage. Dr. Martinez's waterfront property is on the banks of the Blanco River, which crested at an estimated 41.5 feet, nearly 30 feet above flood stage, according to news reports.

Beyond the damage to the property, there was the substantial problem of meeting daily expenses during the cleanup and recovery. That is where the ADA Foundation came in.

The ADA Foundation last month awarded an Emergency Disaster Assistance Grant for \$2,000 to Dr. Martinez in the wake of historic and catastrophic flooding in the state.



Happy couple: Dr. Brian Martinez and his wife Pam.

ADA Foundation emergency grant funds are limited to meeting victims' most urgent and vital needs immediately following a disaster. Emergency grants are not intended for more long-term

needs such as rebuilding homes and buildings or replacing household and personal belongings. Grant funds also cannot be used to replace lost income.

Dr. Martinez and his wife Pam had nearly two feet of water throughout their one-story home, and the Emergency Disaster Grant addressed their immediate needs.

"We were tickled to death that the ADA Foundation would help us," Dr. Martinez said. "It really lightened my heart. I'm in the best profession in the world."

Dr. Martinez learned about the grant in an item in the ADA News. Even though dentists need not be ADA members to receive the grants, he said he was a proud member of the Association since day one.

"Bad things can happen to anyone at any time, even to those of us who spend our lives caring for others," said Dr. Reneida E. Reyes, ADA Foundation president. "We all may need a helping hand at some point, and knowing that others care enough to provide that assistance is comforting. That's why the ADA Foundation's Emergency Disaster Assistance Grants are so important. Not only do they provide \$2,000 in immediate assistance in the aftermath of a disaster, but they also are very symbolic of the support network that is organized dentistry. This is a program in which our profession can take pride."

The purpose of the ADA Foundation disaster grants is to provide a small measure of immediate financial assistance to eligible dentists who are victims of a disaster.

Emergency grants are to address the following immediate needs:

- Food.
- Bottled water.
- Clothing.
- Blankets.
- Medicine and medical supplies.

- Emergency shelter.
- Toiletries.

The grant amount for any applicant may be in an amount up to \$2,000. The dollar amount and number of grants made will depend on the number of applicants and the amount of funds available at any given time.

The applicant may obtain an application form on the ADA Foundation website at adafoundation.org/en/how-to-apply/

charitable-assistance. All requests for grants shall be made within 60 days of the occurrence of the disaster.

If you have any questions or need additional information, please contact Cathy Haibach at the ADA Foundation at haibachc@ada.org or 1-312-440-2547. Information is also available on the ADA Foundation's website, adafoundation.org. ■

—burgerd@ada.org



Disaster: Dr. Brian Martinez's home in Wimberley, Texas, suffered more than \$50,000 in damage during flooding over Memorial Day weekend.

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Two water fluoridation reports released in June

BY MICHELLE MANCHIR

Two significant reports about water fluoridation were published in June.

The Health Research Board of Ireland published “Health Effects of Water Fluoridation,” an in-depth review of existing research, finding no definitive evidence that community water fluoridation has negative health effects.

In 2014, the Ireland Department of Health asked the Health Research Board to determine the positive or negative impact on the systemic health, including oral health but excluding dental health, of the population for those exposed to artificially fluoridated water between 0.4 and 1.5 parts per million.

Using a systematic review process, the HRB’s report contains a detailed analysis of the evidence available in the peer-reviewed literature. The topics addressed were musculoskeletal effects, IQ and neurological manifestations, cancer, cardiovascular disease and other potential health effects.

According to a press release, Dr. Marie

Sutton, lead author of the report at the HRB stated, “Having examined the evidence, and given the lack of studies of appropriate design, further research would be required to establish any link between fluoride and negative health effects.”

The second review, “Water Fluoridation for the Prevention of Dental Caries,” was designed to study the effects of water fluoridation on the prevention of tooth decay and dental fluorosis. Published by the Cochrane Collaboration, the following were among the key findings:

- There is insufficient information to determine whether water fluoridation results in a change in tooth decay across socioeconomic status levels.
- There is insufficient information to determine the effect of stopping water fluoridation on tooth decay levels.
- No studies that aimed to determine the effectiveness of water fluoridation for preventing caries in adults met the review’s inclusion criteria.
- The authors noted that there is much

debate around the approach used to assess the quality of evidence within this review when applied to public health interventions.

The Cochrane approach favors the use of randomized controlled trials which is the preferred study design for studies comparing different clinical treatments among individual patients, said Jane McGinley, manager for fluoridation and preventive health activities for the ADA Council on Access, Prevention and Interprofessional Relations.

Randomized controlled trials typically are not feasible for public health measures that occur at the community level such as community water fluoridation. As a result, a number of more recent research papers published in the peer-reviewed literature were not considered in the Cochrane review, Ms. McGinley said.

The U.S. Community Services Task Force conducts systematic reviews of interventions in many public health topics to find which program and policy interventions have proven to be effective, have additional benefits,

potential harms, cost savings, implementation issues and other factors. In April 2013, the Task Force recommended community water fluoridation based on evidence of effectiveness in reducing dental caries across populations. The review was conducted on behalf of the Task Force by an independent team of specialists with expertise in a broad range of research, practice and policy expertise in community preventive services, public health, health promotion and disease prevention.

The ADA strongly endorses the U.S. Community Preventive Services Task Force recommendation that found fluoridation to be effective.

As a science-based organization, the ADA supports ongoing research on the safety and effectiveness of community water fluoridation.

For more information about fluoride and water fluoridation, visit ADA.org/fluoride or contact Ms. McGinley, mcginleyj@ada.org. ■

—manchirm@ada.org

Fluoridation finds challenges, success this spring

BY MICHELLE MANCHIR

Champions of fluoride have been working hard in several towns and states to support community water fluoridation this spring.

Here is a round-up of some of the activity:

Rockport, Massachusetts: Voters supported a measure to continue fluoridation May 5 with a 1,186 to 800 vote, according to news reports. Credited by some as the driving force behind an unusually large voter turnout (36.6 percent) for a town election that featured only one contested race, the vote followed a series of heated meetings.

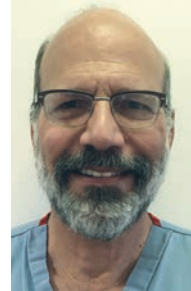
Dr. William Bebrin, who helped lead efforts supporting community water fluoridation, in-

cluding authoring a letter signed by most local dentists, said the overwhelming win was a pleasant surprise given the vocal opposition.

“Most of the (local) dentists stepped up and made it a point to speak to each and every patient who came into their offices about the benefits of fluoride and why they should go out and vote,” Dr. Bebrin said. “(Voters) believed the science and the experts — they believed in



Dr. Toole



Dr. Barr

deferring to those people and to the local board of health, so that did it.”

Oneida, New York: The local city council voted down the opportunity to fluoridate 5-1 on May 5. Fluoridating Oneida would have also benefited residents of 10 surrounding communities.

Dr. Sam Barr, a local dentist who initiated pro-fluoridation support and led the effort in Oneida, attributed the loss in part to outspoken and organized anti-

fluoride activists.

“The vote occurred in an election year, and the elected leaders, I believe, voted what they perceived to be public opinion by a politically active group, rather than what they knew the science to be,” said Dr. Barr.

Arkansas: In Arkansas, proposed state legislation, HB 1355, which would have effectively rescinded the state fluoridation mandate, passed the house but did not receive the five votes necessary to pass out of committee to the full senate.

Arkansas’ legislative session ended in May.

The Arkansas State Dental Association testified against the measure in both house and senate committees, said ASDA Executive Director Billy Tarpley.

“ASDA president Dr. Drew Toole presented compelling testimony on two occasions before the Senate Public Health Committee basically to expose the bill for what it was: an anti-fluoridation bill masquerading as a local control issue,” said Mr. Tarpley.

Mr. Tarpley said he credits dentists who responded to the dental society’s calls to action for the lack of comprehensive support for the bill.

“They contacted their senators in a powerful fashion to encourage them not to interfere with community water fluoridation, which is good public policy,” Mr. Tarpley said.

Missouri: In Missouri, proposed state legislation that would require 90-day advance notice to state officials and customers of water systems that intend to vote to cease fluoridation passed the house but not in the senate. Legislative session ended in May.

Missouri Dental Association representatives say a filibuster targeting unrelated legislation in the Senate led to the fluoride bill’s failure to get passage. Officials hope to bring it back for consideration next year.

“The biggest benefit is that the legislation would allow advance notification of the removals of fluoride from water systems. At this time there is no advanced notice and often

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Volunteers sought for ADA informatics standards projects

The ADA Standards Committee on Dental Informatics is seeking volunteers for working groups to develop five technical reports.

The recently approved work projects are:

- Proposed ADA Technical Report No. 1083 for Utilization of EDR to Support Clinical Quality Improvement will inform practitioners of the potential for the Electronic Dental Record to support quality improvement by the aggregation and analysis of data contained within the EDR system. The report will demonstrate the technical relationship of the EDR to patient data analysis and examples of how it can be applied for quality improvement.

- Proposed ADA Technical Report No. 1084 for Core Set of Reference Data for Communication Among Dental Information Systems will consist of a core set of standard reference values to be used to populate Continuity of Care Record dental messages to help coordinate patient care among multiple providers. The core data set will assist system developers in providing messaging capabilities between different dental information systems.

- Proposed ADA Technical Report No. 1085 for Direct Secure Messaging will assess the suitability of direct secure messaging as a method for secure exchange of digital dental images and patient data. The report will

offer practitioners practical guidelines for secure and interoperable exchange to help improve patient care, increase efficiency and achieve regulatory compliance.

- Proposed ADA White Paper No. 1086 for Dental Personal Health Record will provide information on existing systems and protocols used to provide patient access to their health data in the EDR. The potential for providing individualized electronic Patient Dental Records will be investigated.

- Proposed ADA Technical Report No. 1087 for Essential Characteristics of Digi-

tal Oral Health Risk Assessment Resources will describe the essential characteristics of input and output elements, usability, security and privacy features of electronic tools that collect information for the purpose of creating estimates for specific oral diseases. These guidelines will provide the first step toward standardization of the data elements for interoperability of digital oral health risk assessment tools.

The ADA is accredited by the American National Standards Institute to develop American National Standards and technical

reports for products and information technology used by the dental profession and by consumers. Currently, there are more than 90 national standards, and more are under development. National standards developed by ADA serve the dental profession by ensuring product safety and efficacy for both clinician and patient and by providing information on new and emerging technologies.

For more information on participating in the ADA Standards Committee on Dental Informatics working groups, email standards@ada.org. ■

Fluoride

Continued from Page 10

times the Association, dentists and consumers are notified only when the removal of fluoride has already occurred," said Vicki Wilbers, MDA executive director.

Bethel, Maine: Voters in this town of about 2,500 residents on June 9 opted to continue their community water fluoridation program. The community's water has been fluoridated since 1970, and the recent challenge to fluoridation came from a Bethel business owner who raised concerns about water fluoridation.

Supporters of fluoridation, including local dentists, hygienists, physicians and nurses, wrote letters of support to the local paper and focused on getting voters to the polls. Especially helpful was a hygienist, Joann Moulton, at Dr. John Mason's practice in Bethel, where many of the town's residents receive dental care, said John Bastey, director of governmental relations for the Maine Dental Association.

Mr. Bastey also said he made sure copies of ADA's Fluoridation Facts were sent to local media, the town selectmen and town manager.

"If I were to pick the reason we won, I would say having a local dentist or dental professional take the lead was the single most important step," Mr. Bastey said. "It needs to be someone everyone knows and as well as a person who is passionate about the job. As I go down the list of towns where we won, the dentists, hygienists and dental assistants in each town all fit that description. That's the key to dealing with small town fluoridation issues in Maine — find local champions and then help them carry the message."

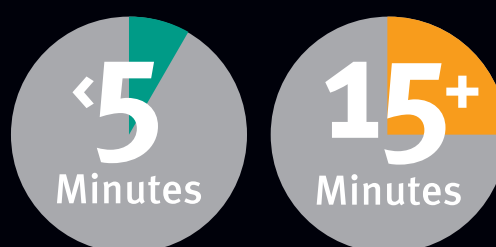
Extending the availability of optimally fluoridated water is one of the Association's eight Action for Dental Health initiatives. The ADA has set a goal to bring fluoridated water to 80 percent of the U.S. population served by public water systems by 2020.

For more information about water fluoridation, visit ADA.org/fluoride or contact Jane McGinley at mcginley@ada.org. ■

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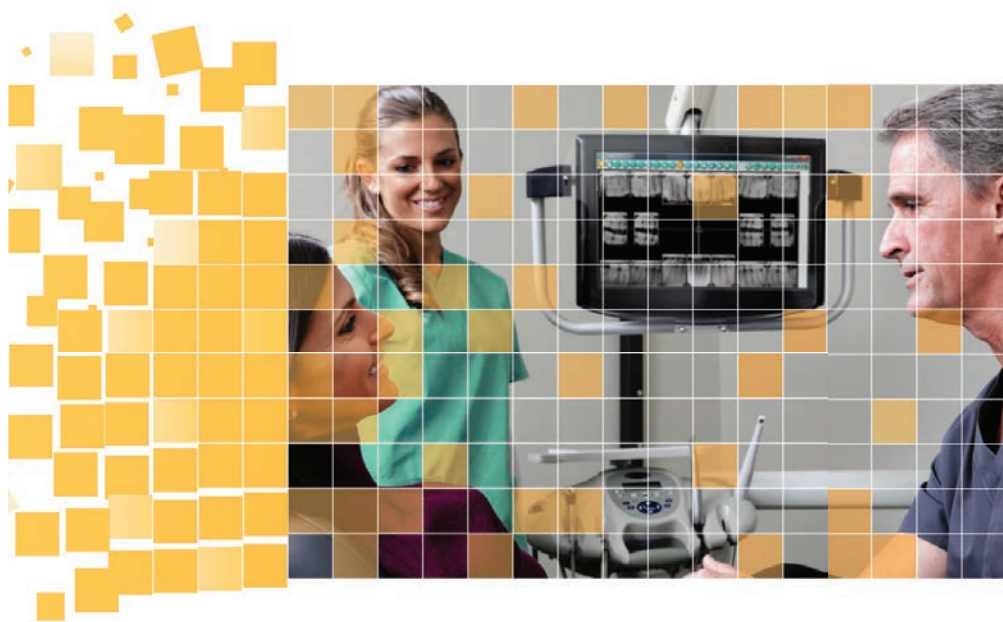


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- Peter Vidal, DDS

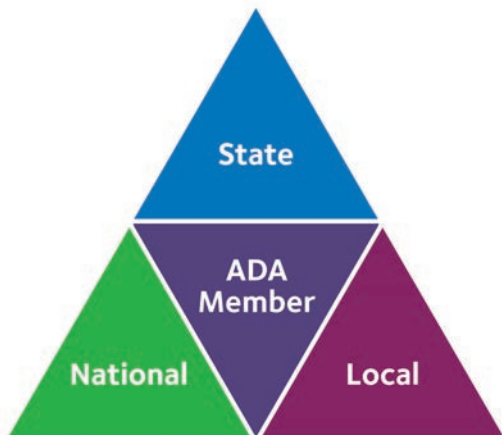
ADA provides guidance on crafting legislation

Council taps into Power of Three mission to help state societies

BY KELLY SODERLUND

The ADA Council on Dental Benefit Programs has identified key concepts state dental societies can use when crafting legislation that address third-party payer issues.

CDBP has shared the resources with state dental society staff, a move Dr. Charles Hoffman, council chair, said is consistent with the ADA's Power of Three initiative, which



encourages collaboration between the local, state and national dental society.

"This is the ADA assisting states with programs that will benefit members," Dr. Hoffman said. "Through input from members and from council discussions, we were aware of several areas of concern to members when it

came to third-party payer issues and legislation."

CDBP identified four areas states could target when crafting legislation:

- Affiliate carrier clauses/network rental laws.
- Dentist designation/rating systems.
- Inadequate notice to providers when carriers change policies.
- Deferred compensation programs and



Dr. Hoffman

Medicaid.

The ADA has a history helping state dental societies craft legislation that helps dentists, having been instrumental in assisting 36 states pass noncovered services laws.

"Every state is structured differently and has

different laws so it's not practical to make a one-size-fits-all guide but we think if leaders pay attention to these four broad areas, they can steer lawmakers toward favorable legislation," Dr. Hoffman said. "This resource also ultimately helps the patients, as nearly half of people with dental benefits have plans that are state regulated and subject to state insurance statutes." ■

—soderlundk@ada.org

Alabama Supreme Court upholds state teeth whitening law

BY CRAIG PALMER

Montgomery, Ala. — Teeth-whitening services "fall naturally within the sphere of dentistry" and state law prohibits non-dentists from offering them, the Alabama Supreme Court said in a June 5 ruling.

"The legislature, moreover, has expressly provided that teeth whitening falls within the 'practice of dentistry,' and a presumption of constitutionality attaches to this legislative pronouncement," the court said.

"For the foregoing reasons, we hold that the requirement in the Dental Practice Act that teeth-whitening services be performed by licensed dentists does not violate the due process protections of the Alabama Constitution of 1901," the court said.

The ruling affirmed a lower court's 2014 judgment in favor of the Alabama Board of Dental Examiners and against nontdentist vendors of teeth-whitening services. ■

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New York attorney general takes action against Aspen Dental

BY KELLY SODERLUND

New York City — The New York attorney general announced June 18 a settlement with Aspen Dental Management Inc. that requires the company to pay a \$450,000 penalty, remove itself from any clinical decisions within its practices, not split patients' fees with the clinics and make it clear to consumers that the management company is not a provider of dental services.

Under the agreement, which only pertains to Aspen Dental Management's affiliated practices in New York, the company must stop exercising any control over dental practices' clinical decision-making and will not communicate directly with practices' clinical staff concerning the provision of dental care, sales of services or products to patients or the amount of revenue generated by services or products, according to a news release from Attorney General Eric T. Schneiderman. The company will not be the employer of the practices' clinical staff or place limitations on dental practice owners' practice of dentistry, according to the release.

"The dentist's primary obligation is to put the needs of the patient first," ADA President Maxine Feinberg said in regards to the settlement. "The ADA strongly advocates for noninterference in clinical decision-making and we're pleased to see that this agreement supports this view. Decisions about dental care should be between the patient and the dentist."

Aspen Dental Management Inc. is a dental service provider based in East Syracuse, New York, that provides business support and administrative services to seven independently owned dental practices that maintain 40 offices in the state. Company representatives took is-

sue with the news release issued by the attorney general's office, stating it mischaracterized the agreement and that the company has never made clinical decisions on behalf of its dentists.

The settlement requires Aspen Dental not to share in the dental practices' fees for professional services rendered; to keep the practices' finances separate from its own; and to allow the practices to have full and complete control over their revenues, profits, incomes, disbursements, bank accounts and other financial matters and decisions. Aspen Dental Management also agreed to reform its marketing practices, making clear to consumers on its website and elsewhere that Aspen Dental Management provides only administrative and business support services to dental practices that are independently owned and operated by licensed dentists, according to the AG's office.

Aspen Dental Management will also take steps to ensure its dental practices post their own legal name so that it's easily visible to patients. The company must pay an independent monitor that will oversee the terms of the settlement over a three-year period, according to the AG news release.

The ruling came after the attorney general's office received more than 300 complaints since 2005 about consumers' experiences at Aspen Dental affiliated offices across New York, according to the news release. The complaints concerned quality of care, billing practices, misleading advertising, upselling of medical services and products the consumers felt were unnecessary and unclear or incomplete terms for the financing of dental care, according to the AG's office.

"The investigation revealed that Aspen Dental did not merely provide arms-length, back-end business and administrative support

to independent dental practices," the news release states. "Rather, Aspen Dental Management has developed what amounts to a chain of dental practices technically owned by individual dentists but which, in violation of New York law, were subject to extensive control by Aspen Dental Management. That control included sharing individual clinic profits with the management company and the marketing by the management company under the shared Aspen Dental trade name."

The AG's office also said Aspen Dental Management incentivized and pressured staff to increase sales of dental services and products, implementing revenue-oriented patient scheduling systems and hired and oversaw clinical staff, including associate dentists and dental hygienists. An example of the company dictating patient care, according to the AG's office, was sending "Hygiene Service Announcements" to dental hygienists, which directed them to sell more products and services to patients and training office managers on how to talk to patients about their treatment plans and help them make decisions about treatment alternatives.

Representatives from Aspen Dental Management contend the company has never employed clinical staff nor has it exercised any control over clinical care and only provides nonclinical business support services to its independently owned and operated dental practices.

"We are deeply disappointed with the characterization of Aspen Dental Management, Inc. in a press release issued today by the Office of the Attorney General of the State of New York, which does not accurately reflect the terms of the Assurance of Discontinuance, reached after three years of discussions," ac-

ording to a statement released by the company. "Contrary to the headline of the press release, ADMI does not, nor has it ever, made decisions about clinical care for the 1.2 million patients who visited independently owned and operated Aspen Dental-branded practices in New York State over the past 10 years. To suggest that the dentists only 'technically' own their practices is a gross misstatement of fact. Today, and every day, the owners of these practices are in their offices, treating patients and exercising complete control over all clinical decisions."

The New York State Dental Association voiced its approval of the attorney general's office recognizing the dentist's position as the superior clinical decision maker.

"The New York State Dental Association appreciates Attorney General Schneiderman's understanding of the importance of the role of the dentist in providing the diagnosis and treatment of the dental patient," said Dr. Mark Feldman, executive director of the NYSDA. "We feel certain that all dental practices in New York will adhere to this important principle."

Aspen Dental Management representatives say their primary mission of caring for patients will not change, despite the terms of the settlement.

"The focus at ADMI remains the same: We care for the people who care for the patients by providing business support to the independent dentists who own and operate Aspen Dental-branded practices," according to the company's statement. "With ADMI supporting the administrative and nonclinical aspects of their business, dentists are free to do what they do best: care for their patients." ■

—soderlundk@ada.org

University of North Carolina, dental foundation establish memorial award for slain dental students

BY KELLY SODERLUND

Chapel Hill, N.C. — The University of North Carolina at Chapel Hill and the Dental Foundation of North Carolina have established a memorial award in honor of two dental students killed this year.

On Feb. 10, Deah Barakat, 23, his wife Yusor Mohammad Abu-Salha, 21, and his 19-year-old sister-in-law Razan Mohammad Abu-Salha were fatally shot in their Chapel Hill, North Carolina, apartment. Police officers arrested their neighbor, Craig Stephen Hicks, 46, for the shooting.

The Deah Barakat and Yusor Abu-Salha Memorial Award was established in consultation with both students' families and will be presented for the first time this fall. Mr. Barakat was a second-year student at the UNC School of Dentistry and Ms. Abu-Salha was to enter as a first-year in August. The award will provide support to a UNC School of Dentistry student or group of students who plan a local, national or international service product that, Mr. Barakat's

brother, Farris, said "will give back to communities that need help the most," according to a UNC news release.

"Deah and Yusor led lives of great purpose and this fund is a fitting tribute to their humanitarian devotions," UNC Chancellor Carol L. Folt said in a news release. "Through this award, the Carolina community is honoring their legacy of creating a more compassionate world through dentistry and delivering aid to those who are more vulnerable and in need."

Mr. Barakat had volunteered at dental clinics overseas and had plans to travel to Turkey with 10 dentists this summer to help Syrian refugee students in need of dental care. He had posted a YouTube video last September asking for donations to raise money for supplies and equipment. Through his efforts, Project Refugee Smiles successfully raised the funds for the trip.

"Deah and Yusor had incredible hearts for service," said Dr. Jane Weintraub, dean and alumni distinguished professor at the UNC

School of Dentistry. "They often gave their weekends to working at homeless shelters or the North Carolina Missions of Mercy clinics and were no strangers to international service trips. Through this award, we'll be able to not only educate our students about their lives of service but also continue their legacy of giving back for years to come."

The Dental Foundation of North Carolina and UNC each committed \$30,000 to the endowed fund. Those who wish to contribute can visit giving.unc.edu/gift/sod and select "Barakat Memorial Fund" from the dropdown menu. ■



Time of celebration: Yusor Mohammad Abu-Salha, left, and her husband, Deah Barakat, 23, stand at his white coat ceremony at the University of North Carolina School of Dentistry.

Volunteers sought for new ADA Standard Committee on Dental Informatics group

The ADA Standards Committee on Dental Informatics is seeking volunteers for a new working group.

Working Group 13.7 on Implementation of SNODENT will assist with future revisions of the Systemized Nomenclature of Dentistry and will develop guidelines for its implementation in dental practices.

SNODENT is the ADA's set of terms and concepts designed for use in electronic dental records, which provides standardized descriptions for dental diseases and other clinical details and patient characteristics.

The new working group will review recommendations for new and revised concepts to keep SNODENT updated and relevant.

The ADA is accredited by the American National Standards Institute to develop American National Standards and technical reports for products and information technology used by the dental profession and by consumers. Currently, there are more than 90 national standards and more are under development. National standards

developed by ADA serve the dental profession by ensuring product safety and efficacy for both clinician and patient and by providing information on new and emerging technologies.

If you are interested in joining the new working group, please send a request to standards@ada.org. ■

ADA SCDI to meet in November

The ADA Standards Committee on Dental Informatics will hold meetings Nov. 2-4 in Washington, D.C.

The conference will begin at 8:30 a.m. Nov. 2 with an Opening Plenary session. SCDI working groups will meet Nov. 2-3, while the SCDI Plenary session will take place at 8:30 a.m. Nov. 4.

Also on Nov. 4, participants can attend a special educational symposium on dental coding, "Taking the Mystery out of Dental Coding: A Standards Perspective."

All SCDI meetings are free, but advance registration is required. Discounted hotel reservations are available.

For further information on the ADA SCDI meeting, please contact Paul Bralower at 1-800-621-8099, ext. 4129 or email bralowerp@ada.org.

For hotel and registration information, please contact Marilyn Ward at 1-800-621-8099, ext. 2506 or email wardm@ada.org.

The SCDI meeting precedes ADA 2015 – America's Dental Meeting, which is Nov. 5-10 in Washington, D.C. Registration is open at ADA.org/meeting. ■

Dentists can review report on practice management systems

The ADA Standards Committee on Dental Informatics has approved for circulation and commentary the proposed revision of ADA Technical Report No. 1055 for Computer Hardware and Software Guidelines for Dental Offices.

The report outlines the features of hardware and software for dental practice management systems, provides guidelines for their selection and suggestions for their optimal utilization in dental offices. Copies of the draft specifications are available by calling the ADA toll-free number, ext. 2506, or sending an e-mail request to standards@ada.org.

The ADA is accredited by the American National Standards Institute to develop American National Standards and technical reports for products and information technology used by the dental profession and by consumers. Currently, there are more than 90 national standards and more are under development. The ADA's national standards serve the dental profession by ensuring product safety and efficacy for both clinician and patient and by providing information on new and emerging technologies. ■

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Give Back at the ADA Mission of Mercy

Join your colleagues from across the country in bringing free dental care to our nation's capital. Last year's clinic in San Antonio provided over \$525,000 worth of care to more than 1,200 patients in a day. Register at ADA.org/MOM.

ADA president promotes ethics video contest

BY DAVID BURGER

ADA President Maxine Feinberg taped a video promo for the 2015 Student Ethics Video Contest that is posted on YouTube.

The YouTube spot, which is available by searching for the American Dental Association's YouTube channel, serves as a reminder that the ADA Council on Ethics, Bylaws and Judicial Affairs is currently accepting entries for this year's Student Ethics Video Contest. The deadline to submit entries is July 31.

"The American Dental Association has a 150-year-old Code of Ethics," Dr. Feinberg says in the video. "For a century and a half, it's been our moral compass — our North Star — and it guides everything we do. I graduated from dental school 35 years ago, and every day it's my goal to earn and maintain my patients' trust by abiding by this code. Students, we'd love to see what you can do."

Since 2010, CEBJA has annually sponsored the contest to draw student attention to the ethical dilemmas that dental students and professional dentists may encounter and to provide an exercise focusing on appropriate responses based on the ADA Principles of Ethics and Code of Professional Conduct. This year, the contest will include a second competitive category, created for videos that promote patient safety through ethical treatment. A grand prize and an honorable men-



tion award will be available for each category.

The new category is the result of the participation and support of insurance company CNA in this year's Student Ethics Video Contest.

The contest is open to degree-seeking students at, or new graduates of, any ADA-accredited dental school who are 18 or older and U.S. citizens. Entrants must also be ADA student members or members in good standing of the American Student Dental Association.

To qualify, videos should be no more than four and a half minutes and must portray the ap-

plication of one or more principle, code or advisory opinion contained in the ADA Principles of Ethics and Code of Professional Conduct. To be eligible in the new category, the video should focus on ethical treatment promoting or enhancing patient safety and treatment outcomes.

CEBJA will announce the winners at the ADA 2015 — America's Dental Meeting in Washington, D.C. For more information, contest rules and entry forms, contact Earl Sewell at sewelle@ada.org or visit ADA.org and search for "2015 Student Ethics Video Contest." ■

UIC dental student to serve veterans as Schweitzer fellow

The University of Illinois at Chicago College of Dentistry announced June 25 that student Nisha Garg will spend a year working to address barriers that affect the health of military veterans as a 2015 Albert Schweitzer Fellow.

Ms. Garg said the fellowship program gives her "the opportunity to design a yearlong community service project that catered towards an underserved population of my choosing."

Her goal is to provide oral hygiene information to military veterans who are ineligible for dental health care.

Named after famed physician-humanitarian Albert Schweitzer, Schweitzer Fellows work to address barriers facing underserved communities and develop lifelong leadership skills as they tackle complex health needs — skills they will use throughout their professional careers, said Ray Wang, program director of the Schweitzer Fellowship program of Chicago.

"Nisha joins a distinguished group of prior students from the college that have received this honor and have participated in the rich experiences the fellowship offers," said Dr. Caswell Evans, associate dean for Prevention and Public Health Sciences.

Through seminars that she plans to host at the Jesse Brown Veterans Administration Medical Center, Ms. Garg hopes to serve as a resource for veterans deemed ineligible for VA dental care.

"My seminars will provide information on how to properly maintain oral hygiene, along with how oral health directly relates to the health of the entire body," Ms. Garg said.

For information about the Schweitzer Fellowships, call 1-312-372-4292, ext. 24. ■

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EBD conference can teach dentists to help communicate with patients

BY MICHELLE MANCHIR

Even though her involvement in practice-based research predated her first ADA Evidence-Based Dentistry Champions Conference in 2013, Dr. Cynthia Jetter knows what it's like to get caught up in clinical duties.

"When you're in practice every day, you don't always think about the research that's going on," said Dr. Jetter, who with her husband, Dr. Donald Jetter, runs a practice in Voorhees, New Jersey. "Let's face it, there's only so much time in a day."

The ADA Center for Evidence-Based Dentistry and its website disseminates the most current scientific evidence and helps dentists implement the current best evidence in practice. After Dr. Jetter attended the Champions Conference, she said she understands it takes only a few minutes a day to become a better consumer of the available scientific literature.

"A few minutes here, a few minutes there," Dr. Jetter said about using the ADA Evidence-Based Dentistry website, where critical summaries of recent research are aggregated and highlighted. "Sometimes I'll take 20 or 30 minutes to up-



Dr. Jetter

date myself."

Soon, others like Dr. Jetter will have the opportunity to become evidence-based dentistry champions.

This year the Champions Conference is Nov. 3-4 in Washington D.C., preceding ADA 2015 – America's Dental Meeting.

Here, participants can learn what Evidence-Based Dentistry is and how to apply its principles and tools in clinical decision-making.

Dr. Jetter said attending the conference helped her understand the impact and breadth of dental-related research. It also helps her communicate with her patients, she said.

When patients have specific questions, sometimes she prints the plain language summaries of reports and articles for patients to help explain her treatment plans for them.

"It's excellent we have a place where we can turn to in order to show patients how our decisions are actually based in science," Dr. Jetter said. "It elevates dentistry."

Dr. Jetter said when patients have questions about their root canal procedure or wheth-

ADA Center for Evidence-Based Dentistry™

er an electronic toothbrush is better than a traditional one, she can visit ebd.ada.org to supplement her answers for them with documented research.

"It makes you more effective for patients," she said. "If you make yourself available to learn and read and become familiar with the EBD website, you can see

everything else that's going on — since it isn't possible to personally go through all those studies."

For more information or to register for the 2015 Champions Conference, visit ebd.ada.org. ■

—manchirm@ada.org

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Device tax

Continued from Page 1

cost of dental care by over \$160 million annually," the action alert said.

The Affordable Care Act authorized the tax to support expanded health care coverage. Certain medical and dental devices are subject to the 2.3 percent medical device excise tax, which is payable by the manufacturer of the covered device. ■

—palmerc@ada.org

ECU's first graduates cement legacy with gift to help future students, patients

BY KIMBER SOLANA

Greenville, N.C. — When Dr. Philip Cochran first arrived at East Carolina University School to study dentistry in 2011, the School of Dental Medicine's building was still under construction.

"We had our classes — in an auditorium and laboratory — inside the medical school," he said. "It wasn't until a year and a half later that we packed up our things and moved over to our own building."

Being part of the dental school's first group of students — and becoming part of the school's early history, Dr. Cochran said, only made the 50 members of the Class of 2015 closer. And when they became the first graduating class of ECU School of Dental Medicine this spring, they sought to leave behind more than memories.

During the school's May 8 convocation, the class presented the school with the Inaugural Class Patient Care Endowment, a gift to support patient care and student learning.

The endowed gift from the 50 graduates, along with matching funds from the ECU Medical Health Sciences Foundation, currently stands at \$33,000. It will help patients who need financial assistance to receive the care they need, while offering dental students learning experience through treating those patients.

The endowment was created after Dr. Cochran, Class of 2015 president, and Dr. Kelly Walsh, class vice president, learned about an ECU Medical Health Sciences Foundation matching grant in place.

"The Class of 2015 takes great pride in the palpable impact that the School of Dental Medicine is already having in North Carolina and we were inspired by our school's passion for service," said Dr. Walsh. "Our entire class embraced and established the Inaugural Class Patient Care Endowment Fund. I believe that this really expresses the commitment that the inaugural class has to the continued improve-



First class: East Carolina University School of Dental Medicine's inaugural class pose for a photo during their May 9 graduation. The 50 students established an endowment fund to help support patient care and student learning.

ment of the oral health care in North Carolina."

Everyone in the class had to donate \$250 to reach the goal.

"It turned out we raised a lot more than that," Dr. Cochran said. "We wanted to help bridge a gap between patient care and dental education."

Dr. Cochran said he enrolled at ECU because he believed in the school's mission and goals, particularly to help provide and enhance oral health services in underserved areas in North Carolina.

"They wanted to educate students who would go back to their home communities," said Dr. Cochran, who returned to his small hometown of Washington, North Carolina,

to practice after graduation. "The school's commitment to service really meshed with my personal goals. We know there's only going to be first class, and we were privileged to be selected to be the face of the school for four years. This endowment was a way for us to say thank you and leave our mark on the dental school."

A component member of the University of North Carolina System, ECU began investigating the possibility of adding a public dental school in Greenville in 2005. Its School of Dental Medicine opened in 2011, welcoming its first class of about 50 students.

Initially, there were some reluctance reported about opening a new school in North Carolina. Some favored a plan to expand

UNC at Chapel Hill School of Dentistry's class size instead. A state-supported joint plan for education, however, enabled UNC-Chapel Hill to expand its research capabilities and increase class sizes, as well as fund construction of the ECU dental school building in Greenville.

In 2010, Dr. Ledyard E. Ross, an ECU alumnus and orthodontist, also gave a \$4 million gift to the dental school for scholarships, faculty recruitment and retention and other academic enterprises.

State funds also support ECU's community service learning centers in rural and underserved areas of the state. The first ECU dental service learning center opened in Ahoskie, North Carolina, in August 2012. In February, the school opened its seventh community service learning center. Led by ECU dental faculty members, dental students spend eight-week clinical rotations at three centers during their fourth-year of dental school. Each center will see about 50 patients per day. The school plans to open eight to 10 of such centers for underserved areas in North Carolina.

"In so many ways, these graduates helped shape the future of our school, and this endowment is another part of their legacy," said Dr. Greg Chadwick, dean of the ECU School of Dental Medicine. "This first class was special and we look forward to greet them as our colleagues throughout the state of North Carolina. I don't think we had realized it as we were going along but when it came time to graduate, we knew them not only as students, but as people — their names, where they're from and where they're going — because we've been working together to build this school."

For more information or to contribute to the fund, contact Kristen Ward, director of development, ECU School of Dental Medicine at wardk@ecu.edu or 1-252-744-2239. ■

—solanak@ada.org

Tennessee dentists give care to 150 underserved patients

BY MICHELLE MANCHIR

Winchester, Tenn. — Friends since dental school with practices just a couple miles apart, two rural Tennessee dentists decided in 2014 to initiate a day of service in their community by donating their time and expertise to as many underserved patients as they could.

The idea caught on. This year, the two dentists, Drs. Cory Glenn and Garrett Orr, recruited 16 other dentists from the surrounding area, along with hundreds of other volunteers for the event dubbed the Franklin County One-Day Community Outreach.

The efforts culminated May 16, when downtown Winchester, Tennessee, was transformed into a place of giving. Anyone could come and receive the services, which included medical screenings and eye exams — no questions asked.

"It is important to the community to see the other members of their community caring about them and for them. It's what good neighbors do. We will hold this event every year that God provides us enough resources to do so," said Dr. Orr.

Thanks to donations of time and skills



Helping out: Dr. Garrett Orr and staff work with a patient May 16 during the Franklin County One-Day Community Outreach with staff.

from clinicians, 441 people received medical screenings or dental care that day, Dr. Orr said. About 150 patients received dental care — with dentists performing 220 routine extractions and 34 surgical extractions, said Dr. Glenn.

same (event) at the same time next year. Many this year were repeat participants," Dr. Glenn said.

A Tennessee congressman, Rep. Scott DesJarlais, R-TN, who is also a physician, even came to the event.

"I actually extracted two full arches of teeth on two different patients," Dr. Glenn said.

Hundreds of others received donations of food — two semi truck loads of groceries were given away — and clothing, said Dr. Glenn. Drs. Orr and Glenn also offered post-op care to patients free of charge.

"They were all given toothbrush/floss/toothpaste and they all know that we'll be doing the

The dentists first came up with the idea as members of their local Christian Medical and Dental Association and credit their faith with motivating them.

"We were so blown away by the response our first year (in 2014) and by how the community rallied behind it that we knew this had to become an annual event," Dr. Glenn said.

Local government and nonprofits chipped in for the event both years, with supplemental help from private sponsors like Henry Schein, Patterson Dental and Septodont. This year, a flush of donations allowed the volunteer team to buy a portable X-ray unit for their clinic, which they set up inside a church for the event.

Drs. Glenn and Orr credit the sponsorship help and the time donated by many enthusiastic volunteers for the successful event that they plan to organize every year.

"They had absolutely no other incentive to be there other than the fact that wanted to give back," Dr. Glenn said of the volunteers. "Everyone was just excited to help those in need." ■

—manchirm@ada.org

ADA offers continuing education course for Medicaid providers

BY MICHELLE MANCHIR

The ADA Council on Access, Prevention and Interprofessional Relations' Medicaid Provider Advisory Committee members shared insight about treating Medicaid patients at a June 12 continuing education course at Association Headquarters.

The course Maintaining Your Sanity and Practice Viability as a Medicaid Provider will be offered again on Nov. 6 during ADA 2015 - America's Dental Meeting in Washington, D.C.

The three-hour course teaches ways to implement efficient and effective practice protocols to help safeguard a dental practice from unintentional non compliance with Medicaid regulations. Other topics covered are ways to recognize and avoid fraud and abuse allegations, how to properly document medical necessity and how to be a positive advocate for Medicaid providers and patients.

"Anyone who treats a patient today should take this course regardless of what type of insurance the patient has. The thought process is different today in terms of record keeping," said Dr. Sidney Whitman, a pediatric dentist near Trenton, New Jersey, and chair of CA-PIR's Medicaid Provider Advisory Commit-

tee, who spoke at the June 12 course.

To register for CE courses at the ADA annual meeting, visit ADA.org/meeting. The Medicaid course number is 6313. Preregistration is required. ■

—manchirm@ada.org



Heads up: Participants of a June 12 Medicaid CE course, including Dr. Edwin Mangram, listen to a presenter discussing accountability when using Medicaid.

3M issues change in indication for restorative product

BY MICHELLE MANCHIR

St. Paul, Minn. — 3M ESPE Dental announced in June its Lava Ultimate CAD/CAM restorative product should not be used for crowns and is offering refunds for returned unused blocks/frames.

The company is removing the crown indication for the product because the crowns are debonding at a higher-than-anticipated rate and "therefore not consistently meeting 3M's high standards for quality and performance," the company said in a notice on its website.

The product continues to be indicated for inlays, onlays (with an internal retentive design element) and veneer restoratives, according to 3M.

The company sent letters in June to purchasers of the product, including dental offices and laboratories.

The letter offers a refund for each returned unused block/frame, but the company advised that there is no need to contact patients with existing Lava Ultimate restorations or to take additional action "beyond normal patient care."

The company also has posted updated instructions for use on its website and asks that anyone with questions contact its customer care center at 1-800-634-2249. ADA members with questions can also contact the Association's Member Service Center via the toll-free number.

To see the full notice from 3M, visit 3m.com/3M/en_US/Dental/Products/Lava-Ultimate. ■

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Prosthodontics Foundation volunteers mark 25 years of service

BY MICHELLE MANCHIR

They sometimes work 15-hour days and skip meals. They bought lawn chairs to seat patients and transformed a mobile trailer into a lab — all to help edentulous patients.

Despite the required labor and creativity, the volunteers with the Academy of Prosthodontics Foundation Outreach Program never hesitate to return year after year to underserved areas across the U.S.

This year marks 25 years of service for the core of 12 volunteers who travel annually, mostly to Native American reservations, providing dentures for patients who have few or no other options for getting dental care, said Dr. Geoffrey Thompson, chairman of the foundation's Outreach Program and director of the graduate program in prosthodontics at the Marquette University School of Dentistry.

Since the early 1990s, volunteers in teams and individually — with the help of thousands of dollars worth of donated materials — have provided more than 1,660 dentures and partials to more than 940 patients, Dr. Thompson estimates.

Organizers focus their service on Native American reservations or Alaska Native reserves where waitlists for prosthodontic care are sometimes hundreds of names long due in part to geographic isolation, Dr. Thompson said.

Dr. Thomas Taylor, chair of the division of prosthodontics at the University of Connecticut School of Dental Medicine, has led a team of volunteers to Juneau and Sitka, Alaska, 15 times over the last 25 years, where he says patients will in some cases travel long distances by ferry or airplane to get services.

"They have a waitlist that extends over a year and they have one shot on that list, so (they do) whatever it takes to get to us," said Dr. Taylor.

The remote sites that volunteers have visited over the years also include Browning, Montana; Arapaho, Wyoming; and Montezuma Creek, Utah. Many places they visit lack a comprehensive dental clinic, so volunteers have learned to improvise with whatever tools are available.

Volunteers recall buying lawn chairs at



Pausing for a smile: Dr. Ed Plekavich, seated left, Dr. Jon Ireland, standing left, Dr. Geoffrey Thompson, standing, and Dr. Pratiksha Agrawal work in the volunteers' mobile trailer during a 2014 visit to a Goshute reservation in Utah.



Grueling work: Dr. Geoffrey Thompson uses a rasp for a model trimmer while volunteering in 2014 on the Goshute reservation in Utah.

a Wal-Mart near one of the reservations so patients would have a place to sit, buying a tent and folding tables to supplement volunteers' pop-up clinic and using a pot meant for boiling lobster to process dentures.

fruit and Doritos he bought from an airport for dinner during one trip to Montezuma Creek, Utah. He said he lost 12 pounds that week.

Still, the volunteers, who are mostly dentists who specialize in prosthodontics along

with a team of graduate students and lab technicians, say the outreach trips are meaningful and personally rewarding ways to contribute to the underserved.

"We get such a kick out of doing this," said Dr. Thompson. "It's kind of like a high. I mean we really, really work hard and it's sort of like running a marathon — you would never do another one if you remembered how hard it was (but) we enjoy putting the smiles on people's faces."

For some of the volunteers, the work especially hits home. Dr. Paul Martinez, who practices in Price, Utah, said his relatives were born and raised on a Native American reservation in Colorado. Dr. Martinez now helps the outreach program determine which tribes or areas may have the most pressing needs, and his background and understanding of the cultures can be useful when interacting with some of the patients, he said.

"It's easier for me to talk to a lot of those individuals," Dr. Martinez said, adding "All clinicians — medical and dental — we should be doing these types of things. We should be trying to help out those people that aren't able to provide for themselves."

Most volunteers can recall particularly memorable moments with grateful patients that motivate their return each year: witnessing tears of joy, a woman blushing with pride upon seeing her new teeth, letters from former patients who write about how their new smile helped them secure a better job.

"A patient in Oklahoma wrote to me, sent me some venison sausage, and said he enjoyed his first dinner in more than five years," recalled Dr. Plekavich. "The greatest rewards for us for participating are the reactions of and personal impact on the patients we serve."

Dr. Thompson said program organizers would like to expand the program to other tribal areas and are always seeking volunteers for the trips.

For more information, contact the Academy of Prosthodontics by calling 1-858-272-1018 or email ap@res-inc.com. The website is academyofprosthodontics.org. ■

—manchirm@ada.org

ADA annual meeting inspires new dentists, dental students

BY DAVID BURGER

Westwood, Calif. — While many 2015 dental graduates are busy looking for or settling into practices, one of their fellow graduates is urging both them and dental students to mark some days in early November on their calendars.

ADA 2015 — America's Dental Meeting will take place in Washington, D.C., from Nov. 5-10, and dental students and new dentists alike should make every attempt to attend, said Dr. Christopher Mendoza of the UCLA School of Dentistry Class of 2015.



Dr. Mendoza

He should know, considering that he is the immediate past president of the American Student Dental Association and has been an active participant in two past ADA annual meetings.

"It's a great time to recharge and see what's

beyond dental school," Dr. Mendoza said.

The 25-year-old dentist, who has just begun a three-year residency in dental anesthesiology at UCLA, said that while the advantages of attending the annual meeting are myriad, one in particular is especially useful for dental students and new dentists.

"One of the greatest benefits for students at the annual meeting is definitely networking with other dentists and students," Dr. Mendoza said. "Everyone there is extremely helpful, helping the next generation of dentists. They want to see you succeed."

There are several reasons why connecting and interacting with students and more established dentists is important, Dr. Mendoza said. One is that dental students close to graduation and new dentists are seeking jobs, and he has found that some of the established dentists have looked at dentists to

join their practices or even sell their practices to.

A second reason is that the ADA annual meeting exposes current and new students to a national community of dentists who provide perspective and inspiration. Attending dental school can place students in a bubble but going to a conference with hundreds of other people who had gone through the experience or were going through the experience invigorated him, he said.

"It was my break," Dr. Mendoza said. "It helped keep me going. You're not the only one going through it. It gave me a better outlook on the dental field." It helped Dr. Mendoza because when he grew up in Fresno,

California, he didn't have any dentists in the family to relate to.

Other reasons to attend include the New Dentist Conference, which for the first time will coincide with the ADA annual meeting. New dentists can participate in both meetings this year and experience all ADA 2015 has to offer, including high-level networking opportunities during Leadership Day; a new dentist reception at Penn Social; inspiration from keynote speaker Daymond John, entrepreneur and "Shark Tank" co-star; an exclusive, customized continuing education track featuring real-time interactive technology and more.

Dr. Mendoza gets asked frequently from younger dentists and dental students if they should join the ADA. "I would challenge them to explore all that being a member offers," he said. "The value far exceeds the cost."

Registration for ADA 2015 is open online at ADA.org/meeting.

For a list of courses planned, visit eventscribe.com/ADA/2015.

Search for #ADADC on Twitter and Facebook for more on the ADA annual meeting. ■

—burgerd@ada.org



INDUSTRY Watch

News from the dental industry

Benevis introduces foundation for underserved patients

Benevis, a dental support organization, announced April 16 that it is launching the Benevis Foundation to focus on improving dental health access and outcomes among underserved patient populations.

Through this foundation, Benevis will host dental health education events and lesson plans for elementary school classrooms.

Among other charitable endeavors, the Benevis Foundation provides donations to clinical training programs and Sharing Smiles Day.

The foundation gave a \$25,000 grant to Louisiana State University School of Dentistry. ■

Carestream Dental donates new imaging system to Tennessee clinic

Carestream Dental, a producer of dental practice products, installed a 3D Extraoral Imaging System at Interfaith Dental Clinic, which has offices in Nashville and Murfreesboro, Tennessee, the company said in a June 3 news release.

Interfaith Dental Clinic, according to its website, interfaithdentalclinic.com, is a practice designed to restore, protect and improve the oral health of uninsured, low-income working people, their children and the elderly.

The imaging system donated by Carestream Dental, carestreamdental.com, will help Interfaith Dental to keep costs low for its patients since they will no longer have to send them elsewhere if 3D imaging is needed. ■

DentaQuest adds two new members to board of directors

DentaQuest, a dental benefits company, appointed Dr. Sarah Dirks and Kathleen Betts to its board of directors last month.

Dr. Dirks is the chief executive officer and owner of Geriatric Dental Group of South Texas in San Antonio.

She also works as an adjunct faculty member at the University of Texas Health Science Center at San Antonio.

Ms. Betts is the chief human resources officer for ModusLink in Waltham, Massachusetts.

She was previously employed by the University Hospital at Boston University Medical Center, as well as Stratus Technologies. ■

Henry Schein, Patterson Dental and employee of Hu-Friedy receive OSAP awards

The Organization for Safety, Asepsis and Prevention has announced the winners of its annual leadership awards during a symposium in Baltimore.

Among the recipients were Henry Schein Dental and Patterson Dental,

who shared the 14th Annual Dr. Milton Schaefer Award for superior service and ongoing contributions to OSAP.

This year's awards also featured a new category: Emerging Infection Control Leader. OSAP gave the honor to Jessica Wilson, an instrument management and infection prevention specialist at Hu-Friedy.

Ms. Wilson was recognized for her work

with dental practices in educating them on compliance regulations. ■

Carestream Dental appoints new president

Lisa Ashby was named president of Carestream Dental in Atlanta effective May 4.

Ms. Ashby comes to Carestream Dental from Cardinal Health, where her most

recent position was president of the medical devices and diagnostics division.

She previously held positions at Cardinal Health in the marketing, distribution and category management sectors.

Carestream Dental provides dental equipment such as imaging systems and practice management solutions. ■

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FLORIDA—Practice opportunities. 142 Florida practices for sale statewide, as-associateships, relocation experts (1031 tax deferred exchanges). **Contact: Kenny Jones, (561) 746-2102 or www.doctorschoicel.net.**

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IOWA—Periodontal practice for sale in northwest Iowa. Solo practice. Last years gross approximately \$1.8M. Practice consists of approximately 70 percent implant dentistry, 30 percent periodontics. Current practitioner is interested in selling the practice. **Please contact Dr. Bruce Cochrane at: rbrucecochrane@live.com.**

KANSAS—Practice for sale. Central Kansas, fee-for-service, low overhead, staff will stay, priced to sell, growing community, great bird hunting. **Phone: (620) 786-0080. Email: mallyalli@yahoo.com.**

KANSAS—25 year old rural practice for sale; North central Kansas; two offices, 2 counties 30 miles apart; average collections \$ 420,000; priced to sell. **Phone: (785) 545-7194; email: bteeth@nckcn.com.**

KENTUCKY—Louisville. General practice for sale. Located in East end professional building on first floor, across the street from Baptist Hospital East. Collections for 2014 were over \$304,000. Four operatories. Turn key sale, dentist retiring. **Text or call: (502) 592-2754.**

MICHIGAN—2,500 sq.ft. dental/medical suite near I-69 and M-53 for lease, \$2,700/month. Open to splitting lease between specialists rotating days. **B.Clark: (586) 784-8679, clarkbarmi@prodigy.net.**

NEW JERSEY—Somerset County, NJ. Established Solo FFS practice in newer professional building. Gross \$900,000 in 3.5 days/week. Beautiful, modern, 4 operator office completely digital throughout. **Contact Renco 2015@aol.com.**

NORTH CAROLINA—South central North Carolina established dental practice. 4 operatories. Currently practicing three days a week. Dentist retiring. **Send replies to: jada@russelljohns.com and reference box #135 in the subject line.**

PENNSYLVANIA—Scranton, general practice, revenue \$675,000. 5 operatories, 2,600 active patients, 500 new patients annually. Includes: office, 2 apartments, parking, 4 car garage, income \$3,100/month. \$634,500. smiledoc1234@gmail.com.

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Revised guide helps dental practices create, update employee policy manuals

A clear and complete office policy manual helps maintain an open and equitable practice culture where everyone feels welcome and valued.

The ADA Catalog has revised its best-selling book “The ADA Practical Guide to Creating and Updating an Employee Policy Manual” to help dentists and dental practices avoid potential liability and staff problems.

The book has 99 sample policies, as well as numerous sample forms, checklists and job

descriptions that can be customized to a dental practice’s needs. An included flash drive has policies and forms in Microsoft Word for quick and easy personalization.

The practical guide helps users:

- Design and implement an employee policy manual, whether it is from scratch or a revision of their practice’s current manuals.
- Navigate the hiring process, from writing

the job description to placing a job ad to interviewing candidates. It covers what the employer can and cannot ask in an interview, offers sample questions specific to various jobs in dental offices, and shows how to make an offer or politely — and legally — reject a candidate.

- Terminate an employee.
- Conduct and document fair annual per-

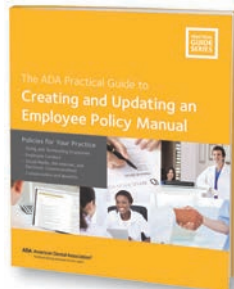
formance evaluations.

- Use progressive discipline as a tool to document and correct undesirable employee behavior.

The book also offers information on compensation, benefits, electronic communication policies, personal appearance, dress codes, staff training, attendance, employee motivation and patient management.

To order “The ADA Practical Guide to Creating and Updating an Employee Manual” (\$89.95 for ADA members; \$134.95 retail), call 1-800-947-4746 or visit ADAcatalog.org.

Readers can save 15 percent off the book and all ADA Catalog products by using promo code 15114 by Sept. 18. ■



EXCEL

Continued from Page 1

claim form with detailed instructions for completion, as well as a searchable CD-ROM for quick code look up.

In addition, the CDT Code Check App for iOS and Android (J015i) won the Gold EXCEL Award in the Media Innovation: Mobile Application (Educational) category. The handy, searchable app contains the most up-to-date CDT Codes, including 16 new procedure codes and 52 revised procedure codes.

“CDT coding is one of the most valuable services the ADA provides,” said Michael Springer, senior vice president, Business and Publishing. “The new CDT app is a response to our members who want to get the information in a new, more convenient format. We are very excited to have this new innovation recognized by our peers.”

The ADA News won the Silver EXCEL AWARD in the Newspapers: Feature Article category for the article “Dentist Takes Personal Crusade to the Next Level,” published in the May 19, 2014, issue. The article features Dr. Steven Conlon who has been fighting for those with leukemia or lymphoma following the loss of his father-in-law, Dr. Thomas A. Bowles, to acute myeloid leukemia in 2006. Dr. Conlon’s involvement has grown from fundraising in his practice and his community to spearheading bone marrow donor drives in a statewide program sponsored by the Michigan Dental Association, and even helping launch similar programs in Georgia and New York.

The winners were announced in April and were honored during the 35th Annual EXCEL Awards Gala at AMP’s 2015 Annual Meeting, June 15-17 in Washington, D.C.

For more information on the award-winning CDT products, visit ADAcatalog.org. To read the ADA News article, visit ADA.org/adanews and search in the May 2014 archive. ■



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Don't miss cadaver courses offered at ADA 2015

BY DAVID BURGER

Seven hands-on cadaver workshops will be offered at ADA 2015 – America's Dental Meeting, Nov. 5-10 in Washington, D.C.

All workshops will be held in the convention center, and pricing will be \$595 for dentists and dental students for all cadaver courses except for the Head and Neck Anatomy Dissection Workshop, which is \$995.

The continuing education can be implemented upon returning to practices.

The courses offered are:

- Head and Neck Anatomy Dissection



Workshop (4201), presented by Dr. Henry A. Gremillion, 8 a.m.-4 p.m., Nov. 4.

- Nonesthetically Located Dental Implants (5230), presented by Dr. Lee H. Silverstein, 10 a.m.-1 p.m., Nov. 5.

- Local Anesthesia Human Cadaver Dissection Workshop (5232), present-

ed by Dr. Alan W. Budenz and Dr. Mel Hawkins, 2-5 p.m., Nov. 5.

- Twenty-First Century Laser-Assisted Dentistry Cadaver Workshop (6230), presented by Dr. Anthony R. Cardoza, 8-11 a.m., Nov. 6.

- Gain Perio/Restorative Access: Flaps and Lasers Cadaver Workshop (6232), presented by Dr. Samuel Low, 2-5 p.m., Nov. 6.

- Mucogingival Surgery (7230), presented by Dr. Jon B. Suzuki and Dr. Kevin Suzuki, 8-11 a.m., Nov. 7.

- Dissection of the TMJ and Related Structures Cadaver Course (7232), presented by Dr. Terry T. Tanaka. 1-5 p.m., Nov. 7.

CE information can be found online at ADA.org/ADA2015CE.

Complete course descriptions are available in the online eventscribe itinerary planner at eventscribe.com/2015/ADA.

Registration for ADA 2015 - America's Dental Meeting is open online at ADA.org/meeting. ■

—burgerd@ada.org

Testing

Continued from Page 1

screening; pre-diabetes screening and blood pressure checks, said Dr. Craig Ratner, chair of the CDP's Subcommittee on Health and Wellness, which is overseeing the council's report to address the House resolution.

"We've met a few times to develop strategies and determine what we could bring back to the council, what the council could bring to the Board and to the House," Dr. Ratner said. "We decided to develop a strict research report and it will be up to the council to determine if the report will contain recommendations to the House."

The subcommittee looked at research from the ADA Health Policy Institute that estimates the health care system could save \$102 million each year through dentists incorporating medical screenings into patients' visits.

"There is a segment of the population that sees the dentist more often than a physician or they don't see a physician at all," Dr. Ratner said. "Therefore, if these tests are done in the dental office, you would be identifying some of the patients who wouldn't ordinarily be seen by a physician but should be seen by one. **Dr. Ratner**



However, the estimated savings is contingent on whether the patient follows up with a physician and is treated."

The subcommittee also identified some barriers that have to be considered when conducting medical screening or testing in the dental office, including liability issues, making sure patients follow through with their medical professionals and regulatory issues. Incorporating medical testing would require additional training of staff. Some states have regulations that exceed federal requirements for conducting medical testing in the office and there are also reimbursement issues to be considered, Dr. Ratner said.

"The reimbursement levels for medical screening tests are low," Dr. Ratner said. "Medical screenings, like blood pressure readings, may have no reimbursement at all. As dentists continue to be seen as oral physicians, the association between oral and systemic health has increased the dentist's role in early identification and referral of patients with potential chronic medical conditions."

CDP members will review the subcommittee's report over the coming months before sending it to the House of Delegates. The House of Delegates meets in November at ADA 2015 in Washington, D.C. ■

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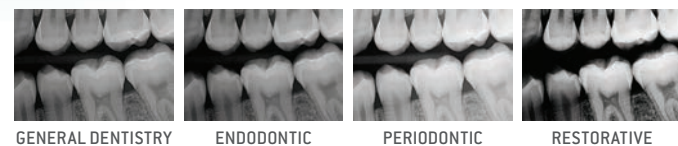
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