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ADANNEWS

MARCH 21, 2005

VOLUME 36 NO. 6

Dental leaders meet in D.C. Medicaid, dental access issues top agenda



Photos by Anna Ng Delort

Stating the case: Dentists lobby the issues one member of Congress at a time. From left: Rep. George Miller (D-Calif.) with Drs. William van Dyk, Brian Scott and Donald Schinnerer. See story, page 13.

BY CRAIG PALMER

Washington—More than 570 state and local dental leaders met in the nation's capital March 7-9 to carry messages to Congress urging lawmakers to improve access to oral health care and reject reforms promoting two levels of care.

"Done right, dental Medicaid can actually save the government money

More WLC stories, pages 12, 13, 14

in the long run," ADA President Richard Haught said in welcoming grassroots activist dentists and state dental leaders to the annual Washington Leadership Conference. "In your visits on the (Capitol) Hill this week,



we need to make sure that folks understand that Medicaid reform that merely caps federal spending could

Greetings: Dr. Haught (left) with Drs. Chester Redhead and Maryann Riordan, both dentists from New York. See WLC, page 14

Deadline: April 20 ADA can help with ins and outs of HIPAA security regulations

BY ARLENE FURLONG

"I've got to do this, too?" "I thought we were done with HIPAA."

These are just a few common sentiments expressed by ADA members about the HIPAA security regulations.

Dentists still have almost an entire month to prepare for the April 20 HIPAA security compliance deadline—a doable task, according to Dr. Ron Inge, associate executive director, ADA Council on Dental Practice.



"HIPAA security compliance may take more time than HIPAA privacy, but it doesn't have to be more difficult," said Dr. Inge. "The ADA HIPAA Security Kit and ADA HIPAA Security Seminars can help walk members through the process."

Some members are mistakenly assuming that because they've complied with HIPAA privacy regulations, they've complied with all of the HIPAA regulations. The HIPAA security rule is a separate regulation and part of the Health Insurance Portability and Accountability Act of 1996.

Its purpose is to protect the confidentiality, integrity and availability of electronic protected health information. Its major difference is that, whereas the privacy rule applies to all patient information—oral, written and electronic—the security regulation applies only to electronic information.

Also, in contrast to the privacy rule, the decisions required in developing a security policy require dentists who use certain electronic transactions (such as electronic claims) to conduct risk analyses and then develop their own policies

See SECURITY, page six

Gen. Powell, Katie Couric to speak at ADA session

BY STACIE CROZIER

Philadelphia—Two of our nation's best-known figures will take the podium for the Distinguished Speaker Series during ADA's annual session: Gen. Colin Powell, former U. S. secretary of state; and Katie Couric, "Today" NBC television show co-anchor and advocate for colorectal

See SPEAKERS, page seven

BRIEFS

JADA manuscripts:

Dr. Michael Glick, editor of The Journal of the American Dental Association, is now accepting manuscripts at his office in New Jersey.

Since assuming the JADA editorship in January, Dr. Glick has been acquainting himself with The Journal's manuscript-handling systems and setting up an editorial office at his home base at the University of Medicine and Dentistry of New Jersey/New Jersey Dental School in Newark.

In the meantime, prospective JADA authors were instructed to send their materials to ADA Headquarters for processing. Dr. Glick now reports that his editorial office is up and running and ready to accept manuscripts.

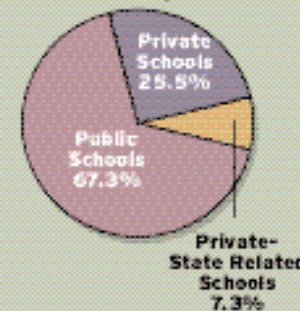
Authors with manuscripts for JADA's consideration should send them to: Dr. Michael Glick, JADA Editor, UMDNJ New Jersey Dental School, 110 Bergen Street, Room D-860, Newark, N.J. 07103-2400; e-mail: "jadaoffice@ada.org".

Dr. Glick noted that the ADA's Publishing Division is exploring options for an electronic manuscript submissions system, expected to be launched within the next year.

"Such a system," he said, "will allow us to manage manuscript traffic much more efficiently. This will save time and money, and it also should increase the volume of submissions we receive." ■

JUST THE FACTS Dental schools

Classification of United States dental schools, 2002/03



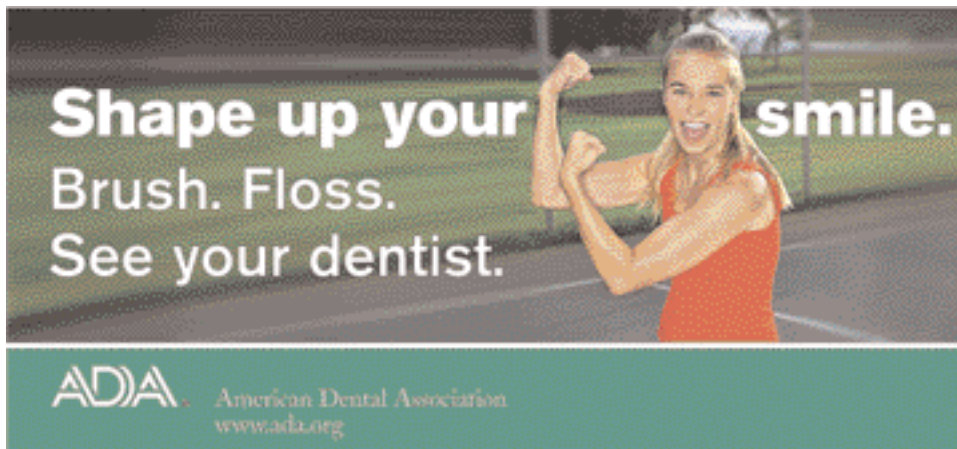
Source: ADA Survey Center, "survey@ada.org", Ext. 2568

ADA offers billboard messages to societies

BY KAREN FOX

Shape up: Dental societies can promote good oral health and encourage dental visits with six new billboard images from the ADA.

For use by dental societies only, the artwork is



designed to fit an eight-poster billboard that measures 5 feet by 11 feet, or a 10-by-22-foot space. The art can be resized to fit other dimensions, or have a local outdoor ad vendor include your society name, logo and Web site address. Dental societies can also use the billboard art to produce banners for display at health fairs and other events. For information, contact Nina

Koziol at Ext. 2589 or "kozioln@ada.org". Dental societies can view the six billboard designs at the Dental Society Resources Web site ("www.adadentalsociety.org"). All constituent and component societies have a user name and password to access the site. Don't remember your user name or password? Contact the ADA's technical support at Ext. 7700. ■

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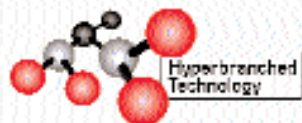
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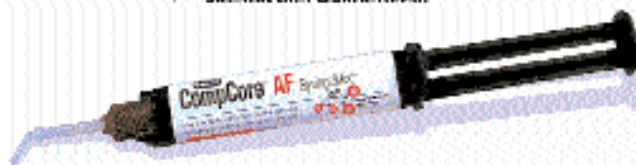
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¹ For more information on this research, visit our website at www.premier.com or contact our technical support at 1-800-451-7777. ² In comparison to other brands, the shrinkage of CompCore AF is 33% less than that of other brands. (Source: Koziol, N. et al. JADA 136:1000-1004, 2003)

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ViewPoint

MyView

Diversity matters



Lidia M. Epel, D.D.S.

In searching the word “diversity” on the Internet, I was presented with the University of Maryland’s definition, which states, “Diversity is otherness, or those human qualities that are different from our own and outside the groups to which we belong, yet are present in other individuals or groups.”

It further distinguishes between primary and secondary dimensions of diversities. Primary would be age, gender, race, sexual orientation, ethnicity and physical abilities/qualities.

Secondary dimensions of diversity are those that can be changed and include but are not limited to

educational background, geographic location, income, marital status, military experience, parental status, religious beliefs and work experience.

Why does it matter? And why am I writing about it? As many of you know, this is not the first time I refer to diversity within our organization as an opportunity for inclusion and for membership strength.

Businesses today all across America are looking at the 2000 Census to discover that some minorities will become majorities very soon; and they are working to create an atmosphere in their workforce that reflects the diversity of the general population. They fear their bottom line will suffer if they don’t take action.

Given all that we know about changing demographics in the United States, it is important that we recognize the segments of the dental workforce that have been ignored to date. Organizations, including those that represent the dental profession, that fail to develop diverse initiatives are likely to see their influence erode.

We need to ask the right questions to ascertain that we are on the right track: Is diversity reflected at all levels of the tripartite? What practices and procedures do we need to change to become a more diverse society?

Also, is the time we set for our meetings a hindrance to attracting more participants? Would breakfast meetings make more sense than evening meetings? Young practitioners today, women as well as men, have more responsibilities at home than in previous generations. Are we sensitive to those needs?

Has there been a planning process that includes cultural diversity training for all board members and staff, including at the component level? A comprehensive approach that develops activities and initiatives that touch on all levels of our society is imperative.

When a brochure or newsletter is published, are there photographs of a diverse membership? If not, why not? Is our society lacking these members, or, do we simply not have them in leadership positions? And if not, why not? The ADA created the ADA Institute for Diversity in Leadership. Should the New York State Dental Association do the same? Should the components do the same?

Which brings us to the next level of concern: Are we tracking the changes in our membership? Are we keeping informed about trends among graduate dentists across New York state? What are our goals, and what strategic planning do we

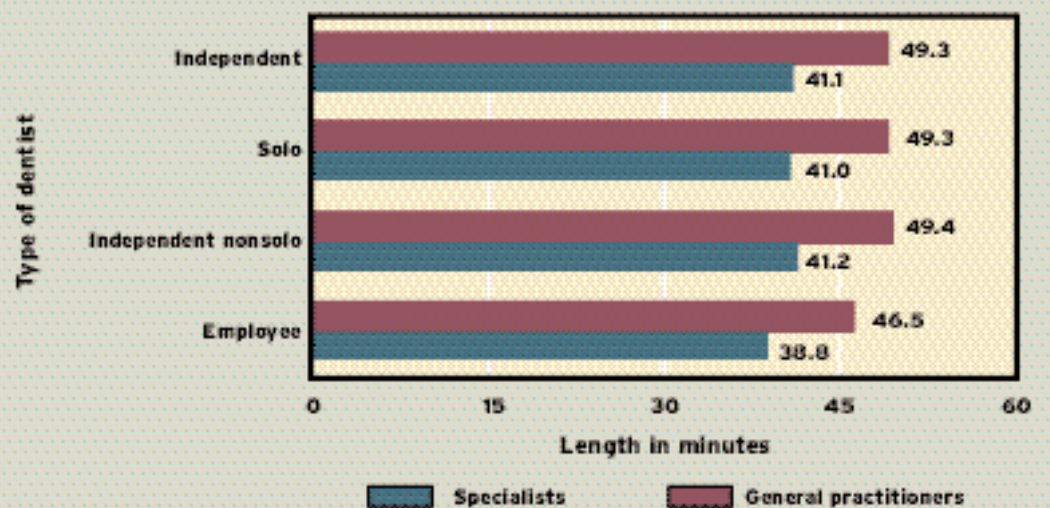
See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Dental practice

General practitioners report their patients’ appointments are about eight minutes longer than those for specialists.

Average length of a patient’s appointment: 2001



Source: American Dental Association, Survey Center, 2002 Survey of Dental Practice.

Letters

Northwestern

This is in reference to your article promoting the new executive dental course at the Kellogg School of Management (“Business Management: ADA, Kellogg Launch Executive Program,” Feb. 7 ADA News).

This school is part of the same Northwestern University that failed to manage its own dental school. It was closed for financial gain at the expense of human service.

Dental management courses, I believe, would best be offered by a university with enough commitment to society and the management abilities to have its own dental school.

Wayne Premo, D.D.S.
Fremont, Mich.

Northwestern University Dental School
Class of 1961

Listerine

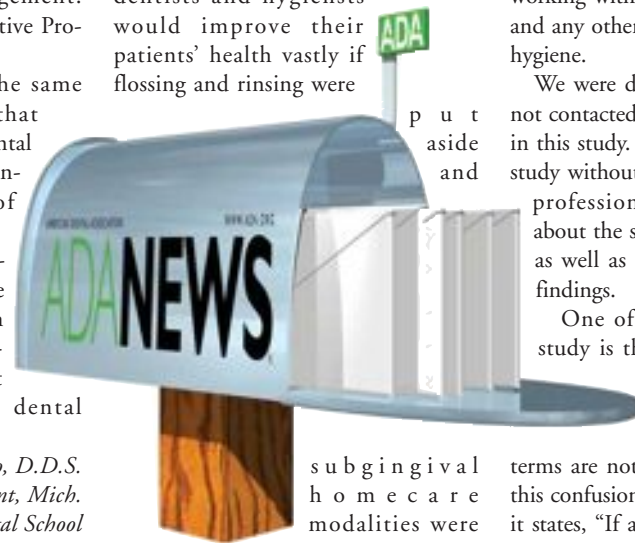
In my 35 years as a dentist, I have found Listerine used as a rinse and flossing to be of equal value—that is, they are both poor.

Neither rinsing with Listerine or flossing will have a therapeutic effect on pathological pocketing or the concave interproximal areas of teeth.

Listerine (or almost any other ger-

micidal agent) works much better when introduced to these areas via irrigation device or small subgingival brush.

I am convinced that a majority of dentists and hygienists would improve their patients’ health vastly if flossing and rinsing were



put aside and

subgingival home care modalities were emphasized.

Joseph Davidson, D.D.S.
Columbia, Md.

Unsupervised hygiene

As the president of the American Dental Hygienists’ Association, representing dental hygienists nationwide, I am compelled to respond to your lead story in the Feb. 7 issue, “ADA: Unsupervised Hygiene Practice Not the Answer to Access Problem.” I would

also encourage you to read ADHA’s full response to your study.

ADHA has stated publicly numerous times, most recently at the ADA’s council meetings, that we were interested in working with the ADA on this project and any other projects involving dental hygiene.

We were disappointed that we were not contacted for input or involvement in this study. A dental hygiene practice study without the perspective from the profession itself raises questions about the study’s depth and breadth, as well as the efficacy of its overall findings.

One of the major flaws in the study is the repeated confusion of

the terms “independent practice” and “unsupervised practice.” These

terms are not synonymous. Adding to this confusion, on page six of the study it states, “If a dentist was not available and a separate visit would have to be scheduled, then that practice was determined to be unsupervised.” That definition describes general supervision, which is legal in over 40 states. Clearly this study does not adequately identify nor correctly address unsupervised dental hygiene practice.

Additionally, the number of dental hygienists in Colorado who are Medicaid providers should not be dismissed given that as of 2003, 25 counties in

See LETTERS, page five

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; e-mail to “ADANews@ada.org”.

Letters

Continued from page four

Colorado had no Medicaid-participating dentist.

ADHA is encouraged by bill passages in states over the past few years where organized dentistry and state dental hygiene associations have worked together in the spirit of compromise demonstrating solid progress. Perhaps your colleagues have heeded the persistent call from the ADA that "We cannot solve the access problem by ourselves."

We all benefit working in a collaborative partnership with respect to the access issue and we again appeal to the ADA to work with ADHA constructively on issues of mutual interest, such as workforce models, education issues and practice challenges.

*Helena Gallant Tripp, R.D.H.
President
American Dental Hygienists' Association
Chicago*

Editor's note: As Ms. Tripp observes, organized dentistry at all levels of the tripartite has worked in collaborative partnerships on access issues and will continue to do so. The Association's Task Force on Workforce Models is working this year to recommend models for increasing the use of auxiliaries as one way to further that larger goal. The ADA welcomes input and has invited ADHA representatives to its next task force meeting for discussion.

Regarding the study, concrete data is essential in approaching any policy discussion. By studying the one place in the country where unsupervised practice is legal (Colorado), the Association hoped to obtain information that would help in developing access models. (In regard to terminology, the study at the outset describes a range of supervision, noting that "truly unsupervised practice ... implies the practice of dental hygiene independent of the dentist and the dental practice.")

On the issue of accessibility to Medicaid providers, the data show that the unsupervised practice of dental hygiene in Colorado does not extend significant care to underserved populations. Most of the unsupervised dental hygiene practices are near existing dental practices and charge comparable fees.

According to ADHA data, 64 dental hygienists

in Colorado are participating Medicaid providers and these hygienists served over 2,000 children from February 2003 to January 2004. On average, that calculates to just over one Medicaid-eligible child served by these hygienists every two weeks. The current ADA study included these 64 hygienists participating as Medicaid providers. The study did identify dental hygienists who were providing care among institutional settings, including community health centers, public health clinics, hospitals, schools, nursing homes, assisted living residences and others. The number was small—only 30 out of 1,443 hygienists contacted. The supervision status of these hygienists was undetermined.

More importantly, whether dental services are provided by private offices or public facilities, it is desirable that they be delivered as efficiently as possible, because efficient delivery allows more

care to be provided with the same resources. The study indicates that separating dental hygiene procedures from the remainder of dental services does not result in improved efficiency.

Dental hygienists have and will continue to play very important roles in the provision of dentistry. The authors of the study in question never intended for it to be the last word on the topic of utilizing dental auxiliaries to maximum advantage in expanding access and improving efficiency. Unsupervised hygiene practice has been touted by some as the solution to broadening access in underserved areas. The study examined whether that has occurred in Colorado, which currently has the loosest supervision standards in the nation, and found that it has not.

The ADA's longstanding commitment to expanding access for underserved populations is

Colorado starts new international program

Denver—The University of Colorado School of Dentistry's international student program began operation Jan. 3.

The two-year accelerated program consists of didactic courses supported by some online resources, preclinical simulated courses at the dental school, and courses involving direct patient care in UC clinics and community based urban and rural public health clinics.

The deadline for applications is April 30. For more information, contact the ISP program at 1-303-315-6338. ■

MyView

Continued from page four

have in place to make sure we reach those goals?

Finally, we need to be patient. We should look upon today's investment in diversity as a building block in the future of our Association.


Dr. Epel is the chair of the ADA Council on Membership and a governor of the New York State Dental Association. Her comments, reprinted here with permission, were originally published in the February issue of the NYSDA News.

Editor's note: The ADA Institute for Diversity in Leadership is a three-part program designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles. The deadline for applications for the next Institute is May 2. For more information and forms, go to "www.ada.org/prof/events/featured/diversity.asp".

Another way the ADA adds value to tripartite membership is through the Annual Conference on Membership Recruitment and Retention (April 22-23). Tripartite Grassroots Membership Initiative staff and volunteer leaders are encouraged to attend. For information, go to "www.adadentalsociety.org".

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Security

Continued from page one
and procedures for compliance.

"Since security is more operational, that is, it involves many of the daily activities of a practice, it may require multiple areas for compliance," explained Dr. Inge. "In a single practitioner office, the dentist, because he or she is more aware of all of the operational areas of the practice, may be best suited to be the security officer and develop security policies and procedures."

Connie Lane, executive director of the Mississippi Dental Association, believes recognizing that there is no "one-size-fits-all" approach to the security rule is the most challenging aspect of the rule for most dentists.

"Having to customize for their own individual

Does HIPAA apply to you?

HIPAA security, like all other HIPAA regulations, only applies to dental practices that submit or receive electronic transactions for which a standard has been established by the U.S. Department of Health and Human Services, whether directly or through a vendor or clearinghouse. Electronic claims are the standard transactions most commonly used by dentists. ■

offices makes the task seem more daunting," commented Ms. Lane, after attending a March 4 ADA HIPAA Security Seminar. "It's something

new for many dentists."

Dr. Todd Tsuchiya, Golden Valley, Minn., said dentists have to remember that when the privacy rule came out, it "seemed foreign too," but ADA resources helped everyone comply.

"Just like with privacy, clarification on how to comply with the security rule came through the ADA's seminar and security kit," said Dr. Tsuchiya. "When dentists go through the risk assessment process, they may see they're already meeting quite a few of the security rule's requirements. But working toward security compliance requires more time, more detail-oriented work and more busy work than preparing for the privacy rule did."

Ms. Lane said dentists learned through the ADA seminar that there's no shortcut to avoid going through each of the standards and specifications outlined in the security requirements in order to make decisions about how to comply.

"It's just not an exciting process," commented Ms. Lane. "And there's no way to sugarcoat it. But if dentists relate the examples in the security kit to their own offices they can properly develop their own policies."

Dr. Virgil Mylan, an Edina, Minn. general practitioner, said that after going through the ADA HIPAA Security Kit, he believes dentists will be in a good position to make decisions about developing a security policy for their own practices.

"For most dentists, it's not going to be that big a deal to go through the kit, get it done, wrap it up," believes Dr. Mylan, who also noted that some of the areas covered by the security regulation, such as contingency planning, may not have been addressed by most dental practices before the HIPAA security rule, "but probably should've been."

"My office was robbed about 10 years ago," explained Dr. Mylan. "Something like that makes you realize, even from a business standpoint, how important complying with topics under the rule, such as contingency planning, can potentially be."

On the other hand, dentists may find some of the standards and specifications are inapplicable to their dental practices. In these cases, dentists need only document why. Some dentists might need help from their software vendors or software consultants to implement technical requirements. Security measures required under the regulation must be reasonable and appropriate for individual dental offices.

The ADA Security Kit provides detailed information on each of the 18 standards and 36 implementation specifications contained in the security regulations—which is probably more than the minimum amount needed for basic compliance, according to the Council on Dental Practice.

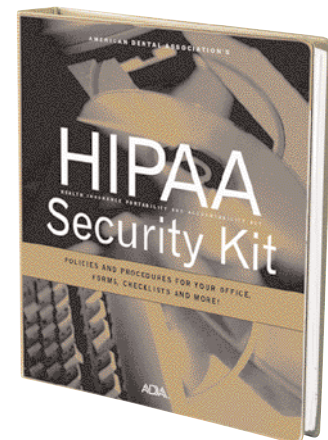
"The kit will serve as a great resource for years to come," said Dr. Inge. "The reason it's lengthier than the privacy kit is because the security regulations require covered entities to adopt policies that are based on the results of their individual risk analyses. Dentists should find the self assessment tool on pages 26-34 of the ADA Security Kit very helpful."

Some HIPAA experts believe that inadequate protection of electronic health records (security violations) resulting in inappropriate disclosures (privacy violations) is more a possibility than a probability. But others disagree. Stanley Nachimson, senior technical advisor, office of HIPAA standards at the Centers for Medicare & Medicaid Services, believes adherence to the security rule represents a series of good business practices.

"We've all seen in the news the number of incidents where personal information has been exposed to the public and we understand the potential harm it can do," said Mr. Nachimson. "The security rule provides patients with some assurances that their patient health information won't be inadvertently exposed to the public and gives patients confidence that providers are adequately safeguarding their health information."

CMS, the agency charged by the Department of Health and Human Services with HIPAA enforcement, will begin accepting complaints April 21. (Last fall CMS issued a new interpretation of the regulation, which stated that the compliance deadline for the HIPAA security rule is April 20 instead of April 21.) "It was not a change, just a bit of conflict in the wording of the regulation," explained Mr. Nachimson.

The ADA Seminar Series offers "HIPAA: The See SECURITY, page seven



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Speakers

Continued from page one

cancer research.

This year's Distinguished Speaker Series is sponsored by Johnson & Johnson.

Gen. Powell, arguably one of the nation's most famed soldiers and statesmen, boasts a long and illustrious list of achievements, culminating in his service as U.S. secretary of state—the first African-American to hold the office.

As the nation's top diplomat during the first term of President George W. Bush, Gen. Powell steered the nation's foreign policy through the 9-11 terrorist attacks and the subsequent war on terrorism.

During his 35-year military career, Gen. Powell served two tours of duty in Vietnam where he earned the Purple Heart, the Bronze Star and the Soldier's Medal.

He completed a White House fellowship during the Nixon administration and served both Democratic and Republican presidents in various capacities, including high-profile work during the summit meetings with Soviet President Mikhail Gorbachev under President Ronald Reagan.

In 1991, he became the first African-American chairman of the Joint Chiefs of Staff under President George H. Bush. His name and face became familiar with news-watching Americans during operations Desert Shield and Desert Storm. He continued for a few months as chairman of the Joint Chiefs for the Bill Clinton administration until his retirement from the military.

In 1994, he accompanied former President Jimmy Carter and Sen. Sam Nunn to a peace-making expedition in Haiti, resulting in the end of military rule and restoration of power to Haiti's elected government.

Gen. Powell is founding chairman of America's Promise—The Alliance for Youth, a national nonprofit organization formed to help mentor and encourage young people.

He has received two Presidential Medals of Freedom, the President's Citizens Medal, the Congressional Gold Medal, the Secretary of State Distinguished Service Medal, the Secretary of Energy Distinguished Service Medal and many honorary degrees from colleges and universities nationwide.

Gen. Powell will speak Friday, Oct. 7, at ADA's General Session, which takes place from 8-9:15 a.m., at the Pennsylvania Convention Center, Hall D. The program is open to all annual session registered attendees. Tickets are not required, but an ADA badge is required for entry.

Katie Couric, NBC's "Today" co-anchor since 1991, has given television viewers an inside look at current events, famous people and important issues. She has interviewed countless national and world leaders, entertainers and newsmakers—telling viewers not just the latest news, but the latest news with a compassionate and caring side.



Ms. Couric



Gen. Powell

tral Park Jogger—the previously anonymous victim of a brutal attack, not only informed her viewers, but gave them a humanistic look inside horrific events. Combining a warm and personal style with a professional, hard-hitting journalistic work ethic, Ms. Couric's excellence in reporting has won two Emmy Awards and the loyalty of millions of viewers.

Ms. Couric also responded to personal tragedy in her own life by educating viewers to the dangers of colorectal cancer after her husband Jay Monahan died at age 42 of the disease. Her special series, "Confronting

Colon Cancer," which included her undergoing a colonoscopy on camera, won her a prestigious Peabody award. Researchers say, because of her

special report, the rate of colon cancer testing jumped 20 percent nationwide, dubbing it "The Katie Couric Effect" in a medical journal report.

She also cofounded the National Colorectal Cancer Research Alliance, which advocates for education, research and awareness and hosts a variety of fundraisers to benefit her cause.

Ms. Couric will speak on Saturday, Oct. 8, at ADA's General Session, which takes place from 8-9:15 a.m., at the Pennsylvania Convention Center, Hall D. The program is open to all annual session registered attendees. Tickets are not required, but an ADA badge is required for entry.

For more information, log on to "www.ada.org/goto/session". The April 4 issue of ADA News—coming soon—will include more information and registration forms for courses, hotels and special events. ■

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Security

Continued from page six

Current Issues," to help dentists prepare for compliance with HIPAA regulations. E-mail Tina Martinez at "martinez@ada.org" or Susan Barthel at "barthel@ada.org" or call toll-free, Ext. 2908.

For questions about the HIPAA security regulation, or HIPAA overall, contact Patrick Canady, senior projects assistant, ADA Council on Dental Practice. E-mail "HIPAA@ada.org" or call toll-free, Ext. 4608.

The ADA Department of Salable Materials is taking orders for the HIPAA Security Kit. The price is \$149.95, but it's available to ADA members for \$99.95. Interested dentists can call the ADA at 1-800-947-4746 or go to the Product Catalog at ADA.org. The catalog number for the ADA HIPAA Security Kit is J685. ■

People

Meet the Navy's 'Dental Warriors'

BY CRAIG PALMER

The March issue of The Journal of the American Dental Association features a special report, "Voices From the Front: Dentists Share Their Stories of War."

The following is based on Dr. Jonathan L. Haun's report about his Navy Dental Corps unit, which arrived too late for JADA publication. Dr. Haun's paper offers a dental "concept of operations" in wartime deployment. This is his story and that of "The Navy's Dental Warriors."

They support Marines in combat, one small division of the Navy Dental Corps.

"These sailors don Marine Corps camouflage uniforms, check out 782 gear (field equipment) and draw weapons to stand up three dental battalions."

Meet Commander Haun. For that matter, meet the "gold team" dental officers for the second of two duty rotations supporting Operation Iraqi Freedom-II, the first or "scarlet" rotation commanded by Dr. David Rupprecht. The colors are those of the Marine Corps. Dr. Paul A. Lindauer, Desert Shield/Desert Storm veteran and a five-year Navy alternate delegate and delegate to the ADA House, led the 2003 OIF-I deployment as commanding officer of the Navy's 1st Dental Battalion.

The Scarlet and Gold teams of the First Dental Battalion have been operating in the Al Anbar province of Iraq since February 2004 and will be relieved by the 2nd Dental Battalion this month.

"It was his (Capt. Lindauer's) vision of a highly mobile dental asset, able to react quickly to the Marine Corps dynamic scheme of maneuver, that evolved into the mobile dental team concept," said Dr. Haun. The mobile dental team is "the smallest functional unit of the total dental capability of the Marine Expeditionary Force area of operation," capable of packing and mobilizing in hours and limited only by helicopter or ground truck convoy wait time.

"The Marine Corps scheme of maneuver is dynamic and changes in response to changes in the battle space and the opponent's vulnerabilities," said Dr. Haun. "The mobile dental team mirrors this (concept of operations) by rapidly moving to where its support is most needed."

Meet the nine "gold team" dental officers, who Dr. Haun introduces as "a wealth of professionals as well as personal diversity and dedication."

- Cmdr. Jonathan Haun, Oregon Health and Science University School of Dentistry, class of 1989, Gold Team Officer in Charge (OIC);

- Lt. Cmdr. Sook Chai, University of Florida College of Dentistry, class of 1990, Bravo Surgical/Dental OIC;

- Lt. Timothy Shen, Temple University School of Dentistry, class of 2003, Bravo Surgical/Dental officer;

- Lt. Cmdr. Nevanna Koicheff, New York University College of Dentistry, class of 1992, Camp Taqaddum Clinic OIC;



In the field: Lt. Joseph "Brett" Mangum, left, and Dental Technician Third Class Mike Serrano work on a Marine at a mobile dental clinic. The mobile dental team mantra is "No Mercy on Decay," the terrorist of a healthy dentition.

- Lt. Cmdr. Paul Lim, New York University College of Dentistry, class of 1998, Alpha Surgical/Dental OIC;

- Lt. David Cotchery, Baylor College of Dentistry, class of 2003, Alpha Surgical Dental Officer;

- Lt. Cmdr. Raoul Santos, University of Washington-Health Sciences School of Dentistry, class of 1998, Mobile Dental Team One OIC;

- Lt. Joseph Mangum, University of Michigan School of Dentistry, class of 2001, Mobile Dental Team Two OIC;

- Lt. John Huang, Loma Linda University School of Dentistry, class of 2001, Mobile Dental Team Three OIC.

This article is excerpted from a report offered by Dr. Haun in relation to the March JADA special report on dentistry's contribution to the war effort.

Other reports on military dentistry are available on the ADA News Today Web site, "www.ada.org/prof/resources/pubs/adanews". Click on "Dentists in the military" under the heading "Hot Topics" in the far column on the right. ■

Octogenarian gets surprise call

BY CRAIG PALMER

Philadelphia—Dr. Floyd E. Baker thought it was a joke and tore up the first letter from the Army recruiting sergeant inviting his return to the mili-

tary. "We have opportunities in the Army Dental Corps for practitioners such as you to serve our country." Dr. Baker had last worn the uniform in 1948 as a captain in the corps. He has been in pri-

ivate practice since then.

His wife, Gertrude, retrieved the missive, pasted it together and "showed it to some of our friends for a laugh."

The Army followed up a month later with a second letter much like the first, offering a \$30,000 bonus, a loan repayment option up to \$58,646 and additional specialty pay "plus a generous retirement plan. Although our pay, allowances and incentives are generous, this commitment would have to be something you would want to pursue for the good and welfare of our soldiers. You would also be helping our country eliminate the threat of terrorism that, as we so tragically found out, can strike our own shores."

Dr. Baker laughs and says he never seriously considered the offer though he understands the message. "It's a serious thing, really, because they do need help. It's a great opportunity for the young graduates, a good deal money wise. Serving those two years (1946-48) in the Army acted as an internship for me."

An Army recruiting officer agreed that, yes, it is a serious attempt to recruit dentists and other health professionals and, yes, it also produced a few laughs among Army recruiters when the Philadelphia Inquirer broke the story about the letters to Dr. Baker.


"You have to understand, sir, the recruiters have



Dr. Baker: Shown in uniform during his days with the Army Dental Corps.

a mission," in this case a mission to recruit dentists, said Maj. Tanya Beecher, a Fort Knox, Ky., Army operations officer for medical recruiting. The recruiters went to the Internet, "got some listing of dentists" and sent letters. It's a practice that continues. "They use the Internet a lot," said Maj.

See SURPRISE, page nine



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On the road: Dr. Baker has traveled all over the United States working with Colgate to treat underserved children.



N.J. experience: The New Jersey Dental Association, University of Medicine and Dentistry of New Jersey-New Jersey Dental School and the UMDNJ School of Related Professions joined forces Feb. 2 and 4 to Give Kids A Smile. Dr. Jeff Mermelstein discusses stickers with patient Mikhael Lockhart from Tri-City People Corp. He was one of 3,800 children in New Jersey to receive care for GKAS. Some 400 dentists volunteered.

Dr. Baker travels for Bright Smiles

BY CRAIG PALMER

Colgate-Palmolive's Bright Smiles, Bright Futures program partners with the American Dental Association to provide free dental screenings and checkups for underserved children. For more information visit the Colgate Web site, "www.colgate.com/app/Colgate/US/Corp/CommunityPrograms/BackToSchool.cvsp."

"I still do a lot of volunteer work for Colgate," said Dr. Floyd E. Baker, a semi-retired Philadelphia dentist. (See story, page eight.) "I traveled all over the country with them when they had the first mobile van. Now they have four vans throughout the country. My daughter and wife worked with me on the van and my daughter still works with Colgate" as a local coordinator for the now-global Bright Smiles, Bright Futures program.

Dr. Baker said his fully equipped dental van traveled the country offering services for children 12 and under including educational programs, examinations and take-home dental kits as well as written reports and lists of area dentists for follow-up care for their parents.

"Well over 100 children a day were examined at schools and day care centers," says a program summary. "Area dentists and dental hygienists volunteered. Non-professionals and dental assistants helped with the paperwork. Dental students from Temple University and the University of Pennsylvania served on the van under Dr. Baker." ■

Surprise

Continued from page eight

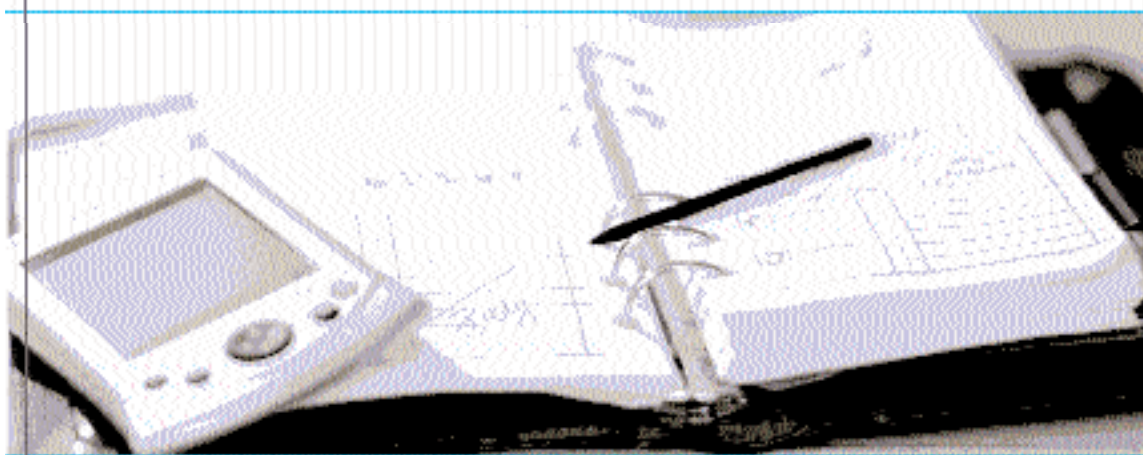
Beecher. "They have limited resources and we do recruit off the Internet."

Trouble is, this particular list of dentists provided information sufficient to help recruiters find Dr. Baker but insufficient to say whether Dr. Baker was a likely recruit.

"I'm 84. Next month (March 28) I'll be 85," said Dr. Baker, a semi-retired dentist who sees patients once or twice a week at the North Philadelphia office he opened after leaving the Army and who still takes the occasional road trip in a Colgate-Palmolive Co. Bright Smiles, Bright Futures "toothmobile," having vanned cross-country 10 years with Colgate. He is a life member of the American Dental Association and National Dental Association.

"I just love dentistry. If I had it to do over again, I'd go into dentistry. It's a wonderful profession." But no, he didn't respond to the Army's recruiting appeals. "Somebody probably made a mistake. Or they're just badly in need of professionals." ■

Now that this week is filled...



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StartingOut

Windy City welcomes new dentists

BY KAREN FOX

“Sweet Home Chicago” beckons new dentists this year.

The ADA 19th New Dentist Conference takes place June 23-25 at the Westin River North Hotel in downtown Chicago, home of the ADA Headquarters.

Featured events include continuing education, leadership training, social activities and networking for dentists in practice fewer than 10 years.

“The success of the ADA is based on volunteer leadership development at the earliest stages of a member’s career,” said Dr. Gregg Liberatore, Committee on the New Dentist chair. “The

growth, knowledge and experience afforded by venues like the New Dentist Conference are a guiding force for the profession, now and in the future.”

Funded by a grant from Mentadent, the sole corporate sponsor since the conference’s inception, the New Dentist Conference is additionally



Photo by Todd Rosenberg

Chicago River: Just one of the views from the Westin River North Hotel, site of the ADA 19th New Dentist Conference.



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supported by the Illinois State Dental Society, the Chicago Dental Society, the G.V. Black Dental Society, the McHenry County Dental Society and the McLean County Dental Society.

This year's CE topics feature restorative dentistry, practice marketing and management, and financial information.

“The goal of the conference is to offer a balanced continuing education program with a high energy leadership track for new dentists,” said Dr. Liberatore. “CE is tailored to the new professional.”

Speakers include:

- Dr. Warren Jesek, “Achieving Excellence in Restorative Dentistry.”
- Dr. Gordon Christensen, “The Christensen Bottom Line.”
- Dr. Bill Blatchford, “Measuring Success—Know Your Numbers.”
- Dr. William van Dyk, “Everything They Didn't Teach You in Dental School About Managing a Practice” and “Successful Teambuilding.”
- Mary Byers, “Making a Name For Yourself.”

The leadership track on June 23 teaches new dentist leaders how to present the Smart Start and Transition programs at dental schools. Smart Start focuses on the basics of financial management, the impact of compound interest, short-

“The success of the ADA is based on volunteer leadership development at the earliest stages of a member’s career.”

and long-term effects of student debt and smart financial decision-making. The Transition program discusses the benefits of membership and resources available to help graduating dental students make a successful transition to practice.

New dentist committee leaders will receive additional training at the Orientation for New Network Leaders on June 23.

Also on June 23, ample networking opportunities with ADA leadership are offered through the New Dentist Network Idea Exchange, Open Forum and an interactive question-and-answer session with officers and members of the ADA Board of Trustees.

Friday's social event is an evening at Navy Pier where attendees can view the IMAX movie, “Aliens of the Deep,” followed by Navy Pier rides, restaurants and live entertainment.

The Westin River North Hotel is walking distance from some of Chicago's best restaurants, tourist attractions and famed shopping on the Magnificent Mile.

Register by May 13 for a reduced fee of \$295 (for member dentists). Special rates apply for spouses, guests, dental office staff and nonmembers.

Online materials and registration forms are available at “www.ada.org/goto/newdentconf”. If you have questions, contact the Committee on the New Dentist at Ext. 2779 or “newdentist@ada.org”.



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Government

Legislators tell dentists: 'We hear your message'

BY CRAIG PALMER

Washington—Thank you, doctor, bipartisan congressional leaders told professional leaders attending the ADA Washington Leadership Conference.

"We are finally hearing the message you've been sending for years, that oral health is integral to good health," said Rep. Steny Hoyer (D-Md.), who supports legislation covering medically necessary dental care for Medicare patients and expects to reintroduce the legislation soon. But Rep. Hoyer's WLC message, and that of freshman Sen. Johnny Isakson (R-Ga.), was more to the point of professional respect than particular bills. And they came to the WLC to deliver their "thank-yous."

Dentists also met on Capitol Hill with their representatives and senators during the WLC. The Alliance of the American Dental Association provided and assembled dental kits for attendees to give to members of Congress during their Hill visits.

"Your profession focused on wellness, prevention and good health habits, and I really commend you for what you have done," Sen. Isakson said in a WLC speech. He served in the House of Representatives before election in November to the United States Senate, where he is deputy majority whip. Whips in both chambers are elected by the Democratic and Republican caucuses to marshal support for party strategies, encourage discipline and count votes.

As a Georgia legislator and friend of dentistry, said Sen. Isakson, he resisted professional encroachments by persons untrained or unqualified to assume duties of licensed professionals. "You trained for dentistry. You practiced. You deserve the franchise you have earned to be protected," he said to hearty applause from the state and local dental leaders.

Dr. Murray Sykes of Silver Spring, Md., a for-



Maryland moment: Dr. Murray Sykes, left, of Silver Spring, Md., pauses with his congressman, Rep. Steny Hoyer (D-Md.) at the Washington Leadership Conference, where Rep. Hoyer told dentists that Congress is hearing the message "that oral health is integral to good health."

mer chair of the Council on Government Affairs, introduced Rep. Hoyer as "a long time and loyal friend of dentistry regarded by members on both sides of the political aisle as an effective leader and committed consensus builder." Rep. Hoyer is a strong supporter of the National Institute of Dental and Craniofacial Research, which directs the lion's share of dental research in the country as one of the National Institutes of Health.

Rep. Hoyer commended the dental leaders for their political activism and professionalism. "I want to thank you for what you do for your communities, and for your leadership in your communities."

More than 570 dentists and state dental association representatives registered for the Washington Leadership Conference. Many dentists are team leaders and active locally with ADA grassroots action teams. ■



Leaders meet with leaders: From left, ADA President Richard Haught, President-Elect Robert M. Brandjord and Executive Director James B. Bramson share a light-hearted moment during the Washington Leadership Conference.

Photos by Anna Ng Delort

The tools of activism

ADA develops e-mail system for communicating with Congress

BY CRAIG PALMER

Washington—The Association is developing new electronic tools to enhance grassroots dentist communications with members of Congress, ADA leaders announced at the Washington Leadership Conference.

"We are close to having a new and improved way for you to communicate with your lawmakers by e-mail that I think you will really like," ADA President Richard Haught said in welcoming more than 570 state and local dental leaders to the annual WLC.

"The ADA Washington Office will soon implement a new grassroots action alert program, which will rely primarily on e-mail instead of faxes," said Executive Director James B. Bramson. "This will improve our communication with action team leaders and with Congress substantially."

"As Congress considers key dental issues, we

will send e-mail alerts to our grassroots team members asking them, in turn, to send a message to their lawmakers in support of the ADA position. The alerts will include a summary of the legislation under consideration in addition to a sample message." The grassroots action alert program responds to policy adopted by the 2004 ADA House of Delegates.

"The technology behind the new system will allow us to build our grassroots network more effectively and to monitor our strengths and weaknesses in terms of action team participation," Dr. Bramson said. "We will be able to better identify those congressional districts that need more assistance from ADA staff in Washington."

WLC materials include a PowerPoint presentation on a disk made available to the dental leaders for use in their policy communications. ■

"As Congress considers key dental issues, we will send e-mail alerts to our grassroots team members asking them to send a message to their lawmakers in support of the ADA position."



Texans meet: A delegation of dentists from Texas meet with Sen. John Coryn (R-Texas), center, wearing a red tie, during the Washington Leadership Conference. Pictured from left are Dr. Ronald Trowbridge; Dr. David Woolweaver; Dr. Jay Adkins; Dr. Terry Dardin, Dr. Herb Wade, TDA president; Sen. Coryn; Mary Kay Linn, TDA executive director; Dr. James Condrey; Dr. Richard Black, TDA president-elect; Dr. Robert Anderton, ADA 2000-01 past president; Dr. Michael Stuart, and Dr. Macon Ware.

One lobby, one issue, one member of Congress

California dentists press access issues in Washington

BY CRAIG PALMER

Washington—This is how you lobby Congress: one member at a time. At the end of the day, this is what you hope for: to state your case and be heard.

Californians Drs. William van Dyk, Donald Schinnerer and Brian Scott were equal to the task. Rep. George Miller (D-Calif.), a member of Congress for 30 years, knew the politics if not the specifics of the issue they brought to his office during the ADA Washington Leadership Conference, and he was interested.

"Lay it out accurately for me," he told his dental constituents. "Don't tell me they're high school graduates. Are they trained to do dentistry?"

Dr. van Dyk framed the issue, his colleagues bringing their informed perspectives to the dialogue as if they were prepared, which they were, and as if it were rehearsed, which it wasn't, one trip to Capitol Hill by three WLC dentists among many March 7-9, scheduled but spontaneous in content and context.

"No, they are not," Dr. van Dyk replied. "It's a dangerous situation," said Dr. Scott. "When someone gets into restoring teeth it's not a simple procedure. We have a problem. But the way to solve it is not with someone inadequately trained."

Dr. Schinnerer steered the issue in a direction important to the congressman: the health and well-being of Native Americans. He talked about a plan to train and deploy a multi-tiered system of dental health aides providing services ranging from education and preventive care to restorative care to Alaskan Natives. He allowed as to how much of the dental health aide effort to get care to isolated areas has the profession's support, the sticking point being the dental health aide therapist.

"Dental health aide therapists can do these non-reversible procedures and that's dangerous and that's what concerns us."

Rep. Miller knows the players in this emerging professional-political dialogue: his dental con-



On the Hill: Rep. Michael Ferguson (R-N.J.), left, welcomes dental representatives from his home state, including Dr. Daniel Krantz, New Jersey Dental Association treasurer; Dr. Frank Graham, NJDA president; Dr. Peter DeSciscio, NJPAC member; and Jim Schulz, NJDA director of government affairs and executive director of NJPAC.

stituents, the key politicians, Native Americans, and he quickly identified some of them by name. But he had no knowledge of the issue, and he told his visitors as much. "Can they (dental health aide therapists) do some procedures?" he asked.

They can prepare a tooth and provide dental health education and the dentists can do the irreversible procedures, Dr. Schinnerer answered.

"I assume some level of care can be provided 'til the dentist gets there," Rep. Miller said, pressing for answers. "So, they (dental health aide therapists) are not trained in New Zealand to do

extractions?" No, his visitors replied. "I'm trying to determine if there's a rational answer to the problem," said the congressman. "Please, just answer my questions," not provocatively but toward understanding, he said. "I'm just trying to get a handle on this."

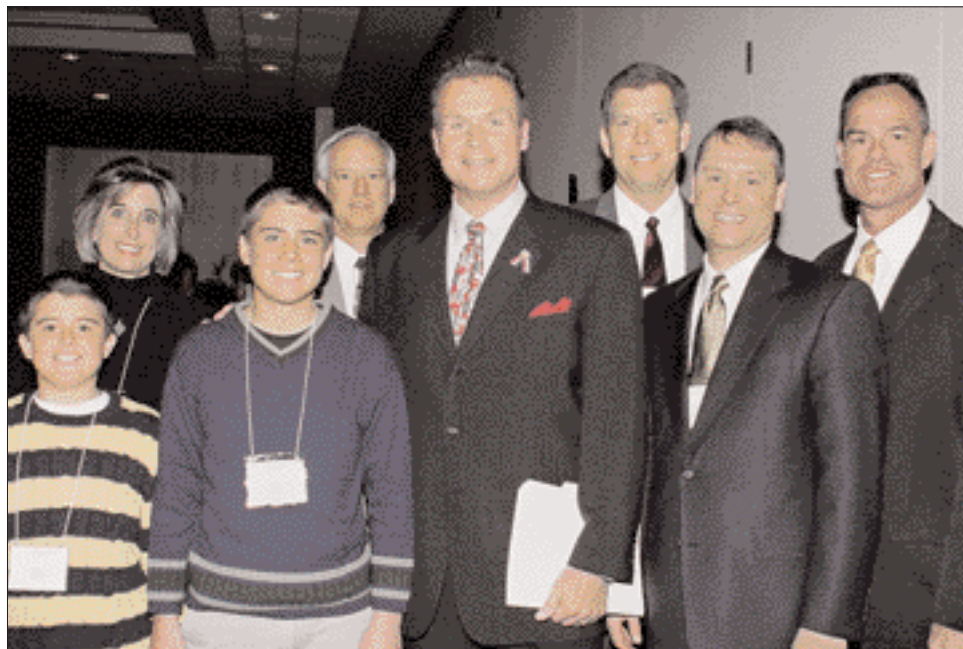
Nor were the dentists diverted by the congressman's inquiry.

Dr. Scott offered a plan under development by the American Dental Association and Alaska Dental Society, a collaborative program called Operation Backlog to deploy dentists from Alas-

ka and other states to remote Alaskan villages where access to care is difficult and dental disease acute. But he cautioned the congressman that the plan is not without licensure, transportation, logistical and other problems.

"OK, I'll take a look at it," Rep. Miller said. "We'll see."

The meeting turned to other issues on which the dentists and the congressman were clearly in accord. But for one lobby, one day on one issue with one member of Congress, it doesn't get much better than that. ■



Sunny meeting: Arizona dentists and family members gather with Rep. J.D. Hayworth (R-Ariz.), front row, center, during the Washington Leadership Conference. Pictured are, front row, from left, Greg Wirth, Paul Wirth, Rep. Hayworth and Dr. Brian Powley, chairman of the state council on government affairs; back row, from left, Barb Wirth, Dr. Bill Hooker, member of the ADA Council on Access, Prevention and Interprofessional Relations, Dr. Gary Jones and Dr. Duane Wirth.



Aloha, Washington: Dr. Joel Glover, ADA 14th District trustee (left), pauses with Hawaii dentist representatives Drs. Gary Yonemoto, Stephen Miyaji, Neil Nunokawa, Deron Ohtani and Staphe Fujimoto.

Grassroots action teams garner awards

BY CRAIG PALMER

Washington—The American Dental Association and American Dental Political Action Committee presented awards at the annual Washington Leadership Conference March 7-9 recognizing activity by dentist grassroots action teams in the last Congress, the 108th.

The winners were announced by Dr. Gus C. Vlahos, ADPAC board member, at an awards breakfast featuring a speech on social security, budget and other issues by Rep. J.D. Hayworth (R-Ariz.), who sits on the House Ways and Means Committee.

California and Oregon dentists received awards for states "that set a high standard for all to follow," Dr. Vlahos said. Individual award winners are Drs. Harriet Seldin, David Samuels, James Talbot and Bhagwati (B.J.) Mistry. Winners follow:

- "When the ADA sends out action alerts to grassroots teams, the California Dental Association works with component societies and the ADA Washington Office to draft responses and set up follow-up meetings with lawmakers," said Dr. Vlahos, a Dublin, Va., dentist. "The San Diego County Dental Society in particular has developed close relationships with congressional district staff and maintained a strong presence at town hall meetings, 'meet and greets,' fundraisers and campaign events.

- "The Oregon Dental Association is a valued constituency to all the members of their congressional delegation. They have turned political adversaries into political allies by educating them on the importance of oral health and supplying key political support to their campaigns. They regularly host candidate 'meet and greets,' policy panels and grassroots training sessions, and no ODA publication is complete without a mention of the importance of political involvement." (See photograph, this page, for Oregon participants.)

- "Dr. Harriet Seldin and her team established a strong political presence in the San Diego area. They never miss a political event or issue forum and they stay in constant touch with congressional district staff. As soon as a dental issue sees the light of day, Dr. Seldin works closely with the ADA Washington Office to educate the San Diego area lawmakers and her action team.



Hard workers: Dentists recognized with the ADA 108th Congress Grassroots Awards at the March 7-9 Washington Leadership Conference are (left to right): from Massachusetts, Dr. David Samuels; from California, Dr. Debra Finney, Dr. Russ Webb and Dr. Harriet Seldin; from Oregon, Dr. Dan Saucy, Dr. Darren Huddleston, Dr. Fred Bremner and Dr. Mike Biermann, 11th District Trustee, Dr. Jim Fratzke and Bill Zepp, executive director of the Oregon Dental Association; from Georgia, Dr. Jimmy Talbot; and from New York, Dr. Bhagwati Mistry.

- "Over the last four years Dr. David Samuels has raised more than \$100,000 for Democratic Rep. Marty Meehan (Mass.), most of it from Republicans. Now when a dental issue is debated, the congressman calls Dave for his input.

- "Dr. James Talbot and his Georgia colleagues were an integral part of Sen. Johnny Isakson's campaign team, serving on his finance committee and raising more than \$11,000 at a September home fundraiser. This is a man who thinks outside the box: he convinced the local high school Republican club to volunteer as valet parking attendants for the event!

- "Dr. Bhagwati (B.J.) Mistry leverages her stature as a dentist and a community leader to carry dentistry's non-partisan message to Republican Sue Kelly (N.Y.) and Democrat Nita Lowey (N.Y.). She engages her action team and her fellow community leaders in fundraising and campaign volunteering, and dentistry always gets top billing." ■



From coast to coast: Dr. Bernard Larson and Dr. Wendy Spektor from Washington state attend the Washington Leadership Conference.

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WLC

Continued from page one
jeopardize dental care for those kids who need help the most."

Many of the dental leaders scheduled meetings and social events with their members of Congress. Bipartisan congressional leaders were among the scheduled WLC speakers.

Congress has opened a health policy debate focusing on proposed cuts and reforms in the federal-state Medicaid program. But oral health care access issues are not confined to Medicaid.

"With Give Kids A Smile and all the other efforts we've made in recent years, the ADA now has a lot of credibility when we advocate for the underserved," Dr. Haught said.

He urged the dental leaders to use that political capital, and new grassroots communication tools under development by the Association in promoting oral health care for Native Americans and protecting other access issues against inappropriate responses to the problems. (See story, page 12.)

"Unfortunately, the same phenomenon may be at work in the way some folks are choosing to respond to the access issues in Alaska," said the ADA president. "Working in concert with the Alaska Dental Society, we want to ensure that Alaska has the same access to quality oral health care as other states.

"We do not need a two-tiered dental care delivery system in Alaska," he said to applause from the grassroots dental leaders, "nor in the lower 48 states, with one level of care for the underserved and another for the more fortunate. We must be at the table whenever and wherever dental workforce issues are being discussed, and we must not let anyone cite the number of dentists retiring as justification for having unqualified and non-licensed people delivering care."

Some 50 percent of active practicing dentists will retire over the next 20 years, said Dr. Haught.

"But what the doomsayers don't understand is that in that same time frame, we will produce 16,000 more dentists than are retiring. So I ask you to challenge any group that advocates a two-tiered system based on incorrect information." ■

A day in the life

Florida dentist, Beatles fan provides Super Bowl dental care to McCartney

BY STACIE CROZIER

Jacksonville, Fla.—On Feb. 6, Dr. Rob Van Etta, a dentist on Florida's Amelia Island, had planned—like millions of Americans—to watch Super Bowl XXXIX on television.

Although he says he wouldn't have minded attending the event in nearby Jacksonville, he didn't have tickets and expected to watch at home.

But a phone call from the Ritz-Carlton Amelia Island changed his Super Bowl Sunday plans.

"They said they had a high-profile VIP who needed a crown recemented," says Dr. Van Etta, "and that I needed to come to Alltel Stadium. I asked, 'Who are we talking about?' and they told me it was Paul McCartney."

Dr. Van Etta says he has taken care of dental emergencies for Ritz-Carlton guests in the past and that several staff members there are also his patients.

"They said they had a high-profile VIP who needed a crown recemented. I asked, 'Who are we talking about?' and they told me it was Paul McCartney."

Like a scenario from a spy movie, Dr. Van Etta was told to come to the hotel—to come alone—and they would take him to the stadium. "I thought it might be a con job until they asked for my identification, performed a background check and cleared me through security."

A few minutes after he arrived at the stadium, Dr. Van Etta met his high-profile patient and cemented his crown in time for Mr. McCartney to make his scheduled halftime show rehearsal. He even spent a few minutes chatting with the dentist and signing two compact discs Dr. Van Etta brought along, just in case.

"He told me, 'You don't hurt me and I'll sign those,'" Dr. Van Etta says. "He was a very nice guy. He's really stood the test of time. He looks sharp."

Dr. Van Etta and his wife, who joined him later at the stadium, were able to enjoy Mr. McCartney's performance live and in person, since he received two tickets to the Super Bowl for payment. He also got a ride back to his car at the hotel as part of Mr. McCartney's police escort.

"It was a great experience for me," he adds. "As long as I can remember, my favorite song has been 'Let It Be' by the Beatles. I'm a huge music fan. I probably have more than 2,000 CDs in my collection, so this was amazing." ■



We can work it out: Dr. Rob Van Etta (right) pauses for a photo Feb. 6 with legendary singer and songwriter Paul McCartney. Dr. Van Etta recemented a crown for Mr. McCartney right before his Super Bowl halftime performance that day in Jacksonville, Fla.

New dean at Creighton

Omaha, Neb.—The Creighton University School of Dentistry has named Dr. Steven W. Friedrichsen as its next dean. His tenure begins Aug. 1.

Dr. Friedrichsen comes to Creighton from the Idaho State University's Department of Dental Sciences, where he has served as chairman for the past 22 years.

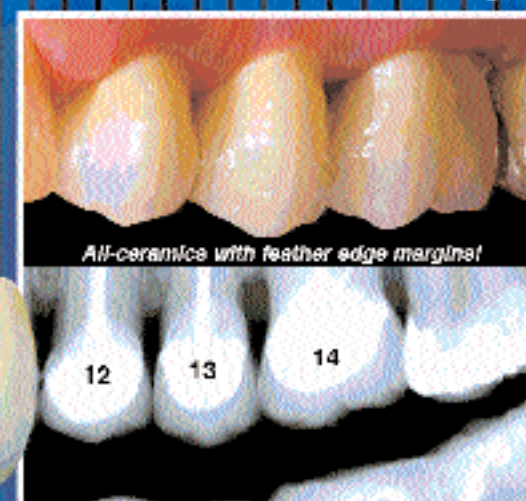
He received his dental degree from the Northwestern University Dental School. As dean, he succeeds Dr. Wayne W. Barkmeier. ■

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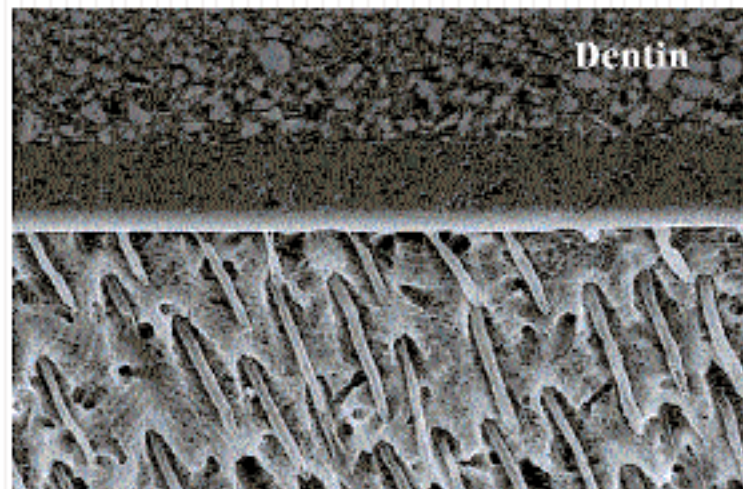
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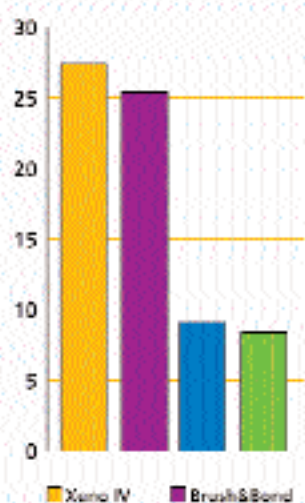
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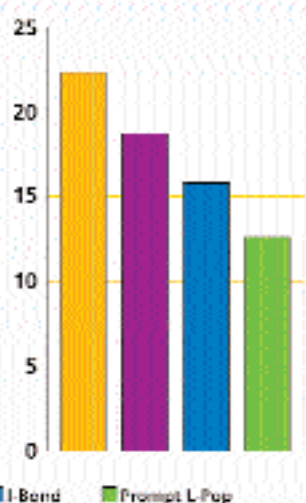


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