

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

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AROUND THE ADA

George Shepley, D.D.S., eyes collaboration as he assumes role of ADA president

Dr. Shepley will take office at SmileCon in Houston Oct. 18

BY KELLY GANSKI

The George Shepley of 1968 was very different from the George Shepley, D.D.S., of 2022.

As a 16-year-old in Inwood, West Virginia, Dr. Shepley worked in the apple orchards owned by the Muselman Applesauce plant, trimming and planting trees and doing other farm work. Born in Pittsburgh, Dr. Shepley moved with his mother to the eastern panhandle of West Virginia after his parents separated.

The first and only time Dr. Shepley went to the dentist as a child was to fill a large cavity when he was 11. His parents were from the Depression era, didn't have a lot of money and preventive dentistry wasn't exactly top of mind.

much sugar is consumed in America, moving the Association forward technologically and how the ADA can be more inclusive, whether it be based on a member's race, ethnicity, gender, sexuality or even mode of practice.

Dr. Shepley, 69, will be installed as the 159th president of the ADA during the Oct. 18 House of Delegates meeting in Houston, and he'll spend the next year expanding these passions.

COUNTRY BOY TO DENTAL LEADER

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to the profession. That is the power of organized dentistry."

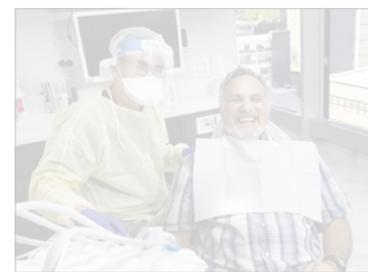
PASSION PROJECTS

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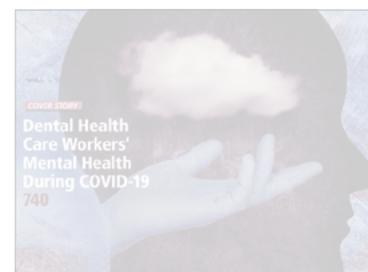
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Dental Team Hub has specially designed courses at Oct. 13-15 Houston event



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Program's goal is to enhance veterans' access to dental services



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The first and only time Dr. Shepley went to the dentist as a child was to fill a large cavity when he was 11. His parents were from the Depression era, didn't have a lot of money and preventive dentistry wasn't exactly top of mind.

"I was very anxious and fearful," he said. "The dentist said that with the new, high-speed drills that it would not hurt. He lied. It hurt like crazy."

Dr. Shepley's family couldn't afford orthodontic treatment, so he had buck teeth into adulthood; being called a beaver by friends and classmates.

It was a very rural area, and some kids didn't even have indoor bathrooms at home. Many dropped out of high school and few went to college, said Dr. Shepley, who described himself at the time as "unsophisticated" and "a country boy." But seeing his surroundings and working hard labor at the applesauce plant made him want to create a better life for himself.

Fast forward 54 years. Dr. Shepley's daily wear is either a lab coat in the dental office or a suit and tie as he travels the country on behalf of the ADA as president-elect. His time is spent discussing his dislike for how

much sugar is consumed in America, moving the Association forward technologically and how the ADA can be more inclusive, whether it be based on a member's race, ethnicity, gender, sexuality or even mode of practice.

Dr. Shepley, 69, will be installed as the 159th president of the ADA during the Oct. 18 House of Delegates meeting in Houston, and he'll spend the next year expanding these passions.

COUNTRY BOY TO DENTAL LEADER

Dr. Shepley's involvement in organized dentistry was not a given for him. After graduating from the West Virginia University School of Dentistry, he became an associate in a practice in Baltimore.

"It wasn't the best situation, to be honest. There wasn't much mentorship or oversight, and I was just sort of left on my own," Dr. Shepley said. "Which was OK. I was a little burned out and tired of being poor and wanted to just get out and experience life a little bit. It was a relatively easier job. I wasn't particularly career-oriented at that time."

But then Dr. Shepley met his wife, Ellen, and started having kids, which changed his perspective. He decided it was time to get serious about his career. He opened his own practice and, after some encouragement, joined the Academy of General Dentistry and the tripartite of the Baltimore City Dental Society, Maryland Dental Association and American Dental Association.

"I was mostly alone in practice, and I like being in a group," Dr. Shepley said. "Since there were no computers and almost no commercial

continuing education available, I enjoyed going to my local component's regular CE courses for the education and camaraderie. AGD was also the only other provider of CE and in fact was the only group that required CE to maintain membership. There was no mandatory CE for licensure then. This is where I found mentorship with fellow dentists and fed my love for CE."

He ultimately achieved Fellowship and Mastership awards within the AGD, and the Life-Long Learning and Service Recognition Award. He served as chair of AGD Dental Education Council before becoming a trustee for six years. He became more comfortable within organized dentistry and moved his way up through the tripartite, ultimately becoming the chair of the ADA Council on Communications and a member of the Board of Trustees. Dr. Shepley also participates in Donated Dental Services through the Dental Lifeline Network.

"I have always been inspired by those dentists that have dedicated their lives to being the best dentist they can be and providing quality oral health care," Dr. Shepley said. "I have been even more inspired by dentists' giving nature and those that have volunteered to not only give to those in need but have given so much back

to the profession. That is the power of organized dentistry."

PASSION PROJECTS

As president-elect, Dr. Shepley will have attended dozens of events throughout the year. Sitting next to him at lunch or engaging him in conversation during a break often means you'll hear him talking about the sugar industry and how bad it is for Americans' oral and overall health.

"I don't think anybody can argue that sugar isn't a problem in this country. It's addictive," said Dr. Shepley, who, with his wife, considers himself a pescatarian. "Obesity and diabetes and inflammation and heart disease are all connected to overconsumption and consumption isn't going down."

He wants the ADA to take a stronger stance and collaborate with other health organizations — such as the Academy of Nutrition and Dietetics and the American Diabetes Association — on how they can combat the issue.

"I think we need to develop policy and collaborate on the harm of sugar," Dr. Shepley said. "To me, it is an issue like tobacco. We see so many harmful effects of too much sugar

See DR. SHEPLEY, Page 4



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AROUND THE ADA

Change hero: ADA Executive Director Raymond A. Cohlma, D.D.S., addresses the crowd during ADA Conference Week, which took place July 17-20 at ADA Headquarters in Chicago. This was the first time Conference Week was held in person since 2019. During the event, dental society leaders, executives and staff came together to brainstorm on topics like member value and how to be a change hero.



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DR. SHEPLEY *continued from Page 1*

in today's diet. The effects we see in obesity, caries, diabetes and inflammation alone are enough for a call to action. This is an opportunity to collaborate with so many in the health arena. Should the ADA not be a leader in this initiative?"

Another passion of Dr. Shepley's is integrating more dentists who work in DSOs and different practice modalities into the ADA. It's also a goal of the ADA's.

"It's a complicated affair, because we still have a lot of members that are not on board with that so we need that cultural shift in getting people to understand that those young dentists in DSOs are dentists just like us and they are our potential members and we need to give them a home just like every dentist," said Dr. Shepley.

And it's not just dentists who practice differently from the traditional solo practitioner that Dr. Shepley wants as ADA members. It's all dentists.

"Obviously that's the theme of what's been going on this year at the ADA: Be a home for every modality of practice that there is and every type of diversity that there is. How do we do that? That's something I struggle with," Dr. Shepley said.

Integrating diversity is old hat for Dr.



Partners: Dr. Shepley and his wife, Ellen, pose in front of their Baltimore home.

Shepley. His patients in Baltimore were from all different races, ethnicities, sexual orientations and more. Forty years ago, when Johns Hopkins Medicine was one of the only medical facilities conducting gender reassignment surgery, Dr. Shepley said he was treating many of the patients. During the AIDS crisis in the 1980s, Dr. Shepley said he was one of the only dentists willing to treat HIV/AIDS patients.

"I was used to a lot of that stuff so today, going through all of that diversity and inclusion

for two and a half months.

He's a longtime gardener and enjoys cooking when he's home. Dr. Shepley has also practiced yoga for a long time, something he thinks has helped his body and posture as a dentist.

"I recently sold my motorcycle, a passion that it is time to give up. I still enjoy bicycling. I have always enjoyed traveling, good movies, eating out and being with friends. I have a soft spot for ethnic foods, good dark chocolate and good cocktails."

Dentistry may not have been in his sights when he was in the apple orchards but through some persistent tenacity, he slowly climbed the ladder of organized dentistry to the top.

"I can truly appreciate the challenges of owning a practice and being a small businessman," Dr. Shepley said. "I have worked very hard, but never regret my decisions and am very grateful for the life dentistry has given to me and my family. Maybe I could have done a little better in work/life balance. I appreciate the opportunities I have had to travel and meet great people around the country. Organized dentistry gave me training in leadership and improving my interpersonal skills."

Dr. Shepley was interviewed by Kelly Ganski, editor for the ADA News, in June.

ADA News: What are the three biggest issues facing the profession right now? What are the three biggest issues facing the Association right now?

Dr. Shepley: The biggest issue I hear from members around the country is the work staff shortage. The other two biggies are the same: declining market share and frustration with dental insurance (correctly called dental benefit plans). The issues facing the ADA are the decreasing market share with younger dentists; increased fragmentation of organized dentistry by other new dental groups and social media sites; and the increase in new practice modalities like dental service organizations, which provide many benefits that the ADA has provided in the past.

ADA News: What are the challenges in recruiting more diverse dentists into leadership tracks within the Association governance structure? What is the ADA doing to engage new dentists, especially women and underrepresented groups?

Dr. Shepley: The ADA is executing an intentional initiative of educating and advocating for more diversity and inclusion. Some of the challenges are this is happening quickly, and change is hard for many. When we look at the current demographics of today in the schools and new dentists coming into the profession, it is very different from the past. Among incoming dental students, 57 percent are women and the majority are nonwhite. Among those graduating from dental school, 30 percent indicate they will be practicing in a DSO. We are seeing

a decrease in market share as these new dentists are not the joiners of the past. We must do all we can to serve and enroll them into our profession and association. Our future as an association and profession will depend on how well we do.

ADA News: There continues to be a staffing shortage at dental offices nationwide. How can dentists best navigate this, and what can the ADA do to help?

Dr. Shepley: ADA does have a website with resources to help dentists to manage their teams at ADA.org/DentalStaff. This is the biggest problem and complaint, along with dental insurance issues, that I have heard while traveling around the country. Every state has had either legislation or some initiative to help address this pressing problem. We need a repository of those initiatives and solutions to share among our constituents. Economic research tells us that this country is short millions of workers to fill available jobs, and the problem will not disappear anytime soon. Dentists will need to learn to really be excellent employers and empower their teams to keep them engaged. There are many leaving other health care jobs — and that may be a source of future employees, those who were unhappy somewhere else — but want to stay in health care.

ADA News: How can the ADA work effectively with ever-expanding DSOs in a way that is advantageous for patients and dentists?

Dr. Shepley: It is critical that we learn to work with DSOs. They are here to stay and will become a larger employer of dentists. We are the association for all dentists. It is important to remember that we all treat patients, and it is our obligation to treat all with integrity and respect. It is our professional obligation to follow the ADA Code of Ethics at all times. Some areas where we can work effectively are in advocacy and dental insurance reform.

ADA News: Questions to the Association regarding dental benefits have skyrocketed in the past few years, according to the ADA Center for Dental Benefits, Coding and Quality. Why does this issue occupy many of our members' minds, and what can the ADA do to showcase and boost its advocacy on this issue?

Dr. Shepley: This is one of the major issues we are facing. Members are experiencing increasing declines in benefits and difficulty in submitting claims. They feel helpless. They have concerns with the possibility of a dental benefit in Medicare and how that will make reimbursements continue to decline, even though most do care about those not receiving care who are truly in need. The ADA needs to continue to tell our story of all we do to try to help where we can. I would like to see the ADA bring many stakeholders and innovative, creative minds together to try to develop new and even disruptive but improved methods to create a win-win system to help those in need and support the profession.

ADA News: The future of the Association is its membership, and recruiting new dentists is a high priority. What programs are working? What would you like to see the ADA do?

Dr. Shepley: We need to work with the dental schools to get all of the deans and faculty on board with the ADA and organized dentistry. With Executive Director Raymond Cohlman, D.D.S., as a former dean at the University of Oklahoma College of Dentistry, I know this will happen. Our new app will certainly be a key factor in introducing and engaging dental students and all dentists. We need to embrace all dentists, no matter what gender, ethnicity, race, and all models of practice including private practice, dental service organizations, public health, military, research, academia and federal service. We need to help all see how we

HPI: Nearly half of dentists offer health insurance to employees

PRACTICE SCHEDULES, RECRUITMENT NEEDS REMAIN STEADY

BY MARY BETH VERSACI

Nearly half of dentists offer health insurance to their employees, according to the latest wave of the ADA Health Policy Institute's Economic Outlook and Emerging Issues in Dentistry poll.

Of the roughly 1,200 respondents, 47%

said they offer health insurance, and of those who do not, 83% cited the cost.

Other results from the poll, which was conducted July 12-17, included:

- Dental practice schedules have been steady the past few months. Schedules were 85% full on average in July.
- Dental team recruitment needs remained steady in July. Assistants are the most in-demand member of the team, with roughly 4 out of 10 dentists currently or recently recruiting for this position. Recruiting hygienists continues to present the most difficulty for dentists. About three-quarters of hiring dentists reported hygienist recruitment to be extremely challenging.

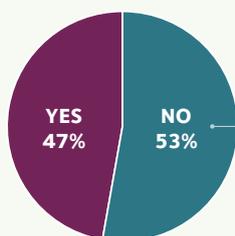
The HPI's Economic Outlook and Emerging Issues in Dentistry monthly poll began in January to measure the economic impact of the COVID-19 pandemic and to gather dentists' opinions on other current and emerging issues impacting their practices.

To read the full monthly reports, visit ADA.org/HPIpoll. ■

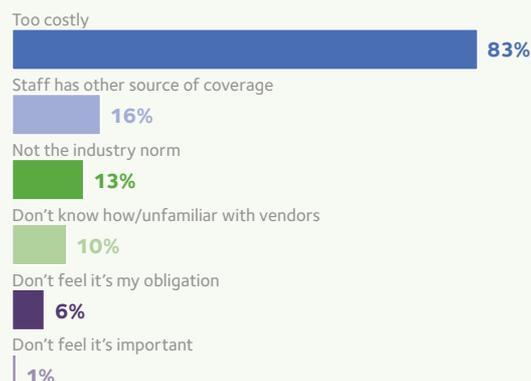
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HEALTH INSURANCE IN DENTAL PRACTICES

DO YOU OFFER HEALTH INSURANCE TO YOUR EMPLOYEES?



WHY DO YOU NOT OFFER HEALTH INSURANCE?



Source: Economic Outlook and Emerging Issues in Dentistry Poll, July 2022

DR. SHEPLEY *continued from Page 4*

are so important to the profession.

ADA News: Should the ADA better recognize/serve public health service dentists and/or dentists who accept or want to accept Medicaid patients?

Dr. Shepley: The ADA should not only recognize and serve public health and other dentists who accept or want to accept Medicaid patients, but the ADA should and will recognize and serve all dentists, whoever and however they choose to practice. Our new app will address all disciplines: solo, small group, large group, DSO, public health, Indian Health Service, research, academic, military, veteran, civil service, association and any other modality of practice. We will provide resources and information for all.

ADA News: Why is advocacy so important to the profession? What do you see as important in this arena? Top priorities? Top accomplishments?

Dr. Shepley: Advocacy is maybe the most important aspect of our association. Only a united voice can really make changes and advocate for the benefit of all dentists and the oral health of the public. We need that large majority of dental voices speaking out in unison to make the difference. Obviously, our advocacy was instrumental in helping to get dentists back to work during the COVID-19 shutdown. We established that dentistry is essential and how important it is to always treat patients and keep dental emergencies out of the emergency rooms. We guided dentists through the complicated process of getting financial resources. We got dentistry moved up in position to get personal protective equipment and vaccinations. Yet, despite all of this, we lost members. One of our top priorities is to pass legislation on Capitol Hill — and in all states — to establish and/or expand comprehensive adult Medicaid dental benefits to eligible beneficiaries and pay dentists appropriately. We are continuing to advocate to help in the area of student debt and need to help address that issue with the help of all stakeholders. We must continue to help dentists navigate insurance benefits and be leaders in creating new ways of managing taking care of all in a way that really works for all.

ADA News: The ADA's 2021 Dentist Health and Well-Being Survey found 16% of dentists had experienced anxiety — more than three times the percentage reported in 2003 — and 13% had experienced depression. What is the ADA doing to support the mental health of dentists? How can the Association help to battle the stigma associated with seeking support?

Dr. Shepley: We need to let all know that it is OK to not be OK and must remove any stigma of seeking mental health well-being. We need to provide resources for those in need. By sharing stories of those that have benefited by seeking help, we can go a long way in setting the path for others. I don't think there are any of us that have not been touched by this issue personally or someone in our family. According to a study published in the August issue of JADA, dental health care workers reported higher rates of anxiety and depression during peaks of COVID-19 transmission among the public. The ADA has many resources and networks with the National Alliance of Mental Illness and state dental societies have well-being directories to help dentists deal with wellness and health, depression, stress, burn-out and mental wellness. This is a big issue, and the ADA is continuing to work to provide the resources to help all.

ADA News: What have you learned during your career that you would most like to share

with new dentists about the future they can expect? What advice do you wish someone had given to you when you started out? How do you compare yourself as you are now with the person you were when you graduated dental school?

Dr. Shepley: Dentistry provides so many opportunities. There is always the opportunity to be your own boss and the ability to practice the way one wants to practice. There are more choices than ever. Those who want ownership can have that and those that want a life to practice without management headaches have more opportunities than ever. Of course, there are opportunities in public health, research, academia, military and other options. I have enjoyed the leadership opportunities and being

able to grow in different areas, being able to meet great colleagues all around the country. Of course, there is always the joy of helping others stay healthy and making a difference every day. My advice to others is to take advantage of all that our profession offers. Don't wait; take all the continuing education you can in the areas that interest you and be willing to go out of your comfort zone. Don't be afraid to do what you want and remember

See DR. SHEPLEY, Page 21

Capitol networking: Dr. Shepley, second from left, poses in front of the U.S. Capitol with a group of dentists and students from Maryland during ADA Dentist and Student Lobby Day.



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SmileCon offers home for dental team members

Dental Team Hub includes courses, social activities for staff

BY MARY BETH VERSACI

Dental team members who come to SmileCon will have a place all their own within Dental Central, where they can take courses designed specifically for them and engage with their peers in fun social activities.

"The Dental Team Hub will be a home for all members of the dental team," said Robert L. Skinner, D.D.S., meeting chair. "This is your place at SmileCon to connect with your community."

The hub will feature top dental team educators presenting content curated for dental staff. Courses include:

- Save Someone's Life with an Extraoral Exam, presented from 10-11:30 a.m. Oct. 13 by Irene Iancu, registered dental hygienist and owner of Toothlife Studio Inc.
- Front Office: You Are Not "Just" a Receptionist, presented from 2-3 p.m. Oct. 13 by Denise J. Williams-Jones, registered dental assistant and owner of Next Level to Success customer service consulting firm.

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- Curiosity Revived the Cat: Exploring Patient Communication and Career Fulfillment, presented from 10 a.m.-noon Oct. 14 by Amanda Hill, registered dental hygienist and clinical education manager at Young Innovations.
 - Married to Dentistry: Lessons in Life, Love, and Leadership, presented from 2-3 p.m. Oct. 14 by Dana R. Watson, practice manager and Distinction Dental Management Systems speaker and team trainer.
 - Creating a Successful, Profitable Practice for the Entire Dental Team, presented from 10-11:30 a.m. Oct. 15 by Frank J. Milnar, D.D.S., who has a private practice in Minnesota.
 - Front Admin: You Can Effectively Lead, Strengthen, and Unite Your Team, presented from 2-3 p.m. Oct. 15 by Ms. Williams-Jones.
- The hub will also be a place for dental team members to see old friends and colleagues or make new connections as they discuss topics of interest with their peers.

"We invite you to hang out and have fun as you grab a snack, snag some freebies, do arts and crafts, attend a course, create your own Instagram-worthy moments and more," Dr. Skinner said.

The Dental Team Hub is sponsored by ADA Continuing Education.

This year's SmileCon is a joint meeting with the 2022 Texas Dental Association Meeting and the 2023 Greater Houston Dental Society's Star of the South Dental Meeting. It will take place Oct. 13-15 at the George R. Brown Convention Center in Houston.

Advanced registration for dental team members costs \$149 for the Dental Central Pass, \$449 for the Smile Pass and \$2,999 for the Platinum Smile Pass. Advanced pricing will be available until 5 p.m. CT Sept. 30.

To learn more about SmileCon and to register, visit SmileCon.org. ■

— versacim@ada.org



Teamwork: Dentist Laura Rammer, D.D.S. (left), dental assistant Toni Bouche and dental hygienist Diane Schmitting play a casino game in Dental Central at SmileCon 2021 in Las Vegas.



Photo by EZ Event Photography

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MKT-013234_1 GD-3019575-071822

In a new, single-dose study, Aleve® was proven as strong* as HYD+APAP for dental pain¹

*In hours 0 to 4 of a single-dose dental study of Aleve® (440 mg), HYD+APAP (10 mg + 650 mg), or placebo.

Aleve® is an OTC pain reliever indicated for temporary relief of minor aches and pains including arthritis pain, headache, muscular aches, and toothache.²

Learn how non-addictive OTC NSAIDs like Aleve® can help you reduce risk factors that contribute to the US opioid crisis^{1,3,4}

Did you know that up to half of opioid prescriptions at dental visits are inconsistent with the guidelines on appropriate use of opioids?⁴ In response to the overuse of opioids, there is an increasing interest in the effectiveness of OTC NSAIDs in alleviating pain—to reduce the need for opioids. Growing evidence supports Aleve® as a powerful* non-opioid OTC treatment for minor dental pain.^{1,2,5,6}

In the study, Aleve® was as effective* for dental pain, lasted longer, and was better tolerated vs a widely prescribed opioid combination, HYD+APAP¹

In a recent single-center, randomized, double-blind, parallel, placebo-controlled study, Aleve®, a non-opioid OTC NSAID, was compared with hydrocodone plus acetaminophen (HYD+APAP) for dental pain relief¹

- Patients experiencing moderate or severe pain (N=221) after surgical removal of impacted third molars were randomized to receive either a single dose of Aleve® (440 mg [n=90]), HYD+APAP (10 mg + 650 mg [n=87]), or placebo (n=44)¹
- The primary objective was to compare Sum of Pain Intensity Difference from 0 to 12 hours (SPID₀₋₁₂) after a single oral dose
 - Secondary objectives were to compare the total pain relief (TOTPAR) over 6 and 12 hours (SPID₀₋₆), time to onset of pain relief, time to first use of rescue medication, and duration of pain intensity at least half gone over 6 and 12 hours¹
 - SPID₀₋₄ was also assessed

Aleve® was as effective as HYD+APAP in hours 0 to 4 at reducing pain intensity (based on SPID from 0 to 4 hours, or SPID₀₋₄).¹

The primary endpoint was met¹

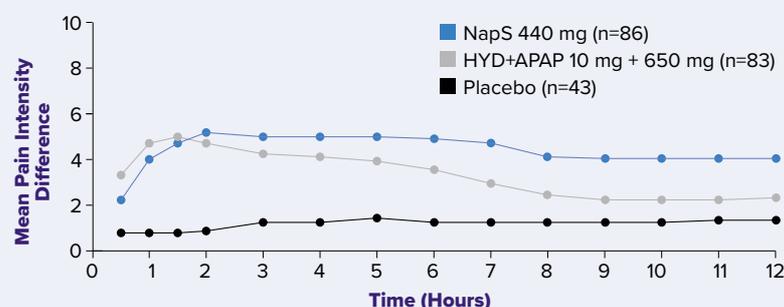
- SPID₀₋₁₂ was statistically significant for Aleve® vs HYD+APAP¹

Key secondary endpoints also showed statistical significance in favor of Aleve® compared with HYD+APAP¹:

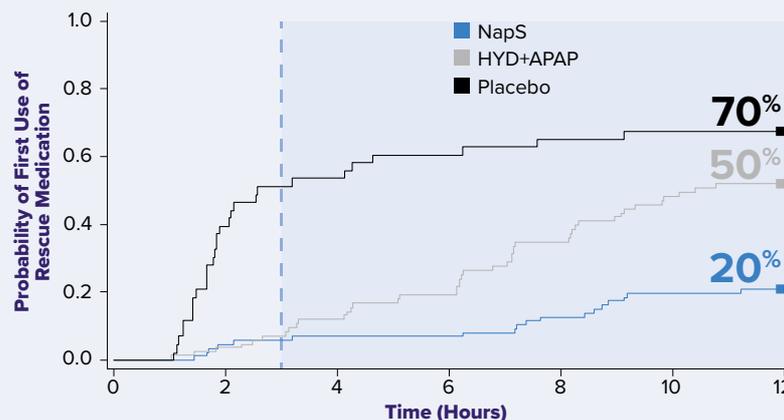
- Total pain relief (0 to 6 and 0 to 12 hours; $P < 0.05$)¹
- Median time to rescue medication ($P < 0.001$)¹
- Duration of pain at least half gone over 12 hours ($P < 0.001$)¹

Both active treatments were significantly more effective than placebo.¹ HYD+APAP was not statistically superior to Aleve® for any endpoint (NapS 440 mg vs HYD+APAP 10 mg + 650 mg).¹

MEAN PAIN INTENSITY DIFFERENCE¹



RESCUE MEDICATION FROM HOUR 3 ONWARD¹



In the study, Aleve® was also better tolerated than HYD+APAP¹

More treatment-related adverse events were reported with HYD+APAP (n=18) than Aleve® (n=1) and placebo (n=1), including nausea, vomiting, and dizziness.¹

The new study adds to the established evidence for Aleve® for minor dental pain

In 2 previous clinical studies for dental pain, Aleve® was proven to be stronger from the 3-hour mark onward and last longer than acetaminophen plus codeine (APAP + codeine). Both 8-hour studies (N=455) compared 1 dose of Aleve® 440 mg with 1 dose of APAP 600 mg + codeine 60 mg after surgical removal of 3 or 4 molars (≥ 1 impacted).^{5,7}

In both studies:

- Patients who took Aleve® reported significantly reduced pain vs APAP + codeine ($P < 0.05$) from the 3-hour mark onward⁵
- The 12-hour strength of Aleve® gave patients more sustained pain relief per dose, as demonstrated by a longer median time to remedication, vs patients on APAP + codeine ($P < 0.05$), which is commonly prescribed every 4 hours as needed^{2,5,7}
- Study population for Study 1: Aleve® (n=92), APAP + codeine (n=91), and placebo (n=47); and for Study 2: Aleve® (n=90), APAP + codeine (n=91), and placebo (n=44)⁵

With the current opioid crisis, consider other options for treating minor dental pain

The United States accounts for 80% of the global opioid supply,⁸ and opioids kill over 130 Americans every day.⁹ Yet despite available pain relief options, opioids associated with dental treatment continue to pose significant risks to patients and their family members.^{8,10}

A recent study shows that opioids are not associated with greater patient satisfaction for pain management after dental extractions.¹¹

“Recommend NSAIDs, like Aleve®, for non-opioid relief of minor dental pain, and you can help address the human and economic costs associated with the US opioid crisis.”^{1,4,12}

—Dr. M. Ted Wong, DDS, MHA
Board-Certified Prosthodontist
Former Chief Dental Officer at UnitedHealthcare
Former Chief of the US Army Dental Corps
Bayer Paid Consultant

Dental professional organizations recommend NSAIDs instead of opioids as first-line therapy for acute pain management¹³⁻¹⁵

The **American Dental Association** recommends NSAIDs as first-line therapy for acute pain management.^{13,14}

The **American Association of Oral and Maxillofacial Surgeons** recommends NSAIDs as first-line therapy for acute pain management.¹⁵

The growing body of evidence offers a compelling argument for first-line use of an NSAID like Aleve® for dental pain, and the guidelines suggest ways of putting NSAIDs into practice.^{1,5,6,13-15}

When prescribing any product, HCPs should always consider its efficacy and safety. Before any procedure requiring pain management, dentists should talk with patients about the benefits and risks of pain relief options.

“For dentists, this is an opportunity to play an active role in alleviating the ongoing opioid crisis,¹⁰ and I encourage all of my colleagues to consider using effective non-opioid analgesics like Aleve® for minor dental pain.”^{1,2}

—Dr. M. Ted Wong, DDS, MHA
Bayer Paid Consultant

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ADA Officer Campaign Statements

Candidates seeking ADA-elected offices prepared platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications.

Publication of these statements and profiles should not be construed as an endorsement of any candidate by the

ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are presented as information for Association members.

The candidates included are those who — as of Aug. 2 — had decided to seek office through the upcoming Association elections being held concurrently with the Oct. 15-18 House of Delegates in Houston.

The candidates' profiles and statements are also available on ADA.org for Association members only.



Linda Edgar, D.D.S.

President-elect candidate



Welcome to a new day at the ADA. I am excited about the newly proposed Strategic Forecasting Committee in resolutions 205 and 206. If this becomes policy, we will be engaging with over 200 people throughout the dental world including executive directors, nonmembers, new dentists and dental students to help create the future for ADA and ignite our membership. The potential to catapult ADA by collaborating with all dental organizations, the schools and the Health Resources & Services Administration to help with scholarships for oral health literacy programs and expanding diversity in our workforce is exciting!

I also know we can work with the hospital associations to develop dental clinics in hospitals to avoid emergency room visits for toothaches.

We are on the "cusp" of developing the new app, which will customize members' needs. For the first time, as your Budget and Finance chair this year, you will see the ADA budget summarize the programs we fund and the revenues and expenses so you can better determine all that ADA does for its members.

I want ADA to be an exceptional organization that our members rave about: A big organization that feels like a small organization with a personal touch. ■

PROFILE

Current residence: Federal Way, Washington

Dental school attended: University of Washington

Year received dental degree: 1992

Postgraduate education/specialty:

Master's of science in education

Years of ADA membership

(include ASDA membership): 34

Other professional memberships:

- Academy of General Dentistry-30 years.
- American Association for Women Dentists.
- American College of Dentists.
- International College of Dentists.
- Pierre Fauchard Academy.

Volunteer posts/elective offices held in organized dentistry:

- President, Seattle King County Dental Society.
- ADA delegate, 2005-18.
- Academy of General Dentistry secretary (four years, two terms).
- AGD president.
- Chair, University of Washington Dental School \$22 million campaign.

What are your main qualifications for the office you seek?

1. Eight years as a national AGD officer.
2. FDI delegate, four years.
3. Consultant to the Strategic Forecasting Task Force (as the chair of Budget and Finance Committee).
4. Chair, ADA Budget and Finance Committee.
5. Chair, Business Innovation Committee, 2022.

Why do you want to be an ADA officer?

We need a leader with association national experience, connections, time,

passion, determination and a proven track record of working with teams to get things done to bring dentistry together and move our ADA membership back up to the 75% level. We need a dedicated, compassionate leader to remove the words "can't" and "impossible" and help the ADA thrive.

I was born into a Coast Guard family. My dad was a rescue pilot. He ended his career as an admiral in charge of protecting the eastern seaboard from Virginia to Florida. I was a high school teacher for 15 years. I coached and was a marathon runner, completing 45 marathons in 10 years and completed the first women's Olympic Trials Marathon in 1984 in 2:47.

I would like to help the ADA do three things better: Connect, collaborate and communicate.

We need to connect with our dental students, create a personal touch and teach them why it is important for them to be an ADA member. We need to develop mentor programs throughout our members' careers which will help our members get our help when they need us the most.

I would like to collaborate with Health Resources & Services Administration to help increase loan repayment programs and our schools to bring oral health literacy, create a dream of being a dentist and increase workforce training.

We need to communicate better and answer the question, "What has ADA done for me lately?"

We will listen and act quickly to members' needs because what "matters most to me is what matters to you." ■

Paul R. Leary, D.M.D.

President-elect candidate



As the nation's leading dental organization, we must hold ourselves to the highest accountability. Our association must stay dedicated to the well-being of our profession. I am here to help inspire Team ADA to reach our goals together. There are no limits to success when you believe in what you want to achieve.

A successful team is made up of people from all areas, with different experience and thoughts. I have learned so much in the past couple of months by listening to and communicating with many of you. While change is not always easy, we have successfully welcomed a new executive director to our association, and he is ready to lead the ADA onto a new path.

The composition of our membership is changing. We have to revitalize with new ideas if we are to flourish. From changing from a member-centered model to a customer-centered model, to licensure portability, these things have never been more critical than they are now.

Communication is important to keep our association successful. With your help, we can take on the future of dentistry together, making sure that no person, problem or idea is left unheard. ■

PROFILE

Current residence: Nesconset, New York

Dental school attended: Temple University

Year received dental degree: 1986

Postgraduate education/specialty: U.S.

Navy active services and reserves

Years of ADA membership

(include ASDA membership): 40

Other professional memberships:

- American College of Dentists.
- International College of Dentists.
- Pierre Fauchard Academy.
- Academy of General Dentistry.
- American Association of Military Surgeons.

Volunteer posts/elective offices held in organized dentistry:

- ADA trustee, 2nd District.
- ADA Commission for Continuing Education Provider Recognition chair.
- New York State Dental Association trustee to board.
- Compensation chair, ADA board committee.
- ADA delegate/alternate.

What are your main qualifications for the office you seek?

Communication is key to messaging. Representing our profession at all levels has provided me with insight into all aspects of our profession. My ability to condense debate into a deliverable message helps provide clear direction.

Development as a Navy dental officer enhances mission and success in motivating those who share board rooms and committees. I succeed on teams because I utilize

the strengths and skills in the room and trust others' input to achieve the greatest possible outcome.

As chair of the Commission for Continuing Education Provider Recognition, accrediting education providers is critical to lifelong learning. Providing that metric to our profession enhanced my view of the importance of accreditation and its critical place in all professions.

I am gladly measured by ethical standards in our profession and personal lives. These should be front and center in all situations. International College of Dentists and American College of Dentists membership have helped prioritize these goals in my life and my career.

Why do you want to be an ADA officer?

Throughout my career, I have been influenced by many leaders of the American Dental Association. I have made it a priority to hone my own leadership skills by listening, learning and thoughtfully answering. These skills have aided my success in practicing dentistry and enabled me to succeed in various roles in the tripartite. As the Association enters a new chapter of leadership, I want to help my colleagues and the profession navigate the positive changes to come. Effectively communicating for our membership and for our profession and Association is important to me. The ADA needs officers who will facilitate and lead constructive communication by listening and learning what is important to our members. My experience, skills and dedication will accomplish these goals on your behalf. ■

CANDIDATES *continued from Page 10*

David J. Manzanares, D.D.S.

Second vice president candidate



If an organization is to remain relevant, it must reflect the needs, thoughts and composition of its members. A variety of perspectives, matter. As an employee dentist still early in my career, I believe I can offer a fresh perspective to the Board, which is representative of the “rank and file” member of the last decade. It is critical that we demonstrate value through our dedication to our core values and make the ADA an organization every dentist believes truly represents them. We need to address the challenges facing our profession, starting with:

- Addressing educational debt: Many of our profession’s economic challenges, from practice transition to evolving practice models, stem from the massive debt incurred for education. A dental education must be a sustainable investment.
- Maintaining the doctor-patient relationship: No third party, be it a payer or employer, should interfere with clinical care.
- Preventing the commoditization of our profession: Dentists must be the key driver of dentistry.

The ADA is our voice to address these challenges, and we need to ensure it remains strong so we can represent every dentist. I am asking for your vote for ADA second vice president to strengthen your voice. ■

- Experience: I am an employee dentist who has extensive experience working with underserved communities and am familiar with the challenges and opportunities that may emerge with various practice models.
- Resourcefulness: For the past seven years, I have served as the secretary/treasurer of the NMDA. I understand the challenges of trying to create a consistent and meaningful member experience in a small state with limited resources.
- Innovation: As the original author of several resolutions which have passed through the House of Delegates, I am a pragmatic problem-solver.
- Empathy: As a graduate of the ADA Institute for Diversity in Leadership, I understand how important it is that we seek input from all dentists, across all walks of life.

Why do you want to be an ADA officer?

I became a dentist because I wanted to help people while being able to control my destiny. Though we face many challenges, I believe the ADA is our conduit to make opportunities out of those challenges. The ADA has given voice to my ideas. It has empowered me and has given me ownership over my profession. I want every dentist to feel the same way. This is a membership which, if you are engaged, you will find it matters.

We need to be willing to question the status quo. We need to be willing to look for pragmatic solutions, even if it requires “outside the box” thinking. We need to consider many new perspectives as we chart the future of the ADA. As the next second vice president, I will listen to your story and make sure it is heard at the Board. ■

PROFILE

Current residence: Albuquerque, New Mexico

Dental school attended: University of Missouri-Kansas City School of Dentistry

Year received dental degree: 2009

Postgraduate education/specialty: Mastership, Academy of General Dentistry

Years of ADA membership (include ASDA membership): 17

Other professional memberships:

- Academy of General Dentistry.
- American Equilibration Society.
- American College of Dentists.
- International College of Dentists.

Volunteer posts/elective offices held in organized dentistry:

- Secretary/treasurer, New Mexico Dental Association.
- ADA Council on Communications.
- Chair, ADA Volunteer Engagement Program.
- Director, NMDA Foundation Board of Directors.
- Conference chair, Fiesta NMDA (NMDA Annual Session).

What are your main qualifications for the office you seek?

- Values: A steadfast commitment to ADA core values. I believe the public should respect our integrity as much as our clinical skills and knowledge.

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Changing lives

DENTIST'S PHOTO BOOK RAISES MONEY TO TRANSFORM SMILES OF BULLIED TEENS

BY MARY BETH VERSACI

Ronald E. Goldstein, D.D.S., learned an important lesson from his father that continues to influence how he approaches the dental profession today. "My father, who was a great dentist, taught me that we are so fortunate to be part of a profession that does so well that we must always be thankful and willing to give back," Dr. Goldstein said.

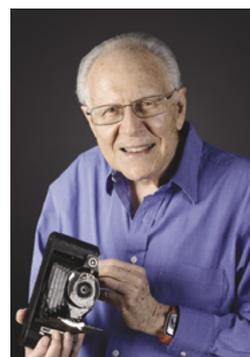


Photo courtesy of Herbert Kuper

Dr. Goldstein

The dentist and longtime photographer has taken that lesson to heart. After starting a program that provides dental care to teens in need more than 10 years ago, Dr. Goldstein recently wrapped up a three-year project to create a coffee table book of his photos to help raise funds and expand the program's reach.

Tomorrow's Smiles, part of America's ToothFairy: National Children's Oral Health Foundation, has helped more than 300 teens. Participating dentists across the U.S. provide their

services for free, and the program covers any lab and material costs.

Dr. Goldstein founded the program through a donation to America's ToothFairy after recognizing the lack of support for teens who were bullied because of their smiles. He was inspired after treating a teen who had dropped out of high school because she was bullied. After receiving dental care from Dr. Goldstein, she returned to school and went on to college and a successful career.

"The dental services provided through this program literally change lives," Dr. Goldstein said. "The teens who have had their smiles restored thanks to the Tomorrow's Smiles program can focus on their schoolwork, get a good night's rest, laugh and talk with their friends, and no longer need to cover their smile for an interview. Supporting this program enables us to extend beyond our practice and ensure that kids in need have a healthy, beautiful smile."

"About Life...A Photographer's Story," the book Dr. Goldstein published to support Tomorrow's Smiles, includes hundreds of photos from his 60 years of photography. The book will never be available for purchase; instead, those who donate to the program will receive a copy.

"My goal has always been to secure more volunteer dentists to accept one or two teens in need as patients and to raise funds to support the program, so I wanted to create a really nice coffee table book that was unlike anything they had



Photo courtesy of Ronald E. Goldstein, D.D.S.

Ceremonial: A young woman participates in a coming-of-age ceremony in Indonesia in which her upper canines are ground down with a hand file to make them even with her incisors. This photo is one of many that appear in "About Life...A Photographer's Story," published by Ronald E. Goldstein, D.D.S.

seen before," Dr. Goldstein said. "I chose 200 of my favorite photos from over hundreds of thousands of my photos and used flat binding, special silk paper and triple glazing on 75% of the photos, so they pop off the page."

Dr. Goldstein's interest in photography began after getting glasses as a child and realizing all the little details on people's faces he had been missing. One of the sections of his photo book honors this by focusing on faces.

"I went out on the street wearing my new glasses and stopped cold on the sidewalk, watching people go past me," he said. "For the first time, I saw faces with all their defects, wrinkles and different facial expressions. I had

to have a camera to record what I was seeing, so with a new Kodak Brownie camera, my lifetime interest in photography was born."

Dentists can donate to Tomorrow's Smiles and receive a copy of the book at americastoothfairy.org/goldstein.

"Funding is essential to support the Tomorrow's Smiles program. More donations to the program mean more teens can receive the dental care necessary to thrive and succeed," Dr. Goldstein said. "My goal is to get the message out to dentists throughout the U.S. to get them to contribute their time, plus raise the necessary funds to expand the important service to more teens in need." ■

— versacim@ada.org

Two dental professionals subdue suspected assailant in hospital stabbing attack

'We had to step up. We didn't think about how dangerous it was'

BY DAVID BURGER
Encino, Calif.

Faraz Farahnik, D.D.S., and hygienist Parham Saadat were thinking about their respective plans for the weekend as they were leaving Encino Dental Smile in southern California on June 3.

But as they left the practice, they saw a frantic man running away from — not towards — Encino Hospital Medical Center across the street. The man was in scrubs and bleeding profusely.

The two immediately jumped into action and caught up with the injured man, tending to what appeared to be stab wounds.

"It was chaos," Dr. Farahnik. "Our first approach to the scene was to help the stabbed victim outside the hospital. We helped to stabilize the bleeding and directed everyone at the hospital, who were all in great shock, to call the police and paramedics."

Their attention then turned to inside the emergency department of the hospital.

"We were approached by another clinician to come into the ER to help the stabbed ER doctor," Dr. Farahnik said. "We then entered the hospital and encountered the suspect in the bloody violent scene."

Today they are being lauded for their heroic actions that may have saved the lives of patients, physicians, nurses and other medical professionals as they subdued the man with a knife until the police and paramedics arrived.

"At the moment, we saw people who

needed help," Mr. Saadat said. "It felt natural for us to help."

Ashkan Amirsoleymani, 35, allegedly entered the emergency department of the suburban medical center and asked to be treated for anxiety, according to the Los Angeles Police Department. He then pulled out a knife, police said, and stabbed two nurses and a physician.

Dr. Farahnik and Mr. Saadat immediately saw a man with a knife once they entered the hospital, with blood everywhere.

They quickly rushed toward him and shoved him into a nearby closet, holding the door shut

as they recruited other onlookers to help them with the door. The duo then began treating victims until paramedics arrived to relieve them.

"We felt like we were the only ones [who could] help," Dr. Farahnik said. "We had to step up. We didn't think about how dangerous it was."

"I can't explain what it is, what made us do this," Mr. Saadat said. "We just took the initiative."

The suspect eventually holed himself inside the hospital and initiated an hours-long standoff before surrendering to police.

The man they first saw running away from the hospital called them afterwards to thank them.

Dr. Jason Greenspan, emergency room director of the hospital, told the Los Angeles affiliate of CBS News that he appreciated the actions of Dr. Farahnik and Mr. Saadat.

"These are people that I've [worked] alongside of really for decades now," he said. "They are heroic and brave in every way."

Dr. Farahnik said he and Mr. Saadat have been surprised by the extensive media coverage of the events and said their patients have been coming in and saying they saw them on TV, praising them for protecting the community.

Mr. Amirsoleymani was charged with three counts of attempted murder and held on \$3 million bail, police said. ■

— burgerd@ada.org



Heroes: Faraz Farahnik, D.D.S., left, and hygienist Parham Saadat stand inside Dr. Farahnik's practice Encino Dental Smile.

'Dental Dilemmas' podcast debuts to explore ethical issues in dentistry

ADA Council on Ethics, Bylaws and Judicial Affairs tackles topics presented in JADA's Ethical Moment series

BY DAVID BURGER

The ADA Council on Ethics, Bylaws and Judicial Affairs is launching a new podcast that underscores the fact that ethics are at the forefront of the profession.

Titled "Dental Dilemmas" and available on the Spotify, Apple, Amazon and Google podcast platforms, the podcast features interviews with the authors of Ethical Moment articles in The Journal of The American Dental Association.

Ethical Moment, which debuted in 2004, is a recurring feature in JADA written by council members.

"One of the council's goals this year is to reinvigorate this content to engage members by using a modern and accessible platform," said Meredith A. Bailey, D.M.D., council chair.

The podcast is hosted by Alex Mellion, D.M.D., a private practice orthodontist in northeast Ohio and a member on the ADA's New Dentist Committee and the committee's representative on the council.

"We are continuously looking to find ways to reach dentists that may consume information and content different from more traditional print methods," Dr. Mellion said. "As a council, we feel podcasts are a wonderful tool that dentists can use to consume information that they find important and in a means that is at their convenience and timeframe. Ethical Moments have been an important tool for the council to convey the ADA Code of Ethics to our members of the ADA, and this will be another tool to reach many dentists and hopefully spark curiosity among our younger members."

The inaugural episode, "Patience Before Patients," features author and former council chair Michael Halasz, D.D.S., and two other episodes available for download feature former council members Tom Howley, D.D.S., and Vishruti Patel, D.D.S., discussing the ethical topics addressed in Ethical Moment articles they authored.

"We should take any opportunity to demonstrate the relevance and applicability of the ADA Principles of Ethics and Code of Professional Conduct to everyday dental practice," said Ansley H. Depp, D.M.D., CE subcommittee chair of the council. "No one organization, profession or individual 'owns' ethics, but the ADA holds a unique position that allows it to promote, maintain and circulate content based on ethics and professionalism to the dental profession. The council sees this concept as an opportunity to potentially reach a new audience in a new way."

VIDEO CONTEST

The council's focus on ethics continues as it is in the middle of its annual campaign for



the Student Ethics Video Contest. The contest seeks video re-enactments of ethical situations demonstrating an aspect of the ADA Code, principle, or advisory opinions.

"Ethics is an integral part of dental education and the CEBJA Student Ethics Video Contest is an opportunity for students to creatively demonstrate their understanding of the ADA Principles of Ethics and Code of Professional Conduct," said Dr. Bailey. "Students are excited to share their ethics knowledge through this fun format and the submissions are always impressive."

The rules include:

- Participation is limited to current ADA student and ASDA members.
- Videos may be in the form of an original

drama, comedy, documentary, interview, public service announcement, music video or any combination.

- Videos should not be more than four-and-one-half minutes in length.
- Applicants must include two copies of the video. Each copy must be on a flash drive and be formatted as a 1280x720.mov or mp4 file.

The grand prize winner receives \$2,500, and the honorable mention winner receives \$1,500. Both will be uploaded to the ADA's channel on YouTube.

For an entry form or complete list of rules, contact Tom Elliott at elliottt@ada.org.

The submission deadline is Aug. 31. ■

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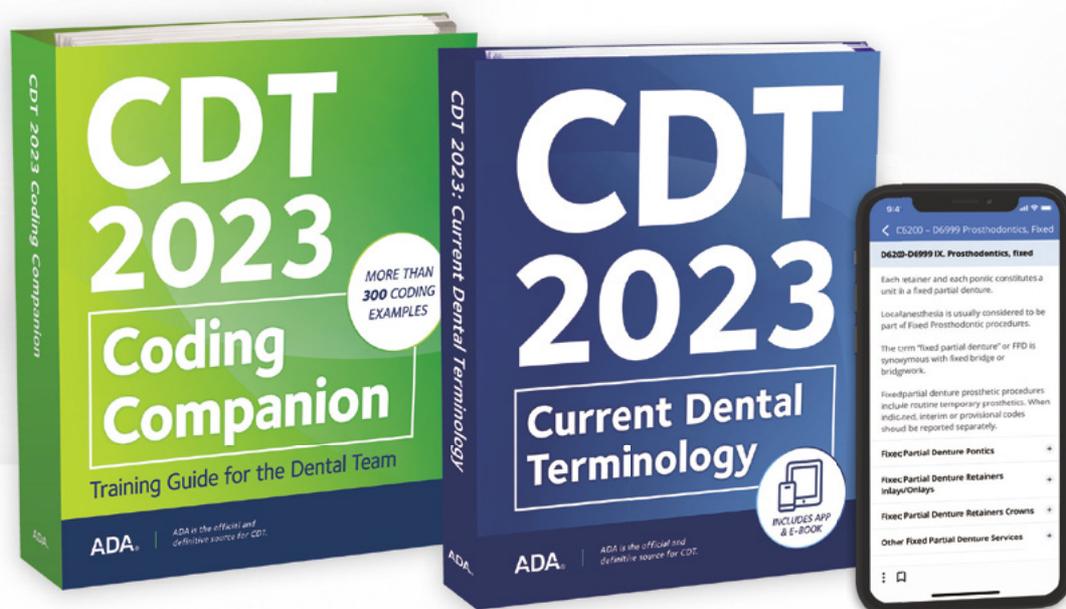
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ADA Wellness Ambassador Program to help dentists ‘readily find counsel and compassion’

VOLUNTEERS WILL ENSURE THAT PEER DENTISTS STRUGGLING WITH MENTAL HEALTH ARE AWARE OF RESOURCES, SUPPORT

BY DAVID BURGER

The ADA is continuing to recruit a cohort of dentists to volunteer to serve on a new initiative called the Wellness Ambassador Program, in which volunteers will ensure that peer dentists struggling with mental health obstacles are aware of support services.

While the volunteer dentist will not provide the support a clinical professional would offer, the volunteers serve as entry points to facilitate connections with clinical professionals and other resources.



Dr. Rekhi

Princy Rekhi, D.D.S., chair of the ADA's Dental Wellness Advisory Committee, said that the 2021 Dentist Well-Being Survey Report, commissioned by the ADA Council on Dental Practice, was eye-opening in that it revealed that

the percentage of dentists diagnosed with anxiety more than tripled in 2021 compared to 2003.

"Results from the 2021 survey indicated that dentists continue to be burdened with mental and emotional health concerns," Dr.

Rekhi said. "The survey's results demanded immediate attention and action, and the ADA wants dentists, their teams and families to readily find counsel and compassion. There is a sense of urgency in the message that mental health is an ongoing process deserving of sustenance, so assembling a team of wellness ambassadors is one way the ADA can continue to cultivate a helpful lifeline."

The responsibilities of the ambassadors will include:

- Participating in an introductory meeting on Sept. 14.
- Attending a one-day training in Chicago, likely in early November, with a clinician and an organization that specializes in suicide prevention providing the training.

To sign up for the Wellness Ambassador Program, contact Felicia Bloom at bloomf@ada.org.

- Participating in ongoing webinars to educate ambassadors about wellness resources available, as ambassadors will represent different focus areas and trustee districts.
- Committing to completing a minimum of two projects (e.g., speaking at a state or

local meeting about wellness-related issues, delivering a webinar, writing an article for a dental society newsletter/journal, developing a brief podcast, using their own leadership platforms to share ADA resources, etc.).

- Sharing information from their projects at the Dentist Health and Well-Being Conference in August 2023.
- Helping to identify and train more dentist ambassadors to grow a network working with their district's state and local associations.

For additional information, contact Felicia Bloom, manager of elder care and dentist health and wellness for the ADA's Center for Dental Practice Policy, at bloomf@ada.org. ■

—burgerd@ada.org

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Results from the 2021 survey indicated that dentists continue to be burdened with mental and emotional health concerns. The survey's results demanded immediate attention and action, and the ADA wants dentists, their teams and families to readily find counsel and compassion.”

-Princy Rekhi, D.D.S.

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Longtime Alliance member reflects on second term as president

ORGANIZATION SUPPORTS WELL-BEING OF DENTAL FAMILIES

BY MARY BETH VERSACI

Anne Morrison joined the Alliance of the American Dental Association about 30 years ago to meet other dental spouses.

Now, as she serves her second term as Alliance president, Ms. Morrison has a network of friends from across the country she never would have known if not for the Alliance, which is made up of ADA member spouses, partners and families.

"The Alliance has provided me with a place of belonging within organized dentistry," she said.



Partners: Anne Morrison is the president of the Alliance of the American Dental Association, and her husband, Scott Morrison, D.D.S., is the 10th District trustee for the ADA.

Ms. Morrison previously was president of the Alliance in 2008-09, as well as president of the Alliance of the Omaha District Dental Society and the Alliance of the Nebraska Dental Association. Her current term began in April 2021, and she has agreed to serve two years to help provide continuity for the organization as it develops future leaders.

During both her terms as president, the Alliance has focused on attracting new members, taking into account the changing demographics of dentists, who now include more women

than in the past, and their partners and potential Alliance members, who now include more men. The Alliance works to support the entire dental family.

"While the Alliance continues to promote dental health education and advocates for the practice and profession of dentistry, we now also focus on the well-being of dental spouses, as well as the entire dental family," Ms. Morrison said.

Her husband of more than 30 years, Scott Morrison, D.D.S., is the 10th District trustee for the ADA. The Morrises live in Omaha, Nebraska, and have two grown sons.

"It is special to have both of us serving in important positions within organized dentistry, doing our best to help lead our respective organizations into the future," Ms. Morrison said.

She said the Alliance has something to offer every dental partner.

"Whether we work in the dental practice, pursue our own career or take care of raising a family, we are all married to or in committed relationships with a dentist," Ms. Morrison said. "In our local communities, our spouses may compete for patients; however, we can all be friends and learn from each other. We can work together to carry out community service projects that help to improve the oral and overall health of individuals in our communities."

To learn more about getting involved with the Alliance, visit allianceada.org. ■



Family time: Alliance members and their partners tour the Arizona-Sonora Desert Museum during the Alliance's annual conference in Tucson, Arizona.

Photo courtesy of Alliance of the ADA

Alliance of the American Dental Association

Connecting Dental Spouses, Family & Friends



Leaders: The Alliance Leadership Council gathers in Tucson, Arizona, for the Alliance's annual conference. From left are Carolyn Dixon, Susanne Espinosa, Lynn Young, Anne Morrison, Sue Hadnot, Teresa Thuerer and Stacia Chavez. Not pictured are Greg Mitro and Lisa Wilson.

Photo courtesy of Alliance of the ADA

Alliance's Head 2 Toe Project supports homeless of Houston

Donations accepted in person, online

BY MARY BETH VERSACI

The Alliance of the American Dental Association will help those who are homeless in Houston during this year's Head 2 Toe Project, held in conjunction with SmileCon.

Donations will benefit SEARCH Homeless Services, a nonprofit organization dedicated to ending homelessness in Houston. Each year, SEARCH Homeless Services helps thousands of individuals and families move from the streets into safe homes and stable lives through services centered on engagement, stabilization, housing and education.

Donations can be made in person by dropping them off at the Alliance's booth at SmileCon or online by ordering items from SEARCH Homeless Services' outreach, housing and preschool wish lists on Amazon and shipping them directly to the nonprofit. SmileCon will take place Oct. 13-15 at the George R. Brown Convention Center in Houston. The Alliance's booth will be located near the House of Delegates at the Marriott



Marquis Houston.

Needed items include toilet paper, deodorant, sunscreen, laundry detergent, feminine products, bottled water, nonperishable food, backpacks, reading glasses, shaving cream, razors, mops, bath towels, cleaning products, hand soap, diapers, first aid kits, winter gloves, children's underwear, and more.

The Alliance asks those who donate through Amazon to email info@allianceada.org to let the organization know.

Made up of ADA member spouses, partners

and families, the Alliance hosts the Head 2 Toe Project each year to support an organization local to the host city of the ADA annual meeting.

For more information on the project, visit AllianceADA.org/head_2_toe.php.

Anyone with questions can contact the Alliance at the email address above or 1-813-540-2154. ■



Meeting: The Society of American Indian Dentists held its 32nd meeting in June in Isleta Pueblo, N.M. During the four-day event, participants shared strategies to improve access to care, increase the number of Native American students in the nation's dental schools, and honored the 2022 graduates with a traditional blanketing ceremony. From left to right are new graduates Drs. Natani Atsitty, Shanon Black and Rachel Meek; and also pictured are Dr. Frederick Jeremy John, SAID immediate past president; Dr. Cheryl Y. Lee-Butler, National Dental Association president; Dr. Manuel Cordero, CEO and executive director, Hispanic Dental Association; and Dr. Felicia Fontenot, SAID president.

Photo courtesy of Society of American Indian Dentists

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ADA American Dental Association®

DR. SHEPLEY *continued from Page 5*

that others are always willing to help you. Seek out mentors. I did not have the ambition when I graduated to be so involved in organized dentistry and had no idea how rewarding it would be.

ADA News: How has the COVID-19 pandemic demonstrated the value of the ADA to dentists? What resources did you find the most valuable as a dentist? What are the biggest takeaways from the COVID-19 pandemic that could affect how the ADA and dentists approach a health crisis like this in the future?

Dr. Shepley: The pandemic demonstrated that the ADA has the legislative, advocacy and science to make a difference. The ADA was able to get dentists personal protective equipment and lobbied to be moved up higher on the list of priority professionals to be allocated PPE and receive vaccines from the federal government. We were able to get the resources to dentists to help facilitate applying for the financial aid available. I personally found these resources to be extremely valuable to me and my practice. I am not sure we can ever be totally prepared for any health crisis, but we need to be vigilant about keeping on the forefront of science. It brought to light the need to study aerosols.

ADA News: What is the ADA doing to address health equity? How can the ADA help dentists better meet the oral health care needs of underserved populations, including people with intellectual and developmental disabilities, older adults, people of color, low-income individuals, etc.?

Dr. Shepley: Dentistry will play a key role in broadening health equity to meet the needs of diverse populations, helping everyone achieve their optimal level of oral health. ADA supports several bills in Congress that address health equity to help improve health outcomes. The ADA passed a resolution in October 2021 at the House of Delegates on oral health equity. Some initiatives that have come out of that are the formation of HEAT, the Health Equity Action Team, which comprises members from the Council on Advocacy for Access and Prevention and Council on Government Affairs, that will launch a robust action plan to include disease prevention and education; supporting cultural competency and diversity in dental treatment; continued research and data; helping dentists drive health equity forward in their communities; and fostering collaborations with the medical community to reinforce oral health within overall health and well-being. The ADA is supporting a bill in Congress to mandate comprehensive adult Medicaid in all states.

There are other groups in the ADA constantly looking to improve Medicaid for our patients and member providers.

ADA News: Why are you a member of the Association? Why should a nonmember join?

Dr. Shepley: I originally joined for the continuing education and great insurance plans from the ADA. I stayed because as a solo general dentist, I craved the networking and collegiality. As time went on, I saw the challenge of being uncomfortable as a leader, I grew as a person and my success in practice was enhanced. There are so many reasons that all dentists should join. It really is sort of the price of admission to the profession. The ADA does things no one does: in the areas of testing, setting standards, managing codes,

all the work that the ADA Science & Research Institute does, not to mention the work we do in the area of advocacy, regulation and dental insurance. We have many tangible benefits and will continue to improve our products and services. I am excited to have all that we do packaged into our soon-to-come app.

ADA News: Do you have priorities for your year as president? Specific goals you are aiming to achieve?

Dr. Shepley: With a new executive director, Raymond Cohlma, D.D.S., who is bringing fresh and innovative ideas, I am on board with moving forward with both a business and cultural shift to help build a brighter future for the profession and association. There

is a lot of work to be done in facilitating the business and structural shift at the ADA and in embracing our future members. Dentistry has been great to me, and I want to do my share to give back, improve the oral health of others (overall health and well-being), and make sure young dentists can enjoy a fulfilling career. I am interested in promoting dentistry as being essential in overall health. I have a particular issue with sugar, the sugar industry and the harmful effects of sugar. I want to see an increase in market share in the next couple of years and have the ADA be a home for all dentists.

The full version of this Q&A is available at ADA.org/adanews. ■

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-Dr. J.P., Southeast U.S.



Yoga enthusiast: Dr. Shepley stands proud after a rooftop yoga class in Chicago.

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ACCESS TO CARE

ADA council: Maintaining optimal fluoride levels important in face of additive shortage

‘Innovative strategies must be utilized as current supply chain issues continue to impact all sectors of our economy’

BY DAVID BURGER

The American Dental Association, through its Council on Advocacy for Access and Prevention, and the Association of State and Territorial Dental Directors are working together to provide information and guidance to the dental community and public related to the potential shortage of sodium fluoride, which some communities use to fluoridate public drinking water.

According to the CDC, there are three types of fluoride that can be added to public water systems to achieve fluoridation — fluorosilicic acid, sodium fluoride or sodium fluorosilicate. Most communities use fluorosilicic acid.

Among the number of goods and services that have been affected recently by supply chain issues is sodium fluoride.

“Current supply challenges that limit product availability and cost increases have been reported by various states and water systems to the Environmental Protection Agency, Centers for Disease Control and Prevention and the Association of State and Territorial Dental Directors,” according to CAAP and ASTDD. “These shortages are expected to be temporary. Although they may result in a relatively short-term suspension of community water



Dr. Pollick



Dr. Levy

fluoridation, they should not be used as a justification for ending community water fluoridation. The long-term costs of discontinuing fluoridation are much higher.”

CAAP and ASTDD agree that “innovative strategies must be utilized as current supply chain issues continue to impact all sectors of our economy ... It is imperative to support the health of the public and continue community water fluoridation.”

Additionally, according to CAAP and ASTDD, “States and communities will differ in their response to this public health challenge, but collaboration between dental associations, health departments, oral health advocates and community members is essential to ensure that oral health remains a priority. Maintaining optimal fluoride levels for safe drinking water will

improve oral health and quality of life and help take a significant step toward achieving health equity.”

Members of the ADA’s National Fluoridation Advisory Committee weighed in on the fluoride shortage faced by some communities.

“Although unfortunate, it’s not a crisis,” said Howard Pollick, B.D.S., a fluoridation consultant for the California Department of Public Health and health sciences professor at the University of California, San Francisco School of Dentistry.

He added that he heard of the shortage being reported for “quite some time ... Everything is backlogged.”

Steven M. Levy, D.D.S., the Wright-Bush-Shreves Professor of Research and graduate program associate director of dental public health in the University of Iowa’s College of Public Health, said that studies have shown that cessation of community water fluoridation leads to more tooth decay in those communities.

Dr. Levy had heard that the situation is more of a transportation issue than an actual product shortage issue, with sodium fluoride — like many other products — being a casualty of COVID-19 supply chain issues.

CAAP and ASTDD recommend several ways to cope with current fluoride product shortages:

- “Contact your state health department/oral health program, the ADA, or state dental association to receive help finding additional educational resources for your situation. Many of these organizations have been in communication with organizations in other states that have been experiencing similar supply-chain issues and they may have identified additional resources.
- Engage in community-based advocacy. Other communities have also experienced shortages and may have information on finding alternate suppliers.
- Reference the ADA’s Fluoridation Facts or All About Fluoride on how you can take action and how to advocate for and protect your community’s dental health.
- Forge partnerships with your local oral health champions to continue existing efforts, expand new opportunities, and engage in community-driven grassroots efforts to promote optimal oral health and community water fluoridation.
- Reinforce the power of prevention through good oral health habits, especially when drinking optimally fluoridated water is not readily available.”

Since 1950, the ADA has continuously endorsed optimal fluoridation of community water supplies as a safe and effective public health measure for the prevention of tooth decay.

The ADA’s policy is based on the best available scientific evidence on the safety and effectiveness of fluoridation.

For more information on community water fluoridation and ADA advocacy, visit ADA.org/fluoride. ■

—burgerd@ada.org

VETSmile celebrates first year

VA PILOT PROGRAM PROVIDES DENTAL SERVICES TO VETERANS

BY JENNIFER GARVIN

The U.S. Department of Veterans Affairs is celebrating the one-year anniversary of VETSmile.

Launched by the Center for Care and Payment Innovation, VETSmile is a pilot program that collaborates with community dental care partners to enhance veterans’ access to dental services — often at a reduced cost — if they do not qualify for dental care through the VA. VETSmile also helps veterans to integrate oral hygiene practices into their daily lives in order to improve their overall health.

To help connect veterans to dental care, VETSmile works with providers at VA medical facilities, who discuss oral health needs with the veterans and then refer them to a partnering dental facility. The VA also reaches out to eligible veterans via email and direct mail to let them know about the program and help them connect with a dental care provider in their area.

The program launched last summer and in its first year has served more than 2,200 veterans through nearly 5,000 patient visits.

“VA New York Harbor’s mission is to provide world-class care to our nation’s heroes,” said Martina Parauda, the director of VA New York Harbor Healthcare System. “We are proud to



All smiles: NYU dentist Brian Eng, D.D.S., and Tony, a VETSmile patient, enjoy a laugh before Tony’s dental appointment. The VETSmile pilot program to enhance veterans’ access to dental services celebrated its one-year anniversary in July.

partner with the New York University College of Dentistry to expand that mandate by ensuring all veterans have access to quality dental care.”

In addition to NYU, other dental care partners include the River Valley Health and

Dental Center and Wayne Memorial Community Health Centers in Pennsylvania, the University of Pennsylvania, and the Zufall Community Health Centers in New Jersey.

“Community-based providers, as well as all dental providers, have a commitment to

ensure the oral health and well-being of the patients we serve, especially those who have protected our nation,” said Chrystalla Orthodoxou, D.D.S., group practice director at NYU College of Dentistry.

“As the daughter of a Vietnam veteran, it is both an honor and a privilege to help improve the lives of those who have served and protected our country.”

Veterans who have participated in the VETSmile program have consistently provided positive feedback on their experience and indicated that the Veterans Health Administration delivered on addressing their care needs.

“Three words I would use to describe my experience: quality would be one, comfortable would be the other, and care would be the biggest one,” said Ron Horton, a veteran and VETSmile participant.

The ADA is working closely with the Veterans Affairs Center for Care and Payment Innovation to advise on opportunities to expand and publicize the program.

For more information on VETSmile or to become a dental care partner with the program, visit the Veterans Health Administration’s Center for Care and Payment Innovation website. ■

—garvinj@ada.org

Organized dentistry coalition urges lawmakers to support student loan reform bills

BY JENNIFER GARVIN

Organized dentistry continues to prioritize student loan reform in order to alleviate the financial hardship for many dentists.

In a July 19 letter to House Committee on Education and Labor Chair Robert C. Scott, D-Va., and Ranking Virginia Foxx, R-N.C., the Organized Dentistry Coalition — which includes the ADA — asked lawmakers to advance the following student loan reform bills out of committee for consideration by the full House of Representatives:

- HR 4631, the Protecting Our Students by Terminating Graduate Rates that Add to Debt Act, would reinstate eligibility for graduate and professional students with financial need to receive Direct Subsidized Stafford Loans, which are now only available to undergraduate students.
- HR 4122/S 3658, the Resident Education Deferred Interest Act, would allow medical and dental residents to defer payments on their federal student loans — and delay the point at which interest begins to accrue — until after they complete their residency.
- HR 2160, the Student Loan Refinancing Act, would enable borrowers to refinance their federal student loans on multiple occasions to take advantage of lower interest rates.
- HR 1918, the Student Loan Refinancing and Recalculation Act, would provide a chance for borrowers to refinance their federal student loans when interest rates are lower. It would also eliminate loan origination fees and allow medical and dental residents to defer payments until after they complete their residency programs. It also would delay the accrual of interest for many low- and middle-income borrowers while they are in school.

“

Graduate student debt has been rising at abnormally high rates for decades, even after adjusting for inflation.

The dental groups also urged members of the House Committee on Education and Labor to cosponsor the following bills, which have been referred to the House Committee on Ways and Means and/or the House Committee on Energy and Commerce:

- HR 4726, the Student Loan Interest Deduction Act of 2021, would double the student loan interest deduction (from \$2,500 to \$5,000) and eliminate the income limits that prevent those with higher incomes from reaping the benefit.
- HR 7539/S 2874, the Indian Health Service Health Professions Tax Fairness Act of 2022, would allow dentists participating in the Indian Health Service Loan Repayment Program to exclude interest and principal payments from their federal income taxes, as well as certain benefits received by those in the Indian Health Professions Scholarships Program.
- HR 1285/S 449, the Dental Loan Repayment Assistance Act, would allow full-time faculty members participating in the Dental Faculty Loan Repayment Program to exclude the

amount of the loan forgiveness from their federal income taxes.

- HR 2295, the HIV Epidemic Loan-Repayment Program Act, would offer up to \$250,000 in educational loan repayment to dentists, physicians and other health care professionals in exchange for up to five years of service at Ryan White-funded clinical sites and in health profession shortage areas.

“Graduate student debt has been rising at

abnormally high rates for decades, even after adjusting for inflation,” wrote the coalition, which noted dental school graduates are now starting their careers nearly \$305,000 in debt (\$270,125 for graduates from public dental schools and \$349,730 for graduates from private dental schools), according to a 2021 analysis published in the Journal of Dental Education.

The coalition reminded lawmakers that federal student loan interest rates can reach as high

as 9.5% or 10.5%, depending on the type of loan, and interest begins accruing immediately.

“Educational debt is a particular challenge for the 37% of dental school graduates with debt who pursue (or are required to complete) several years of a low- or non-paying dental or medical residency program,” the groups wrote. “Those who are unable to begin paying their student loans immediately may qualify to have their payments temporarily halted or reduced through a deferment or forbearance process, but the suspended/reduced payments are not automatic. And the interest accrues regardless, adding tens of thousands of dollars to their debt.”

For more information about the ADA’s advocacy efforts in student loan reform, visit ADA.org/HigherEd. ■



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COVID-19 case rise driven by BA.5 variant

BY STACIE CROZIER

Are COVID-19 cases surging in your community?

The latest data from the Centers for Disease Control and Prevention and the World Health Organization show that cases are surging in areas worldwide, and more than 80% of these new cases in the U.S. are caused by the BA.5 variant.

"The ADA continues to check for updates

as COVID variants emerge," said James Hoddick, DDS., chair of the ADA Council on Dental Practice.

"A great example of how variants of COVID continue to evolve is to compare data over the past several weeks," Dr. Hoddick said. "According to the CDC's variant proportions data, Variant BA.5 comprised 9.4% of cases on June 4, and as of July 23, the number jumped to 81.9%."

Dr. Hoddick reminds dental professionals that they should:

- Stay apprised of COVID levels in their community by visiting the CDC COVID-19 by County page at [cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html).
 - Stay up to date on local public health requirements at the National Association of County and City Health Officials website at [naccho.org/membership/lhd-directory](https://www.naccho.org/membership/lhd-directory).
 - Assess their office's masking using the ADA's resource Indoor Masking in Dental Practice Public Spaces at [ADA.org/resources/coronavirus/indoor-mask-guidance-for-dental-practice-waiting-areas](https://www.ada.org/resources/coronavirus/indoor-mask-guidance-for-dental-practice-waiting-areas).
- For a variety of practice resources from the ADA on COVID-19, visit [ADA.org/virus](https://www.ada.org/virus). ■

CMS issues proposed rule to improve hospital access for dental surgeries

BY STACIE CROZIER

A proposed rule from the Centers for Medicare & Medicaid Services would increase the facility fee for dental surgeries performed in hospital operating rooms, thereby increasing access to dental rehabilitation surgery for patients who need extensive dental procedures performed in operating rooms.

This change occurred after advocacy by the American Academy of Pediatric Dentistry, ADA and American Association of Oral and Maxillofacial Surgeons. For example, in a letter to CMS dated June 30, the groups asked that the agency address the dental community's "significant concerns" regarding pediatric and adult patient access to dental rehabilitation surgery in hospital outpatient and ambulatory surgical center locations. The dental organizations noted that "limitations in access have been exacerbated" by the COVID-19 pandemic, primarily affecting high-risk Medicaid and commercially insured patients who require an operating room setting when receiving extensive dental procedures due to their particular medical conditions.

Dental services affected by country's high inflation

BY JENNIFER GARVIN

Dental services increased 1.9% in June, the largest monthly change for those services "ever recorded" since the U.S. Bureau of Labor Statistics began tracking such numbers in 1995.

The increase in dental services is just another component of rising inflation, which has affected the pricing of everything from gas and food to cars, medical care and clothing.

Prices in June were up 9.1% from a year ago, making it the largest 12-month increase since 1981, according to the consumer price index,

which measures the change in prices paid by consumers for goods and services. Medical services were up 0.7% in June, with all medical care component indexes increasing over the month, and the hospital services and prescription drug indexes also increased.

"Eight out of 10 dentists reported issuing pay raises for their dental hygienists and dental assistants within the past year, which is reflective of a competitive job market across many industries, including health care," said ADA President Cesar R. Sabates, D.D.S. "This is one of many factors driving inflation in the dental care sector."

The economy is also one of the chief

concerns of ADA dentists, according to ADA Health Policy Institute research.

Earlier this year, HPI asked dentists about the most challenging issues facing their practices and 35% said inflation and rising costs were their most significant concerns alongside continuing staffing challenges in the wake of COVID-19.

"The U.S. economy is being hit with a double whammy of lingering supply chain issues and an extremely tight labor market. Dentistry is caught up in this, as is the health care sector overall," said Marko Vujicic, Ph.D., HPI chief economist and vice president. ■

Lawmakers press Justice Department on antitrust reform

BY JENNIFER GARVIN

A bipartisan group of lawmakers is asking the U.S. Department of Justice for an update on efforts to combat anticompetitive conduct in the health insurance industry following last year's repeal of the McCarran-Ferguson antitrust exemption.

The Competitive Health Insurance Reform Act became law in January 2021 and is aimed at improving transparency. The law was the culmination of a multi-year effort by the ADA and dentists to persuade Congress that health care insurance should no longer be protected from some of the federal antitrust laws.

In a July 26 letter to the Department of



Justice's Antitrust Division, Rep. Peter DeFazio, D-Ore., who co-sponsored the bill, and Reps. Drew Ferguson, R-Ga.; Jerrold Nadler, D-N.Y.; Ken Buck, R-Colo.; and David Cicilline, D-R.I.; urged the division to help Congress understand how it is enforcing the antitrust laws following the enactment of the law.

The legislators gave the division until Aug. 30 to answer several questions, including:

- "Since January 13, 2021, what actions, if any, has the [division] taken to enforce the antitrust laws against companies in the business of health insurance that are no longer exempt from enforcement under the McCarran-Ferguson Act?"
- "Aside from the case highlighted in this letter, has the [division] submitted any amicus briefs, notices of supplemental authority, business advisory opinions, or other filings regarding the legal consequences of the Competitive Health Insurance Reform Act in any private litigation?"
- "Given the expanded authorities following [Competitive Health Insurance Reform Act's] enactment, what steps has the [division] taken to review existing health care guidelines to determine whether refinements or new guidelines are needed?" ■



"The lack of OR access for needed and covered dental procedures often results in wait times of 6-12 months for these patients, many of whom are children whose daily activities and school performance are often significantly affected in the interim," the dental groups wrote. "We attribute most of this access challenge to the lack of a sustainable billing mechanism for hospitals and [ambulatory surgical centers] to report dental surgical services in both Medicare and Medicaid."

The CMS proposed to change the Medicare Ambulatory Payment Classification (APC) of Current Procedural Terminology Code (CPT) 41899 (unlisted procedure, dentoalveolar structures), which is the code frequently used by hospitals to bill the facility fee for dental operating room cases. The code is currently assigned to APC 5161 (Level 1 ENT Procedures), whose payment rate is approximately \$200, a rate that in no way reflects the average cost of the dental services it is meant to cover. CMS proposes to move the code to APC 5871 (Dental Procedures), which would raise the Medicare facility payment rate associated with this procedure code from \$203.64 to \$1,958.92.

If finalized in regulation, effective Jan. 1, 2023, this increased facility fee would apply to dental OR cases taking place in hospital outpatient settings for Medicare patients when CPT 41899 is billed. Many states use Medicare billing codes for Medicaid services and use the codes' assigned billing rates to guide Medicaid reimbursement.

The ADA will issue additional guidance on implementation issues as this proposal moves forward in the regulatory process. ■

ADA, stakeholders support Medicaid Dental Benefits Act

BY JENNIFER GARVIN

The ADA is leading a group of likeminded stakeholders who are supporting the Medicaid Dental Benefit Act of 2021, which would make comprehensive dental care a required component of Medicaid coverage for adults in every state.

In a July 7 letter to leaders of the House and Senate, the coalition urged lawmakers to support the bill and said the pandemic has "shone a spotlight on the inadequacies within our social safety net programs, most starkly in oral health care."

The groups noted that during COVID-19, almost half of U.S. adults reported delaying dental care, according to the Journal of Dental Research, and said, "unfortunately, this problem

has only grown due to the large increases in Medicaid enrollment since the start of the pandemic."

"Many adults who rely on Medicaid benefits find that there is little, if any, coverage for dental care," they wrote. "A long-standing lack of focus on adult oral health care from federal and state governments has created a patchwork of dental coverage by state Medicaid programs."

The letter also said that American adults who rely on Medicaid find dental care options vary based on the state, noting that fewer than half provide extensive dental coverage for adults in their Medicaid programs while other states only offer limited benefits, emergency-only coverage or no dental coverage at all for adults.

"This lack of state coverage is particularly problematic because the millions of adults who rely on

Medicaid are the least likely to access dental care (including basic preventive services), face the biggest cost barriers to dental care, and are more likely than their higher income counterparts to experience dental pain, report poor mouth health, and find their lives to be less satisfying due to their poor oral health," the coalition wrote.

The coalition shared research from the ADA's Health Policy Institute that showed how providing comprehensive dental services to adult Medicaid beneficiaries is a sound economic investment.

"As Medicaid oral health coverage opens the door to regular care in more appropriate and cost-effective settings, fewer people would turn to emergency departments to relieve dental pain," the letter concluded. "This change could save our health system \$2.7 billion annually." ■

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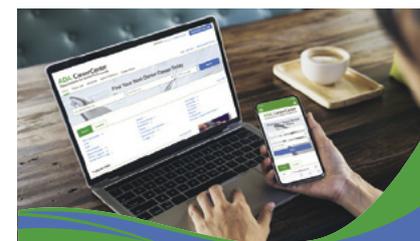
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 SCIENCE & TECH

Dental professionals on early front lines of pandemic report anxiety, depression

BY MARY BETH VERSACI

Dental health care workers reported higher rates of anxiety and depression during peaks of COVID-19 transmission among the public, according to a study published in the August issue of The Journal of the American Dental Association.

The one-year study, conducted from June 2020 to June 2021 as part of ongoing research by the ADA and American Dental Hygienists' Association to understand COVID-19's impact on dental professionals, found anxiety symptoms peaked in November 2020 and depression symptoms were at their highest in December 2020 for both dentists and dental hygienists.



Also published by the Journal of Dental Hygiene, it is the first known U.S. study to evaluate the mental health of front-line dentists and dental hygienists during the pandemic. The

research included 8,902 dental health care workers who participated monthly in an anonymous, web-based survey.

"The hope is that this is just the first of many steps in monitoring mental wellness of the entire oral care team," said JoAnn Gurenlian, Ph.D., director of education and research for the American Dental Hygienists' Association. "There is much work to be done to dismantle barriers to treatment and prioritize well-being in the oral care setting, as well as look at future research around contributing factors to mental illness that may be unique to these professions."

Between June 2020 and June 2021, 17.7% of dental health care workers reported anxiety symptoms, 10.7% reported depression symptoms and 8.3% reported symptoms of both. Dental hygienists reported higher rates of anxiety and depression symptoms than dentists at each surveyed time point, according to the study.

In November 2020, 17% of dentists and 28% of dental hygienists reported experiencing symptoms of anxiety, which declined to about 12% for both professions in May 2021. Reported depression reached 10% among dentists and 17% among dental hygienists in December 2020 before declining to about 8% for both professions in May 2021.

"Interestingly, dental health care workers reported lower rates of anxiety and depression symptoms than the general public, despite being on the front lines and providing oral health care during the pandemic," said author Stacey Dershewitz, J.D., Psy.D., adjunct professor of

PERCENTAGE OF DENTISTS AND DENTAL HYGIENISTS REPORTING ANXIETY SYMPTOMS, 6/8/20-5/24/21



Source: The Journal of the American Dental Association and Journal of Dental Hygiene, August 2022

clinical psychology and director of the Center Clinic at the George Washington University Professional Psychology Program. "As the pandemic continues, it is critically important that dental health care workers continue to develop their ability to recognize and address signs and symptoms of mental health conditions within themselves and their colleagues, promote healthy work environments, reduce the impact of stress on the profession, and make supports accessible to those who are struggling emotionally."

Some participants' anxiety symptoms decreased after receiving the COVID-19 vaccine. The study — also the first to examine the association between the vaccine and mental health — found 20.6% of unvaccinated dental health care workers who intended to be vaccinated experienced anxiety compared with 14.1% of those who were fully

said study author Mia Geisinger, D.D.S., professor and director of the Advanced Education Program in Periodontology at the University of Alabama at Birmingham School of Dentistry. "Creating professional environments that allow for open communication about mental health among members of the dental team can reduce the stigma around mental health diagnoses and treatment for dental health care workers."

To read the full study online, titled "US Dental Health Care Workers' Mental Health During the COVID-19 Pandemic," visit JADA.ADA.org.

Other articles in the August issue of JADA discuss the drawbacks and benefits of tricalcium silicate sealers, nonodontogenic orofacial pain, and the impact of disability diagnosis on dental care use.

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

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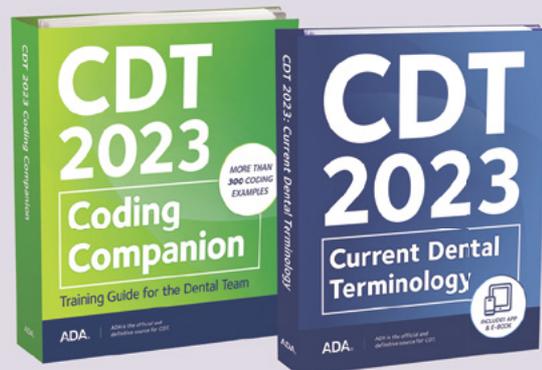
BY DAVID BURGER

CDT 2023 and Coding Companion Kit deliver the newest additions and changes to the CDT Code and is available for pre-order online.

CDT 2023 is the complete upcoming edition of the most up-to-date codes and descriptors, and the Coding Companion Kit compiles hundreds of frequently asked coding questions and dental coding scenarios.

New CDT 2023 content includes:

- Revisions to the intraoral full mouth series (FMX) imaging procedure codes, simplifying their nomenclatures and descriptors.
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- A new code to document removal of the nonresorbable membrane, as this is a distinct procedure delivered at a separate time, and possibly by a different dentist, than the GTR procedure.
- Three codes for reporting HPV vaccinations.



- Six diagnostic imaging codes for tomography, an emerging intraoral imaging procedure for capture of a comprehensive radiographic survey, as well as bitewings and periapicals.
- Four new codes to document 3D dental and facial surface scanning procedures: direct when the patient is present, and indirect when a physical model, such as a diagnostic cast, is involved.
- Revisions to nomenclatures or descriptors of various codes in periodontics, oral and maxillofacial surgery, orthodontics and adjunctive general services to clarify the nature and scope of the procedure.

All CDT Code changes will become effective on Jan. 1, 2023.

Save 15% on CDT 2023 products by using the promo code 22114 by Oct. 28. ■

—burgerd@ada.org

As provider rating programs proliferate, ADA council advises dentists to pay close attention

Editor's note: Dental Insurance Hub is a series aimed to help dentists and their dental teams overcome dental insurance obstacles so they can focus on patient care.

BY DAVID BURGER

As the number of third-party payers rolling out provider rating programs increase, the ADA Council on Dental Benefit Programs is advising dentists to be proactive about speaking up when they believe the ratings don't accurately measure the quality of care provided.

Kevin Dens, D.D.S., chair of the council, said that third-party payers using rating systems displaying "quality scores" for dentists within their provider directories are doing so to differentiate themselves in the market with employers and other marketplace consumers. Medicaid programs are also placing similar requirements on managed care entities.

"Some provider rating systems say they represent 'quality' when they don't actually represent an agreed-upon and science-based definition of quality. Don't be afraid to appeal the grades," Dr. Dens said. "It is always best to reach out directly with your provider-relations representative whenever there are any concerns about how the third-party payer may be calculating their ratings. Remember to keep a paper trail."

The latest example of payers moving in the direction of ratings systems came in September 2021 when Delta Dental of California announced their partnership with P&R Strategies. According to Delta Dental of California, their company, along with a few other Delta Dental member companies, began integrating P&R



Strategies' DentaQual dentist quality rating system into their network dentist directory listings in April 2021. Delta is representing the rating system as using quality measures.

The council has several concerns and has pushed back against this system.

According to policy adopted by the House of Delegates in 2014, "appropriate agencies of the Association" — in this case, the Council on Dental Benefit Programs — "will advise third parties, particularly those that publish ratings or rankings of dentists or dental practices based on selective and limited criteria, about ADA policies relating to ratings systems and encourage them not to include such ratings in their communications to the public."

"The need to closely monitor these rating systems and how they may be applied to you or your practice goes beyond how it may appear in a provider directory," said Jessica Stillely-Mallah, D.M.D., vice chair of the council. "It is also critical to pay close attention because we have seen a handful of payers who are also rolling out aspects of these ratings systems as a basis for value-based or pay-for-performance payments."

"The ADA emphasizes each program should be evaluated by providers to ensure it meets the highest scientific standards and, above all, does not negatively impact patient care," she said.

The ADA has an online hub at ADA.org/dentalinsurance. ■

vaccinated.

The study points to the importance of resources and research focusing on the mental health of dental professionals.

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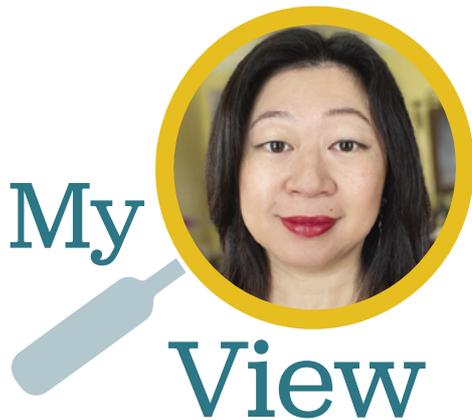


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So you want to be a surgeon: Advice to my younger self

BY CATHY HUNG, D.D.S.

I always knew I wanted to be a doctor. I remember vividly playing doctor-patient with my 6-year-old brother when I was in the sixth grade. I would always make him be the patient and scribble fake prescriptions for him, ask him questions, listen to his lungs with my toy stethoscope, and make him fake-cough so I could treat him with some medications — usually pieces of candy.

I didn't always know I wanted to become an oral and maxillofacial surgeon. I didn't know there was such a specialty called oral and maxillofacial surgery. When I was a child, I knew a woman who was very conscious of her smile because her front teeth were bucked, and she felt that she had bad breath. She also showed me she had bumps all over her gums. I asked her why her gums were bleeding while the dentist was cleaning her mouth, but she wouldn't answer. One day, she disappeared for two months, and when she reappeared, her face looked different. The prominent bucked teeth recessed, and she was smiling a lot more.

In recalling the details, I now realize that she went through orthognathic surgery and exostosis reduction. She suffered from gingivitis and periodontitis at a young age. The surgery improved her confidence and changed her life.

I wasn't set from the beginning to pursue surgery. In fact, my impression of the specialty was that this was a specialty belonging to big guys. I was intimidated and didn't feel that I should be even looking into it.

It wasn't until my third year of dental school, when I did clinical rotations, that I found out I was interested in surgery. Sure, oral maxillofacial surgery is a lot more than taking out teeth, but as a dental student that was the first procedure I was exposed to, and I was immediately intrigued.

When I was doing a rotation at the VA as a third-year student, I remembered being asked to climb up a very high stepladder to a very elevated bed to do a bedside extraction on a medically compromised patient. Being able to serve a sick patient by the bedside was such a gratifying experience to me. I asked myself how I could be doing more of this.

The answer for me was to pursue a career in oral and maxillofacial surgery.

Although the statistics still show a smaller percentage of women in the specialty of oral and maxillofacial surgery, the number is slowly on the rise. Regardless of your gender, sexual orientation or race, if you are interested in oral and maxillofacial surgery, start researching now to see if it's for you. Looking back, I feel that early preparation is really the key to success. If I could go back in time and mentor or coach my younger self, here is some of the advice that I would be giving:

1. Remove your mental block.

Don't let other people's comments or the stereotypes of oral and maxillofacial surgeons stop you from pursuing your interest. Changing your mindset is the hardest thing that you must do to give yourself a chance. During the application process, many of my classmates were discussing how many interviews they received. Remember all you need is one match, regardless of the number of interviews you receive. If you receive even one interview, there is a chance.

2. Do a thorough research of what the residency training entails and whether this is something you are willing to go through.

The rigorous training puts your mind and body through a four-to-six-year crucible. Those who can last the race come through as stronger and more disciplined individuals. If you don't match, you can decide to try again or apply to noncategorical positions. Not matching a program does not make you a bad candidate. Remember, there is a bit of luck involved in the matching process. Do not tie this to your self-worth. Research the residency programs that you are interested in to see how they are

structured, as each program is different.

3. Prepare yourself to be a more attractive candidate by spending extra time cultivating your basic skills and knowledge.

These days, social media gives candidates an extra advantage of being able to connect to a larger circle, including professional associations, mentorship programs and professional closed groups. There are tons of resources available. Sign up for courses, attend meetings, shadow at practices and hospitals, meet other like-minded individuals — the possibilities are endless. Get yourself access to places where you can sharpen basic surgical skills and read journals such as the Journal of Oral and Maxillofacial Surgery, which is the official journal of the American Association of Oral and Maxillofacial Surgeons. I decided to pen the



book "Behind Her Scalpel: A Practical Guide to Oral and Maxillofacial Surgery with Stories of Female Surgeons," a book full of resources for potential candidates in college or dental school. It was my project while I was participating in the ADA Institute for Diversity in Leadership Program. I wanted to be able to bring this book on a time machine to my younger self, because I wish I had a book that inspired me and gave me strength when I was going through the application process and residency training. Prepare yourself for the interview and provide confident and concise answers when asked. When I was the chief resident, I was involved in the interview process of potential incoming

residents. Looking from the other side of the fence, since there are so many applicants, those who exhibit a positive attitude, are confident — but not arrogant — concise and to the point, leave the most positive impression, have better chances of matching. Imagine yourself as an interviewer. Would you take yourself as a candidate based on how you present yourself? This applies to all the other interviews you will have in your life. Get to know some of the residents as they can give you a glimpse of what residency life is like, and you can prepare yourself better when it comes.

4. Have a backup plan when things don't work out, as they sometimes don't.

When I applied for a residency program, I took a chance on myself and only applied to oral and maxillofacial surgery. Had I not matched, I would have to return to my home country, as I was on a student visa. In retrospect, that was a risky move. I would advise that you have a backup plan just in case you do not match oral and maxillofacial surgery residency programs. Those who have strong interest in pursuing again may be exploring a noncategorical position, or perhaps there is another specialty that interests you equally. You may also be considering a general practice residency or advanced education in general dentistry program. In any case, keep moving to the next stage. Keep pursuing.

5. Be resilient and train yourself to take criticism well under a high-pressure environment.

Don't take things personally, as there will be high-tension situations during residency many, many times. You might be feeling defeated by some of the comments or experiences you will face. There might be an adjustment period going from dental school into residency. Give yourself credit and time to adapt, but learn to adapt quickly. Don't spend too much time ruminating over mistakes and keep on moving. Focus on learning about patient care as a whole beyond teeth and jaw. There is no need to act, as true strength comes from within. Be resilient, proactive and do your due diligence. Don't act tough. Be your authentic self.

Whether you are interested in a four- or six-year program, the ultimate goal is to complete the program and possibly become board-certified. My last piece of advice would be to cultivate the unique you by focusing on developing your strength and reducing the noises from comments that would distract you from your big goal. ■

Cathy Hung, D.D.S., is a board-certified oral and maxillofacial surgeon with a solo practice in New Jersey.

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EDUCATION

CE Live returns after pandemic hiatus

In-person courses feature botulinum toxins, children’s airways, coding

BY DAVID BURGER

CE Live courses are back. The COVID-19 pandemic halted the in-person ADA CE Live program in 2020, but the first one, Botulinum Toxins, Dermal Fillers, and Frontline TMJ/Orofacial Pain Trigger Point Therapy for Every Dental Practice, is scheduled for Aug. 19-20 at ADA Headquarters in Chicago. The course is presented by the ADA and the American Academy of Facial Esthetics.

Other in-person CE Live events at ADA Headquarters include:

- Back to Basics — An ADA Children’s Airway Event: Integrating Science into Action, Sept. 23-24. Registration opens soon. The event will also be live streamed.
- ADA Dental Coding Certificate, Nov. 5. Registration opens in the fall.
- Botulinum Toxins and Dermal Fillers, Nov. 12. Registration opens in the fall.

The ADA and American Academy of Facial Esthetics have also scheduled out-of-state Botulinum Toxins, Dermal Fillers and Frontline TMJ courses in Jacksonville Sept. 23-24 and San Francisco Nov. 11-12, following summer events in St. Louis and Memphis.

For more information on the out-of-state AAFE courses, visit facialesthetics.org/courses-events.

RESILIENCE SERIES

As for new online CE courses on the ADA’s website, the two-part Resilience Webinar Series is available to stream at ADA.org/CE.



Dr. Raja

Presented by Sheela Raja, Ph.D., author, associate professor at University of Illinois Chicago, and director of the UIC College of Dentistry Resilience Center, the series gives learners evidence-based resilience strategies to support their mental health and wellness, which can be used in all practice environments and educational settings, especially in times of uncertainty and prolonged stress.

“Many people are struggling with anxiety and depression right now,” Dr. Raja said. “There have been so many prolonged stressors in recent years that we must find ways to support the well-being of our health care workforce — including dentists.”

ArNelle Wright, D.M.D., New Dentist Committee representative on the ADA Council on Dental Practice, moderates both parts.

Dr. Wright said that this series is of value because although individuals can learn about resilience through team sports and team-based extracurricular activities, not everyone has experience in said involvement throughout their lives.

“We’ve now moved to a place in society where mental health and wellness topics are no longer discussed quietly, leaving people to suffer in silence, and I’m so grateful for that,” she said.

The first session, recorded on April 19, is titled How Can Dentists Develop Emotional Resilience in a World Full of Stress?: Practical Strategies from Psychology, Public Health, and Neuroscience.

The second session, recorded on May 18, is titled Developing Your Own Emotional Resilience and Wellness Plan: Professional and Personal Strategies to Survive and Thrive.

Both sessions are free to ADA members and worth one hour of continuing education credit.

ADA CE courses are available at ADA.org/education/continuing-education. ■

—burgerd@ada.org



Hands-on: Botulinum Toxins, Dermal Fillers, and Frontline TMJ/Orofacial Pain Trigger Point Therapy for Every Dental Practice is scheduled for Aug. 19-20 as well as in November at ADA Headquarters in Chicago.

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