VOLUME 53 NO.12

# ADANews

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

12.12.22

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PRACTICE

## Explore the dentist's world in pop culture

### MOVIES, TV SHOWS, SONGS, ART PUT PROFESSION IN SPOTLIGHT

BY DAVID BURGER



Dentists can be found in more places than just where they practice.

They, as well as topics related to dentistry and teeth, are embedded in popular culture – in films, songs, TV shows and art.

For example, even the word "Bluetooth" derives its name from a famous mouth. King Harald "Bluetooth" Gormsson, who among certain circles was known just as much for his dead, blue-colored tooth as for being the guy who united Denmark and Norway all the way back in 958, symbolizing the connection of peoples.

Just for fun, ADA News is providing a list of where some of our favorite — and least favorite — dentists can be found on the silver screen, in art galleries, on TV and across the radio waves.




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• In the 1976 film "Marathon Man," Laurence Olivier plays a Nazi war criminal who torments Dustin Hoffman through dentistry.

• The 2011 black comedy "Horrible Bosses" features Jennifer Aniston as a predatory dentist who sexually harasses one of the protagonists, dental assistant Dale, played by Charlie Day.

• Another instance involving Ms. Aniston is that her "Friends" character, Rachel, abandoned her plan to marry fiancé Barry, an orthodontist.

• Matthew Perry, another "Friends" alum, plays a dentist in the 2000 flick "The Whole Nine Yards." He unwittingly lives in the same neighborhood as a Mafia hitman played by Bruce Willis.

• The 2002 comedy "Snow Dogs," stars Cuba Gooding Jr. as a Miami celebrity dentist who starts practicing in Alaska based on a newfound paternal relationship with sled dogs bequeathed to him by his mother.

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SPECIAL ISSUE:
Lifestyle

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*See POP CULTURE, Page 4*

GOVERNMENT

## Massachusetts Question 2 ballot measure wins by large margin

### Initiative establishes medical loss ratio for dental insurance plans

BY MARY BETH VERSACI

Question 2 passed overwhelmingly on Election Day Nov. 8 in Massachusetts, capturing more than 70% of the vote.

The ballot measure called for dental insurance carriers in the state to establish a medical loss ratio for dentistry so that patients can receive more value from the premiums they pay. It will require the state's carriers to spend at least 83% of premium dollars on patient care rather than on administrative costs, salaries and profits.


"What you've done here in Massachusetts has set the stage for the rest of the country," ADA President George R. Shepley, D.D.S., said to supporters on election night. "You all are just setting a shining example of where we can go in our future endeavors in dental insurance reform and what we can do to help our patients."

The ADA committed $5.5 million to the Massachusetts Dental Care Providers for Better Dental Benefits campaign. Dr. Shepley and others from the ADA and Massachusetts Dental Society, including MDS President Meredith Bailey, D.M.D., stopped at several polling places across Massachusetts on Election Day to meet with dentists and voters.

"I am so proud of the dedication and hard work done by our members, our leaders and our team to engage Massachusetts voters on why they should vote 'yes' on Question 2," Dr. Bailey said on election night. "I want to thank each person here tonight for your commitment on passing this important measure."

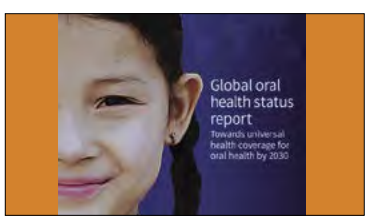
The ballot measure was first initiated and financed by a group of dentists and patients who came together as the Committee on Dental Insurance Quality, which was chaired by Mouhab Rizkallah, D.D.S.

*See QUESTION 2, Page 13*

SPECIAL ISSUE:
Lifestyle





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PRACTICE

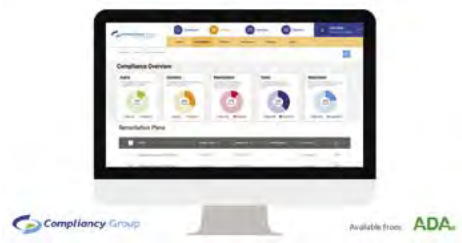
# HIPAA compliance also includes website compliance

**BY DAVID BURGER**

As the year comes to a close, it's a good time to ensure that your practice is compliant with the requirements of the Health Insurance Portability and Accountability Act.

And that means your website needs to be compliant, too.

Compliancy Group, a company endorsed by ADA Member Advantage to help dental practices avoid HIPAA penalties through software and one-on-one coaching, has come up with updated advice to help dental practices of all shapes and sizes make sure their websites don't violate the provisions of HIPAA.




"To be HIPAA compliant, your practice must ensure that each of the tools you use to run your practice is HIPAA-compliant," said Kelly Koch, Compliancy Group director of dental relations. "This includes your website. As more dental practices are using websites to promote their practice and make it easier for patients to schedule appointments online, it is more important than ever to make sure that your website, and the tools that have been added to it, are HIPAA-compliant. HIPAA-compliant websites are more secure, so not only do they help meet your legal obligations, they also reduce the likelihood of breaches."

HIPAA is a national regulation that sets standards for the privacy and security of protected health information.

PHI is any information about a patient's

*See HIPAA, Page 5*

## POP CULTURE *continued from Page 1*


- Remember the 1984 Tom Hanks-Daryl Hannah-Tom Hanks film "Splash"? The movie features a memorable fight between Dr. Walter Kornbluth, played by Eugene Levy, and Mr. Hank's character Allen Bauer inside a dental office, and it's where they decide to team up to free the mermaid from evil scientists who want to dissect her.
- Paul Thomas Anderson's 2014 film "Inherent Vice," adapted from a Thomas Pynchon novel, features Martin Short as a cocaine-sniffing, libidinous dentist.
- In the 2003 Pixar classic "Finding Nemo," the young clownfish is unexpectedly captured from Australia's Great Barrier Reef and taken to a dentist's office aquarium.
- Ricky Gervais' first major film role came in the 2008 comedy "Ghost Town," in which he portrayed a misanthropic dentist who can see dead people.
- A friend and associate of Wyatt Earp, Doc Holliday, is best known for his role in the events leading up to and following the Gunfight at the O.K. Corral and is played bv a memorable Van Kilmer in the 1993 film "Tombstone." His profession? Dentist.
- Dr. Stuart "Stu" Price from the 2009 film "The Hangover" (and its sequels) is a dentist, and during a moment of drunken stupor in the first film, performs his own tooth extraction to prove that he is good at what he does. The actor who portrays Stu, Ed Helms, reportedly was able to convince his own real-life dentist to remove his real dental implant so that his character could have a realistic missing tooth.
- After their daughter is kidnapped by a criminal syndicate planning an assassination in Alfred Hitchcock's 1934 classic film "The Man Who Knew Too Much," Bob and his wife set out to find her with the help of her uncle Clive. At one point, Bob and Clive stop at a dentist's office connected to the assassination plot. The evil dentist is subdued when Bob uses nitrous oxide — twice — to knock out the dentist after the dentist tries to do the same thing to Bob.
- Steve Martin plays a dentist in the 2001 black comedy "Novocaine," described on IMDB.com as a story about a "straitlaced dentist who, because of one innocent lie, finds his tidy, prosperous life transformed into a comic quagmire of illicit sex, illegal drugs and inexplicable murder."
- In the 2013 remake pf "Charlie and the Chocolate Factory," starring Johnny Depp, Willy Wonka's father is a dentist who orders his young son to refrain from eating all candy.


- The first that comes mind, of course, is Hermey the Elf from the beloved TV special "Rudolph the Red-Nosed Reindeer." Hermey makes dentistry a career to aspire to, and he would rather be a misfit who is happy in his role checking the oral health of toys than stuck being an elf.
- Ashley Rosenbaum, D.M.D. was a dental student when she was cast as contestant on the 15th season of "The Bachelor." After being eliminated in week 9, she was later cast as the bachelorette on the seventh season of "The Bachelorette." She is now a pediatric dentist in Florida.
- Patrick Brambert, D.D.S., is a filmmaker — his 10-minute film, "Kitchen Spaces," was invited to and screened at the Dances with Films film festival in 2022 — who has appeared as a jail guard in the TV series "Chicago P.D." on NBC.
- Alli Alberts was a general dentist as well as a player for the Legends Football League (formerly Lingerie Football League) as a wide receiver in the Oxygen reality series "Pretty Strong."
- "It's Dental Flossophy, Charlie Brown" is a 1980 five-minute educational animated film in which Charlie Brown learns how to use floss correctly. It's the sequel to "Tooth Brushing."
- Heavenly Kimes, D.D.S., is featured in Bravo's reality TV series "Married to Medicine" and has appeared in every season since the show debuted in 2013.
- Brittany Baker, D.M.D, practices dentistry by day and at night transforms into a professional AEW (All Elite Wrestling) wrestler, airing on TNT.
- Tim Conway and Harvey Korman star in "The Dentist," one of the more popular sketches from "The Carol Burnett Show" in 1969. Mr. Conway plays a recently graduated dentist who accidentally injects himself with Novocain his first day on the job.
- Dr. Tim Whatley, played by the pre-"Breaking Bad" Bryan Cranston, appears in one of the funnier episodes of "Seinfeld," the "Yada-Yada" one. Mr. Seinfeld's dentist, Dr. Whatley, has just finished the process of converting to Judaism, but is already making Jewish-themed jokes that makes Mr. Seinfeld, who is Jewish, uncomfortable. He goes so far as to say that he believes that Dr. Whatley only became Jewish "for the jokes." Kramer accuses Mr. Seinfeld of being an "rabid anti-dentite ... Next, you'll be saying they should have their own schools." Mr. Seinfeld responds, "They do have their own schools," which makes Kramer flip out.
- In the fourth season of the HBO series "Curb Your Enthusiasm," the co-creator of "Seinfeld," Larry David, is upset that his dental hygienist had been spreading news about his plaque, which he insists isn't there. To make matters worse, Mr. David's dentist ruins the elasticity of Mr. David's sleeve cuff when he insists on rolling up Mr. David's sleeve to inject a sedative. Finally, Sammy, the pint-sized daughter of Mr. David's manager Jeff, is traumatized when she finds a photograph of Mr. David's rotting teeth.


- The Saturday Evening Post's Oct. 19, 1957, cover, painted by Norman Rockwell, features a nervous child in an operatory chair. Another of his 1957 Saturday Evening Post covers is called "The Check-Up," in which a girl shows off her missing tooth to a classmate. The latter image adorned a stamp issued in honor of the 100th anniversary of the ADA.
- The bespectacled man in Grant Wood's famed 1930 painting "American Gothic" was modeled by Mr. Wood's dentist.


- On Pearl Jam's third album, "Vitalogy," the album's packaging featured a picture of an X-ray of frontman Eddie Vedder's teeth — instead of lyrics on the page devoted to the song "Corduroy." Mr. Vedder told The Los Angeles Times about the song: "It is about a relationship but not between two people. It's more one person's relationship with a million people ... That's why instead of a lyric sheet we put in an X-ray of my teeth from last January and they are all in very bad shape, which was analogous to my head at the time."
- During boy band One Direction's heyday, one of their hit songs was "Best Song Ever." The song includes the lyrics, "Said her name was Georgia Rose / And her daddy was a dentist / Said I had a dirty mouth /But she kissed me like she meant it."
- "Weird" Al Yankovic parodies U2's song "Hold Me, Thrill Me, Kiss Me, Kill Me" with the song "Cavity Search," with lyrics such as "Listenin' to the Muzak / Hearin' people scream / Sittin' in the waiting room / Readin' crappy magazines."
- Even CoColemon gets into the fun with its song, "The Dentist," which is only a slight less more bothersome than a toothache.

**Did we forget your favorite? Let us know at burgerd@ada.org.** ■

*— burgerd@ada.org*

## HIPAA *continued from Page 3*

condition, treatment or payment that can be used to identify the patient, and includes information such as name, address, date of birth, telephone number, email address and dental records.

Under HIPAA, both covered health care providers and their vendors who encounter PHI are mandated to be HIPAA- compliant.

Ms. Koch said that before dentists try to make their website or server HIPAA-compliant, they should ask themselves a few key questions to determine if the website needs to be HIPAA-compliant in the first place:

- Are you transmitting PHI through your website?
- Are you storing PHI on a server connected to your website?
- Are you collecting PHI on your website?

If the answer is "yes" to any of those questions, then your website needs to be HIPAA compliant.

Using HIPAA-compliant web forms is a good first step, Ms. Koch said.

Several web forms online are WordPress plug-ins and extensions that allow users to place web forms directly onto their site, she said.

Using web forms appropriately can help ensure that any PHI collected will be securely captured, reducing the risk that the PHI will be exposed in a data breach.

Data that is collected in these forms should then also be encrypted. Encryption is essential to running a successful health care business in the digital age, Ms. Koch said. This includes data that is stored internally, in addition to PHI stored on third-party or off-site servers.

"Something to remember about HIPAA-compliant websites is that the data being collected must be kept private and secure throughout the entire course of its use, storage or transmission," Ms. Koch said. "By implementing safeguards to protect PHI on your website, you're already performing some of the key components required for an effective HIPAA compliance program."

As for the website itself, the HIPAA Privacy Rule requires a covered dental practice that maintains a website providing information about its services to prominently post its HIPAA Notice of Privacy Practices on its website.

The HIPAA compliance program from Compliancy Group gives practices the tools they need to confidently satisfy the law, along with security policies to guide the creation and implementation of HIPAA-compliant websites.

The ADA also has resources to help with HIPAA compliance on ADA.org.

Additionally, the ADA Store offers The ADA Complete HIPAA Compliance Kit, which has tools to help you implement a comprehensive HIPAA compliance program.

It includes:

- The ADA Practical Guide to HIPAA Compliance: Privacy and Security Manual.
- The ADA Practical Guide to HIPAA Training, a two-level video training program.

Using a step-by-step approach, the kit also has tools to aid in comprehension and documentation, such as:

- Sample policies and procedures.
- A sample business associate agreement.
- A sample Notice of Privacy Practices.
- A glossary of key terms.
- A digital version of the manual complete with forms and policies that can be downloaded and customized.

ADA members can receive a 15% discount on the purchase of the kit by using the promo code 22119 by Feb. 17. ■

*— burgerd@ada.org*

# ADA: CDC health alert highlights importance of maintaining safe dental waterlines

**BY DAVID BURGER**

An Oct. 31 health alert from the Centers for Disease Control and Prevention concerning infections tied to contaminated dental waterlines provides an opportunity for dental teams to review already strong infection control practices.

The ADA, through resources available to the profession, is reminding dentists to follow established recommendations and make sure protocols are being followed for patient safety.

In the alert, the CDC reported it is currently investigating a March 2022 cluster of suspected nontuberculous Mycobacteria infections in children at an undisclosed location.

The CDC noted that in 2015 and 2016, children who had received pulpotomies at pediatric dental clinics in Georgia and California experienced nontuberculous

Mycobacteria infections after an investigation confirmed high levels of the bacteria in the clinics' dental treatment water supplies.

The CDC said that while infections are

*See WATERLINES, Page 7*

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## WATERLINES *continued from Page 5*

rare, dental waterlines are susceptible to developing biofilms due to the "long, small-diameter tubing and low flow rates used in dentistry and the frequent periods of stagnation."

According to the CDC, "Dental unit waterlines promote bacterial growth and development of biofilm; thus all dental unit waterlines must be treated regularly with chemical germicides.

"Untreated dental units cannot reliably produce water that meets drinking water standards (which is fewer than 500 CFU/mL of water of heterotrophic water bacteria). Even if a dental practice uses low microbial water — such as distilled or sterile water — to fill up a self-contained water bottle system, they must still regularly treat the waterlines with chemical germicides to eliminate bacterial contamination."

The CDC's health advisory contains recommendations and a list of resources for dental personnel to visit to learn more information. Some recommendations include:

- Use water that meets Environmental Protection Agency regulatory standards for drinking water for all nonsurgical dental treatment output water.
- Consult with the dental unit manufacturer for appropriate methods and equipment to maintain the quality of dental water.
- Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product.
- Use sterile saline or sterile water as a coolant/irrigant for surgical procedures.
- Consider irrigating with a sterile and/or antimicrobial solution during all nonsurgical pulpal therapy/endodontic procedures.
- Provide staff training on how to properly maintain and monitor dental water quality.

The ADA provides a wealth of infection control and prevention guidelines on ADA.org, including information on dental unit waterlines.

In addition, the ADA Store released in July The ADA Practical Guide to Effective Infection Prevention and Control, Fifth Edition, the first update of this manual since the COVID-19 pandemic.

This revised edition features new chapters on dental water quality and synthesizes the most current science-based recommendations for infection prevention and control in dental settings.

It also includes a self-assessment checklist of current infection control practices and review questions to reinforce important concepts. An accompanying CE quiz worth three credits is available at ADACEonline.org.

Another resource is a free recorded webinar from 2020, COVID-19 Infection Control Protocols & Procedures, with one hour of CE credit offered.

ADA CE Online provides the course Practical Infection Control in Oral Healthcare Settings, worth four continuing education hours, in which participants will be introduced to evidence-based information that will facilitate compliance with and the implementation of infection control rules and recommendations made by federal, state, and local agencies and professional organizations. ■

*— burgerd@ada.org*

## 2022 Survey of Dental Fees available from ADA Store

**BY DAVID BURGER**

The ADA Center for Dental Practice Policy and Health Policy Institute released in November the 2022 Survey of Dental Fees, available to download through the ADA Store.

The survey provides an analysis of self-reported fees from a nationwide, random sample of dentists.

Specialists and general dentists recorded the fees they charged most often for over 200 commonly performed dental procedures.

Available free to members, the survey also features:

- National average fees broken down for both general practitioners and each of the specialties.
- Average fees charged by general practitioners broken down into nine regional areas, based on U.S. Census divisions.
- Dental procedures identified by procedure code and nomenclature from the Code on Dental Procedures and Nomenclature.

Ralph Howell, D.D.S., chair of the ADA Council on Dental Practice's practice and policy subcommittee, said, "While dentists must establish their own fees based on their individual practice and market considerations, the survey is a wonderful member benefit, a helpful reference and part of my own practice library." ■

*— burgerd@ada.org*

# ‘Lego dentist’ hopes to inspire creativity among pediatric patients

## David Jadin, D.D.S., transforms waiting area into Lego lovers’ paradise

**BY MARY BETH VERSACI**

If someone had asked a young David Jadin, D.D.S., what he wanted to be when he grew up, he probably would have said a Lego designer.

While life may not have turned out exactly how he planned as a child, the pediatric dentist has found countless ways to bring his passion for Lego bricks to his Elm Grove, Wisconsin, practice, transforming it into a Lego lovers’ paradise and a stimulating playground for his patients.

“I’ve played with Lego all my life, it seems,” Dr. Jadin said. “If you had asked me what I wanted to be when I grew up, depending on when you asked me, my answer would have been either to work for Lego or to be a dad. I didn’t know then that pediatric dentistry and being the unofficial ‘Lego dentist’ was an option that would allow me to kind of do it all.”

***Super dentist:*** *A Lego minifigure of David Jadin, D.D.S., doubles as Spider-Man in this playful twist on “Where’s Waldo?” in which his patients look for their favorite dentist among his Lego displays.*

The name of Dr. Jadin’s practice, PlayWell Pediatric Dentistry, is inspired by Lego. “Play well” is the English translation of the Danish words “leg godt,” which were combined to make the brand name for the famous bricks.

Dr. Jadin’s patients can play well throughout his office’s waiting area, where bricks and models await them. They can make their own creations or interact with displays Dr. Jadin has built. He has even motorized or attached lights to many of the displays, which his patients can bring to life with the push of a button.


Photos courtesy of David Jadin, D.D.S.

***Lego lovers’ paradise:*** *Pediatric dentist David Jadin, D.D.S., uses his passion for Lego bricks to transform his practice’s waiting area into a stimulating playground for his young patients.*

***Hands-on learning:*** *David Jadin, D.D.S., and his son Ambrose play with Lego bricks at his pediatric dental practice in Elm Grove, Wisconsin.*

While favorites such as Harry Potter, Olaf and Spider-Man are represented among his creations, so is dentistry.

Dr. Jadin transformed a wooden Lego minifigure into a dentist by adorning it with a handpiece and mirror he designed and built out of Lego bricks and a scrub cap, mask, gloves and booties he knit. He also used Lego bricks to create a panoramic X-ray in a working light box and a small replica of the Solea all-tissue laser that he uses to help explain upcoming procedures to his patients.

For the more keen-eyed kiddos, over 20 Lego minifigures of Dr. Jadin himself are mixed into the displays, offering a playful twist on “Where’s Waldo?” in which his patients look for their favorite dentist.

“I’m Spider-Man, Buzz Lightyear, I’m landing on the moon, and I’m trying to have a chat with Cookie Monster about certain dietary habits,” he said.

Dr. Jadin is learning how to do stop-motion animation next, and he hopes to create some silly and educational videos using Lego bricks to bring the stories to life.

He said his patients are always excited to see what he has created for them at his office, and sometimes the youngest ones even throw a tantrum when it’s time to leave the dentist.

“The environment itself does a lot to reduce anxiety. It’s actually kind of sweet when the little ones cry to leave — much better than crying on arrival,” Dr. Jadin said.

Not only does he enjoy sharing his creations with his patients, but he also supports their own creative endeavors.

“I like to encourage and get excited with kids when they make something at my table or, better yet, when they bring something they made all the way from home to the dental office just to show me,” Dr. Jadin said. “Hold everything because the next five minutes you are explaining every little thing to me about that creation because the most fun thing ever as a parent is seeing your kids be excited about something and watching them as they explain it to you.”

Dr. Jadin may not work at Lego, but he did become something else he wanted to be when he grew up: a dad. He and his wife, Sarah, have three young children, and he shares his love of Lego with them too.

Dr. Jadin strives to set an example for all the children in his life by doing what he loves.

“I hope to serve as a role model and bridge for kids. How I didn’t end up being able to work for Lego — few do — but that I’m still able to incorporate my passions in my work to make a job I already like even better,” he said. “I love what I do as a pediatric dentist independent of all the rest, but fixing a tooth isn’t really what gets me out of bed in the morning, but rather it’s working with kids and getting to be a positive influence in their life.” ■

# Building a community one adventure at a time

**BY JENNIFER GARVIN**

Their YouTube channel is Between Two Teeth, but it could just as easily be called Carpe Diem with Drs. Bobby and Stephy Steph.

That’s because for Stephy Steph the Millennial — aka Stephanie Ganter, D.D.S. — and Bobby the Gen Xer — aka Robert G. McNeill, D.D.S., M.D., — producing the channel is about so much more than dentistry. It’s about bringing people together and building a community.

“We all need connection,” Dr. McNeill said. “Dentists need it. Hygienists need it. Everyone needs it.”

“It’s a human thing,” added Dr. Ganter.

Photo courtesy of Drs. McNeill and Ganter

***Communal:*** *Stephanie Ganter, D.D.S., and Robert G. McNeill, D.D.S., M.D., produce a YouTube channel about bringing people together and building a community.*

Connecting was at the center of what Dr. Ganter had in mind when she proposed the idea of starting the YouTube channel to Dr. McNeill. For more than three years, Dr. Ganter, a periodontal and implant surgeon, and Dr. McNeill, an oral and maxillofacial surgeon, have shared office space at The Dental Specialists — a dental specialty practice in Garland, Texas.

In a way, the YouTube channel is just an extension of what they were already doing as moderators of the Texas Dental Study Club, an affiliate of the international Seattle Study Club. YouTube felt like the best social media platform to bring even more people together as the nation continues to emerge from the pandemic.

“If you are part of our study club, you know we have a blue couch in the office, which has become a symbol of a safe space to show up and talk about life,” said Dr. Ganter, who is

*See YOUTUBE, Page 23*

AROUND THE ADA

# Wellness ambassadors to support peer dentists who may be struggling

BY DAVID BURGER

The ADA is unveiling the first cohort of dental professionals who have been called to serve on its new initiative called the Wellness Ambassador Program, in which volunteers will work to ensure that peer dentists struggling with health obstacles are aware of support services.

Chief among the ambassadors' messaging is that members and nonmembers can download the ADA Dentist Well Being Program Directory for free through the ADA Store to find their state program director contact information, with all calls or emails kept strictly confidential.

The directory contains the contact information for the well-being programs offered in the 50 states and the District of Columbia.

Kami Dornfeld, 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 troubling in that it revealed that the percent of dentists diagnosed with anxiety more than tripled in 2021 compared with 2003.

"The survey results clearly showed that dentists continue to be burdened with mental and emotional health concerns, and many at risk of burnout," Dr. Dornfeld said. "The ADA wants dentists, their teams and families to readily find counsel and compassion. Mental health is an ongoing process deserving of nurturing, so creating a team of wellness ambassadors is one way the ADA can continue to build a lifeline for those in need."

As part of a year-long onboarding commitment, the first group of ADA Wellness Ambassadors came together for in-person training at the ADA Headquarters in Chicago in November.

Both ADA President George Shepley, D.D.S., and ADA Executive Director Raymond Cohlmia, D.D.S., greeted the wellness ambassadors at the November training, stressing how crucial the ambassadors' role was.

"This is such important work," Dr. Shepley told the gathering. "I'm grateful we're doing this. We have to take care of our family."

"What you're doing is just a start," Dr. Cohlmia added. "We start today. You'll be changing people's lives."

While the wellness ambassadors will not provide the support a clinical professional would offer, the volunteers serve as advocates to facilitate connections with clinical professionals and other resources.

The first cohort of wellness ambassadors are:

Alexandro Barrera, D.D.S., Texas; Amisha Singh, D.D.S., Colorado; Cathy Hung, D.D.S., New Jersey; Karen Foster, D.D.S., Colorado, Julie Spaniel, D.D.S., Oregon; David Lesansky, D.M.D., North Carolina; William Hamel III, D.D.S., Illinois; Brian Toorani, D.D.S., California; Anne Morrison, Nebraska; and Joel Collins, D.D.S., Georgia.

The ambassadors represent different districts and practice modalities, ranging from dentists at federally qualified health centers (Dr. Barrera) to large group practices (Dr. Collins). Ms. Morrison represents the families of dental professionals through the Alliance of the American Dental Association; she is president of the organization.

The volunteers also include Dr. Foster, who drafted Resolution 95H-2021, Prioritizing Mental Health of Dentists, passed by the 2021 House of Delegates.

"The ADA and dentistry are like a family to me," said Dr. Foster. "I believe we discover our passions in life from experience. I lost one of my best friends, a member of the dental family, to suicide. I want to do everything in my power to keep our family safe and being a wellness ambassador lets me honor his memory and take action towards my passion of prioritizing mental health for all, especially dentists." ■


***Mental health:*** *Amisha Singh, D.D.S., speaks at a training session for wellness ambassadors at ADA Headquarters on Nov. 4 while fellow ambassadors, from left, Alex Barrera, D.D.S., and Joel Collins, D.D.S., look on.*

# Before the clock runs out ...

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ADA American Dental Association®

# ADA's amalgam waste best practices, research can make compliance easier for dentists

BY STACIE CROZIER

It's been almost 18 months since some dentists were required to be fully compliant with the Environmental Protection Agency's dental amalgam rule, but in reality, most have been using amalgam separators and following the American Dental Association's and EPA's amalgam best practices for handling and disposing of amalgam waste for much longer.

"When the data from the EPA showed that the industrial use of mercury was harmful to the environment, most dentists began following best practice guidelines recommended by the ADA and the EPA," said Manny Chopra, D.M.D., a prosthodontist in Cincinnati, Ohio, and chair of the ADA Council on Dental Practice.

In fact, long before the federal regulations on separation and recycling of amalgam took effect, the ADA Member Advantage team worked with the ADA Science & Research Institute through the ADA's Professional Product Review program to study and evaluate amalgam separators to find the best possible amalgam waste solutions for ADA members.

Amalgam recovery companies' systems were carefully tested by ADA Clinical Evaluators Panel volunteer dentists. Companies who passed the first review were invited to submit proposals that were thoroughly reviewed by a multi-divisional ADA team of dentists and scientists. The two finalist companies then underwent an even deeper review of their internal processes, marketing materials and financial statements.

After narrowing the field to one candidate, the company was then studied by an independent environmental consultant, who reviewed the company's amalgam handling processes to confirm they comply with all regulations and best practices. ADA Member Advantage staff met with the company's account team to assure they would be able to provide the highest quality service to ADA members. The ADA Member Advantage Board of Directors, many of whom are volunteer dentists, named HealthFirst's Rebec Environmental as its endorsed provider for amalgam separation and recycling.

Timothy Reber, owner of HealthFirst's Rebec Environmental in Lynwood, Washington, said his company prepared for the amalgam separator rule for more than two decades with a mission to design and produce the most efficient and durable systems possible for their customers.

Mr. Reber started working in the dental industry in 1972 as a service technician and later as a sales representative, allowing him to learn how to work with dental offices first-hand.

"When the issue started heating up in Seattle and King County in the early 1990s, I asked 20 of my clients what they would want to see in an amalgam separator if a law was passed," Mr. Reber said. "Based on their feedback, I was able to design a product that was affordable, out of sight and out of mind, freed staff from touching or smelling the waste at the back end and incorporated easy documentation."

Mr. Reber said amalgam separators are not a one-size-fits-all product, so Rebec Environmental designed systems to work in a variety of practice and clinic sizes. Customers answer a questionnaire that helps the company determine what system would work for their office and provide a year's worth of collection capacity. Since the majority of waste filtered is pumice from prophy paste and/or chairside polishing, he adds that it's important for each practice to get the right capacity to meet its needs and keep its maintenance costs to a minimum.

David S. Russell, D.D.S., a dentist in Seattle, Washington, said he upgraded his amalgam separator system in 2020, relocating the system to a storage room during a renovation of his 10-chair office. But he found his new amalgam separator just didn't' have the capacity of his previous Rebec Environmental system. Instead of yearly maintenance to change out the collection box, he said his unit was filling up every three months.

Dr. Russell worked Rebec Environmental to install a customized amalgam separator system that would give the practice enough capacity for yearly collection box exchange and maintenance.

*Dr. Russell*

"A Rebec technician came out and installed it on a Saturday, so we didn't have any disruptions in providing patient care," Dr. Russell said. "They can configure a system that fits any office perfectly — nearly any size or shape. After we were up and running, I have found their customer service has been tremendous. You can call them anytime with a question and they are very responsive. And they offer flexibility with maintenance. If you find your collection box still has a lot of capacity when you are nearing the one-year mark, you can move your maintenance call back."

ADA Members can receive up to 50% off a new Rebec Environmental amalgam separator system, including fine indemnification and guaranteed a-once-a-year recycling. Visit rebecenvironmental.com or call 1-800-569-1088.

The ADA offers a variety of other resources on amalgam separators, including Amalgam Separators and Waste Best Management and Best Management Practices for Amalgam Waste. ■

PRACTICE

# ADA announces 2022 Design Innovation Award winners

## PRACTICES SHOWCASE OUTSTANDING DESIGN, FUNCTION AND ESTHETIC APPEAL

**BY STACIE CROZIER**

Judges from the ADA Council on Dental Practice, ADA Member Advantage and BMO Harris Bank have announced the winners of the ADA 2022 Design Innovation Awards competition, recognizing dental practices that seamlessly combine esthetic appeal, function and design.

The judges selected three finalists in each category in Septembers and posted those entries, with photos and floorplans, online and opened voting to the dental community. This year's competition reached a new high in voter participation, with nearly 30% more voters voting to select the winning practices Oct. 1-31.

The winner in the New Build Category was Seven Bridges Dental Studio in Woodridge, Illinois. Pure Dental in Buffalo, New York, secured the top spot in the Large New Build Category. Jeffery S. Kahler, D.D.S., received top honors in the Remodel category.

The winners will receive a $1,000 prize. Watch for profiles of the winners and finalists coming soon at the ADA Design Innovation Awards website, ADA.org/DIA. ■

DIA design innovation awards

### Pure Dental

Buffalo, New York
*Keith Vibert, D.D.S.*
*Winner, Large New Buildout category*

**Vision:** To provide the highest quality care at an affordable cost

**Design style**: Modern with bold contrasts in color and luxurious texture

**Key features:** State-of-the-art technologies and in-house laboratory in a relaxing and professional environment

**Advice:** "Our vision as a company has been to utilize the latest 3D technology in dentistry, which allows us to give our patients the best possible care at a more affordable price. The end goal is always to provide more access to dental care and make life better for people in our communities."

"We constructed a new building from scratch and then I gave [the design team] some basic parameters on the technologies I wanted to incorporate and ideas about how the office should flow and function," Dr. Vibert said. "They really took it to the next level. The result is a high-end design that is warm and comfortable for patients but streamlines all of the care we provide in-house to give them more efficient and affordable care."

*More living room than waiting room, the spacious area makes patients feel at home with comfy furnishings, a two-sided fireplace and pops of color.*

### Seven Bridges Dental Studio

Woodridge, Illinois
*Fariha Querishi, D.M.D.*
*Winner, New Buildout category*

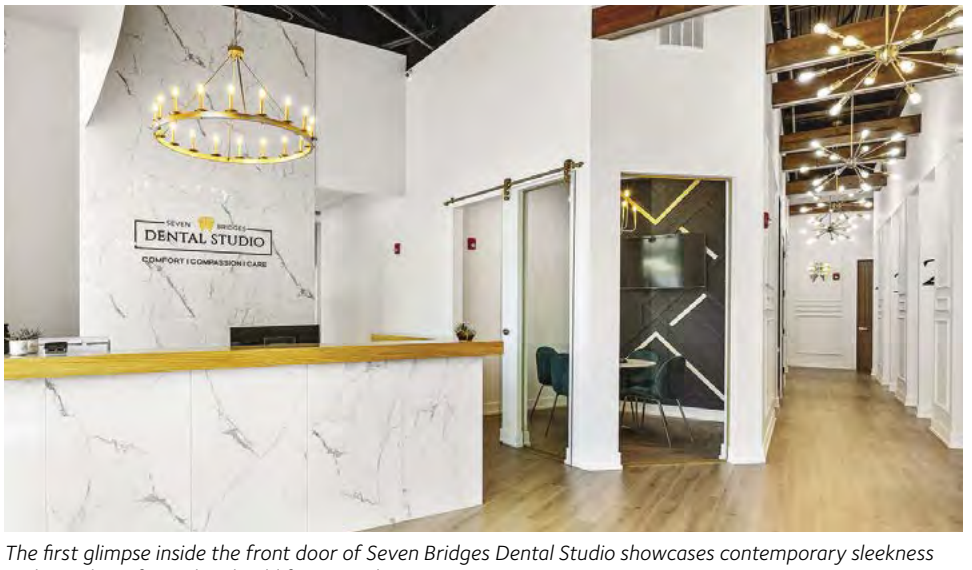
**Vision:** To give patients a comfortable, spa-like experience

**Design style:** Modern with a touch of natural accents

**Key features:** Heated massage dental chairs and other spa amenities plus a focus on giving back to the community through a charitable organization

**Advice:** "Do what you know works well for you and spend some time working in a similar environment so you can see what you like and dislike before you build your own space."

Throughout the planning and building process, Dr. Querishi envisioned a spa-like space where her patients would feel comfortable and pampered so their dental visits could be as stress-free as possible. "I wanted the space to feel almost home-like and for patients to feel like they are visiting family when they enter the practice," she said. "My goal was to combine excellent dental care, modern esthetics and luxury creature comforts."




*The first glimpse inside the front door of Seven Bridges Dental Studio showcases contemporary sleekness with touches of wood and gold for warmth.*

### Jeffery S. Kahler, D.D.S.

Templeton, California
*Winner, Remodel category*

**Vision:** To resolve the pain points of his previous office and create a memorable experience for patients

**Design style:** Elegant and whimsical, featuring African safari lodge décor

**Key features:** Triple the space of the old practice, with streamlined design, state-of-the-art technology and an atmosphere that transports patients to another culture

**Advice:** "The practice flows seamlessly because we had been there in our minds first and worked out potential problems ahead of time on paper with the architect, designer, builder, dentists, staff and friends."

"When people walk through the door for the first time, it's a jaw-dropping experience for them," Dr. Kahler said. "We wanted the reception room to feel like a comfortable family room. We wanted our patients to feel comfortable from the start, in an environment that is less like a typical dental or medical office."

*Dr. Kahler's reception area, affectionately known as "the lounge," has a cozy living room feel, with comfy furniture, fireplace, a television and statement art pieces showcasing African animals.*

GOVERNMENT

# ADA asks Congress to consider upgrading rank for military chief dental officers

**BY JENNIFER GARVIN**
*Washington*

The American Dental Association is asking Congress to restore the two-star rank or higher for the chief dental officers of the Army and Air Force. The letter also asked the lawmakers to upgrade the rank of the Navy's Chief Dental Officer to two stars in the 2023 National Defense Authorization Act.

In a Nov. 2 letter to the House and Senate Committees on Armed Services, ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmia, D.D.S., said that "good oral health is essential to military readiness and the general health of service members and maintaining the historic rank of chief dental officers will ensure that oral health is not treated as a secondary concern."

In the letter, Drs. Shepley and Cohlmia said the statutory rank of major general for the chief dentist of the Army was long-standing, having been established by Public Law 95-485 in 1978 and noted that in 2006, Congress required that the chief dentist of the Air Force have the rank of major general as well.

"Congress made this change to Title 10 out of a recognition that not only should there be parity of grade for the chief dental officers of the Army and Air Force, but also because of the importance of oral health for medical readiness and timely deployment of the members of the armed forces," wrote Drs. Shepley and Cohlmia.

The letter went on to say that the Navy also previously recognized the importance of oral health for military readiness by supporting changes to Title 10, Section 5138, that would have achieved rank parity for the Navy Dental Corps Chief but noted the 2017 National Defense Authorization Act eliminated the statutory rank requirements for chief dental officer.

"No chief dental officer currently has a two-star rank," Drs. Shepley and Cohlmia said. "Restoring historic ranks for the chief dental officer of the Army and Air Force and achieving parity for the Navy would not present a significant cost, since there is only one general or flag officer in the Dental Corps of the Army, Air Force and Navy. The difference in cost would be limited to the difference in compensation for a one-star and a two-star office."

"Dental readiness in the military is a critically important issue for overall medical readiness," the letter continued. "The ADA believes that a diminution of dentistry's position with the respective surgeon generals' offices may prevent dental readiness from being maintained and improved. Failure to maintain the ranks of the chief dental officers' risks many of the gains the services have recently made towards the overall dental health levels necessary to support national defense."

The ADA is also concerned that if Congress does not restore the chief dental officers' ranks it will have a negative impact on the recruitment and retention of military dental officers as military dentists may view a lower rank for chief dental officers as a sign that the military is not emphasizing oral health or recognizing the contribution of military dentists to national defense.

Additionally, the ADA said it supports a two-star rank for the Chief Dental Office of the United States Public Health Service.

The Association also sent a Nov. 2 letter to leaders of the House and Senate Committees on Veterans' Affairs asking lawmakers to restore the head of the office of Veterans Affairs Dentistry to directly reporting to the Under Secretary for Health, or the equivalent of the military two-star rank or higher.

"VA Dentistry offers care to over 1.3 million eligible veterans at more than two hundred clinic locations across the country," Drs. Shepley and Cohlmia wrote. "The comprehensive, often complex nature of the dental care offered through the large number of clinics across the country requires a head of VA Dentistry with the authority and scope to ensure that the dental care offered by the VA remains a well-coordinated priority." ■

## QUESTION 2 *continued from Page 1*

With the measure's passing, dental insurance carriers that do not meet the minimum standard of spending at least 83% of premium dollars on patient care will have to refund the difference to covered individuals and groups.

Question 2 also called for requiring dental benefit companies to disclose their projected medical loss ratio for dental plans, file the following year's group product base rates by July and release other specified financial information, as well as authorizing the commissioner of the Massachusetts Division of Insurance to approve or disapprove of any product rates. ■


***Leaders:*** *Massachusetts Dental Society President Meredith Bailey, D.M.D., and ADA President George R. Shepley, D.D.S., signal their support for Question 2 during a campaign stop on Election Day.*

# ADA responds to No Surprises Act request for information

**BY JENNIFER GARVIN**
*Washington*

The ADA believes that requirements related to advanced explanation of benefits should be applicable to dental plans as they work in concert with good faith estimates for the benefit of both patients and providers.

That was one of the key takeaways from the ADA's response to the Centers for Medicare & Medicaid Services request for information on the advanced explanation of benefits and good faith estimate requirements of the No Surprises Act. The No Surprises Act, also known as surprise billing, is a new law designed to give consumers more billing protection. The ADA's comments emphasized the unique challenges dental offices face when implementing these requirements.

In the Nov. 14 response, ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmia, D.D.S., also asked CMS to consider the following:

### THE ROLE OF DENTAL PLANS

In answering what approaches CMS should consider before applying requirements, the ADA said it "strongly believes and encourages" that requirements related to advanced explanation of benefits be applicable to dental plans as they work together with good faith estimates for the benefit of the individual and provider.

### PROVIDER BURDEN

In regard to supporting the ability of providers and facilities to exchange good faith estimate information with plans, issuers and carriers, the ADA reminded CMS that the majority of dental practices currently do not use electronic health record systems. Instead, many dental offices use electronic dental records and practice management systems that are unlikely to be certified by the Office of the National Coordinator for Health Information Technology. The ADA encouraged the office to review its certification program and "address gaps within this program to move the dental practice management technology toward improved interoperability and data exchange."

The ADA also shared its concerns that many providers who work for small practices may have difficulty in complying with technology requirements for the exchange of advanced explanation of benefits and good faith estimate data.

### CODING GUIDANCE

Regarding coding, the ADA said it appreciates CMS guidance but noted that dental claims are usually adjudicated without consideration of diagnosis codes and requested further guidance.

### OTHER CONSIDERATIONS

The ADA applauded the use of a Fast Healthcare Interoperability Resources-based application programming interface for advanced explanation of benefits and good-faith estimates transactions. However, most dental practice management and record systems have limited adoption of Fast Healthcare Interoperability Resources. The Association said it is continuing to work with Health Level Seven workgroups on developing dental content in various standards and would "support incentives and significant investment in dental-specific Fast Healthcare Interoperability Resources-based pilots and technology to move the dental industry towards Fast Healthcare Interoperability Resources-based application programming interfaces for real-time exchange of advanced explanation of benefits or good-faith estimates data in the near or mid-term future."

To read the response in full, visit the regulatory issues section at ADA.org/Advocacy. ■

# CMS establishes new payment code for dental surgeries performed in hospitals

**BY JENNIFER GARVIN**
*Washington*

The Centers for Medicare & Medicaid Services has agreed to establish a new dental billing and payment arrangement to improve access for dental surgeries performed in hospital operating rooms.

Health Care Common Procedure Coding System code G0330 is applicable to facility services for dental rehabilitation procedures furnished to patients who require monitored anesthesia and use of an operating room.

The new code is the result of an advocacy campaign spearheaded by the ADA, American Academy of Pediatric Dentistry and American Association of Oral and Maxillofacial Surgeons.

In a June letter, ADA, AAPD and AAOMS asked CMS to 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. In that letter, the dental organizations noted that "limitations in access have been exacerbated" by COVID-19, 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.

The ADA, AAPD and AAOMS will continue to work with Congress and CMS in advocating for allowing dental services to be billed as a covered procedure by ambulatory surgical centers.

### ADA SUPPORTS ELIMINATING WAITING, LOCKOUT PERIODS FOR DENTAL CARE IN CHIP

In comments filed Nov. 4 in response to a proposed rule from the agency, ADA President George R. Shepley, D.D.S., and Raymond A. Cohlmia, D.D.S., offered several suggestions on how CMS could smooth transitions between Medicaid and CHIP enrollees to keep enrollees from churning on and off the program. They also cited Kaiser Family Foundation data which estimated that prior to COVID-19, 10% of Medicaid/CHIP enrollees used to dis-enroll and re-enroll within one year.

The ADA urged CMS to avoid this by expanding dental participation in Medicaid by increasing reimbursement and reducing administrative burdens such as the easement of credentialing, audit processes and encouragement of clean claims paid within 15 days.

Regarding accessing CHIP coverage, the ADA applauded CMS' proposal to eliminate waiting and lock-out periods for dental care within the program.

### ADA URGES SENATE TO PASS ENSURING LASTING SMILES ACT

The ADA is urging dentists nationwide to contact their senators in support of the Ensuring Lasting Smiles Act.

If enacted, the Ensuring Lasting Smiles Act, known as ELSA, would require all private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect. This would include inpatient and outpatient care and reconstructive services and procedures, as well as adjunctive dental, orthodontic, or prosthodontic support. The bipartisan legislation passed the House of Representatives earlier this year following advocacy from ADA members and was a central issue featured at the 2022 ADA Dentist and Student Lobby Day. ■

# CMS expands Medicare to cover medically necessary conditions requiring dental services

**BY JENNIFER GARVIN**
*Washington*

The Centers for Medicare & Medicaid released a final rule on Nov. 1 saying it will now cover dental services for Medicare beneficiaries under certain conditions deemed medically necessary. The expanded dental coverage will go into effect Jan. 1.

The ADA was pleased that CMS listened to many of the ADA's suggestions on the draft rule, which the Association shared in comments filed Sept. 2. In those comments the ADA told CMS it supported providing dental coverage for the following instances, all of which are included in the final rule:

- Reconstruction of a ridge when performed as a result of and at the same time as the surgical removal of a tumor.
- Stabilization or immobilization of teeth when done in connection with the reduction of a jaw fracture.
- Extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease.
- Dental splints only when used in conjunction with medically necessary treatment of a medical condition.
- Dental services — including both examination and treatment — prior to cardiac valve replacement, valvuloplasty or organ transplant procedures.

The final rule stated that Medicare payment would be provided if these procedures were done on an outpatient or an inpatient basis. Coverage would also be provided for ancillary services such as X-rays, anesthesia, or the use of an operating room for medically necessary procedures that fall under the rule.

The final rule does not expand Medicare to cover dental services for patients with conditions such as diabetes. CMS said it will continue to evaluate the issues surrounding such a benefit. CMS is also delaying coverage for dental treatment prior to immunosuppressant therapy or joint replacement surgery. The agency also emphasized in the rule that the statutory definition of a physician, as well as the definition of a physician in the Medicare manual, includes dentists.

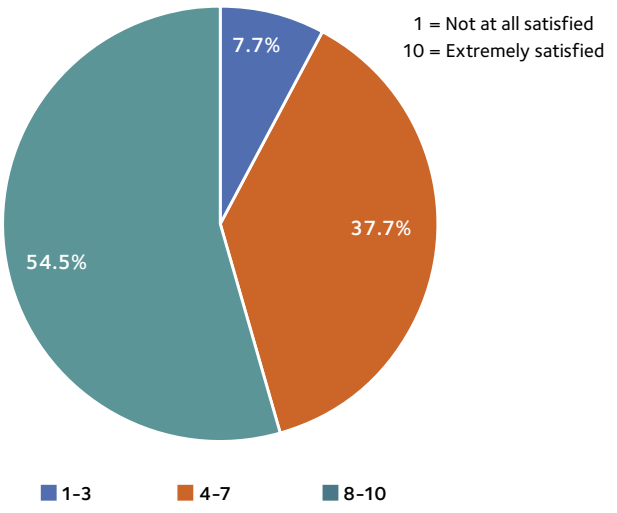
In the final rule, CMS said it will also be implementing an annual review process to assess whether to include additional services under the Medicare medically necessary dental benefit. The ADA will be involved in this process. The ADA will work with CMS to encourage the agency to provide guidance to dentists on enrollment, billing, compliance, and other administrative questions.

Read the ADA comments on the draft rule in full at ADA.org. ■

HPI CORNER

## DENTAL HYGIENISTS' JOB SATISFACTION

A majority of employed dental hygienists in the United States are satisfied with their job, according to collected data. Over half ranked their satisfaction between 8 and 10 on a 10-point scale while a small percentage ranked their satisfaction between 1 and 3.




Source: ADA Health Policy Institute. Dental workforce shortages: data to navigate today's labor market. October 2021. Available from: ADA.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf.

ACCESS TO CARE

# DQA approval of quality measures highlights emphasis on care for pregnant patients

## MEASURES INTENDED TO ASSESS EXTENT TO WHICH PATIENTS ARE ACCESSING DENTAL CARE

**BY DAVID BURGER**


***Together:*** *Members of the Dental Quality Alliance listen to a presentation on performance measures for pregnant persons at ADA Headquarters on Nov. 4. From left, Jim Crall, D.D.S., Marie Schweinebraten, D.M.D., and Craig Amundson, D.D.S.*

In tandem with the federal government's renewed emphasis on the importance of maternal care, the Dental Quality Alliance approved two first-of-its-kind oral health care quality measures for pregnant persons at its November meeting at ADA Headquarters.

These two measures are intended to assess the extent to which pregnant persons are accessing the dental care delivery system in general as well as routine care that includes examination, risk assessment, diagnosis and treatment planning.

The approval comes on the tails of the Centers for Medicare & Medicaid Services announcement that beginning in October, all 50 states and D.C. are prioritizing dental coverage for Medicaid enrollees who are pregnant or postpartum through at least 60 days after pregnancy.

"It's important for DQA to focus on pregnant persons at this time because, as of October, all states and the District of Columbia provide some scope of dental benefits to pregnant persons," said Jim Crall, D.D.S., chair of the DQA's Quality Improvement and Implementation Committee and a member of the CMS Core Set Review Workgroup. "These benefits recognize the dual importance of oral health care for the sake of mothers and young children."

The development of the DQA oral health care performance measures for pregnant persons came at the urging of CMS, said Craig Amundson, D.D.S., DQA measure development and maintenance committee chair at the Nov. 4 convening.

Natalia I. Chalmers, D.D.S., Ph.D., chief dental officer in the CMS office of the administrator, who was on hand at the November meeting, applauded the DQA's efforts to prioritize the development of these measures, saying the measures are a good example of medical-dental integration to improve the oral and overall health of patients.

"Maternal health is a priority for this [CMS] administration," Dr. Chalmers said after the vote.

Dr. Chalmers said that the measures emphasize that oral health may be considered an important part of prenatal care, given that poor oral health during pregnancy can lead to poor health outcomes for the mother and baby.

The Dental Quality Alliance, convened by the ADA on behalf of CMS, is an organization of major stakeholders in oral health care delivery that uses a collaborative approach to develop oral health care measures. ■

***Proactive:*** *Members of the Dental Quality Alliance react positively to a comment from a colleague at AQA Headquarters on Nov. 4. From left, Natalia Chalmers, D.D.S., Ph.D., chief dental officer, office of the administrator, Centers for Medicare and Medicaid Services; and Mark Jurkovich, D.D.S.*

# WHO report presents opportunities to improve state of global oral health

**BY DAVID BURGER**

The status of global oral health is alarming and requires urgent action, according to a new Global Oral Health Status Report released Nov. 18 by the World Health Organization that provides the first-ever comprehensive picture of oral disease burden with data profiles for 194 countries, including the U.S.

The report, which underscores that oral health continues to be one of the WHO's priorities, reviews the most recent data on major oral diseases, risk factors, health system challenges and opportunities for reform, and is intended to serve as a reference for policymakers and a wide range of stakeholders to guide advocacy towards better prioritization of oral health globally, regionally and nationally.

ADA President George R. Shepley, D.D.S. said that the report shows how the global burden of oral diseases and conditions affects the most vulnerable and disadvantaged populations.

"Oral health is integral to overall health," Dr. Shepley said. "The first step to improving access to oral health services is recognizing those individuals across the globe facing the burdens of oral diseases and conditions. This report shows how overlooked essential oral health care services are in some countries, and how this global action plan is necessary to track and manage these inequalities and deliver necessary care. The American Dental Association supports policies and programs that reduce oral health inequities, ensure meaningful oral health access and improves the overall health of individuals."


The report shows that almost half of the world's population — 3.5 billion people — suffer from oral diseases, with 75% of those affected people living in low- and middle-income countries.

Global cases of oral diseases have increased by 1 billion over the last 30 years — a clear indication that many people do not have access to prevention and treatment of oral diseases, said WHO director-general Tedros Adhanom Ghebreyesus, Ph.D., in a WHO news release.

"Oral health has long been neglected in global health, but many oral diseases can be prevented and treated with the cost-effective measures outlined in this report," he said in the release. "WHO is committed to providing guidance and support to countries so that all people, wherever they live and whatever their income, have the knowledge and tools needed to look after their teeth and mouths, and to access services for prevention and care when they need them."

The report includes opportunities for stakeholders and policymakers to improve the state of global oral health, including:

- Adopting a public health approach by addressing common risk factors through promoting a well-balanced diet low in sugars, stopping use of all forms of tobacco, reducing alcohol consumption and improving access to effective and affordable fluoride toothpaste.
- Planning oral health services as part of national health and improving integration of oral health services in primary health care as part of universal health coverage.
- Redefining oral health workforce models to respond to population needs and expanding competencies of nondental health care workers to expand oral health service coverage.
- Strengthening information systems by collecting and integrating oral health data into national health monitoring systems.

"Placing people at the heart of oral health services is critical if we are to achieve the vision of universal health coverage for all individuals and communities by 2030," said Bente Mikkelsen, M.D., WHO director for noncommunicable diseases, in the news release. "This report acts as a starting point by providing baseline information to help countries monitor progress of implementation, while also providing timely and relevant feedback to decision-makers at the national level. Together, we can change the current situation of oral health neglect."

Habib Benzian, D.D.S., Ph.D., co-director of the NYU Dentistry WHO Collaborating Center for Quality-improvement and Evidence-based

*See WHO, Page 22*

SCIENCE & TECH

# December JADA finds composites containing quaternary ammonium compounds retain antibacterial properties

**BY MARY BETH VERSACI**

Clinical studies have shown that dental composites incorporating quaternary ammonium compounds retain their antibacterial activity over time, giving them the potential to reduce the occurrence of caries around restorations, according to a review published in the December issue of The Journal of the American Dental Association.


The cover story, "Dental Restorative Materials Containing Quaternary Ammonium Compounds Have Sustained Antibacterial Action," looked at several studies that examined composite restorative materials incorporating antibacterial agents. The studies showed that these agents mostly lose their antibacterial activity over time, but newer studies are examining materials that incorporate antibacterial microparticles that remain active and do not leach out.

One antibacterial agent, quaternary ammonium coupled with inorganic silica, has been studied in the laboratory and humans. When these particles are incorporated into dental materials, they retain their antibacterial properties without leaching or loss of activity over time. A clinical in situ study in humans using a composite containing the particles resulted in significantly less demineralization in the adjacent enamel than the control composite material.

In addition to having sustained antibacterial properties, composites that contain the particles have mechanical properties that are comparable to those of presently marketed materials and have been cleared by the U.S. Food and Drug Administration, according to the review.

"Because caries around restorations is a major problem, restorative materials with sustained antibacterial properties will have an important effect in reducing secondary caries around restorations," said John D.B. Featherstone, Ph.D., author, professor emeritus and dean emeritus at the University of California San Francisco School of Dentistry. ■

## Drugmakers report amoxicillin shortages

**BY MARY BETH VERSACI**

At least three manufacturers of amoxicillin are experiencing supply shortages, according to the American Society of Health-System Pharmacists.

The shortages primarily affect the availability of amoxicillin oral suspension products used in pediatric patients.

As of Nov. 18, the shortages included 11 oral amoxicillin products from Teva Pharmaceutical Industries, 14 from Hikma Pharmaceuticals and 18 from Sandoz, the generics division of Novartis. The three drugmakers did not provide reasons for their shortages.

Teva has some oral powders, capsules and tablets available, and its products on back order have estimated release dates of early December through late February. The company is releasing supplies as they become available.

All of Hikma's amoxicillin products are on allocation, meaning the company is limiting new orders until its shortages are resolved.

Sandoz has some products available in limited supply and others on back order. For the items on back order, the drugmaker could not estimate a release date.

Another amoxicillin manufacturer, Aurobindo Pharma, did not provide availability information to the American Society of Health-System Pharmacists, while drugmaker Rising Pharmaceuticals has capsules and tablets available.

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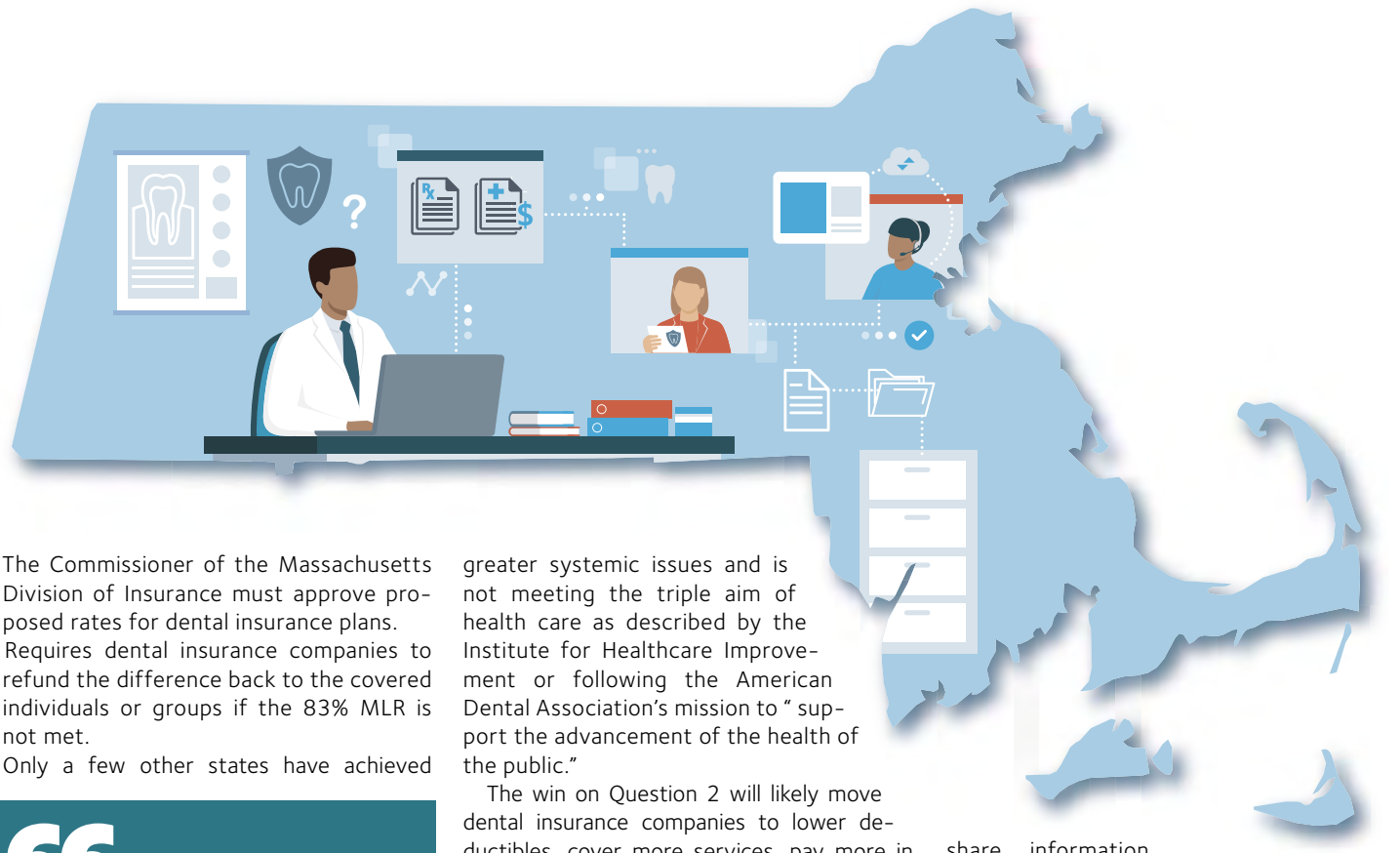

# Massachusetts win proves dental patients want insurance change

BY MEREDITH A. BAILEY, D.M.D.

We did it! Better dental benefits were on the ballot in Massachusetts, and on Nov. 8, voters delivered a decisive victory with over 71% supporting Question 2. This landmark decision creates a first-in-the nation insurance reform that will change the landscape of dental insurance, ensuring patient's premiums are spent on their direct care and creating necessary consumer protections for dental patients.

The win on Question 2 solidifies the following important consumer protections for dental insurance in Massachusetts:

- Establishes a medical loss ratio, or MLR, for dental insurance companies, requiring them to spend at least 83% of patient premiums on their direct care. A medical loss ratio already exists for medical insurance nationally (80-85%) as mandated by the Affordable Care Act in 2010, and in Massachusetts the medical MLR is set at 85-88%.
- Requires dental insurance companies to report annually to the Massachusetts Division of Insurance, disclosing administrative costs and other financial information to prove how premium dollars are being spent including the specific amount spent on direct patient care.
- The Commissioner of the Massachusetts Division of Insurance must approve proposed rates for dental insurance plans.
- Requires dental insurance companies to refund the difference back to the covered individuals or groups if the 83% MLR is not met.

Only a few other states have achieved transparency regulations requiring dental insurers to file annual financial reports to disclose what percentage of premium dollars are spent on patient care. California is one of these states, and the California Dental Association found an average of 76% of premiums were spent on patient care. With the win on Question 2 in Massachusetts, transparency will be combined with specific directives. And, that is where this win is unique, it establishes not just transparency but accountability with the nation's first rebate requirement.

> **Although we are the first state to pass this legislation, we will not be the last.**
>
> - Meredith A. Bailey, D.M.D.

Dentists are frequently asked to justify our treatment to insurance companies when claims are denied and patients are left paying for their necessary services out-of-pocket, which is not always feasible. Delaying care due to cost can cause greater systemic issues and is not meeting the triple aim of health care as described by the Institute for Healthcare Improvement or following the American Dental Association's mission to " support the advancement of the health of the public."

The win on Question 2 will likely move dental insurance companies to lower deductibles, cover more services, pay more in claims or extend coverage to non-covered services. Dental insurance companies should work with their network providers to help patients receive the care they require. This victory will empower our patients to seek the care they need, knowing they will receive more value per dollar paid for their dental benefits.

Thank you to the perseverance and efforts of a group of dentists and patients who came together as the Committee on Dental Insurance Quality, chaired by Mouhab Rizkallah, D.D.S., who worked diligently to get this measure on the ballot and in front of voters.

The ADA and the Massachusetts Dental Society worked collaboratively on strategic initiatives and supported the Massachusetts Providers for Better Dental Benefits ("Yes on 2") campaign.

The MDS is grateful to the ADA and its generous contribution of $5.5 million to support the ballot measure. The campaign is also very thankful for the individuals and organizations in 49 states who generously contributed their finances and time.

The active grassroots effort of MDS members was critical to our success. Composed of over 5,000 dentists in 14 local districts, our members diligently worked to inform Massachusetts voters about the facts supporting the Yes on 2 vote. We hosted webinars, town halls and gatherings to hold signs in highly visible areas, including a tailgating event at a Patriots game.

Each local district held special events to share information.

Hard-copy mailers were sent to all Massachusetts residents, along with letters to local papers, postings on social media and members were trained as spokespeople to do interviews, television commercials and radio advertisements.

Members volunteered their homes and offices to serve as local distribution centers to dispense campaign promotional items including yard signs, office signs, buttons, postcards and flyers. Dentists and their teams also engaged with patients in their offices and spread the word throughout their communities.

Instrumental contributions from each level of the tripartite came together to achieve this win, and a new precedent is now established because of our combined efforts. Together we demonstrated the power and strength of organized dentistry. By representing the voice of the dental profession and advocating on behalf of the patients we serve, we created a formidable presence.

Massachusetts is grateful for the overwhelming support we received, and we are here for the rest of the country. Although we are the first state to pass this legislation, we will not be the last, and now it is time to replicate the patient benefits and consumer protections afforded by Question 2 across the nation.

**Meredith A. Bailey, D.M.D., is president of the Massachusetts Dental Society and a general dentist in Boston.**

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# Akelos receives grant from NIH to continue research on nonopioid alternative for neuropathic pain

**BY MARY BETH VERSACI**

The National Institute of Neurological Disorders and Stroke of the National Institutes of Health has awarded a grant to Akelos Inc. to help the biopharmaceutical company develop a nonopioid alternative for treating neuropathic pain.

The Fast-Track Small Business Technology Transfer grant will be divided into two phases. Akelos will receive nearly $700,000 for the first phase spanning two years, and if its work reaches benchmarks set by NIH, it may receive up to an additional $2.99 million for three more years.

Neuropathic pain is chronic pain caused by damage to the neurons or nerve fibers that normally transmit pain signals to the brain, resulting in them becoming hypersensitive or hyperactive. The researchers are aiming to develop a candidate therapy for peripheral neuropathic pain, which is when the damage has occurred somewhere in the body outside the brain and spinal cord.

The therapy would be based on a molecule that selectively blocks an ion channel protein called HCN1, which normally helps drive the activity of peripheral pain neurons and can become overactive in peripheral neuropathic pain.


*Dr. Fox*


*Dr. Goldstein*

Weill Cornell Medicine, which is collaborating with Akelos on the research, has received a subaward as part of the grant. Peter Goldstein, M.D., a professor of anesthesiology and anesthesiology in neuroscience at the Feil Family Brain and Mind Research Institute at Weill Cornell Medicine, is the principal investigator. Dr. Goldstein, who is a scientific advisory board member of Akelos, will work with co-investigator Dianna E. Willis, Ph.D., associate director of the Burke Neurological Institute at Weill Cornell Medicine, where she is also lab director of the Laboratory for Axonal and RNA Biology.

"We are grateful for the support provided by the NIH for our research and development effort," Akelos Chairman Steven Fox, D.D.S., said. "In addition to the financial support, this grant has been reviewed by world-class neurobiologists on the NINDS Review Committee, a robust validation of our unique approach to solving the unmet challenge of treating peripheral neuropathic pain. We look forward to the opportunity represented by this [grant] funding to accelerate our path to testing a new, effective treatment for suffering patients."

Previous funding for this research has included a two-year, $1,757,406 grant from NIH in 2019. ■

*— versacim@ada.org*

## Dentists can apply for YouTube features that show they provide trusted health information

**BY MARY BETH VERSACI**

In an effort to better highlight trusted health information for consumers, YouTube is expanding its health product features to channels hosted by licensed health care professionals.

The features include panels that appear beneath videos to identify them as coming from a licensed health care professional and content shelves that highlight videos from trusted sources when users search for information on a health topic.

YouTube previously offered these features only to organizations such as educational institutions, public health departments, hospitals and government entities, but licensed health care professionals can apply online at health.youtube to make their channels eligible for the features too.

Applicants must provide proof of their license; follow best practices for health information sharing as set out by the Council of Medical Specialty Societies, National Academy of Medicine and World Health Organization; and have a channel in good standing on YouTube. YouTube will verify the licenses of applying health care professionals and review their channels against these guidelines.

"Effective communication is at the heart of improving people's health, and we're excited for this next phase in our work to connect people with highly authoritative health information that is both evidence-based and culturally relevant," YouTube Health global head Garth Graham, M.D., said in a blog post announcing the expansion. ■

*— versacim@ada.org*

## WHO *continued from Page 16*

Dentistry and research professor at the NYU College of Dentistry, was a member of the report's editorial board.

"I wish I had a simple answer for the complex problem of oral health neglect," Dr. Benzian said during a Nov. 18 news conference announcing the report's release. "First, I think the key message for me of the report is that the burden of oral disease is at an all-time high for mankind, and that continuing business as usual, is no longer an option. My second point is that the data tells us that the current approaches to oral health care and to prevention are not providing adequate coverage for people and populations."

Dr. Benzian said it was important to widely make the case for oral health as a public good.

"Therefore we, call for oral health services integrated with primary health care as a core public governmental responsibility," he said. "Everyone should have access to services that address fundamental essential oral health needs. We also need a new emphasis on prevention and self-care. This includes that we look at effective models on how to engage with the private sector and private providers in expanding and improving coverage for oral health. All of this is part of the roadmap towards universal health coverage for oral health by 2030, [and] this report is an integral part."

Brian O'Connell, B.D.S., Ph.D., president of the International Association for Dental Research, said at the report launch that he acknowledged the importance of the global oral health status report in highlighting many of the challenges, for having good data is essential for research, and research provides the evidence needed to address those challenges.

"It is sobering, though, to see from the report that oral diseases are still so prevalent, maybe more so than ever before, and so clearly map onto levels of income and opportunity around the world," he said. "I can assure you that the IADR is fully supportive of the integration of oral health research in mainstream, general health, and our members have been actively involved, for example, in the work on health determinants, common risk factors on health inequalities, preventive strategies and, of course, cost effectiveness and monitoring of prevention policies."

*Dr. Benzian*

Dr. Benzian told ADA News that the inequalities described in the report are "staggering, in terms of disease burden and increase, in terms of resources spent on oral health care, in terms of workforce and many other aspects. We live in a highly divided and unequal world when it comes to health — oral health is no exception and perhaps even more pronounced with regard to inequalities."

He added, "Given that many, if not most, oral diseases are largely preventable, I would encourage U.S. dental professionals to embrace what we call in the report a 'promotive and preventive' model of care. Dentists can play a role educating their communities about common risk factors for oral disease, including sugar consumption, tobacco use and alcohol use. Moreover, there are highly effective, noninvasive ways to treat caries that are cost-effective and do not require an expensive clinic setup. We hope that our candid diagnosis of challenges and problems initiates a broad societal, professional and political discussion. Stakeholders — including policymakers and oral health providers — must realize that continuing 'business as usual' is not an option."

The WHO Global oral health status report, executive summary and country profiles can be found at who.int/team/noncommunicable-diseases/global-status-report-on-oral-health-2022. ■

*— burgerd@ada.org*

## YOUTUBE *continued from Page 8*

the New Dentist Member on the ADA Council on Members Insurance and Retirement Programs. "We discuss everything from practice and kids to relationships and life."

Dr. McNeill was equally excited about reaching even more people through YouTube.

"We talked about doing it for a long time and we got stuck in a little bit of a rut trying to make it perfect," said Dr. McNeill, who grew up in Canada and is a member of the Texas State Board of Dental Examiners. "And we finally said, 'Let's just start this thing.'"

And that was that. Since launching in February, the two dentists have interviewed colleagues and friends as well many leaders in organized dentistry. The name Between Two Teeth is an homage to "Between Two Ferns" with Zach Galifianakis.

As they were working on the YouTube channel, Dr. McNeill was completing a Harvard Kennedy School executive program which changed the way they both thought about their purpose. Dr. Ganter went with these three words: Connect. Discover. Inspire. Words they have both found apply to Between Two Teeth very well.

"I think we both want to connect with our colleagues, with whoever needs to hear this message in hope that we can discover more about other people and ourselves and then ultimately we can inspire ourselves and others to be the best version of themselves in this world," Dr. Ganter said.

"There's so many things going on in private practice and our lives. We do this because we enjoy it."

"A lot of what we're doing is taking a leap of faith," Dr. McNeill said. "And part of it, quite frankly, is to push the envelope because we want to inspire others. My own mission on my email tag is to push myself and others to fully live, laugh, and love. I'm comfortable pushing others, and I'm comfortable pushing myself. Part of that is to fully do it."

Whether it's interviewing ADA President George R. Shepley about motorcycles and yoga or talking to dental students during SmileCon, Drs. Ganter and McNeill say they have worked hard to create a fun and welcoming environment.

Even more rewarding? The positive feedback they've received along the way.

Friends they hadn't talked to in years have reached out to let them know they have loved watching them delve into topics such as money and family and the meaning of life. Dental colleagues from Texas and across the country have personally thanked them for opening up.

One colleague even shared that the videos helped get through her battle with breast cancer by making her smile.

"She told us she found connection and a kind of belonging when she felt so isolated going through chemo," Dr. McNeill said.

"It gave us chills," Dr. Ganter said.

The two have even launched a spinoff channel with an adventure series that documents their journeys riding motorcycles in the Italian Alps and Big Sur as well as mission trips to Guatemala.

"We've gotten a lot of great feedback from people, which keeps us going," Dr. McNeill said. "We do this because we enjoy it and because it brings us joy. And the bonus is when it brings joy to the right person on the right day."

Check out Between Two Teeth on YouTube at YouTube.com/@BetweenTwoTeeth to watch all of Dr. Ganter's and Dr. McNeill's conversations. ■

*— garvinj@ada.org*

*Photo courtesy of Drs. McNeill and Ganter.*

***Exploration:*** *YouTube hosts Robert G, McNeill, D.D.S., M.D., and Stephanie Ganter, D.D.S., take a break from the microphone to take in the sights of Big Sur in Caliifornia.*

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