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 to his mother, symbolizes the connection of 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.

- The first film that most people think of is “Little Shop of Horrors,” the play-turned-musical about a carnivorous plant that devours a sadistic dentist. It was adapted for film in not just 1960 but also 1986.
- In the 1990 blockbuster “Home Alone,” Kevin asks a woman at the store counter if the ADA has approved a toothbrush. He accidently steals the brush when he flees the store because he sees his scary neighbor.
- 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 her fiancé Barry, an orthodontist.
- Matthew Perry, another “Friends” star, plays a predatory dentist who sexually harasses one of the protagonists, dental assistant Dale, played by Charlie Day.
- In the 2002 comedy “Snow Dogs,” stars Cuba Gooding Jr. as a Mafi a hitman played by Bruce Willis.
- The 2002 comedy “Snow Dogs,” stars Cuba Gooding Jr. as a Mafi a hitman played by Bruce Willis.
- Another instance involving Ms. Aniston is that her “Friends” character, Rachel, abandoned her plan to marry her fiancé Barry, an orthodontist.
- Matthew Perry, another “Friends” star, plays a predatory dentist who sexually harasses one of the protagonists, dental assistant Dale, played by Charlie Day.
- In the 2002 comedy “Snow Dogs,” stars Cuba Gooding Jr. as a Mafi a hitman played by Bruce Willis.
- Another instance involving Ms. Aniston is that her “Friends” character, Rachel, abandoned her plan to marry her fiancé Barry, an orthodontist.
- Matthew Perry, another “Friends” star, plays a predatory dentist who sexually harasses one of the protagonists, dental assistant Dale, played by Charlie Day.
- In the 2002 comedy “Snow Dogs,” stars Cuba Gooding Jr. as a Mafi a hitman played by Bruce Willis.
- Another instance involving Ms. Aniston is that her “Friends” character, Rachel, abandoned her plan to marry her fiancé Barry, an orthodontist.
- Matthew Perry, another “Friends” star, plays a predatory dentist who sexually harasses one of the protagonists, dental assistant Dale, played by Charlie Day.
- In the 2002 comedy “Snow Dogs,” stars Cuba Gooding Jr. as a Mafi a hitman played by Bruce Willis.
- Another instance involving Ms. Aniston is that her “Friends” character, Rachel, abandoned her plan to marry her fiancé Barry, an orthodontist.
- Matthew Perry, another “Friends” star, plays a predatory dentist who sexually harasses one of the protagonists, dental assistant Dale, played by Charlie Day.
- In the 2002 comedy “Snow Dogs,” stars Cuba Gooding Jr. as a Mafi a hitman played by Bruce Willis.
- Another instance involving Ms. Aniston is that her “Friends” character, Rachel, abandoned her plan to marry her fiancé Barry, an orthodontist.
- Matthew Perry, another “Friends” star, plays a predatory dentist who sexually harasses one of the protagonists, dental assistant Dale, played by Charlie Day.
- In the 2002 comedy “Snow Dogs,” stars Cuba Gooding Jr. as a Mafi a hitman played by Bruce Willis.
- Another instance involving Ms. Aniston is that her “Friends” character, Rachel, abandoned her plan to marry her fiancé Barry, an orthodontist.
- Matthew Perry, another “Friends” star, plays a predatory dentist who sexually harasses one of the protagonists, dental assistant Dale, played by Charlie Day.
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. The first film that most people think of is "Little Shop of Horrors," the play-turned-musical about a carnivorous plant that devours a sadistic dentist. It was adapted for film in not just 1960 but also 1986.

- In the 1990 blockbuster "Home Alone," Kevin asks a woman at the store counter if the ADA has approved a toothbrush. He accidentally steals the brush when he flees the store because he sees his scary neighbor.
- 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 her boyfriend Barry, an orthodontist.
- Matthew Perry, another "Friends" star, is that her "Friends" character, Phoebe Buffay, is a celebrity dentist who starts practicing in Alaska based on a new-found paternal relationship with sled dogs bequeathed to him by his mother.

"What you've done here in Massachusetts is amazing. We are just setting a shining example of what we can go in our future endeavors in dental insurance reform and what we can do to help our patients," 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.
New! TurboSensor®+
Ultrasonic Scaler

TurboSensor®+ ultrasonic scaler combines the reliability and performance of its trusted predecessor, the TurboSensor, with exciting new features that enhance the scaling experience in today’s demanding work environment.

- **New Intellisense™** processor ensures top-level, consistent performance with all market-leading 30K inserts
- **New** detachable, autoclavable 30K handpiece for enhanced instrument reprocessing
- **New** colors to complement the style and personality of every office
- **New** tap-on purge functionality for waterline cleansing
- Enhanced water pressure control
- Streamlined setup with a more compact transformer and power cord for easier placement
- Designed, manufactured, and serviced in the U.S.A.

**Special Introductory Offer**
Buy 1 TurboSensor®+ Scaler, Get 1 Detachable Autoclavable Handpiece FREE

*For more information, visit parkell.com or contact your local authorized Parkell distributor.*
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 health which is individually identifiable.

PHI is any information about a patient’s health which is individually identifiable.
• Remember the 1984 Tom Hanks-Daryl Hannah film "Splash?" Her unclavicle features a memorable fight between Dr. Walter Kornbluth, played by Eugene Levy, and Mr. Hanks’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 by 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 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 of "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 Hermy 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.

• Ali 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 "a-rab anti-dentist... 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 inspect 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 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 / Sad 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" with the song "Cavity Search," with lyrics such as "Listenin' to the Muzak / Hearin' people scream / Sitin' in the waiting room / Readin' crappy magazines."

• Even CoCoLemons 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 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.

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

BY DAVID BURGER

A n 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.

See WATERLINES, Page 7
Thinking about a change?

Now is the perfect time to begin the next step in your career.

Whether you’re selling, partnering, or bringing on an associate, ADA Practice Transitions™ will find the right doctor for your practice.

Get personal guidance throughout the process, plus the resources you need for a successful transition for your practice, patients, and staff.

Get Started Today!
Scan the code to create and submit your profile.

ADAPracticeTransitions.com | 800.232.6119 | ADAPT@ada.org
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

Practice Consolidation Is Cresting

It’s Time to Understand the Value of Your Practice

Silent Partners Buy Part of Your Practice

Dozens of Invisible Dental Support Organization (IDSO) silent partners, in all 50 states, are paying record values for partial interests in larger practices of all specialties and general practice.

IDSOs purchase 51% to 90% of practices for cash now at low tax rates. Doctors retain ownership and have significant upside in the equity value.

Long-Term Wealth Building Partnership

Doctors continue to lead their practice with their brand, team and strategy for years or decades. Practices benefit from the resources of a larger partner, but are not micromanaged or homogenized.

IDSO partnership is not a short-term transition strategy, but rather a long-term wealth building partnership.

844-522-7533

MySilentDentalPartner.com
Partner@LargePracticeSales.com

Large Practice Sales clients have 6 to 10+ qualified bidders. LPS completed over $514 million of transactions for dentists of all types, in the last 12 months, for doctors as young as 32. LPS’ size enables our clients to achieve record values, some as high as 4.6x collections in 2022.

Your Value in Today’s Consolidation Frenzy

Great practices with at least $1.5 million in collections have many options today. You should understand the value of your practice in an LPS-advised process. Doctors who deal directly with IDSOs leave millions on the table and do not get to consider ALL of their options.

Contact us to schedule a confidential, no obligation discussion to learn the value of your practice.

LPS Large Practice Sales
I 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 either been 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.”

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.

“Lego dentist’ hopes to inspire creativity among pediatric patients

BY MARY BETH VERSACI

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 boots he knitted. He also used Lego bricks to create a panoramic X-ray in a working light box and a small model of the Solaris 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.”

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.

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.

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.

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 Step.

“That’s because for Stephy Steph the Millennium — aka Stephanie Ganter, D.D.S. — and Bobby the Gen Xer — aka Robert G. McNeil, 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. McNeil said. “Dentists need it. Hygienists need it. Everyone needs it.”

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

Connecting was at the center of what Dr. Ganter had in mind when she proposed the idea of starting the YouTube channel to Dr. McNeil. For more than three years, Dr. Ganter, a periodontal and implant surgeon, and Dr. McNeil, 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 the

See YOUTUBE, Page 23
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’ messages 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:


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, 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.”


Give Us a Try.
You Will Love What You See.

Family Owned & Operated since 1970

Element-Z®

Ultra ESthetic Z®

5 Day Turnaround | Made in the USA | 7 Year Warranty

$69.00*

Zirconia Crowns
FOR NEW ACCOUNTS

Scan for Coupons

*Retail $122 a unit, $95 Model-less. May not be combined with any other offer or discount. Not applicable to Oral Arts SELECT Crowns or to Element-Z Lingual. Expires January 31, 2023.

oralartsdental.com | 800-354-2075 | Free Inbound Shipping

DECEMBER 12, 2022

ADANews
There’s still time to reach your CE goals for this year!

As 2022 draws to a close, many of us take stock of what we accomplished during the year. Did we take all the CE we needed to?

No? Fortunately, ADA CE Online can help you with this goal.

Finish the year on top of your CE credit with topics like infection control, OSHA, emergency management and proper prescribing. Take 25% off these course essentials until 2/28/2023 with the promo code NEWSAD22.

Visit ADACEOnline.org.
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 recovery companies’ systems 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 Lynnwood, 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 purine from prophylaxis 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.

“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.
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 September 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.

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.”

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.”

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.”

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

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.

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.
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 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.”

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. “Re-storing 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 officer.”

“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 general’s 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 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 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.”

The letter also asked the lawmakers to upgrade the rank of the Navy’s Chief Dental Officer 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.”

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.

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 and 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/AdvoCare.

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 Medicare 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 Executive Director Raymond A. Cohlma, 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.

CMS expands Medicare to cover medically necessary dental procedures

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 final rule does not expand 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 the mandible or maxilla.
• 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 cancer.
• 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 immunosuppressive 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.
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

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 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’s 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.

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.
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 diseases and conditions worldwide for 194 countries, including the United States. 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 serves 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 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.” The 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 increase access to care where it is needed.

The American Dental Association supports policies and programs that reduce oral health inequities, ensuring meaningful oral health access and improves the overall health of individuals.”

The report shows that most half of the world’s population, approximately 3.5 billion people, suffer from oral diseases, with 75% of those affected people living in low- and middle-income countries. In the United States, where 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.

“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 to prevention and care when they need them.”

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

• Developing 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 improvement 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 non-dental 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. “Placing people at the heart of oral health in national health monitoring systems and new data standards is essential to advance oral health, and to ensure that everyone, wherever they live, has access to the care they need.”

© 2022 Bausch Health Companies Inc. or its affiliates. ARE.0060.USA.22   9546401   Rev. 09/2022

oral disease burden with data profiles for 194 countries.

Evidence of embryotoxicity has also been noted in animals treated early in pregnancy. If any

Fertility and general reproduction studies have provided evidence that minocycline impairs fertility in male rats.

Table 5: Adverse Events (AEs) Reported in ≥3% of the Clinical Trial Population of 3 Multicenter US Trials by Treatment Group

![Table Image]

<table>
<thead>
<tr>
<th>AEs</th>
<th>Minocycline (mg/day)</th>
<th>ARESTIN®</th>
<th>Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharyngitis</td>
<td>8.6%</td>
<td>8.8%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Gingivitis</td>
<td>8.8%</td>
<td>8.8%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Dental Pain</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Tendinitis</td>
<td>7.2%</td>
<td>6.2%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Headache</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Rash</td>
<td>1.5%</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Nasopharyngitis</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nausea</td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Nausea</td>
<td>4.0%</td>
<td>4.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Abnormal Vision</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mucous Membrane Disorder</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The administration of ARESTIN® does not require local anesthesia. Subgingival substandardized to the caries-free tooth. The tip of the delivery device is then used to pierce the gingiva and the drug is inserted into the defect. ARESTIN® does not have to be removed, as it is biodegradable, nor is an adhesive or dressing required.

Manufactured by:

DentAssist, a division of Bausch Health Companies North America LLC, Bridgewater, NJ 08807 © 2002 Bausch Health Companies Inc. or its affiliates. ARE.0060.DU2A.07/2001

The administration of ARESTIN® does not require local anesthesia. Subgingival substandardized to the caries-free tooth. The tip of the delivery device is then used to pierce the gingiva and the drug is inserted into the defect. ARESTIN® does not have to be removed, as it is biodegradable, nor is an adhesive or dressing required.

Manufactured by:

DentAssist, a division of Bausch Health Companies North America LLC, Bridgewater, NJ 08807 © 2002 Bausch Health Companies Inc. or its affiliates. ARE.0060.DU2A.07/2001

The administration of ARESTIN® does not require local anesthesia. Subgingival substandardized to the caries-free tooth. The tip of the delivery device is then used to pierce the gingiva and the drug is inserted into the defect. ARESTIN® does not have to be removed, as it is biodegradable, nor is an adhesive or dressing required.
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.

To learn more, visit ashp.org.

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.

Sodium Dental: increased efficiency = increased revenue.

We provide solutions that help to build your bottom line. From dental x-ray sensor repair to network infrastructure to providing the latest products and technology, at Sodium Dental, we are solely focused on delivering success to your dental practice.

Sensor repair that’s beyond compare.

As the first company to offer sensor repair, and servicing all leading x-ray brands, we help dentists all over the world repair, rather than replace, their x-ray sensors. With no risk, fast turnaround, and free estimates, we make sensor repair simple and swift.

Tomorrow’s technology, here today.

Our focus is to provide your practice with the most innovative dental technology systems and solutions.

- Digital X-Ray Sensor Repair
- Digital X-Ray Intro Oral Sensors
- Cone Beam CT Technology With Full FOV
- Digital Intro Oral Camera Systems
- Information Technology Support & Installation
- Digital Impression Scanners
- 3D Digital Photos

800.821.8962
sodiumdental.com

The Aurora VIP
Digital X-Rays
Sensor Rental

The Aurora VIP is an innovative new sensor plan bringing you the latest in digital x-ray technology. We will provide you with phenomenal digital x-ray sensors for a low monthly fee. Why buy digital x-ray sensors for a high initial cost when you can instead rent a sensor with full coverage and reliability? 1 & 2 sensors available.
Rewards points are earned with your ADA Visa credit card for eligible net purchases (purchases minus credits and returns). Some restrictions apply. Refer to the Program Rules at adavisa.com/faqs for additional information.

If you are interested in applying for the ADA® Business Rewards Visa Signature® Card, text ADAMEM to 98415. You will receive an email in response to your text. By texting ADAMEM, you are opting into the Text to apply program. Our Privacy Policy can be viewed at usbank.com/privacy.

Terms and conditions can be found at adavisa.com/textapply. Message and data rates may apply. Text help for help. Text cancel to stop or opt out.

The creditor and issuer of this card is U.S. Bank National Association, pursuant to a license from Visa U.S.A. Inc. ©2022 U.S. Bank

ADA Member AdvantageSM is a service mark of the American Dental Association. ADA Member Advantage is a program brought to you by ADA Business Enterprise, Inc. (ADAME), a wholly-owned subsidiary of the American Dental Association. ADA is a registered trademark of the American Dental Association.

EARN

up to 50,000 BONUS POINTS
in the first 365 days!1

5X POINTS
on purchases made through the ADA, state dental societies and select endorsed providers.1

5X POINTS
on prepaid hotels and car rental booked through the rewards site.1

2X POINTS
at dental supply providers like Benco, Schein, Patterson and more!

1X POINTS
everywhere else Visa is accepted.1

Imagine where in the world all these extra points could take you.

When you use your ADA® Business Rewards Visa Signature® Card, you’ll earn points faster and reap the benefits sooner. It’s the perfect card for simplifying your expenses and using reward points for travel on 150+ airlines with no blackout dates. Or, redeem points for gift cards, cash back in the form a statement credit and more. There’s no limit on the total points you can earn, and you can earn up to 50,000 BONUS POINTS in the first year!1

Apply today!
adavisa.com/37389
866-472-6423 ext. 37389
Text ADAMEM to 98415 to apply2

800-ADA-2308
adamemberadvantage.com

1 Rewards points are earned with your ADA Visa credit card for eligible net purchases (purchases minus credits and returns). Some restrictions apply. Refer to the Program Rules at adavisa.com/faqs for additional information.

2 If you are interested in applying for the ADA® Business Rewards Visa Signature® Card, text ADAMEM to 98415. You will receive an email in response to your text. By texting ADAMEM, you are opting into the Text to apply program. Our Privacy Policy can be viewed at usbank.com/privacy.

Terms and conditions can be found at adavisa.com/textapply. Message and data rates may apply. Text help for help. Text cancel to stop or opt out.

The creditor and issuer of this card is U.S. Bank National Association, pursuant to a license from Visa U.S.A. Inc. ©2022 U.S. Bank

ADA Member AdvantageSM is a service mark of the American Dental Association. ADA Member Advantage is a program brought to you by ADA Business Enterprise, Inc. (ADAME), a wholly-owned subsidiary of the American Dental Association. ADA is a registered trademark of the American Dental Association.
BY MEREDITH A. BAILEY, D.M.D.

Massachusetts win proves dental patients want insurance change

Although we are the first state to pass this legislation, we will not be the last.

- Meredith A. Bailey, D.M.D.

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

- 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.
- 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. 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.

DELAYING CARE DUE TO COST CAN CAUSE...

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 advocate for 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 Mouhah 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 ADA 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 tripod 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.
NATIONAL OPPORTUNITIES

For advertising information, call: 877.394.1388 or email us at: adanews@russelljohns.com

Recommended by the American Dental Association

Opportunities Available

ALASKA — Fairbanks Associateship. Extremely productive practice in Fairbanks Alaska is willing to help with moving expenses for a new associate. High volume. Compensation 52% of collections. Complete college town. paul@mydentalconbroker.com, (866) 348-3800.


MINNESOTA — Dentist. HealthPartners Dental Clinics’ approach to care is built on evidenced-based care with a focus on disease management, risk assessment and risk reduction. For more than 30 years we’ve been recognized as a leader in innovative dentistry. We’re committed to finding the most effective ways to improve dental health. We offer an excellent compensation and benefits package. Call: (952) 883-5151, email: angie.m.blackowiak@healthpartners.com or visit: healthpartners.com/careers.

NEW YORK— Associate Oral Surgeon. Long Island Merrick. For busy Insurance based practice. P/T position preferred, but will consider PT if the schedule works. Practice has been open for over 40 years. Newly renovated facility. Practice focus is primarily Dental Implant and Implants. We truly would like the associate to become a partner, and will be offered to the right person. To request practice specific more info, email Sdabundo23@gmail.com.

NEW YORK — Syracuse. Seeking full-time Endodontist in a multi-office group Endodontic practice. Great compensation package with opportunity for partnership. Practice in modern offices with state-of-the-art equipment including CBCTs. Please call Dr. Jeffrey S. Maloff at (315) 413-1100 or email at drjsm4life@gmail.com.

OREGON — Associate position in beautiful Roseburg. $20,000 minimum monthly guarantee, $20,000 signing bonus. 4 days per week. Implant placements is a huge plus, but not necessary. Contact Adam at: adam@mydentalconbroker.com or (541) 520-5507.

We are looking for a motivated associate to join our general dentistry practice. Haye Dental Group has served South Central Wisconsin for over 30 years. We have been voted the #1 Dental Office in Rock County along with being awarded “Office Design of the Year” in Dental Economics. Our two office locations, 6 doctor practice, offer Dental Implant Placement and mentorship, Endodontics, Oral Surgery, 3D Scans, Cosmetic and General Dentistry. Salary packages begin at $120,000 with Health Insurance and 401K benefits. GREAT OPPORTUNITY! Dental student inquires are welcome. On site fitness center and golf simulator. www. HayeDental.com Call Dawn at (608) 752-7931 or email CVs to: dawnd@hayedental.com

We are seeking a motivated associate for our long established, thriving and growing dental practice in North Central Pennsylvania. We are looking for someone who is an excellent clinician with a commitment to providing quality care and a desire to be part of our family. The new affiliate will be responsible for developing and maintaining patient relationships in our recently renovated, state-of-the-art facility. Practice focus is primarily Dentoalveolar and Implants. We truly care about our patients and are committed to finding the most effective ways to improve their oral health. Our team is dedicated to supporting the new affiliate and helping them achieve their career goals. We offer an excellent compensation and benefits package. Call today! 877.394.1388

If you are interested in this position, please send your CV to: careers@paragon.com.

NATIONWIDE — PARAGON is looking for dental transition consultants nationwide. Continue your dental career from another non-clinical perspective. Guide your colleagues with life and career decisions. Full training and support. Contact careers@paragon.com.

To request practice specific information, email Sdabundo23@gmail.com.

We can help you transition your practice to the people who will take care of your patients in the way you would. Call today! 877.394.1388

For more information about Cole Orthodontic Associates visit colesmiles.com

We make it easy to reach dental professionals. Call today! 877.394.1388

HAWAII — Big Island solo GP. Strong mid-sized practice in Kona. Beautiful spacious facility with 4 well equipped operatories. Collects $700,000. Retiring dentist looking for the right person. Contact: paul@mydentalbroker.com, (866) 348-3800.

IDAHO — We represent general and specialty practice purchase opportunities in Idaho, Montana, Oregon, Washington, Alaska and Hawaii. Call Consani Associates: (866) 348-3800 or learn about us in 75 seconds at www.mydentalbroker.com.

ILLINOIS — Woodford County, IL. FFS practice, $1.36mm gross collections, $445K EOM in 2021. Get out of the rat race with this upgraded, fully digital small town practice. Owner paid off the 10 year practice loan in 8 years. Please call to asking $750,000. Contact debtdudeedd@gmail.com.

MONTANA — We represent general and specialty practice purchase opportunities in Montana, Idaho, Oregon, Washington, Alaska and Hawaii. Call Consani Associates: (866) 348-3800 or learn about us in 75 seconds at www.mydentalbroker.com.

NEW MEXICO — Practice for sale. Taos, historic resort town, world class ski area, great outdoor recreation and restaurants. 2019 $805,000 collections, new 5 operatories, 2 EFPIA. Email: vollfee@yahoo.com.

NEW YORK — Located in one of the small communities inside the Adirondack Park. Own this practice in a beautiful historic building on a cross-located street for the value of building only. Email: tsilvis@roadrunner.com.

NEW YORK — Westchester. Practice for sale. 100% self-paying patients. Bordering Greenwich, CT. 2 operatories, long lease available. Gross $200,000 on 4 half days. No Brokers. TEXT: (914) 336-8209 or positivehumor@gmail.com.

OREGON — We represent general and specialty practice purchase opportunities in Oregon, Washington, Idaho, Montana and Hawaii. Call Consani Associates: (866) 348-3800 or learn about us in 75 seconds at www.mydentalbroker.com.

OREGON — Gorgeous 4-ops Wilsonville Area. Efficient bread and butter practice. Beautiful manor house with abundant parking. Collects 750k with low overhead. No welfare. Incredible potential to grow. adam@mydentalbroker.com (541) 520-5057.

OREGON — Eugene. Beautiful 5-op practice with lots of natural light. Collects $800,000 on 160 days/8 weeks of vacation. Manicured garden with water feature. Building available. adam@mydentalbroker.com or (541) 520-5057.

OREGON — North Oregon Coast Partnership. The practice is currently collecting $2.2m with one doctor and three hygienists. Beautiful ocean views. Start making good money right away. Excellent compensation. adam@mydentalbroker.com, (541) 520-5057.

OREGON — Downtown Portland. Mixed residential/commercial part of downtown Portland. Exceptionally rare first-class exposure via street level visibility. 7+ operatories. Practice collects $853,000 per year. First class leasehold improvements. paul@mydentalbroker.com, (866) 348-3800.

OREGON — SW Suburban Portland. 5-operatories long-established practice in nicely desirable area. Conservactive dentist with strong hygiene program. Collects $820,000. Real estate is also available. Contact Adam: adam@mydentalbroker.com or (541) 520-5057.

WASHINGTON, DC — EXCEPTIONAL OWNERSHIP OPPORTUNITY! Established, high quality, fee-for-service dental practice established in a great location of the Capital Hill area (Washington, DC) seeking an experienced dentist to purchase the practice. Must be committed in providing optimal patient care and possess a developed proficiency for high quality, preventive treatment planning. This fee-for-service, restorative practice is supported by a caring, highly skilled and dedicated team of professionals.

Please send objectives and CV to: paul@mydentalbroker.com or (541) 520-5057.

WASHINGTON — We represent general and specialty practice purchase opportunities in Washington, Oregon, Idaho, Montana, Alaska and Hawaii. Call Consani Associates: (866) 348-3800 or learn about us in 75 seconds at www.mydentalbroker.com.


WASHINGTON — Vancouver. 5 operatories practice in stand-alone building with plentiful parking. Recent remodel with newer equipment and CBCT. Strong hygiene program. Collections over $1.2m with very little advertising. adam@mydentalbroker.com, (541) 520-5057.

WASHINGTON — San Juan Islands. Idyllic live/work opportunity. Excellent general practice with 4 operatories in new building. $600,000 revenue. Real estate is also available. Please contact Dr. Dan Byrne: dan@mydentalbroker.com, (206) 992-0580.

WASHINGTON — Olympia area. Beautiful newly improved 10 Operator facility. $2.9M annual collections. Busy growing practice in great location. Strong profits. Contact: Dr. Dan Byrne: dan@mydentalbroker.com or (206) 992-0580.

WASHINGTON — Auburn. Long established practice in the “Covell” area. $600,000. Easy to find practice on main thoroughfare with plenty of parking. Good profitability. Contact: paul@mydentalbroker.com or (866) 348-3800 for details.

WASHINGTON — Snohomish County. Nicely updated 7-op office and collecting over $1.5M. Doctor willing to stay on if new owner will sell well established, high profit practice. Contact Dr. Dan: dan@mydentalbroker.com or (206) 992-0580.

DREAM DENTAL JOBS.
TOP TALENT.
EVERYTHING YOU NEED IN ONE PLACE!

Find your next dental opportunity today at careercenter.ada.org

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

BY MARY BETI VERSACI

The National Institute of Neurological Disorders and Stroke of the National Institutes of Health has awarded 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 which 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 $2.9 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 intense 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.

Weill Cornell Medicine, which is collaborating with Akelos on the research, has received a subaward as part of the grant. Peter D. 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.

—— versaci@ada.org
Everyone should have access to services public governmental responsibility,” he said. 

integrated with primary health care as a core make the case for oral health as a public good.

people and populations.”

tion are not providing adequate coverage for approaches to oral health care and to preven-

is that the data tells us that the current ap-

challenges, for having good data is essential for health status report in highlighting many of the

search, said at the report launch that he ac-

wards universal health coverage for oral health health. All of this is part of the roadmap to-

in expanding and improving coverage for oral

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 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 ‘preventive 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 candidate 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.

— versacim@ada.org
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 Smile-Con, 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.

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

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

"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."

"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 Smile-Con, Drs. Ganter and McNeill say they have worked hard to create a fun and welcoming environment.

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.
Save Money on Your Lab Expenses Instantly

- IOS Layered Zirconia $69 / Per Unit
- IOS Full Solid Zirconia $59 / Per Unit

Our Prices are 55% Lower than Average for an FCZ*

- Highest Quality Materials
- More than 30 Years of Experience
- Full Service Lab

Get Started Today! Scan for a FREE Starter Kit.

(844) 299-7243 | www.tridentlab.com

*2021 LMT Fee Survey