

ADA News

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PRACTICE

Should I join a DSO?

DENTAL SUPPORT ORGANIZATIONS OFFER OPPORTUNITIES, NONCLINICAL SUPPORT FOR DENTISTS

BY JENNIFER GARVIN

Should I join a dental support organization? That's question facing many dentists at different stages of their career.

Dental support organizations — supports more than 30 dentists, but Dr. Lesansky practices in a two-doctor office that he describes as being a "very typical general practitioner setting" with five dental team members.

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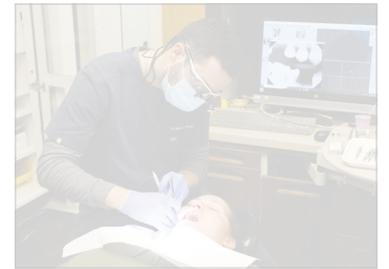
He joined his first DSO as a "pure associate dentist," which gave him the freedom to focus 100% on patients like he wanted but made him long for the ability to have autonomy on how the practice ran. He ended up transitioning from that model to being an associate in a DSO private practice setting.

"This was rewarding because I did have more say and more autonomy without the direct pressures of business ownership," he said.

Not long after joining, he was approached about buying into the office as a partner. But even though it was a well-established and busy practice, the thought of once again having to manage business aspects didn't appeal. He started exploring other avenues, and that's when he found University Dental Associates.

After being hired by UDA as an associate in 2010, he bought into the group as an owner partner two years later and has been there ever since.

"Our model is owned 100% by the doctor group," he said. "The DSO supports our business side with support for payroll, vendors, etc., and all clinical aspects are purely run by the



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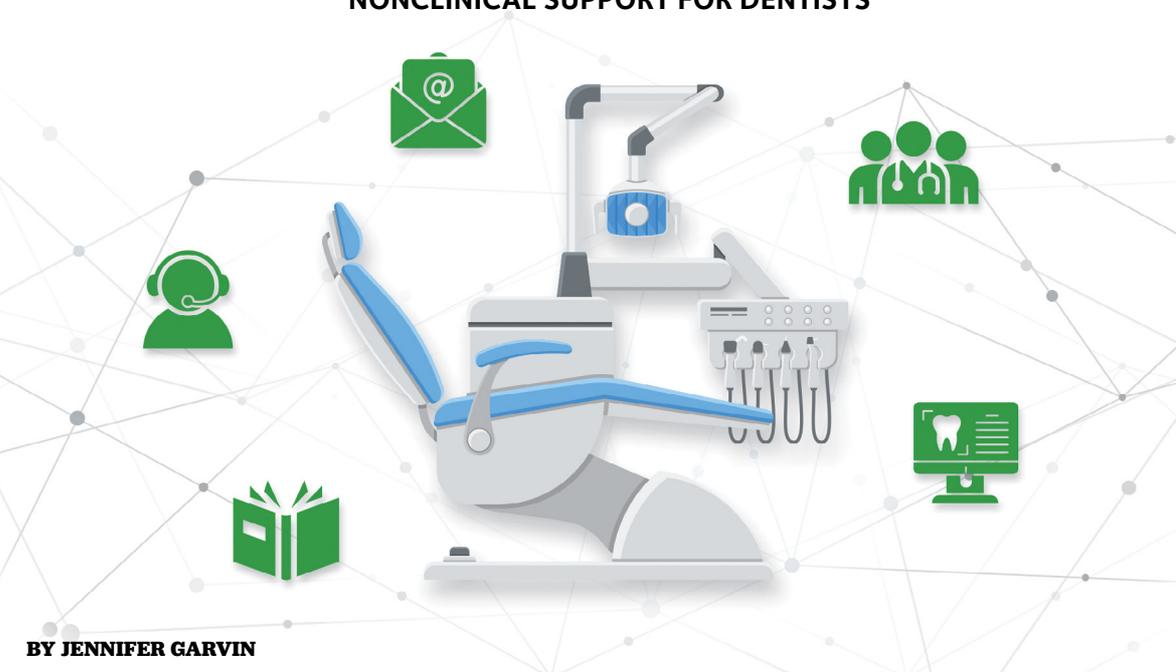
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BY JENNIFER GARVIN

Should I join a dental support organization? That's question facing many dentists at different stages of their career.

Dental support organizations — commonly known as DSOs — are entities that offer administrative, marketing and nonclinical support to dental practices. There are many different examples of DSOs that, in turn, support many different types of dental practices. As solo dental practices become less common, the ADA Health Policy Institute estimates that more dentists will gravitate toward group practices. In research published last year, HPI found more than 10% of all dentists were affiliated with a DSO.

But are they right for you?

The ADA talked to two dentists, one who has been out of dental school for more than 20 years, and another who has been out for just over five years. These are their stories.

FOCUSING ON THE CLINICAL

David Lesansky, D.M.D., is part of University Dental Associates, a multi-specialty dental group practice in North Carolina. The DSO

supports more than 30 dentists, but Dr. Lesansky practices in a two-doctor office that he describes as being a "very typical general practitioner setting" with five dental team members.



Dr. Lesansky

"This model works for me because I have never enjoyed the business aspects of dentistry," he said. "I love the clinical aspects and like my time to be focused there. As a dentist working in a DSO environment, I get to focus my time caring for my patients without having the constant stress and worry relating to staffing, payroll, leases, vendors, etc."

Prior to joining University Dental Associates, Dr. Lesansky worked in several different practice modalities, including public health and a solo private practice. At the Florida community health care clinic, he found he loved working with underprivileged patients and giving back. He also enjoyed receiving a regular

salary regardless of production or collections. Being a solo owner of a private practice was his least favorite practice type due to spending precious time worrying about business issues.

“

I get to spend my days practicing dentistry like I love to do, and I also have the autonomy to schedule how I want, use the labs I want, use the materials I want.

- David Lesansky, D.M.D.

"I felt as if most of my time was taken up worrying about business issues, leaving my brain very little time to enjoy the interactions with my patients," he said. "Not only that,

but starting my own practice as I did was even more stressful because there are a lot of expenses going out the door and not a lot of income coming in the early stages. I quickly grew fatigued and burned out on the ownership aspects and joined a DSO model practice."

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After being hired by UDA as an associate in 2010, he bought into the group as an owner partner two years later and has been there ever since.

"Our model is owned 100% by the doctor group," he said. "The DSO supports our business side with support for payroll, vendors, etc., and all clinical aspects are purely run by the doctor group."

He called it the best of both worlds.

"I get to spend my days practicing dentistry like I love to do, and I also have the autonomy to schedule how I want, use the labs I want, use the materials I want. I have found this to be my most enjoyable and rewarding practice modality without a doubt, which is why I have stayed for 13 years."

PRACTICE MODEL IS LESS ISOLATING

Other advantages of working at a DSO may include the salary, benefit packages, possibility of equity, and continuing education opportunities.

See DSO, Page 10



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AROUND THE ADA

Growing together

ADA leaders support DSO models at dental conference

The evolution of dental practice models and how to grow a multi-site practice were the top topics at the Yankee Multi-Site Summit.

Multi-site dental practice owners, dental support organization representatives and dental entrepreneurs and gathered Jan. 26-27 at the Yankee Dental Congress in Boston to discuss the business and clinical needs that may be unique for multi-site dental practices. The ADA's top leaders also attended to show support for the growth of DSOs.

"On behalf of the ADA's leadership and 161,000 members, I'm here to say simply: The ADA has your back," ADA President George R. Shepley, D.D.S., told the crowd. ■



Group thought: ADA leaders pose at the Yankee Multi-Site Summit. From left are Chad R. Leighty, D.D.S., 7th District trustee; Dr. Shepley; Linda J. Edgar, D.D.S., ADA president-elect; Meredith Bailey, D.M.D., president of the Massachusetts Dental Association; and James E. Lee, chair of the ADA New Dentist Committee.

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Free dental clinic changes lives

WEST VA. CLINIC FULLY INTEGRATES DENTAL AND MEDICAL SERVICES FOR PATIENTS

BY JENNIFER GARVIN

They come here seeking relief, a way out of the pain they have been in for months, sometimes even years. They end up finding much, much more.

For the patients who visit the dental clinic at Wheeling Health Right in West Virginia, this is the place that takes away their pain and makes them want to smile again. The place where their providers feel like family. Their forever dental home.

"It's a place without judgment," said Jenny, who found her way to the dental clinic after being laid off from a job.

Coming here has changed Kayla's life "for the better," after suffering tooth pain for years.

"I was very depressed because of my teeth situation, and I am so much happier now," she said.

Her husband, Jason, agreed.

"Everybody here is just amazing. It's hard to put in words how big of an impact they have on our lives."

Many patients' overall health improves the minute they step inside Health Right. It's part of the vision Kathie Brown — Wheeling Health Right's executive director — had when she pushed for the clinic to include dental services, along with the comprehensive medical services already available. In addition to medical and dental services, the health center also offers prescriptions, lab work, counseling, women's services and more.



Dr. Medovic



Ms. Brown

"Nationally, we are one of the only clinics that does dental in a primary care setting, and we really marry the two," Ms. Brown said. "Some clinics may do both, but they don't match together, and they don't depend on each other like we do. Our dental depends on the medical side and medical depends on the dental. They work together very closely and it's really important."

Integrating oral and medical health services enables patients to be seen by providers who understand the critical link between oral health and overall health. It's an initiative that the ADA and the ADA Council on Advocacy for Access and Prevention continues to foster through outreach and education this year and beyond.

Linking member dentists to physician groups — such as the American Academy of Pediatrics — engages professional integration to advance and promote the overall health of the public.

"This really is a fully integrated medical-dental clinic," echoed Mike Medovic, D.D.S., the clinic's volunteer dental director and ADA trustee of the 6th District. "In fact, when patients check in, they go to the medical side and have their blood pressure taken, and staff checks on their medications and then they're cleared to come over for their dental appointment. It really is a neat little system."

"From the very beginning, we said we don't want this just to be an episodic clinic," added James Comer, M.D., Health Right's medical director. "We wanted this to be modeled after the patient's medical home, and so it's kind of morphed into



Checking in: Dr. Petrides works on Jenny's teeth during a recent visit to the Health Right dental clinic.

that and dentistry has always been a piece."

Patients Jason and Kayla are each proof of how integrating primary care with dental can have an immediate impact on an individual's overall health. In addition to having their dental needs met — each had several extractions and ultimately received dentures — the couple also was treated for other health conditions: Kayla was given a prescription to help control her high blood pressure (previously undiagnosed) and Jason was able to resume taking medication for his Crohn's disease after a job loss in 2020 left him unable to afford it. Both credited the care they received at Health Right for improving their quality of life.

"I was low on money and going through some rough times," said Jason, who heard about the dental clinic from a friend. "We've both had bad teeth pain and were just so tired of dealing with it. They set us up with a doctor and they got our health back on track."

"I was in pain for so long, every day," Kayla said. "I had tooth pain every single day. And it sounds crazy, but after they pulled them, I noticed it was gone. I was sore from them pulling [my teeth] and everything, but that pain, it was gone, and I don't have to live with it anymore."

Not long after, their smiles returned. In fact, they can't stop smiling when asked about their oral health today.

"Instead of eating mashed potatoes and stuff like that, now we can actually chew steaks and other good food," Jason said.

In her testimony to the Ohio County Commission advocating for funding to expand the dental clinic, Kayla credited Health Right with changing her life.

"Now I smile a lot more without fear of judgment," she wrote. "I am no longer in pain, and I am mentally stronger."

Many of Wheeling Health Right's patients come from the surrounding blocks, often on foot, sometimes by bus. The staff strives to remove the road blocks many patients face when seeking care, including giving those patients whose jobs require it a note to return to work. Staff members work to get the word out by volunteering at local soup kitchens and letting them know help is available.

"There's no judgment when you come here," said Jenny. "Everyone just wants to help."

A 'REWARDING EXPERIENCE'

The patients here aren't the only ones whose lives are changed.

"I never had patient relationships the way that I have here. Here, I hug my patients," said Tracy

of pain, and they are usually prescribed an antibiotic before coming back for their extractions. We hold their hands the whole time.

"When they're in the chair they're so scared and I tell them: These teeth, they're never going to be able to hurt you again."

Mike Petrides, D.D.S., a 2019 graduate of the West Virginia University School of Dentistry, first came to Wheeling Health Right as a dental student before joining as one of the clinic's three part-time dentists.

"[One of my professors] used to say that we should always do good," said Dr. Petrides, who also works in private practice on the days he's not at Health Right. "This is my opportunity to do some good."

"I really enjoy the work we do here," Dr. Petrides



Smiling again: Dr. Petrides, left, shares a moment with his patients Jason and Kayla.

Kiaski, R.D.H., who was the first dental employee Ms. Brown hired more than six years ago.

"Many of the patients who come here are in pain. Not all, but most," Ms. Kiaski said. "And they haven't seen a dentist in years, and they are scared to death. They usually had a bad experience as a kid and most of their first visit is just getting them to trust us. We get them out

continued. "We are doing the best quality denture we can do so it lasts. It is phenomenal and it's just amazing. Every time you deliver that final denture, and they pick up the mirror, it's just such a rewarding experience. I know that Jason and Kayla say we changed their lives, but they kind of do the same for us in that aspect. What better way, what reassuring way to find out that you chose the right

profession and why you want to be a dentist and love everything about it.”

HOW IT CAME TO BE

Wheeling Health Right first opened its doors in 1987 and began offering dental services in 2016. Ms. Brown, the executive director, didn't need a dental degree to understand the huge need for dental care in Ohio County, where Wheeling resides, and the surrounding area. A nurse who has worked in public health for more than 30 years, she knew that by offering dental care to patients, her health center could help lead them to better overall health while at the same time, keep them from seeking dental care at the local hospital. After putting together a proposal, she and other clinic staff worked with the Wheeling District Dental Society to find volunteers. It wasn't easy.

The member dentists wanted to participate but worried that the small dental society wouldn't be able to sustain long-term volunteering. It was Tom Borgia, D.D.S., then-dean of the West Virginia University School of Dentistry in Morgantown, who first suggested getting dental students involved. In turn, the district dentists who volunteered were credentialed by the School of Dentistry and became part-time faculty members who could then supervise the third- and fourth-year students who work there at the dental clinic. The students typically work on Tuesdays and Wednesdays to both gain valuable clinical experience for themselves, while at the same time contributing to addressing the extensive access to care issues the state faces.

“We all put our heads together and we utilized all the resources we had at our disposal,” Dr. Borgia said. “We came out with what I believe is a very successful program which could even serve as a model for the rest of the country. While the dental students provided manpower, Kathie, through her vision and community health center, provided the necessary facilities.”

Once the clinic was underway, WVU's oral surgery and prosthodontics residents also started seeing patients on Saturdays. For their part, the students say it's a privilege to come here and gain experience.

“Coming here gives us the experience of working with patients who are in need. I asked to go on these rotations specifically for that reason,” said Brittany Carver, a fourth-year dental student at WVU who plans to work in rural St. Mary's, West Virginia, after graduation.

HOW IT WORKS

The patients who come to Wheeling Health Right for dental services must first commit to improving their overall health.

“We're one of the only free clinics in the country that intermingles medical and dental,” Ms. Brown said. “In order to be a dental patient, you have to be a patient on the medical side, and you have to agree to go through smoking cessation class because smoking is one of the deterrents for teeth. We work really well together. It's nothing for a provider to come over from one side and say, could you come over and look at this patient? I think we've got a problem.”

In one case she noted, a nurse practitioner discovered a patient with a strange growth in her mouth. After consulting with the dental team who confirmed it was oral cancer, she was able to connect her to surgeons who eventually rebuilt her jaw.

“Now that patient is living a perfectly cancer-free life. So this just really, really works when we work together,” Ms. Brown said.

Last fall, when she and her team went to the Ohio County Commission, both patients and providers spoke out in favor of expanding the dental clinic. It worked. Wheeling Health Right was provided with enough funding to expand. It is now a three-chair clinic with plans to install a fourth operator in the near future. There is also a plan for a mobile unit to launch later this year. To date, the dental clinic has seen more

than 4,500 dental patients.

“This is something that improves the quality of people's lives tremendously,” said Don Nickerson, president, Ohio County Commission. “And as long as we can afford it, we will keep doing it. Because if you don't have this, if you don't have the health care, really none of the other stuff matters. It's just the right thing to do.”

“This is really just a special place,” Dr. Medovic said. “Our patients' dental needs are being met and they are also doing better overall with their diabetes and blood pressure and other conditions because they're getting their dental needs met.”

For more information, visit wheelinghealthright.com.



Student volunteers: Fourth-year students Brittany Carver, left, and Andrew Barnes, far right, pose for a picture after performing restorations on Jeremy. All dental students are supervised by licensed dentists.

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Coalition urges agency to continue funding 'vital' program to decrease substance use disorders

BY JENNIFER GARVIN
Washington

The American Dental Association and 33 like-minded stakeholders are asking the Substance Abuse and Mental Health Services Administration to continue funding the Providers Clinical Support System Medication Assisted

Treatment program. The program helps train and educate health care providers in treating patients with substance use disorders, including opioid use disorder.

In dentistry, the Providers Clinical Support System Medication Assisted Treatment program has assisted the ADA Council on Dental Practice in producing and offering free, CERP-approved continuing education

courses on opioid prescribing for more than 10 years.

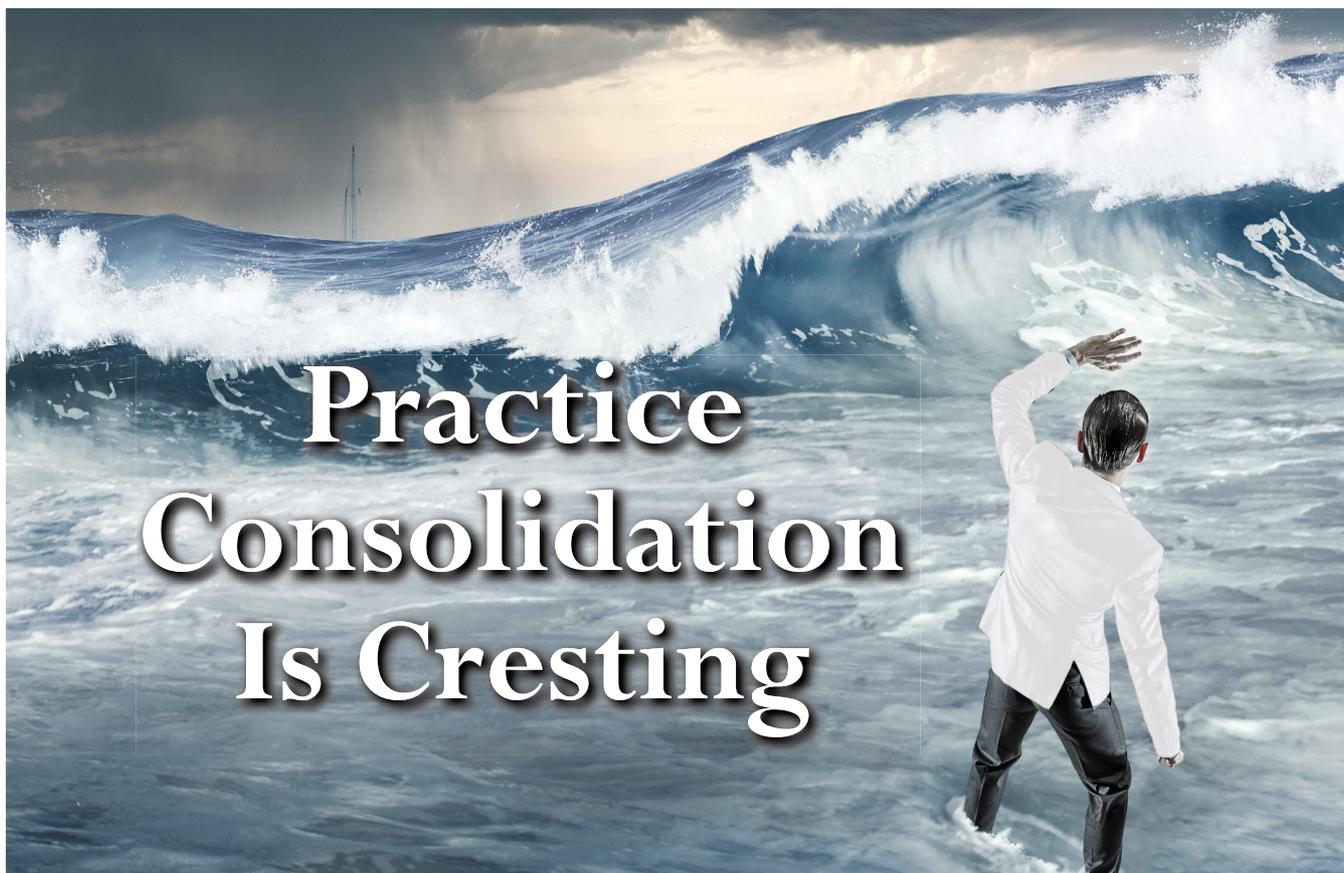
In December 2022, the coalition wrote to the Substance Abuse and Mental Health Services Administration to express support for the Providers Clinical Support System Medication Assisted Treatment program and urged the agency to issue a new funding opportunity announcement in order to re-fund it.

They noted that the program "fulfills a significant deficit in substance use disorder education and training for prescribers," including health professionals such as dentists and dental hygienists.

In the letter, the coalition pointed out that the Providers Clinical Support System Medication Assisted Treatment program has more than 800 educational trainings as well as resources and a mentoring program to instill skills development and confidence in treating substance use disorders and co-occurring mental illness.

The program's resources are free and include webinars, mentoring and continuing education courses.

"[P]articipation in mentoring, discussion forums and other activities continues to grow each year," they wrote. "Clinicians clearly want more — not less — training in treating patients with opioid use disorders, substance use disorders and co-occurring psychiatric disorders. COVID-19 has exacerbated the existing mental health crisis and substance use disorder, and particularly opioid use disorder, epidemic in our nation, creating even greater need for training."



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If our nation is ever going to see a reduction in the rates of substance use disorders and overdose deaths, we must have a better-trained and well-supported workforce to meet the needs of substance use disorder patients and their families.

"If our nation is ever going to see a reduction in the rates of substance use disorders and overdose deaths, we must have a better-trained and well-supported workforce to meet the needs of substance use disorder patients and their families," the letter concluded. "The Providers Clinical Support System Medication Assisted Treatment program is perfectly positioned with its multidisciplinary support and visibility among clinicians to increase the number of new prescribers and facilitate support networks, so providers feel comfortable beginning to treat substance use disorders."

The ADA has developed two resources to help dentists educate patients on pain management: the Chairside Pain Management Discussion fact sheet and the Chairside Pain Management Checklist for more information. Both can be found at ADA.org/resources/practice.

Follow all of the ADA's advocacy issues at ADA.org/advocacy. ■

ADA asks FTC to help protect dental practices from dishonest, misleading online reviews

BY JENNIFER GARVIN
Washington

The American Dental Association is asking the Federal Trade Commission to help protect dental practices from dishonest or misleading reviews on social media sites.

In a Jan. 5 letter to the agency regarding its Advance Notice of Proposed Rulemaking on deceptive or unfair uses of reviews and endorsements, ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S., called it a “critical step” towards ensuring that online reviews “are fair and honest.”

“We are particularly concerned about reviews by people who are not actually patients of the dental practice, or who are misrepresenting their experiences with the dental office,” Drs. Cohlmiya and Shepley wrote. “A common problem that dental offices face with these deceptive or unfair reviews is that, unlike businesses that can respond specifically to negative reviews, dentists, as health care providers, may be constrained by federal and state privacy laws from disclosing patient information even if the review is deceptive or misleading and even if the reviewer discloses their patient information in the review.”

They shared data from a recent survey by the ADA Health Policy Institute that found that while 88% of surveyed dentists reported ever receiving patient reviews online, 39% said they were unable to respond due to HIPAA regulations.

The ADA is urging the FTC to create an exception to enforcement and regulations under the FTC Act “that would permit health care providers, including dentists, to disclose patient information in response to a review without violating the prohibition against unreasonable and deceptive trade practices, provided the disclosure is limited to the scope of the topics addressed in the review.”

The Association is also asking the FTC to encourage social media review sites to revise

their terms of use to remove blanket prohibitions on responding to posts with health information, such as in cases where the reviewer has already shared that information.

“This would help dental practices respond to reviews to the extent permitted by other federal and state law,” the ADA letter said.

The ADA is also urging the FTC to include in its rulemaking a requirement that the reviewer self-identify, as well as a requirement for the social media site to verify that identity because

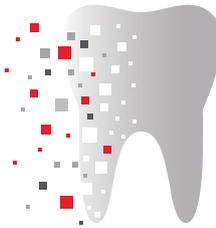
this could help the dentist to determine if the review is fraudulent.

In the case of a legitimate review, it would also assist the dentist in responding to and addressing the patient’s concerns by reaching out to the patient either on social media or directly, as appropriate.

“These regulatory provisions would protect the dental practice from misleading and deceptive reviews, ensure fair competition between dental practices, help consumers to choose the right dental practice for them, and assist dentists in addressing the questions and concerns of their patients,” the ADA letter concluded.

Follow all of the ADA’s advocacy issues at [ADA.org/advocacy](https://www.ada.org/advocacy). ■

—garvinj@ada.org



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Dishonest negative reviews are unfair to the dental practice, which could lose business to a competitor for false or misleading reasons. It can also be very upsetting to the dentist to see incorrect information about their hard work posted online for anyone to find.

“The constraints on responding to these reviews cause injury to the business, to competition, and to consumers,” Drs. Cohlmiya and Shepley wrote. “Dishonest negative reviews are unfair to the dental practice, which could lose business to a competitor for false or misleading reasons. It can also be very upsetting to the dentist to see incorrect information about their hard work posted online for anyone to find.”

“These types of dishonest and misleading negative reviews can even affect the valuation of a practice that is currently in the process of being sold,” they continued. “Such reviews are also unfair to potential patients of the practice who may decide to go elsewhere (or delay care) due to the review.”

2022 marks big year for ADA advocacy

BY JENNIFER GARVIN
Washington

The Association celebrated a wide range of advocacy wins in 2022 — from effectively lobbying for the Centers for Medicare & Medicaid Services to improve access to dental surgeries in hospital operating rooms to supporting a successful ballot measure in Massachusetts that establishes a medical loss ratio in dentistry.

Here is a sampling of the ADA's 2022 wins:

- **MOBILE Health Care Act becomes law.** The Maximizing Outcomes through Better Investments in Lifesaving Equipment for Health Care Act, or MOBILE Health Care Act, became law on Oct. 17. The new law expands the use of the Health Resources and Services Administration's New Access Points grant program for community health centers and allows health centers to use this grant program to set up a mobile unit regardless of whether the health center also sets up a permanent health care site.
- **Massachusetts overwhelmingly passes MLR ballot measure.** Early in 2022, ADA staff and the Massachusetts Dental Society began working together on a campaign to support a ballot measure, which would establish that 83% of insurance premiums collected by dental plans must go to patient care. Furthermore, if that 83% threshold is not met, dental insurers must rebate the difference. Dentists from around the country supported the effort, which 72% of Massachusetts voters approved, and the ADA contributed \$5.5 million to the campaign.
- **Ensuring Lasting Smiles Act passes the House of Representatives.** The ADA advocated for the Ensuring Lasting Smiles Act, or ELSA, which would require that all private group and individual health plans cover medically necessary services resulting from a congenital anomaly or birth defect. The services covered under ELSA would include inpatient

and outpatient care and reconstructive services and procedures, as well as adjunctive dental, orthodontic or prosthodontic support. In April, ELSA passed the House of Representatives with 310 bipartisan votes.

- **Oral health prioritized in spending bill.** The accomplishments also included the fiscal year 2023 omnibus bill, which was signed into law by the president in December 2022. The bill included an increase of 3.5% for oral health across the board with significant increases in dental research and Indian dental health.
- **CMS establishes new billing code for dental surgeries in hospitals.** After an advocacy campaign spearheaded by the ADA, American Academy of Pediatric Dentistry, American Association of Oral and Maxillofacial Surgeons and the disability community, CMS agreed to establish a new dental billing and payment arrangement to improve access for hospital dental operating room cases requiring care under general anesthesia.
- **CMS expands postpartum coverage.** After lobbying by the ADA, CMS announced in September that people in all states who are enrolled in Medicaid will have dental coverage for 60 days postpartum.
- **Congress improves military dental oral health care.** Following a survey of dentists,

the ADA, the American Academy of Pediatric Dentistry and military and veterans service organizations asked Congress to address problems with the TRICARE Dental Program. In the 2023 National Defense Authorization Act, Congress included provisions requiring TRICARE functions such as enrollment, eligibility and premium payment processing to be handled by a third-party administrator, and ensuring beneficiaries have three dental insurance enrollment options from several carriers. These improvements are intended to address the problems the ADA identified with TRICARE provider network adequacy, delayed payments and lack of access.

- **Vaccination.** In October, dentists were given the nationwide authority under the Public Readiness and Emergency Preparedness Act to administer monkeypox (now known as mpox) vaccines.
- **HRSA appoints chief dental officer.** The ADA advocated for Health Resources and Services Administration to install a chief dental officer and in May, the agency complied. The position oversees a range of

programs that treat the underserved and train dentists.

- **States prioritize dental insurance reform.** Last year, 22 state dental societies received ADA state public affairs funding to engage in state dental insurance issues. All told, there were 14 new laws in eight states enacted last year to improve the position of dentists and/or patients with regard to dental insurance.
 - **ADA Dentist and Student Lobby Day.** The 2022 event — the first in-person ADA national advocacy event in three years — educated 400 dentists and students on advocacy and legislative issues and included more than 300 meetings with members of Congress.
 - **Oral health literacy win.** Successfully advocated for a Maryland bill that established the University of Maryland Center for Health Literacy as the state's consumer health information hub.
 - **CDHC outreach.** Assisted the Indian Health Service with integrating the ADA's Community Dental Health Coordinator program into their continuing education distance learning platform.
- To see a list of all the Association's accomplishments, visit [ADA.org/advocacy](https://ada.org/advocacy). ■

Proposed FTC rule would ban employers from imposing noncompetes

BY JENNIFER GARVIN
Washington

The Federal Trade Commission has proposed a new rule that would ban employers from imposing noncompetes on their workers with the hope of increasing wages and expanding career opportunities, the agency announced Jan. 5 in a news release.

Companies use noncompete contracts for workers across industries and job levels and sometimes "use their outsized bargaining

power to coerce workers" into signing these contracts, according to the commission. Stopping the practice could potentially increase wages by nearly \$300 billion per year and expand career opportunities for about 30 million Americans, FTC said.

"The freedom to change jobs is core to economic liberty and to a competitive, thriving economy," said Lina M. Khan, FTC chair. "Noncompetes block workers from freely switching jobs, depriving them of higher wages and better working conditions, and depriving businesses of a talent pool that they need

to build and expand. By ending this practice, the FTC's proposed rule would promote greater dynamism, innovation and healthy competition."

The FTC said the proposed rule would apply to independent contractors and anyone who works for an employer, whether paid or unpaid. It would also generally prohibit employers from using noncompete clauses and make it illegal for employers to:

- Enter into or attempt to enter into a noncompete with a worker.

- Maintain a noncompete or represent to a worker that they are subject to a noncompete under certain circumstances.

The proposed rule would also require employers to rescind existing noncompetes and actively inform workers that they are no longer in effect.

The FTC added that the proposed rule would "generally not apply to other types of employment restrictions, like nondisclosure agreements" but said "other types of employment restrictions could be subject to the rule if they are so broad in scope that they function as noncompetes."

For more information, visit [FTC.gov](https://ftc.gov).

The ADA publication *A Dentist's Guide to the Law* discusses noncompete agreements, which are also known as restrictive covenants. To purchase, visit the ADA Store. ■



Dental Assistants Recognition Week promotes contributions of critical team members

THEME FOR 2023 REFLECTS IMPORTANCE OF DENTISTRY'S ROLE IN HEALTH CARE, RESPONSIBILITIES OF DENTAL ASSISTANTS

BY DAVID BURGER

The ADA Council on Dental Practice is encouraging dentists and their teams to acknowledge the essential contributions of their dental assistants during this year's Dental Assistants Recognition Week, March 5-11.



Dr. Chopra

Led by the American Dental Assistants Association, the theme for 2023 is "The ♥ of Dental Offices Through Education, Commitment, & Safety," reflecting the importance of dentistry's role in health care and the responsibilities of dental assistants,

who are central in improving a clinic's productivity and enhancing patient satisfaction.

Manny Chopra, D.M.D., chair of the ADA Council on Dental Practice, is reminding dentists to show gratitude for the work of their dental assistants.

"Oral health care is delivered as a team," he

said. "Dental assistants are an integral part of quality patient care. I invite dental professionals to highlight the significant contributions of dental assistants throughout the year, and especially now during Dental Assistants Recognition Week."

Dental Assistants Recognition Week is held the first full week in March every year and creates a time for dentists to celebrate this critical

member of their dental team.

As a supporting organization, the ADA joins with the American Dental Assistants Association, Canadian Dental Assistants Association and Canadian Dental Association to jointly recognize the observance.

For more information on the American Dental Assistants Association and ways to celebrate the week, including images, ads and tips, visit adausa.org/DARW. ■

—burgerd@ada.org



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“Oral health care is delivered as a team. Dental assistants are an integral part of quality patient care. I invite dental professionals to highlight the significant contributions of dental assistants throughout the year, and especially now during Dental Assistants Recognition Week.”



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-Dr. Brett Hester, DMD
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DSO *continued from Page 1*

Logan Clements, D.D.S., a new dentist who graduated from the University of Detroit Mercy School of Dentistry in 2017, said he has enjoyed the camaraderie and mentoring aspects of working with other dentists at his DSO.

Dr. Clements is an associate dentist at Community Shores Dentistry, a small group practice in Norton Shores, Michigan. The practice is part of Gen4 Dental Partners, a DSO headquartered in Tempe, Arizona.

After finishing school, Dr. Clements set his sights on purchasing a dental practice. He began by working at a private practice in central Michigan, where he worked for a dentist who was preparing to retire. He seriously



Dr. Clements

considered buying the practice himself when he realized he wasn't sure he wanted to settle there for the rest of his career.

"I kind of had this 'aha' moment where I realized that I didn't want to hold myself to 25 or 30 years in one place," he said. "I'm a pretty social person, so it would've been more isolating to stay in that single-doctor office, I think, than anything else."

"I love that doc. We're still friends, and we didn't have any sort of fallout when I said, 'Hey, I don't think I could buy your office.' He was like, 'I get it.' And then he sold it six or 12 months later."

Dr. Clements began looking into joining a group practice and moved to one on the western side of the state. The practice was eventually bought by Gen4 a few years later.

"I instantly realized that these people were here to help reshape the dental landscape and to support," he said.

"For me, I was kind of dumbfounded. I'm like, I can't believe somebody hasn't figured out a middle ground. You have great doctors that maybe don't want to own an office right now or maybe ever. How come you can't have something that meets in the middle and say, 'We want to have great doctors, but we also want them to have autonomy?' And in this case with Gen4, I'm able to

also grow financially with them."

He also noted that Gen4 has a program for doctors called Pathway To Partnership, where employee dentists are able to earn equity.

"It's been amazing. I'm just grateful that somebody figured it out. That you can work as a dentist, and there's opportunities for growth and leadership if you desire and you can partner financially if that's something that you know you want to do and still keep your autonomy," he said. "We're not ops-driven, we're doctor-driven, and they really hold true to that."

Like many dentists, he also enjoys that Gen4 handles the business aspects of the practice, such as hiring.

"I feel like I'm part of the right team. I'm proud to say I work for Gen4. For anybody hearing my story, I would say if you are going to join a DSO, stay open-minded and find somebody that aligns with your ethics and values in this rapidly changing dental market. There's a lot of different options, but you don't have to sell yourself short to have some of those freedoms as a dentist, that

there are good groups out there that are emerging. And I think truthfully, Gen4 is going to change the landscape of what the standard is for a DSO."

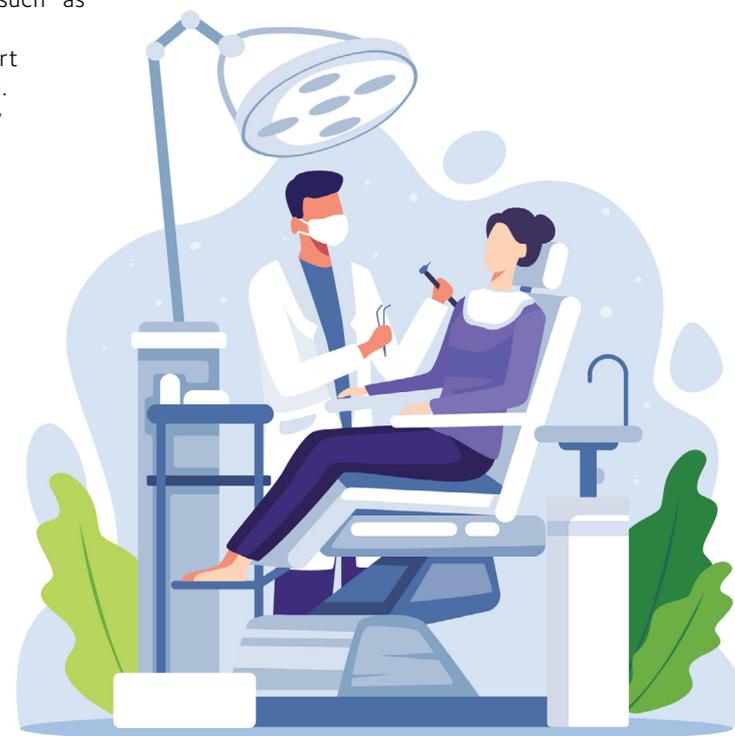
Want more information about becoming a DSO-supported dentist? The ADA fact sheets, Business Services Agreements with DSOs: What Every Dentist Should Know and Compensation as an Employee or Associate Dentist, are free and available for download for ADA members.

The ADA also provides additional resources for dentists to assist them in their careers. To download all resources, visit ADA.org/Practice. ■

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I feel like I'm part of the right team. I'm proud to say I work for Gen4. For anybody hearing my story, I would say if you are going to join a DSO, stay open-minded and find somebody that aligns with your ethics and values in this rapidly changing dental market.

—Logan Clements, D.D.S.



February webinar stresses importance of waterline safety

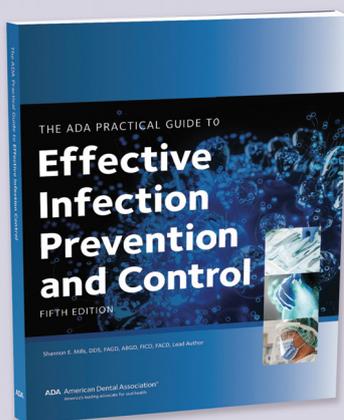
PRESENTER OF FEB. 16 LIVE STREAM IS AUTHOR OF REVISED EDITION OF ADA PRACTICAL GUIDE TO EFFECTIVE INFECTION PREVENTION AND CONTROL

BY DAVID BURGER

The ADA is collaborating with the Organization for Safety, Asepsis and Prevention to present a free one-hour webinar in February on the importance of waterline safety in light of recent outbreaks of pediatric mycobacterial infections associated with dental treatment.

Managing Dental Unit Water Quality will stream from noon-1 p.m. Central on Feb. 16 and is eligible for one hour of continuing education credit. For those who are unable to attend the live stream webinar, a recording will be made available on ADA CE Online at a later date.

The presenter is Shannon E. Mills, D.D.S.,



former board chair of OSAP and author of The ADA Practical Guide to Effective Infection Prevention and Control, Fifth Edition, revised in 2022.

Manny Chopra, D.M.D., chair of the ADA Council on Dental Practice, said that Dr. Mills will outline recommendations and best practices to help avoid contamination of dental equipment water delivery systems that could lead to opportunistic infections.

"Attendees will hear how the design of dental equipment encourages the growth of biofilm attached to the walls of waterlines," Dr. Chopra said. "Further, Dr. Mills will describe ways to reduce bacterial colonization with specific reference to dental water quality guidance issued by the Centers for Disease Control and Prevention."



Dr. Mills

An Oct. 31, 2022, health alert from the CDC reported it was investigating a cluster of suspected nontuberculous Mycobacteria infections in children at an undisclosed location.

More information can be found in the ADA's Guidelines for Practice Success: Managing Regulatory article on Dental Unit Water Lines. ■

—burgerd@ada.org

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Attendees will hear how the design of dental equipment encourages the growth of biofilm attached to the walls of waterlines.

—Manny Chopra, D.M.D.



USC dental student wins 2022 Student Ethics Video Contest

ADA COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS SELECTS TUFTS TEAM AS HONORABLE MENTION

BY DAVID BURGER

Losing yourself can actually mean winning.

The ADA Council on Ethics, Bylaws and Judicial Affairs has selected the winners of the 2022 Student Ethics Video Contest. The grand prize winner is Ellie Fridman of the Herman Ostrow School of Dentistry at the University of Southern California for her video “‘Lose Yourself’ Dental Ethics Parody.”

The video, set to the music of Eminem’s chart-topping hit “Lose Yourself,” displays the principles of patient autonomy, veracity, non-maleficence, justice and beneficence as found within the ADA Principles of Ethics and Code of Professional Conduct.

As grand prize winner, Ms. Fridman will receive \$2,500.

“I entered this contest in the hopes of just challenging myself to see if I could rewrite the original song with a dental ethics twist, and it was a really fun and fantastic way to do something creative,” Ms. Fridman said.



Ms. Fridman

“I have always really enjoyed writing song parodies. ‘Lose Yourself’ is such a culturally iconic song.”

Ms. Fridman said she remembers that during one of her school’s dental ethics seminars, she was told about the contest and shown one of the winning videos of a previous year.

“I thought it was such a great way to get students across the country to get involved and be more knowledgeable on this topic,” she said.

“The idea of the contest always remained in my mind, and last year when I saw the flyer, I told myself that before I graduated, I really wanted to try and enter the competition. I wasn’t able to meet the deadline in 2021, but thankfully this year I submitted my video.”

The council also selected the honorable

mention-winning video, prepared by Robert Fu, Daniel Won, Anil Ramappa, Emely Vidal and Tareina Rogers of the Tufts University School of Dental Medicine.

The council initiated the annual contest in 2008 to encourage dental students to engage with and apply the ADA Principles of Ethics and Code of Professional Conduct.

“Every year CEBJA receives video entries

from dental students around the country,” said Bruce A. Burton, D.M.D., council chair. “Each one is very well done, entertaining and thought provoking. Although the task of selecting the top two videos is challenging, watching the

videos each year is one of the highlights of serving on CEBJA. It is gratifying to know that ethics is alive and well in the students’ thinking and dental education.” ■

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“I thought it was such a great way to get students across the country to get involved and be more knowledgeable on this topic.”

As recipients of the honorable mention, the winners receive a total award of \$1,500.

Their video, “Burning Dental,” explores the ADA Code of Ethics principles of beneficence, justice, veracity and patient autonomy.

As recipients of the honorable mention, the winners receive a total award of \$1,500.



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State well-being programs provide lifeline for dentists struggling with mental health obstacles

Oregon, Connecticut programs model ways to sustain their offerings

BY DAVID BURGER

According to the 2021 Dentist Well-Being Survey Report commissioned by the ADA Council on Dental Practice, fewer than half (46%) of dentists were aware of the availability of their state dentist well-being programs.

Two state dentist well-being programs in two different states show that they are not one-size-fits-all, as they feature different approaches and stakeholders to address the prevalence of dentists' mental health crises.

OREGON

Well-being programs at the state level can

be crucial, said Barry Taylor, D.M.D., executive director of the Oregon Dental Association.

"We're in a unique position to help," he said. "We should be taking care of one another."

To that end, the state association created the Oregon Dental Association Wellness Ambassador Program.

In addition, in 2021 the ODA partnered with

Permanente Dental Associates and the Oregon Wellness Program to offer free access to well-being resources for all licensed Oregon dentists.

The expansion of the program to include Oregon dentists means they can now receive up to eight free confidential, anonymous counseling sessions with one of the Oregon Wellness Program's mental health clinicians.

Permanente Dental Associates was happy to collaborate with the ODA and fund the three-year pilot program, said Cyrus Lee, D.M.D., chief executive officer and executive dental director of Permanente Dental Associates.

"As clinicians, we always center on our patients," he said. "Our purpose is better lives through total health, starting with the smile. And I believe in order to improve the care of our individual patients, we must take into account the well-being of our clinicians and clinical care teams. We felt it was important to demonstrate leadership in our profession and help dentists outside of Permanente also have access to a similar resource. Having this resource for all licensed Oregon dentists is especially important during these really challenging times."



Dr. Taylor



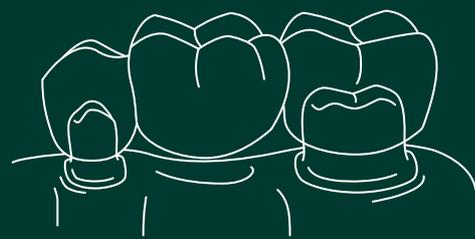
Dr. Lee



Dr. Spaniel

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Our purpose is better lives through total health, starting with the smile. And I believe in order to improve the care of our individual patients, we must take into account the well-being of our clinicians and clinical care teams.

Julie Spaniel, D.D.S., is the ODA's Wellness Ambassador chair as well as member of the ADA's Dental Wellness Advisory Committee and ADA wellness ambassador.

She applauded Permanente Dental Associates' collaboration.

“The plane wouldn’t lift off the ground without Permanente Dental Associates as the fuel,” she said.

CONNECTICUT

At least one state, Connecticut, has a well-being program with a different funding model.

Public Act 07-103, signed by the governor in 2007, established a confidential assistance program for health care professionals licensed by the State of Connecticut Department of Public Health and suffering from physical or mental illness, emotional disorder or chemical dependency.

Following the passage of this legislation, the Connecticut State Dental Association, the Connecticut Academy of Physician Assistants, the Connecticut Nurses’ Association, the Connecticut State Medical Society and the Connecticut Veterinary Medicine Association, as a coalition of health care professionals, created the Health Assistance InterVention Education Network for Connecticut Health Professionals, otherwise known as HAVEN.

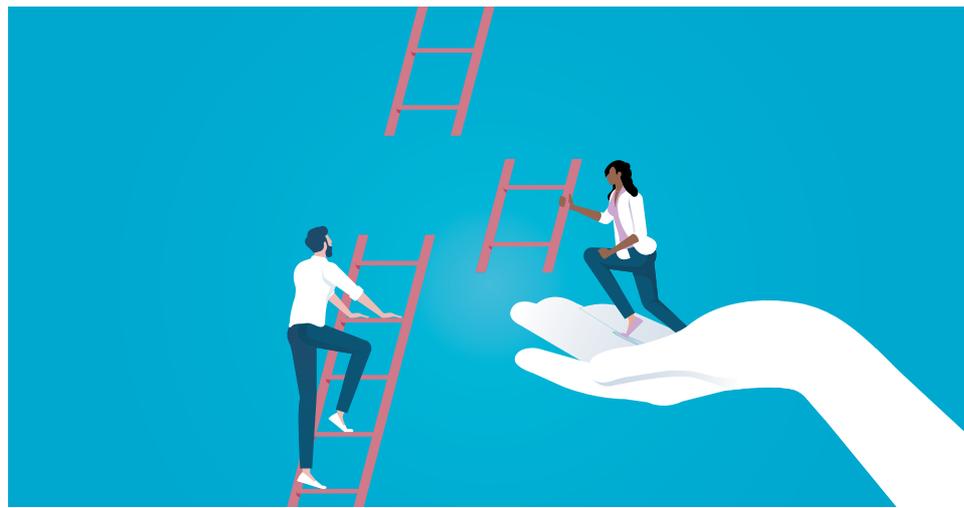
diagnoses,” she said. “We hope that by providing these services and supporting the state’s health care professionals, we are also improving the care and well-being of the patients served by these professionals.”

The ADA offers a variety of health and well-being resources to assist dentists and their team. For more information, go to ADA.org/Wellness.

The ADA’s Dental Team Wellness Advisory Committee members focus their efforts to support the health and well-being of dental professionals.

If you or someone you know is in immediate crisis, dial or text 988 to be connected with support. ■

—burgerd@ada.org



“
Oral health care professionals face well-documented stressors and isolation in caring for patients, which makes wellness and mental health care a critical resource for our members.

HAVEN offers a confidential alternative to public disciplinary action for professionals suffering from chemical dependency, emotional or behavioral disorder, or physical or mental illness.

Mariella LaRosa, J.D., HAVEN’s chief executive officer, said HAVEN has several sources of funding, including a fund established through the enabling statute that created HAVEN in which \$5 from every health care professional license renewal fee paid to the Connecticut Department of Public Health on a yearly basis is set aside for HAVEN.

Kathlene Gerrity, executive director of the Connecticut State Dental Association, said that her association was proud to be a founding member, and that three dentists serve on HAVEN’s board of directors.

“Oral health care professionals face well-documented stressors and isolation in caring for patients, which makes wellness and mental health care a critical resource for our members,” Ms. Gerrity said.

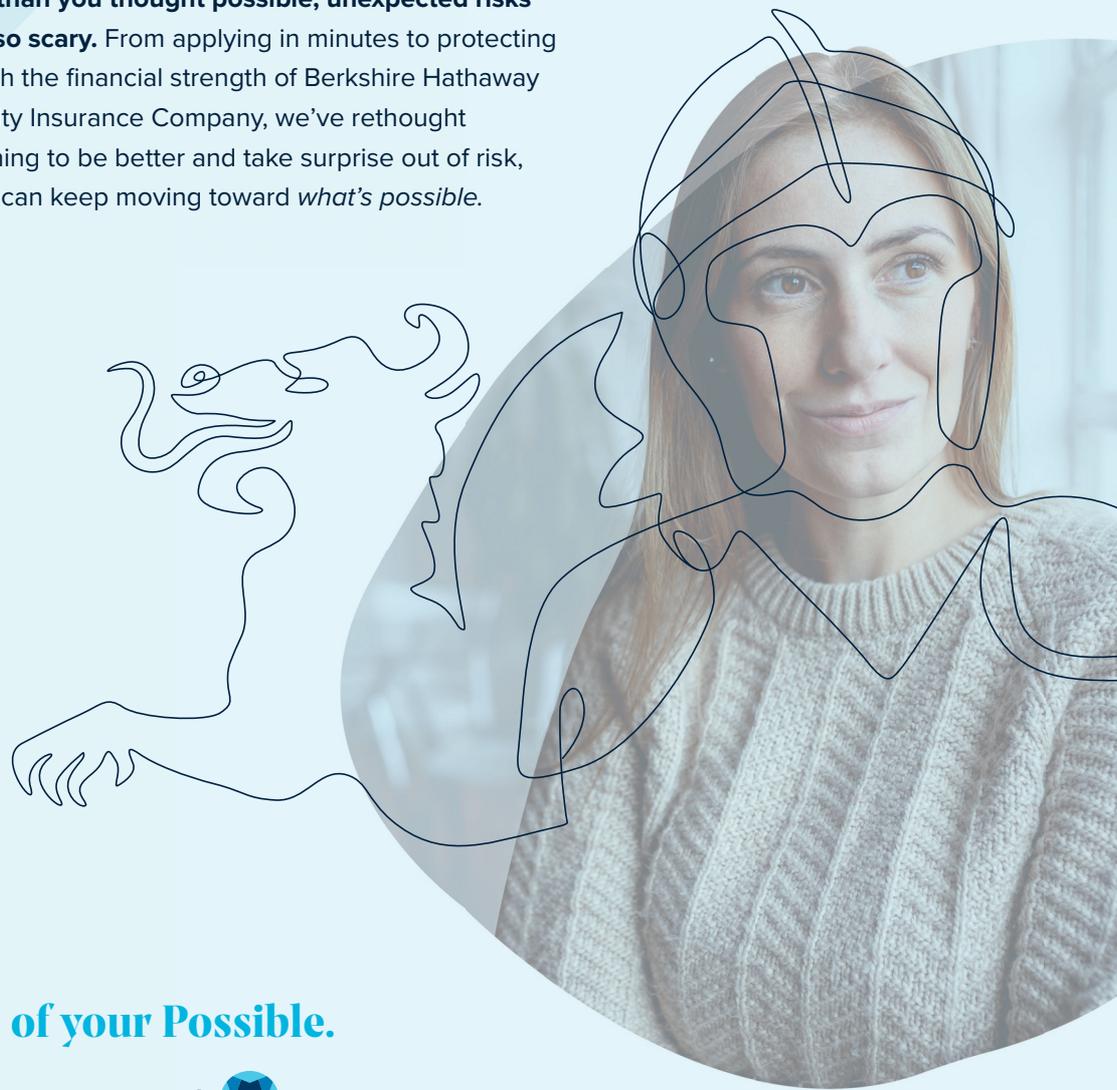
“HAVEN’s model, which ensures superb treatment and support in a confidential process, enables dentists to maintain their license while accessing care. Seeking help takes immense courage and CSDA is grateful that HAVEN’s services are available to our members.”

Ms. LaRosa said that HAVEN will continue to provide support, monitoring and reassurance to dentists and other members of the licensed dental health workforce in the state.

“We will continue to do work that decreases and eliminates stigma and shame for health workers with medical or behavioral health

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Artificial Intelligence (AI) is one of the most rapidly advancing innovations in our history — giving us unprecedented potential for efficiency and growth. While it continues to play a more prominent role in our daily lives through computers and cell phones, it has also permanently transformed how dentistry operates, both chairside and at the lab. Thanks to recent developments in both design software and intraoral scanning, the possibility of creating same-day restorations has become a reality.

Meanwhile, the process of producing restorations has become even more accurate and predictable for dental labs. With the goal of making digital dentistry more accessible to dentists everywhere, Glidewell has found creative solutions to ensure that clinicians can take advantage of a digital lab without significantly altering their workflows. By developing and implementing a sophisticated AI algorithm that designs crowns, Glidewell can now assign the complicated tasks associated with advanced computer-aided design (CAD) and computer-aided manufacturing (CAM) directly to the AI algorithm, ultimately presenting clinicians with a simplified workflow.

But the benefits of AI extend beyond the manufacturing stage. By weaving AI technology into its glidewell.io™ In-Office Solution line of products such as the fastdesign.io™ Software and Design Station and the fastmill.io™ In-Office Mill, Glidewell successfully puts the lab chairside — allowing clinicians to benefit from a digital lab right from their office.

Using AI in the Lab

Historically, the process of designing crowns has run parallel to the limits of available technology. From using die-and-punch sets to create crown shells, all the way to the ubiquitous use of skilled technicians to mimic natural teeth, creating restorations has largely been an analog process. It wasn't until computer visioning and machine learning achieved near-human outcomes that the potential benefits of AI in dentistry were considered.

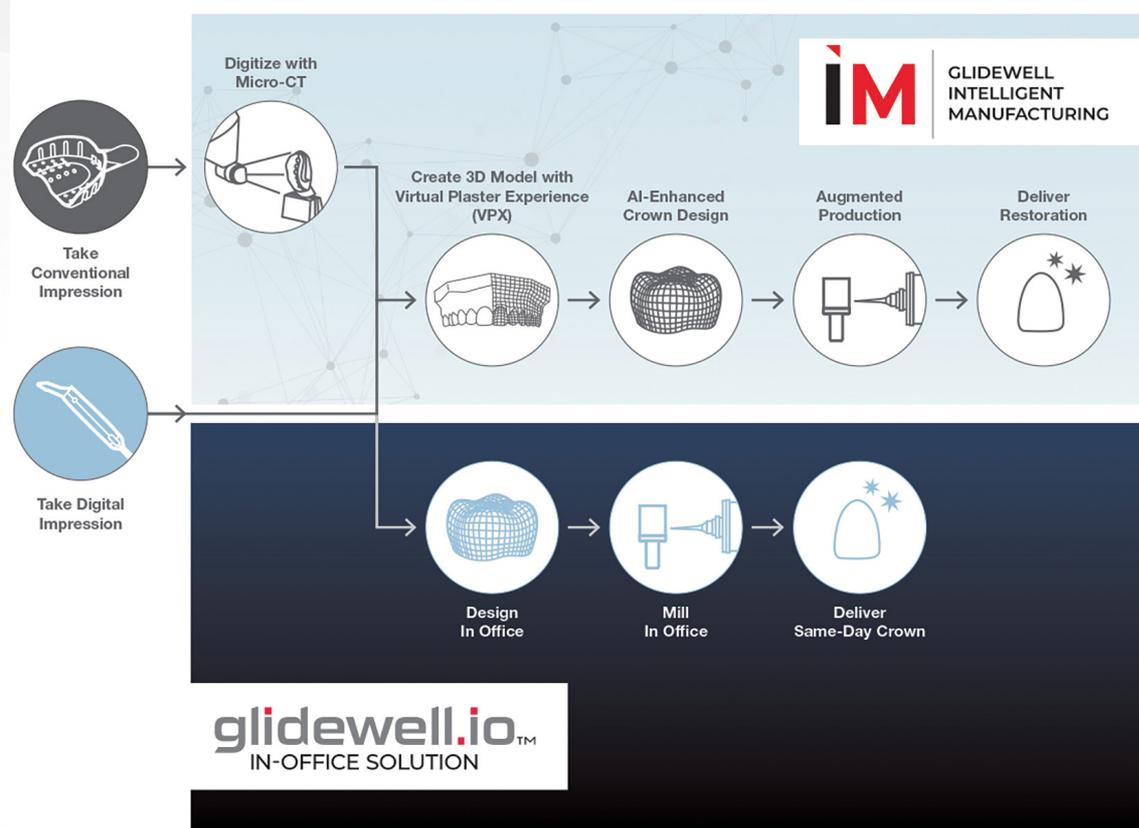
In 2012, the research and development team at Glidewell set out to find a way to improve the process of designing crowns. Using an existing cloud storage system built for its internal manufacturing process, engineers were able to harness the informa-

tion from a database of millions of crowns to create an algorithm that could accurately generate design proposals. Through rigorous testing and adjustments, the algorithm finally reached a point where the software could design crown proposals with a 98% acceptance rate. In other words, the same crown design that used to require the skill, time and expertise of a practiced technician could now be achieved with higher speed and accuracy thanks to AI programming.

It works by using generative adversarial networks, or GANs, the same technology behind lifelike AI-created art, to dynamically update its predictive abilities. Two neural networks compete with each other in a zero-sum game to learn from previous data sets and create increasingly accurate output through a constant state of learning. In other words, the more data that is fed into the algorithm, the more precise and predictable the algorithm will become. While this technology is found across a variety of industries to help with visual modeling, what makes Glidewell unique is that these generated 3D models are used to create physical objects — crowns.

With the goal of providing dentists with predictable, high-quality restorative solutions at a massive scale, Glidewell implemented this AI in the laboratory setting through a groundbreaking optimization called Glidewell Intelligent Manufacturing (IM). This method makes

DIGITAL WORKFLOWS FOR FASTER RESULTS



it possible for the lab to create virtual models based on the physical impressions sent by doctors, with no stone model needed. Physical impressions received can also go through a Micro-CT scanner to digitize the impression and create a virtual study model within an AI-enhanced design environment. The proprietary AI algorithm then stores the information from the study model to determine the best crown design and fit.

The algorithm, later named CrownAI™, successfully detects the unique morphology and variability of teeth — recognizing detailed measurements as small as a micron. When this information is used to create crown designs, the result is accurate and natural-looking restorations with minimal need for technician involvement. The result is crown restorations with better accuracy, higher likelihood of fit, and fewer remakes.

The main advantage of having Glidewell implement this AI is that it offers a way for clinicians to directly benefit from digital dentistry without having to change their workflow. With the option to submit impressions digitally or physically, this approach caters to any dentist no matter where they are on their digital dentistry journey.

In-Office Artificial Intelligence

In a suite of products known as the glidewell.io™ In-Office Solution, dentists can use the same AI technology as Glidewell IM to make same-visit restorations a reality. By offering the ability to scan, design and mill a crown in a single appointment, dentists can gain a competitive edge while improving patient satisfaction.

The glidewell.io digital workflow starts with an intraoral scanner, such as the fastscan.io™ Scanning Solution. The handheld device captures dental impressions using digital technology, forgoing the discomfort of a goop tray, while high-precision lasers on the tip of the device automatically register every detail of the patient's mouth. The 3D rendering of the impression is then stored on a computer and ready to move on to the design stage.

The fastdesign.io™ Software and Design Station then automatically marks margins and generates design proposals utilizing artificial intelligence, learning from Glidewell's extensive case database, and proposing the ideal morphological components for the crown. In seconds, a 3D restoration is ready for approval — eliminating the time that would otherwise be spent on designing a crown. This AI-enhanced design is then used to create natural-looking restorations ready for milling in the office or fulfillment by the lab. For the dentist, this means far fewer clicks per case. For the patient, it means faster treatment results.

Now that the design is ready, the final step is to mill the crown using the fastmill.io™ In-Office Mill. Clinicians can mill crowns using BruxZir® NOW Milling Blocks, a fully sintered zirconia ready to deliver right from the mill. With no oven time required, doctors can create crowns from the number one prescribed zirconia in less than 45 minutes without having to send an Rx to a lab. Regardless of whether the clinician chooses to mill the restoration in office or send to Glidewell, the design of the restoration will always benefit from Glidewell's CrownAI database — ensuring accurate, precise-fitting crowns every time.

When it comes to changing their workflow, many doctors are hesitant to change. Whether it's due to a perceived steep learning curve or high cost, many miss out on the advantages that AI-enabled technology can provide. But with glidewell.io, the machine learning software of CrownAI makes the process of designing and milling restorations in-office as easy and user-friendly as possible.

The Future of AI

AI is revolutionizing dentistry both at the dental lab and in the dental practice. As we increasingly value convenience and efficiency in dental care, AI-enabled labs like Glidewell offer the benefits of digital

dentistry without changing the workflow of their customers. For forward-thinking dentists who want to bring that technology chairside — the glidewell.io In-Office Solution gives the ability to provide same-day crowns with higher patient satisfaction.

Even just a decade ago, it was difficult to predict that AI would be capable of de-

signing crowns with the same accuracy as a technician. As we continue to invest more resources into developing machine learning, our next challenge is to keep moving the benefits of AI upstream and into the realm of guided treatment planning.

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— Drs. Andrew and Joya Lyons | Charlotte, NC
Graduates of Meharry Medical College School of Dentistry
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Student debt: American dream or American nightmare

BY KERRY K. CARNEY, D.D.S.

Sometimes you can stew about something for a long time and never quite put your finger on the problem. That happened to me this weekend when I read an article by Ron Lieber about student loans and why they are so complicated.¹ It made me wonder how paying for a dental education could have spiraled so completely out of control like a top that's lost its momentum. It made me look at the world a generation ago and compare it with the world that new dentists graduate into now.

I remember chatting with a new dentist at a meeting more than 10 years ago. He told me his debt was over \$250,000 and that he would be paying it off over 20 years. He was making payments of about \$4,000 a month. That seemed like a mortgage payment to me, but after the loan was repaid, there would be no house, nothing tangible. Funds directed toward the repayment of student loans over 20-25 years divert money that could have (should have) been invested or saved for retirement. Where is that reverse mortgage for your dental education?

It made me think about my motivations to pursue a degree in dentistry all those years ago. A degree in dentistry would require an investment of my time and my efforts in exchange for a profession that helped me to help others. Also, it would provide more financial stability than many other careers I had considered. Though the training was difficult, it was

well worth my investment.

Committing to a huge debt that would take decades to pay off was not part of the decision-making then. If I were considering it today, it would give me pause. Many of us were brought up to avoid going into debt on pain of death. Grants, scholarships, work/study and side jobs were how some of us made it through school. The indebtedness hurdle can turn away good applicants who haven't sufficient assets or access to assets or who just do not have the support system or confidence to overcome that barrier.

According to reports, the tremendous debt burden of new dentists influences many life decisions they may weigh: where they choose to practice, what kind of practice to join, whether to specialize, enter into public health or academia. Student loan debt even influences decisions about whether or when to begin a family. Buying a practice or starting a practice from scratch may not be possible for a new dentist already laboring to repay student debts.

There is so much money tied up with educational loans, it should be a national embarrassment.

"Average educational debt for all indebted dental school graduates in the Class of 2021 was \$301,583, with the average for public and private schools at \$261,226 and \$354,901, respectively."² There are 70 accredited dental schools in the United States.³

In 2021, 6,665 students graduated from dental schools in the U.S. An American Dental Education Association report states that a little over 17% of the graduating students reported no debt. That seems to indicate the class of 2021 owed a total of \$1,668 million or \$1.7 billion dollars. Does anyone else think something is wrong here?

New dentists in the '80s were beneficiaries of government programs that gave financial support to dental schools. We were seeking higher education in a time when there was a "general good" social contract. The idea was that those who improved themselves through higher education would eventually more than make up for the subsidies the country had provided for that education.

It was expected that we would provide increased services and pay higher taxes based on our higher incomes. We were encouraged and supported monetarily so that when we became contributing members of society, we would be part of the improvement of conditions for everyone. Later, these government subsidies were phased out as the burden of the cost of the education was shifted to the education consumer, the student.

In the 1980s and '90s, we started operating under a new set of questions: What is the cost of a dental education? What is the monetary return on the cost of one's education? Who (or what entity) should be paying the cost of that education? How much can the consumer student invest based on the return on investment model?

In order to help students finance their education, loans were designed to allow parents to take on more debt. These PLUS loans have become predatory in the sense that the amount borrowed is not aligned with the family's income and ability to repay.⁴ Not only were new graduates mired in debt, but families could be ensnared into unrepayable debts to help defray the debt burden on the student. The ROI was the rationale for indebtedness.

The idea of "return on investment" has become the measuring stick and deciding metric for life choices and educational investment. So where did this ROI metric come from?

Frank Donaldson Brown was a brilliant electrical engineer who became an executive at



DuPont and General Motors. He was the originator of the DuPont model of analysis. That model has become known as ROI analysis today. It was used to evaluate products, decide on new product investment and set the price for car models. It is now used in many environments as a basis for decisions. In dentistry, it is not only used when pitching the purchase of expensive equipment to dentists — "Your ROI on this \$150,000 piece of equipment is less than 15 months. You would be foolish not to finance the purchase" — but also as the basis for life decisions, like going to dental school.

In 2022, eight pieces of legislation that target dental school debt were being considered in Congress. All except one had to do with calculating or accumulating interest. Dental education cost reform is not addressed.

It made me think of my favorite quote from Thomas Pynchon, the author of "Gravity's Rainbow": "If they can get you asking the wrong questions, they don't have to worry about answers."

It feels like we keep asking the wrong questions when it comes to student debt. Instead of asking how can we make borrowing easier? How can we make huge debts repayable over a lifetime? How can we provide more money in the form of loans to students and their families? ■

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This editorial first appeared in the CDA Journal. It is reprinted with permission from the California Dental Association, copyright December 2022. Dr. Carney is the editor of the CDA Journal.

Why aren't we asking:

- How can we reduce the cost of education for the dental student?
- How can we remove the financial restrictions on where and how new dentists practice?
- How can we shift more financial support to the schools that provide dental education and thereby shift the education costs off the backs of students?
- How can we provide more service commitment opportunities to allow all students who want to defray the cost of their education the chance to contract for their post-graduate service within areas or populations in need?
- How can we remove the specter of decades of debt that discourage underrepresented categories of dental school applicants?
- How do we keep from ensnaring the parents of students into committing to impossible-to-repay debt burdens?
- Are we misappropriating Donaldson Brown's ROI metric?
- Exactly what is being invested and what are the returns?

Student debt is a complicated issue, but surely it deserves our utmost effort to ask the right questions.

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Systematic review finds general equivalence among restorative materials

ADA DEVELOPING GUIDELINE ON RESTORATIVE CARIES TREATMENTS

BY MARY BETH VERSACI

A systematic review by the ADA Science & Research Institute found a lack of clinically important differences among direct restorative materials.

The review of 38 studies covered materials including amalgam, resin composite, compomer, conventional glass ionomer cement, resin-modified glass ionomer cement and pre-formed metal crowns. The studies evaluated clinical and patient-focused outcomes — such as caries progression, restoration longevity and patient satisfaction — from Class I and II restorations on primary teeth and Class I, II, III and V and root surface restorations on permanent teeth.

The review found each of the included materials may provide both increased and decreased risks of experiencing unacceptable outcomes. Because the studies were limited by small sample sizes, the review's authors pointed to the need for more robust studies. They also suggested dentists should consider nonclinical factors when deciding which restorative material to use.

published this year.

To learn more about the guideline, visit ADA.org/restorative. To read the full systematic review, visit JADA.ADA.org. ■

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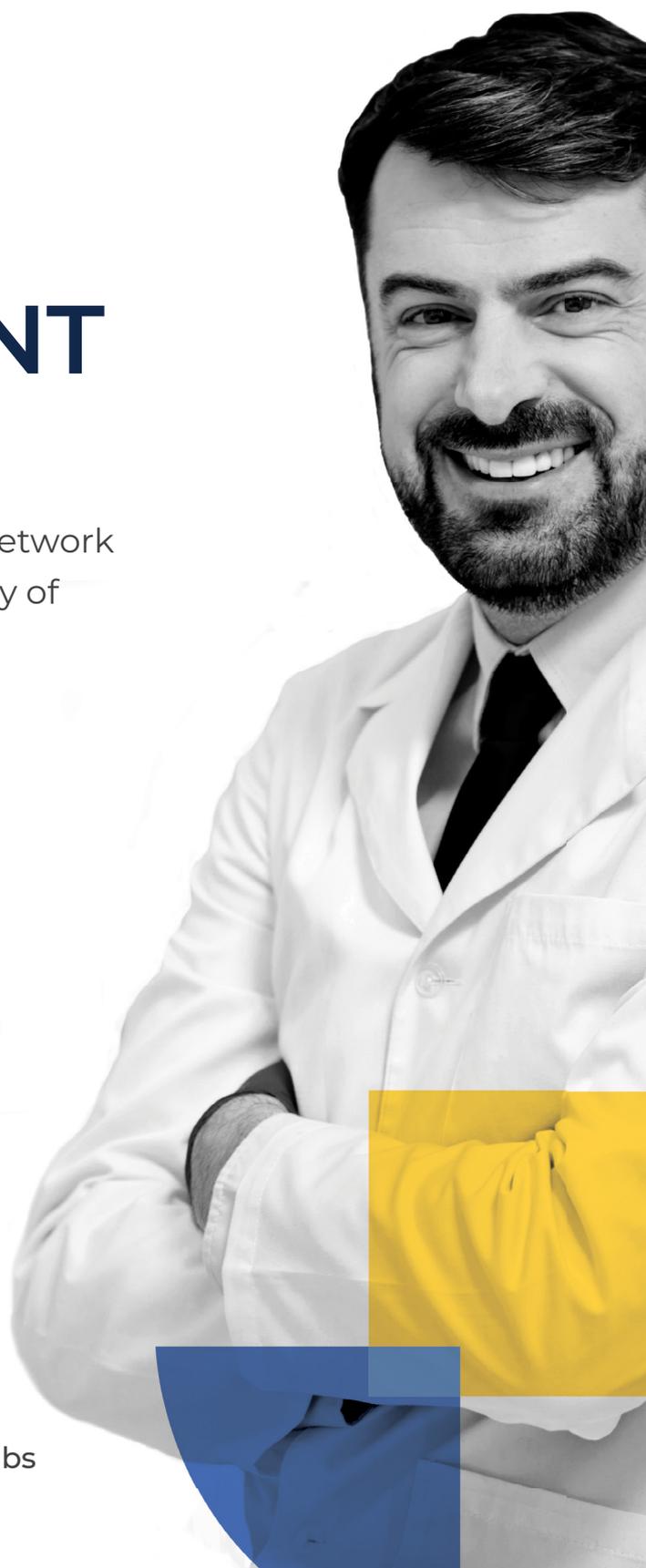
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Larger studies with longer follow-up periods are needed to assess the long-term effectiveness of direct restorative materials with higher certainty.

– Vineet Dhar, B.D.S., Ph.D.

“Larger studies with longer follow-up periods are needed to assess the long-term effectiveness of direct restorative materials with higher certainty,” said Vineet Dhar, B.D.S., Ph.D., one of the review’s authors and chair of the ADA Council on Scientific Affairs’ Clinical Excellence Subcommittee. “Clinical decision-making should not only be limited to the effectiveness of interventions but also consider factors such as harms associated with the interventions, cost, patients’ values and preferences, acceptability of interventions by stakeholders, and feasibility.”

The review, published in the February issue of The Journal of the American Dental Association, is part of an effort by the ADA to develop guidelines related to caries management. It has helped inform a guideline on which direct restorative materials and caries removal approaches to use for primary and permanent teeth, expected to be



February JADA highlights experiences of Black dentists

Other articles examine social determinants of health, dentistry's income gap

BY MARY BETH VERSACI

In 2020, Black dentists made up 3.8% of U.S. dentists while Black people accounted for 12.4% of the overall population, a disconnect highlighted by a guest editorial published in the February issue of The Journal of the American Dental Association.

assistant dean for equity, diversity and inclusion and clinical associate professor at the University of Maryland School of Dentistry, and Dennis A. Mitchell, D.D.S., executive vice president for university life, senior vice provost for faculty advancement and professor of dental medicine at Columbia University Irving Medical Center.

"As the American Dental Association celebrates this important anniversary of its journal,

it is important to reflect on the experiences of Black dentists during this time frame," the authors said in the guest editorial. "This editorial focuses on the experiences of Black dentists not to the exclusion of other historically and contemporarily minoritized dentists, but to elevate a legacy of dentists that is rooted in the 1869 graduation of Robert Tanner Freeman, the first known person of African descent to graduate from a dental school in the United States."

The editorial spotlights notable Black dentists and points to the need for more allies.

"To be sure, allyship involves standing against racism at all levels at which it exists and calling out racism and bigotry, whenever and wherever it exists," the authors said.

To read the full editorial online, visit JADA.ADA.org.

Other articles in the February issue of JADA discuss social deprivation and caries risk, composite-repaired amalgam restorations, and characteristics affecting dentistry's income gap.

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

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"We Have Come: 110 Years of Black Dentists in the United States," the issue's cover story, was written in light of JADA's 110th anniversary by Eleanor Fleming, Ph.D., D.D.S., member of the JADA Editorial Board and

ADA standards committees to hold spring meetings

BY MARY BETH VERSACI

The American Dental Association's Standards Committee on Dental Informatics and Standards Committee on Dental Products will hold meetings in March to discuss national dental standards on a variety of topics.

The meetings will take place March 13-15 in Portland, Oregon. Participants will also have the option to attend virtually.

The committees' working groups will meet March 13-14, and a joint plenary meeting of the two committees will take place March 15.

The U.S. Technical Advisory Group for the International Organization for Standardization's Technical Committee 106 on Dentistry will also meet during this time to discuss international dental standards.

Housing and registration details, along with more information on the ADA Standards Program, is available at ADA.org/dentalstandards.

The ADA is accredited by the American National Standards Institute to develop national standards for products and information technology used by dental professionals and consumers. There are currently more than 100 national standards, and more are under development. ■

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ADASRI scientists to share studies on dental materials, oral cell biology during exhibition

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH
ANNUAL MEETING AND EXHIBITION TO TAKE PLACE MARCH 15-18

BY MARY BETH VERSACI

Scientists from the American Dental Association Science & Research Institute will share their research at the 52nd Annual Meeting and Exhibition of the American Association for Dental, Oral, and

Craniofacial Research.

The conference will take place March 15-18 in Portland, Oregon, in conjunction with the 47th Annual Meeting of the Canadian Association for Dental Research. ADASRI is a 2023 AADOCR/CADR Silver Scientific Session Sponsor of the meeting.

Research presented by ADASRI scientists will include the following 18 abstracts:

- "Additive Manufacturing of Yttria-Doped Zirconia Using Vat-Polymerization," presented by Yifeng Liao, Ph.D., senior principal scientist.
- "Bridging the Gap: Challenges and

Opportunities for Next-Generation Precision Oral Medicine," presented by Kevin Byrd, D.D.S., Ph.D., senior manager and Anthony R. Volpe Research Scholar.

- "Composition and Crystallinity of Carbonate- and Sodium-Substituted Hydroxyapatite," presented by Shozo Takagi, Ph.D., emeritus scientist.
- "Dental Practice Needs-Based Standards Development: Materials for Clear Aligners," presented by Spiro Megremis, Ph.D., director.
- "Establishing a Clinically Relevant In Vitro Cytotoxicity Model for Denture Adhesives," presented by Yukiko Koizumi, D.D.Sc., Ph.D., senior research associate.
- "Fluorapatite with Tailored Amounts of Carbonate and Sodium Incorporation," presented by Laurence Chow, Ph.D. emeritus chief research scientist.
- "Immunophenotyping of Pediatric Crohn's Disease Using Transmigratory Salivary Immune Cells," presented by Theresa Weaver, research associate.
- "Impact of Toothbrushing in People with Type 2 Diabetes," presented by Ruth Lipman, Ph.D., senior director.
- "Keratinocyte Subpopulations within Gingival Epithelia Display Sentinel and Immunomodulatory Characteristics," presented by Quinn Easter, Ph.D., senior research associate.
- "Kinetics of Fluoride Release Deposited by Experimental FCP Rinses," presented by Stanislav Frukhtbeyn, senior research associate.
- "Method to Evaluate Blue-Light Protective Filtering Devices for Light-Curing Units," presented by Henry Lukic, senior research associate.
- "Microstructural Characterization of Thermally Treated Fluorapatite-Titanium Composites," presented by Eaman Karim, Ph.D., senior scientist.
- "Mortality Rates in US Dentists, 2008-2020," presented by Cameron Estrich, Ph.D., manager.
- "One-Minute Fluoride Release and Cytotoxicity of Charcoal-Containing Fluoride Dentifrices," presented by Ashley Bowers, research associate.
- "Oral Niches Self-Direct Distinct Immune Cues during SARS-CoV-2 Infection," presented by Bruno Matuck, D.D.S., Ph.D., postdoctoral research assistant.
- "Patterns of Posterior Dental Restorations in Privately Insured Americans," presented by Laura Eldridge, research associate.
- "Protein-Repellent Dental Adhesive Containing Sulfobetaine Methacrylate," presented by Xiaohong Wang, Ph.D., senior scientist.
- "Tensile-Strength Testing of Materials Used to Produce Orthodontic Sequential Aligners," presented by Raquel Miera, research scientist.

In addition, Dr. Lipman and Marcelo Araujo, D.D.S., Ph.D., ADASRI CEO and ADA chief science officer, have organized a meeting symposium titled "The Two-Way Street Running between Research and Clinical Practice." Dr. Araujo will chair the symposium, with talks presented by Drs. Byrd, Estrich, Lipman and Megremis.

Simone Duarte, D.D.S., Ph.D., senior director, will give a talk titled "Early Academic Career Trials and Embracing Career Shifts" as part of the Women in Science Network symposium "Bridging the GAP!"

ADASRI will also host a reception following the opening session, as well as a booth in the meeting's exhibit hall. ■

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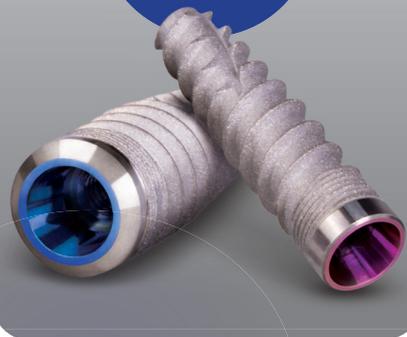


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IHS dentist rescues South Korean tourists stranded during ‘blizzard of the century’

‘MY EXPERIENCE AS A DENTIST HAS TAUGHT ME THAT PATIENCE, EMPATHY AND GOOD HUMOR CAN ALL WORK HARMONIOUSLY TO CALM ANXIOUS PEOPLE’

BY DAVID BURGER
Buffalo, N.Y.

Several years ago, Alexander Campagna, D.D.S., found himself snowed in at his apartment for four days with a dwindling food supply.

Since then, he has made sure that his fridge and pantry are always well-stocked in the winter months.

His shopping habits came in handy this past December — on Christmas weekend, no less — as he and his wife Andrea welcomed a group of 10 stranded South Korean tourists into their home.

The tourists’ bus became stuck in the snow across the street from Dr. Campagna’s house, and he opened his home for two days until the tourists could continue on their scheduled trip to Niagara Falls.

It was a dark and snowy afternoon when the surprise visit began.

“I have lived in western New York since 1995, and this was the worst snowstorm I have ever experienced,” Dr. Campagna said. “The blizzard wreaked havoc on Buffalo for nearly 48 hours straight, bringing not just many feet of snow and freezing temperatures, but also relentless wind and near-zero visibility.”

The tourists were stranded in what New York Gov. Kathy Hochul described as “the blizzard of the century,” a storm that killed at least 28 people in western New York’s Erie and Niagara counties, The Buffalo News reported.

People who died in the surrounding Buffalo area were discovered in snow banks and inside vehicles, The Associated Press reported, as snowfall totals reached more than 49 inches at Buffalo Niagara International Airport.

Dr. Campagna, a general dentist in the Seneca Nation Health System since 2011, and Andrea, a surgical nurse practitioner, were hunkered down and cozy inside their home as the blizzard began on a Friday afternoon two days before Christmas.

At 2 p.m., they heard a knock on their door.

Two men, covered from head to toe in snow, asked for shovels to dig out their vehicle that had become stuck in front of the Campagnas’ home.

The men told Dr. Campagna that they were a part of a 10-member South Korean tour group enroute to Niagara Falls.

“I realized they were in danger simply being outside in the elements, so I instructed the two men to bring the entire tour group inside of the house,” Dr. Campagna said.

The group was understandably shaken and nervous in their new surroundings, Dr. Campagna observed.

But he knew what to do. “My experience as a dentist has taught me that patience, empathy and good humor can all work harmoniously to calm anxious people and make them feel comfortable in an otherwise novel situation,” he said. “My wife Andrea has the most compassionate heart and a wonderful bedside manner.”

Once they confirmed everyone was safe, and that there were no immediate medical emergencies, the Campagnas brought out extra dining chairs, set out refreshments and Christmas cookies, and encouraged the group to sit around the dining table to have a snack and catch their breath.

While Mrs. Campagna attended to their basic needs, including providing sweaters, blankets and dry socks, it became clear to all that the house would also be home to these travelers for at least one night.

But as the blizzard continued outside and the streets remained impassible, it ended up being two nights.

This is where Dr. Campagna’s habit of stocking up in the winter months came of use.

“It was serendipitous that these Korean tourists ended up in our home, as my wife and I proactively had the food to accommodate friends and family for the holiday season,” he said.

Fortunately for the tourists, the Campagnas had Korean food in the cupboard.

“Korean culture and cuisine are international favorites enjoyed by my wife Andrea and me,



Shelter: Alexander Campagna, D.D.S., and his wife, Andrea, left, welcome stranded tourists into their home after the tourists’ van got stuck in the snow.

so we own many staple ingredients of their dishes,” he said. “Our first date was at a Korean restaurant in Buffalo, and in addition to the food, we have Korean American friends from our respective graduate schools that introduced us to all things Korean.”

While the language barrier was a bit challenging, the guests and hosts bonded over meals prepared by two of the guests — a Korean mom and dad, traveling with their college-aged daughter.

“We had plenty of chicken, pork and rice to share, along with the aforementioned special sauces and spices my wife and I have collected over time,” Dr. Campagna said. “A young couple was actually celebrating their honeymoon on this trip, so we surprised them with a toast of champagne on their first dinner together as a group.”

The Campagnas and tourists also bonded over sports, with Dr. Campagna pointing out that now that the World Cup in Qatar had

concluded, the guests should shift their focus to American football and the Buffalo Bills.

Coincidentally, the Bills had a game on Saturday afternoon, so it provided convenient entertainment on TV as the Buffalo area continued to be mired in blizzard conditions.

It wasn’t until nearly noon on Christmas Day that massive industrial-sized plows and trucks started to efficiently clear the road in front of the house.

“Everyone cheered at the sound of the first plow making its way down our street, like Santa’s sleigh coming to deliver Christmas cheer,” Dr. Campagna said.

All of the guests safely departed the home by Sunday night, certainly making it the most unique Christmas the Campagnas and their new international friends had ever experienced.

It is no wonder that Buffalo is known as the City of Good Neighbors. ■

—burgerd@ada.org

DQA conference in April to explore disruption in oral health care

BY DAVID BURGER

The Dental Quality Alliance’s biennial conference in late April will focus on how attendees can move past the disruption of the past few years and learn about innovative leadership and concrete strategies being deployed in the oral health care system.

The conference is scheduled for April 27-28 in person at ADA Headquarters in

Chicago, with the theme Moving Past Disruption to Improve Oral Health Care.

Attendees will learn about the various elements that comprise a quality improvement system — leadership, staff training, coding systems, evidence-based dentistry, medical-dental integration — and how they address value, cost and quality in the delivery of oral health care and impact patient outcomes, said Marie Schweinebraten, D.M.D., chair of the DQA Education Committee.

Presenters include author and speaker Steven J. Anderson; Mary Lee Conicella, D.D.S., Aetna’s chief dental officer; Jill Boylston Herndon, Ph.D., managing member and principal consultant at Key Analytics and Consulting in Sarasota, Florida; and Cyrus Lee, D.M.D., chief executive officer and executive dental director of Permanente Dentistry.

Dr. Herndon said that quality measurement

is relevant in this age of disruption and innovation, and that a big challenge in dentistry has been being able to get good indicators of performance on which to base improvement.

“Now, good measurement is something



that we have and are continuing to build and to make more widely available so that you can not only see how you are doing but also how you are doing in the context of regional and national benchmarks,” she said.

The theme of this year’s conference is especially fitting, Dr. Lee said.

“These past 3+ years have been so difficult

for everyone, and from the health care lens, has especially taken its toll on the overall health and well-being of patients and health care workers,” he said. “The exacerbation of challenges in health care means that moving forward, the entire health care system needs to work together more efficiently and effectively because we can no longer solve these problems in isolation. Having a consistent way to measure and monitor improves not only the quality of care we provide our patients, but improves their overall health and well-being, and is the first step to moving the needle.”

The Dental Quality Alliance is a multi-stakeholder entity convened by the ADA upon request from the Center for Medicaid and Medicare Services.

Visit ADA.org/resources/research/dental-quality-alliance/dqa-conference to register. ■

California Dental Association files legal action against Delta Dental of California

Complaint: Adjustments in 2023 include significant fee reductions for many providers, increased administrative burdens

BY DAVID BURGER

The California Dental Association filed a legal action in late December against Delta Dental of California challenging Delta's 2023 adjustments to Premier and PPO provider agreements in California.

The "swift and severe" adjustments, effective Jan. 1, include significant fee reductions for many California dentists, increased administrative burdens and diminished value of benefit plans, according to the complaint.

CDA alleges in the Superior Court of California that the board of directors of Delta Dental violated its fiduciary duties by, among other things, failing to conduct appropriate analysis of the need for and impact of the contract changes to Delta Dental's provider networks and patients.

"CDA is committed to supporting our members in their practices and ensuring the patients we serve can access dental care," said CDA President John Blake, D.D.S., in a statement to member dentists. "As a dental benefit plan company, Delta Dental has a responsibility to be transparent about such significant changes that affect its provider networks and their patients. CDA believes that Delta Dental failed to adequately consider the basis for and impact of these changes and has failed to offer sufficient justification for these actions."

CDA had sought clarification from Delta Dental on the methodologies used to justify the contractual amendments and reimbursement changes, including 20-40% rate reductions for most periodontists, endodontists and oral surgeons.

Delta Dental, however, would not provide any additional information, claiming that it is confidential and proprietary, according to the CDA.



Dr. Blake

"Challenges with dental benefit plans are a top concern for CDA members, as we are keenly aware that current dental benefit structures are not working for patients or dentists," Dr. Blake said. "This litigation is a step toward increasing transparency and accountability. Significant work must be done to develop quality, standardized and meaningful dental benefit plan requirements that meet the oral health care needs of Californians."

Using Delta Dental's 2019 public tax filings, the complaint enumerates the compensation paid to members of the Delta Dental board, which the CDA says is "higher than that paid to directors and officers in other nonprofit companies." For example, defendant Lynn L. Franzoi, a member of the Delta Dental board since 2011 and chair of from August 2017 until December 2019, allegedly was paid \$330,574 in 2016 for a position that required an average of one hour of work weekly.

The complaint states that this case challenges the "actions and decisions of Delta Dental, a nonprofit, tax-exempt corporation that receives billions of dollars in annual revenues and pays its directors hundreds of thousands

of dollars per year and its officers millions of dollars per year."

The complaint continues: "Defendants have operated Delta Dental as a private insurance company for their own financial gain without regard for the extraordinary community of



dentists and their teams who actually provide the critical oral health care to the adults and children who need these services. As a result, defendants are obtaining substantial wealth at the expense of Delta Dental's dentist members."

In 2018, CDA and Delta Dental of California reached a \$65 million settlement agreement on behalf of Premier providers who had their fees reduced improperly by Delta Dental's "inflationary adjustment percentage," resulting in payments ranging from \$500 to many thousands of dollars for 14,000 dentists.

In that settlement, CDA also secured 120 days' written notice of material changes to participating dentist agreements to all contracted Delta Dental providers in California and an individualized illustration of how those reductions would potentially affect the dentist's practice.

CDA published an FAQ about the legal action at cda.org/Delta-Dental-Legal-Action-FAQ. ■

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ADA Member Advantage endorses Threadfellows to enhance practice brands

Member dentists enjoy a 10% discount on products with free logo set up, decoration, shipping

BY DAVID BURGER

ADA Member Advantage is endorsing Threadfellows for member dentists looking to enhance their practice's branded gear for wear or use in the office and beyond.

With apparel, bags, water bottles and other items from brands like Patagonia, Columbia, Nike, Osprey, The North Face, Fjällräven and more, Threadfellows can help offices apply their practice logo to apparel and items for themselves, their families, their staff and even patients.

Founded in 2017 and based in Madison, Wisconsin, Threadfellows has a team with more than 60 years of experience in the apparel and uniform industries.

"We wanted to take that experience protecting our clients' brands and combine it with the power of strong apparel brands," said Justin Krbec, Threadfellows senior vice



president. "By putting your practice's brand on a Patagonia or a Travis Matthew polo, you are raising the prestige of your practice's

name, making that brand's principles and quality a nod to your own. When you hand a team member a jacket as a gift with your logo on it, that item says something about you and how you feel about the person you are giving it to. Giving someone an apparel piece they wish they would buy on their own does more than check the box that you gave them something, it shows true thought and appreciation."

"We are really excited about extending

this endorsement to Threadfellows," said Bill Bulman, chairman of the ADA Member Advantage board of directors. "More and more, we are hearing from dentists and team members who are requesting brands, styles, fits and trims that they are buying for themselves in their personal life. We are excited that Threadfellows can give ADA members the ability to provide these team members, and themselves, with what they want — whether that is an Adidas polo or a North Face jacket."

The ordering process for Threadfellows is simple. Go to the website, pick the gear, upload your logo, and Threadfellows will send a proof to approve and then the gear shows up.

ADA members enjoy a 10% discount on products, free logo setup, free decoration and free ground shipping.

For more information, visit threadfellows.com/ADA or call 1-844-313-7005. ■

—burgerd@ada.org

Are credit card fees affecting your bottom line?

EXPERT OFFERS TIPS FOR MINIMIZING FEES

BY STACIE CROZIER

It's no surprise to small business owners that more and more consumers are paying for goods and services with debit and credit cards rather than cash.

And data from the Federal Reserve show that cash payments in 2020 declined sharply among consumers in every age group. This was especially true in two groups that consistently made the highest share of cash payments — those aged 18–24 and 65 and older — due, in part, to making fewer in-person purchases during the height of the pandemic.

Dental offices have long accepted card

payments to boost sales, improve cash flow and offer convenience to patients. But, without a vigilant management strategy, credit card processing fees can add up and affect your bottom line.

"The first thing every practice should do is calculate its effective rate," said Phil Nieto, president of Best Card, a company that provides credit card processing solutions to thousands of dental offices and is endorsed by ADA Member Advantage.

"Your effective rate tells you your total average cost to run cards," said Mr.

Nieto. "It's easy to calculate. Grab your latest monthly statement and divide the dollar amount of processing fees you were charged by the total amount of monthly sales. Based on our 2022 comparisons, the average rate dental offices pay is 3.38%, but you should be shooting for a rate closer to 2.1–2.2%." For example, if your office paid \$1,027.45 to run \$37,355.25 in card sales, your calculation would look like this: $\$1,027.45 \div \$37,355.25 = 2.75\%$.

Is your effective rate too high? There are a lot of different factors that affect how much you might be paying in fees, and processors

can add or raise fees anytime if they provide you with a 30-day notice in small print at the bottom of your monthly statement. "Changing providers or renegotiating can be ways to save a lot, but once you have a great deal, there are also some steps you and your staff can take to bring your costs down," Mr. Nieto said.

1. Accept payment directly from the patient in person via chip, contactless, or swipe whenever possible to get a lower rate than when keying in those same cards. Because there is less risk of fraud with the patient and card present, lower fees are charged.

2. If you are going to manually enter a card number or have a patient pay online, make sure to include the five-digit ZIP code and three- to four-digit card security code whenever possible. This is an antifraud check and if it passes you get a lower rate than if you don't put in info or have the wrong info for the cardholder.

3. Encourage patients to use a debit card instead of a credit card and avoid insurance payments made on credit cards. Since different cards run at different rates, any patient payments made with a debit card (no PIN required) should result in substantially lower fees than

credit cards. On the other end of the spectrum, insurance payments made by credit card tend to be the most expensive types of cards.

Credit card processing fees can be complicated and confusing, which is why Best Card offers a free savings analysis to help explain your current fees and potential savings. Just email a recent credit card processing statement to compare@bestcardteam.com or fax to 1-866-717-7247. In 2022, Best Card helped 96% of practices pay less than their previous fees and the average savings per practice was more than \$5,500.

"We switched to Best Card in May of 2020, after learning of the ADA endorsement," said Prabu Raman, D.D.S., a general dentist in Kansas City, Missouri. "The transition was so easy and painless, and we are saving over 50% on our credit card processing fees each month."

"Best Card is hands down the best service for the best price of any credit card processing company I've dealt with in the last 20 years," said Shaun Christensen, D.M.D., a general dentist in Nampa, Idaho. "My credit card fees are half of what they used to be."

"Switching to Best Card was one of the best things I have done in a long time," said Ron Lee, D.D.S., a general dentist in Colleyville, Texas.

For more information, visit bestcardteam.com/ada-member-advantage. ■

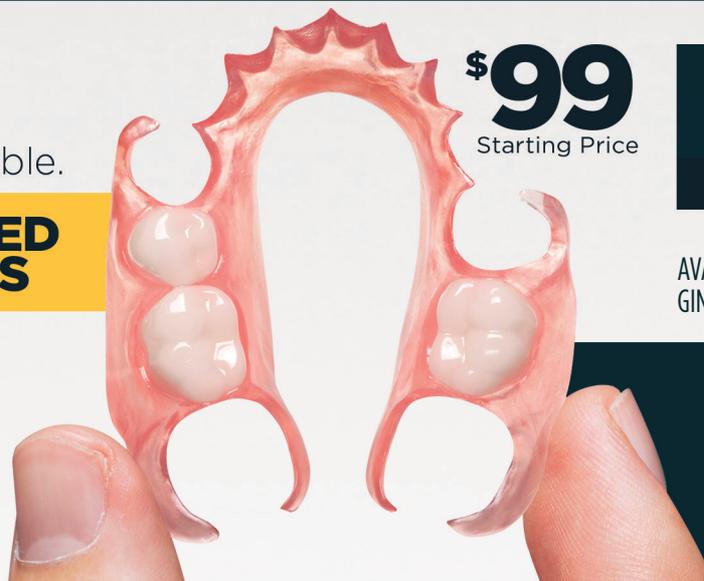


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Dentistry rises to top 10 in best jobs list

BY DAVID BURGER

Dentistry jumped back into the top 10 of U.S. News and World Report's 2023 Best Jobs list after ranking No. 47 in the news publication's 2022 report.

This year's cold and flu season and continuing COVID-19 pandemic continue to emphasize the importance of a strong health care workforce, with jobs from that sector dominating the list and taking five of the top 10 of the 100 best jobs, according to the publication.

"[Dentistry] rose 37 spots from No. 47 to No. 10 due to its high median salary and work-life balance scores, and an increased employment rate score," Janica Ingram, careers expert and staff writer for U.S. News and World

Rank	Job Title
1	Software Developer
2	Nurse Practitioner
3	Medical and Health Services Manager
4	Physician Assistant
5	Information Security Analyst
6	Physical Therapist
7	Financial Manager
8	IT Manager
9	Web Developer
10	Dentist

Report, told ADA News. "The health care and social assistance industry is also the second-fastest growing industry for projected 10-year job growth."

Dentistry was No. 10. It ranked No. 2 in 2020 and was No. 1 in 2017.

Thirteen of the 20 careers with the highest job security were health care occupations.

Software developer topped the overall list, followed by nurse practitioner at No 2.

To calculate the rankings, U.S. News draws data from the U.S. Bureau of Labor Statistics to identify jobs with the greatest hiring demand. Jobs are then scored using seven component measures: 10-year growth volume, 10-year growth percentage, median salary, employment rate, future job prospects, stress level and work-life balance.

According to the reporting, dentistry has an unemployment rate of 0.5% and ranked No. 11 in the list of best-paying jobs.

The entire list can be accessed at money.usnews.com/careers/best-jobs/rankings. ■

—burgerd@ada.org

Get to know your SmileCon chair

Meeting heads to Orlando this fall

BY MARY BETH VERSACI

As chair of SmileCon 2023, Melanie Love, D.D.S., has been hard at work developing ideas that will make SmileCon the "ultimate meeting for the dental community."

"Our goal is to have SmileCon become the dental meeting that no one wants to miss," she said.

A dentist for more than 30 years, Dr. Love is a partner in a general dental practice in Falls Church, Virginia, and lives with her husband, Brad, and son, Connor. The animal lover also has three cats and two dogs.

Read more about Dr. Love's hobbies and plans for SmileCon below as you get to know this year's meeting chair.

Why did you become a dentist?

I became a dentist for many reasons. I truly



SmileCon leader: Melanie Love, D.D.S., is the chair of SmileCon 2023.

See SMILECON, Page 25

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in partnership with AAFE*



For course descriptions
and other details, visit
[ADA.org/CELIVE](https://www.ada.org/CELIVE).



ADA American Dental Association

SMILECON *continued from Page 23*

enjoy taking care of others and helping them with their overall health. Having an important service to offer is another reason, as the link between oral health and overall health is so important.

What are some of your hobbies or passions outside of dentistry?

Animals. I have always surrounded myself with pets from small to large. Promoting ethical treatment of animals is one of my passions. I support many animal rescues and would foster many but know that I would be a foster fail for all. I also enjoy learning about wine and winemaking (and sampling). I love to travel — I always take sunrise photos from wherever we are. I also enjoy gardening and creating different flower combinations each season. I am a huge theater enthusiast too. I love going to shows anywhere.



What is your favorite SmileCon memory?

I love the “surprise and delights.” Being in Dental Central during SmileCon 2022 and experiencing the attendees’ huge smiles and actual delight with pop-up events made me smile.

Which new features or programming elements excite you most about SmileCon 2023?

There are so many elements of this year’s meeting I’m excited about. We are expanding the podcast area. There are going to be so many opportunities for participation with podcasters. The Opening Session will continue to evolve even more in 2023. I know attendees will be amazed by what happens. But we can’t tell yet!



Being in Dental Central during SmileCon 2022 and experiencing the attendees’ huge smiles and actual delight with pop-up events made me smile.

– Melanie Love, D.D.S.,
SmileCon 2023 chair

What makes SmileCon different from other traditional dental meetings? How does it reflect the future of dentistry?

SmileCon strives not only to be a meeting centered around continuing education. While we understand that CE is a large part of why people attend, the other aspects of the meeting — meet and play — are what make it so different. We are creating an experience that will not be forgotten and will impact the dental community in a positive way.

SmileCon registration opens June 7. To learn more or register, visit SmileCon.org. ■
—versacim@ada.org



Team player: Melanie Love, D.D.S., helps lead an activity in the Dental Team Hub area of SmileCon 2022 in Houston. Dr. Love is the chair of this year’s SmileCon, taking place Oct. 5–7 in Orlando, Florida.

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National Children's Dental Health Month celebrates oral care for youngest patients

BY DAVID BURGER

National Children's Dental Health Month, brought to you by the ADA, is a month-long national health observance that brings together thousands of professionals, health care providers and educators to promote the benefits of good oral health to children, their caregivers, teachers and many others.

Free posters — with English on the front, Spanish on the back — about National Children's Dental Health Month are available to order on the National Children's Dental Health Month website, ADA.org/ncdhm. They can also be downloaded and printed in poster and flyer sizes. For the first time, postcards are available for purchase on the website.

With February being National Children's Dental Health Month (NCDHM), the American Dental Association encourages you to share how you promote and support NCDHM. This is a time to celebrate oral health in a fun, engaging way, so share your efforts by tagging the American Dental Association on social media and using #NCDHM. We also welcome pictures and success stories to be sent to ncdhm@ada.org.



"As a pediatric dentist, children's oral health is my focus each and every day. Keeping our kids cavity-free starts them on the right path to healthy adult teeth. It's up to us to educate our communities of the importance of children's oral health."

- Jessica L. Robertson, D.M.D., ADA Council on Advocacy for Access and Prevention, Arizona

"During February, at community outreach events, our clinic team provides free oral exams and fluoride varnish applications to children. We celebrate NCDHM by posting oral health ads on our hospital's social media, educating not only the young population, but the entire community about NCDHM and the importance of good oral health."

- Remy Deleon Gurrero, Commonwealth Healthcare Corporation, Northern Mariana Islands

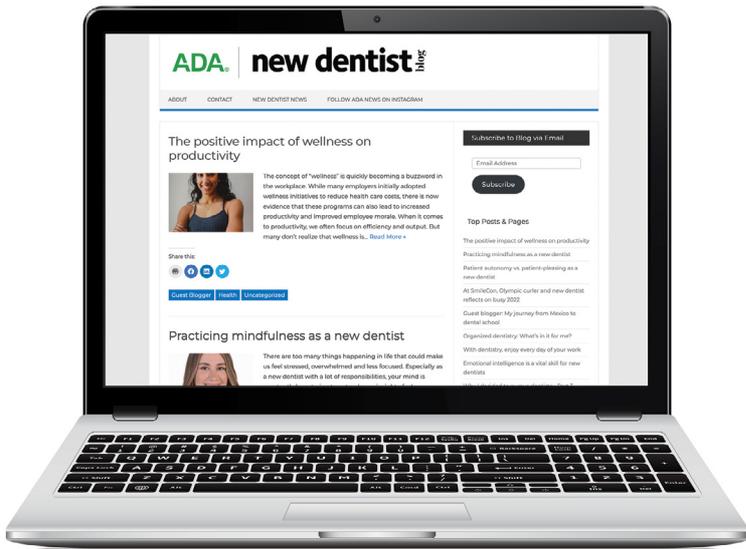
"I still have the posters from 2020 posted in many of the schools at the water bottle refill stations to remind students to drink fluoridated water."

- Tanya Phillips, certified school hygienist, Reading School District, Pennsylvania

"Third graders are the perfect age to initiate the process."

- Tommy Johnson, D.M.D., Alabama state dental director, Alabama Department of Public Health, Alabama

Northern Mariana Islands



New Dentist blog seeks voices

BY DAVID BURGER

The American Dental Association's award-winning New Dentist blog is seeking contributors interested in writing about their experiences and insights on the unique challenges facing early-career dentists who graduated from dental school fewer than 10 years ago. From managing student debt, navigating employment contracts and acquiring a practice to avoiding burnout and choosing a career

path, the goal of the New Dentist blog is to be the go-to place for early-career dentists seeking to learn from fellow new dentists on what challenges they can expect after graduation and what they can do. Current guest bloggers recently shared their experiences on the importance of continuing education, the impact of mentors and lessons learned in the business side of dentistry. Contributors must be dentists who graduated from dental school fewer than 10 years

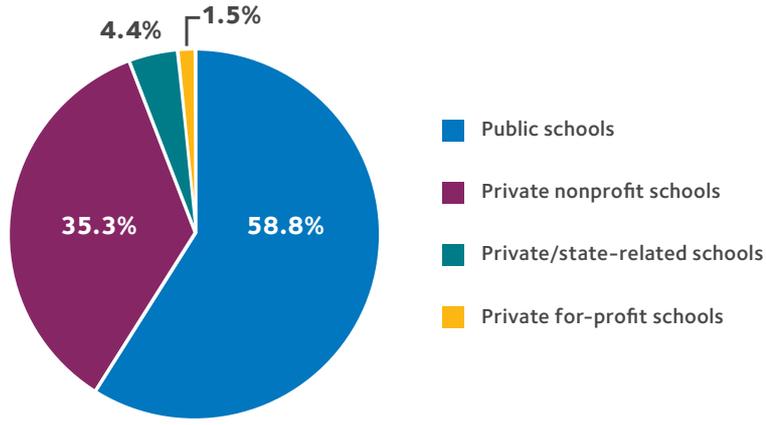
ago. New dentists from various fields in dentistry — from associates and practice owners to general dentists and specialists and those working in public health and the military — are welcome to contribute. ADA staff can offer guidance on topics, but contributors are encouraged to offer insights and learned lessons from their own professional experiences. ADA staff will

also be a resource for editing and reviewing submissions. Created by the ADA New Dentist Committee, the New Dentist blog launched in 2013. Visit the blog at newdentistblog.ada.org to learn more or read recent articles. For more information on becoming a guest blogger, contact Mary Beth Versaci at versacim@ada.org.

HPI CORNER

DENTAL SCHOOLS BY TYPE

More than half of the 67 dental schools in the U.S. are public institutions while over one-third are private, nonprofit institutions.



Source: ADA Health Policy Institute. Survey of Dental Education Series, Report 1, 2021-22. Available from: ADA.org/resources/research/health-policy-institute/dental-education.



Penn Dental Medicine adds nutrition to D.M.D. dual-degree program options

Qualified students can earn master's degree in nutrition science along with dental degree

BY DAVID BURGER

Philadelphia

With the connection between nutrition and oral health evidentially clear, a dental school in Pennsylvania is initiating a medical-dental integration as one of its dual-degree programs.

In January, Penn Dental Medicine announced a new dual-degree program with Penn Nursing, enabling interested and qualified students to earn a Master of Science in Nutrition Science (M.S.N.S.) along with their D.M.D.

The new offering brings the total number of Penn dual-degree options to nine.

The M.S.N.S. consists of an asynchronous online format consisting of 10 courses and a capstone project. D.M.D. students who pursue the M.S.N.S. can get credit for two of their dental school courses toward the 10 required for the program and are eligible to apply to the MSNS in the spring of their first year.

"Understanding of nutrition and its impact on oral as well as systemic health is vitally important for the

dental practitioner," said Uri Hangorsky, D.D.S., Penn associate dean for student affairs, and Kathleen Boesze-Battaglia, Ph.D., Penn assistant dean for academic initiatives, in a joint statement to ADA News.

"Not only is the oral health influenced by the systemic conditions, but the reverse is also true: various oral diseases may have adverse effects on medical status of the patient," they said.

"Taking a comprehensive approach to patient care, one that integrates oral health care with primary care and behavioral health, there is an increased opportunity for preventative measures and positive patient outcomes."

The diversity of coursework offered in the MSNS allows students to build a practical evidence-based foundation to promote nutrition-focused public health as it relates to oral health and disease, said Drs. Hangorsky and Boesze-Battaglia.

"Both diet's relation to cariology and nutrition's influence on inflammation, obesity, heart disease and cancer constitute a vital role in oral and systemic health," they said. "There is a yin-yang relationship between nutrition and oral health, with not only nutrition influencing the overall health of the oral cavity, but the health of the oral cavity affects how and what nutrients may be consumed. A well-balanced, nutrient-rich diet helps in the maintenance of oral structures and overall systemic metabolic balance."

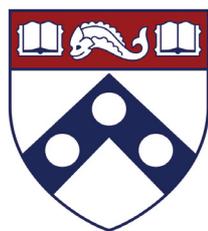
They said that all of the dual-degree options afford students able to meet the rigors of both

the D.M.D. and dual-degree the opportunity to make the most of their time at Penn and the close association Penn Dental Medicine has with other schools within the university.

"We believe that by becoming a nutritional expert the dental practitioner will be able to become a far more effective therapist and achieve better oral health care outcomes for their patients," Drs. Hangorsky and Boesze-Battaglia said.

"This program fills a niche in dental education by providing conceptual and hands-on training in nutrition, thus helping the practitioner prevent and treat nutrition-related diseases." ■

—burgerd@ada.org



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Dr. Hangorsky



Dr. Boesze-Battaglia

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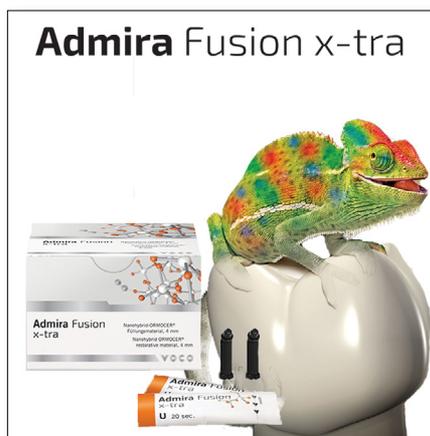
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Medication Access and Training Expansion Act included in appropriations bill

BY JENNIFER GARVIN
Washington

The Medication Access and Training Expansion Act, or MATE Act, was included in the omnibus spending bill that passed Congress at the end of 2022. The new law requires dentists to complete eight hours of training before receiving or renewing a Drug Enforcement Administration registration.

The ADA successfully advocated for Congress to amend certain provisions of the MATE Act to comport with ADA policy. This included prompting lawmakers to remove a requirement from the original bill that meant dentists would have to complete three hours of specialized training to safely prescribe buprenorphine, which is outside the scope of dental practice.

The MATE Act was also amended to allow:

- Dentists to apply continuing education

credits accepted for state licensure towards their federally required training, as well as courses taken through ADA CERP providers.

- New dentists who are less than five years out of dental school to use their dental school courses towards the federally required training. ■

—garvinj@ada.org



What does your state require for dental specialty licensure?

BY MARY BETH VERSACI

Accessing the licensure requirements for dental specialties in your state is easier than ever thanks to a new interactive map launched by the American Dental Association.

The specialty licensure map highlights the requirements for dental specialty licensure, permit or designation in each state. It is the latest addition to the ADA's Dental Licensure Dashboard, a collection of interactive maps on the ADA website that provide information on each state's dental licensure requirements.

Other maps address initial licensure; continuing education and renewal; and licensure by credentials.

The dashboard launched in December 2019 with the initial licensure requirements map. The ADA added the continuing education requirements and renewal map in June 2020, followed by the licensure by credentials map in June 2021.

The information compiled in each map comes from state statutes and regulations and notices from state dental boards. The maps provide links to these materials.

The ADA attempts to keep all maps current based on available information from state dental boards, clinical testing agencies and state dental associations. It is aware changes may be in progress in some states, but only official, documented changes are reflected on the maps.

The ADA urges individuals seeking information on dental licensure requirements to consult with their respective state dental board, in addition to using the maps.

The dashboard is available at ADA.org/licensurereqs. ■

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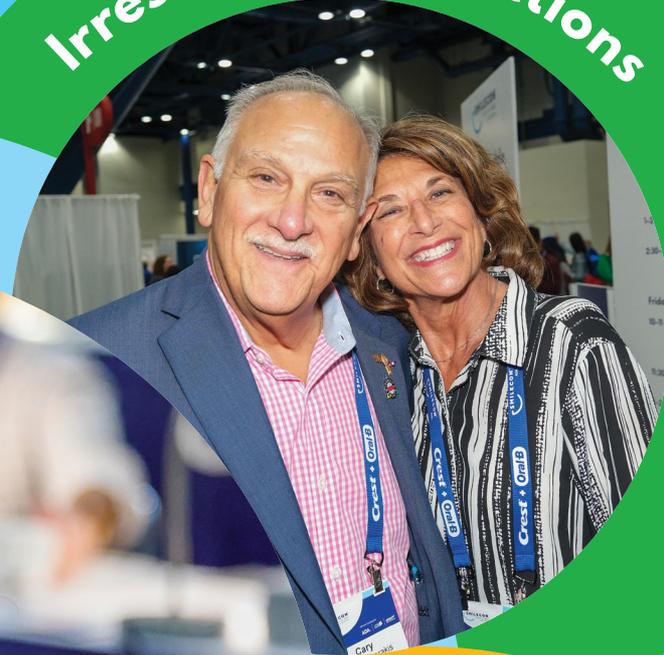
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