ADA drums up support for Massachusetts ballot measure

DENTISTS HOPE A ‘YES’ VOTE WILL IMPROVE VALUE OF DENTAL BENEFITS FOR PATIENTS

BY JENNIFER GARVIN

When Gary Oyster, D.D.S., learned there was a ballot question in Massachusetts calling for dental insurance reform, the veteran dentist didn’t hesitate to contribute to a grassroots campaign supporting the initiative. Even though Dr. Oyster has practiced for more than 50 years in North Carolina, he recognized right away the precedent that could be set for dentists and patients nationwide.

If the Massachusetts measure is passed, it would require contributions to the campaign to support a ‘yes’ vote on Massachusetts Question 2. Why? Because if we win in Massachusetts, it will be a watershed moment for patients and dentists. It could be the first step toward future change for dental insurance across the country.”

“Efforts such as the Massachusetts ballot initiative and medical loss ratio reform will help ensure patients have access to dental care,” said Dr. Sabates.

The ADA has committed $5 million to the campaign. As of Sept. 30, individual contributions to the campaign to support a ‘yes’ vote on Massachusetts Question 2 are asking for your support as well,” said Dr. Sabates. “help support this measure, and we are asking for your support as well,” Dr. Sabates said.

“We consider financially contributing to the campaign to support a ‘yes’ vote on Massachusetts Question 2. Why? Because if we win in Massachusetts, it will be a watershed moment for patients and dentists, setting a precedent that could herald future change for dental insurance across the country.”

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“When this ballot question came up, I knew:”

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When Gary Oyster, D.D.S., learned there was a ballot question in Massachusetts calling for dental insurance reform, the veteran dentist didn’t hesitate to contribute to a grassroots campaign supporting the initiative. Even though Dr. Oyster has practiced for more than 50 years in North Carolina, he recognized right away the precedent that could be set for dentists and patients nationwide. If the Massachusetts measure is passed, it would require dental insurance carriers in the state to spend at least 83% of premium dollars on patient care. Those carriers that fail to meet that minimum would have to refund the difference.

"Everywhere I go in North Carolina, people ask me, ‘What is ADA doing about insurance issues?’” said Dr. Oyster, ADA 16th District trustee. “When this ballot question came up, I knew: Win or lose, we need to do something about this. To me, the No. 1 thing is this is a patient issue. They need to know where their premium dollars are going.”

The state’s current approach to operate without a medical loss ratio for dental insurance is unfair to patients who deserve to have most of their premium dollars spent on the dental care they need.

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

"Efforts such as the Massachusetts ballot initiative and medical loss ratio reform will help ensure patient dollars go to patient care," said Dr. Sabates.

"This can serve as an impetus to improve dental access to care and health equity in the state of Massachusetts.”

"This is an important consumer issue, assuring premium dollars are spent on patient care and not on excessive profit for insurance companies,” agreed Christopher Smiley, D.D.S., who practices in Grand Rapids, Michigan, and donated to the campaign.

"The ADA is proud to join with the Massachusetts Dental Society to help support this measure, and we are asking for your support as well,” Dr. Sabates said.

"Every dollar contributed is important. All dentists, dental team members and patients are the beneficiaries of this initiative. We are a dental family standing together to protect and advocate for our patients," Dr. Sabates said.

Dr. Bailey
Dr. Oyster
Dr. Sabates
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The New Dentist Weekly Huddle, published on Wednesdays, covers everything the people new to the dental profession need to know, from career guidance to advocacy news to tips for practice excellence.

Every Saturday, the ADA publishes two more special editions of the Huddle: The Weekend Huddle recaps the most important news of the week, while the Finance & Operations Huddle summarizes and links to news related to the overall business climate, personal financial management, the DSO sector and more.

Make sure you’re not missing out on this important news source, provided free to ADA members. If you’re not getting the Huddle, contact the ADA at mcs@ada.org or 312-440-2500.

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"I encourage everyone across the country who wants to see dental insurance companies held accountable for spending premium dollars collected on actual patient care to stand with us and financially contribute to this campaign.

Your contribution to Massachusetts Dental Care Providers for Better Dental Benefits can set the stage for dental insurance change one state at a time.

- Cesar R. Sabates, D.D.S., ADA president

"Your contribution to Massachusetts Dental Care Providers for Better Dental Benefits can set the stage for dental insurance change one state at a time. I firmly believe veteran, active dentists need to pay it forward," Dr. Oyster said. "We seasoned practitioners have had pretty good careers. I am proud of this profession and think that patients really value us because we see them as people."

To contribute or learn more about the ballot initiative, visit VoteYESon2ForDental.com.

"If this bill passes, I'm going to have the confidence as a provider that my patients are getting a reasonable deal with their money. And I can't say that right now, which is a little bit frustrating as a provider."  

"This is kind of the bellwether for everyone across the country. Eyes are on us," Mr. Monteiro said.  

"If medical plans can clear an 88% medical ratio, we feel there's no reason why dental insurers can't hit that 83% number," he said.  

"If this bill passes, I'm going to have the confidence as a provider that my patients are getting a reasonable deal with their money. And I can't say that right now, which is a little bit frustrating as a provider."

"This ballot measure puts patient dollars back in patient's pockets," Mr. Monteiro said. "It opens up the insurance companies to be more transparent and accountable and that's what we're looking for."

"There are 5,000+ dentists that are holding medical plans to an 88% standard. If medical plans can clear an 88% medical ratio, we feel there's no reason why dental insurers can't hit that 83% number," he said.  

"If this bill passes, I'm going to have the confidence as a provider that my patients are getting a reasonable deal with their money. And I can't say that right now, which is a little bit frustrating as a provider."  

"This is kind of the bellwether for everyone across the country. Eyes are on us," Mr. Monteiro said. "If we can get donations from a significant portion, that's going to make a big difference in the run up to the election."

The ADA has committed $5 million to the Massachusetts Dental Care Providers for Better Dental Benefits campaign and is asking dentists nationwide to consider financial contributions to the campaign. By supporting the ballot question earlier this year, "This issue has been a key focus of Massachusetts' advocacy efforts for years," added Meredith A. Bailey, D.M.D., MDS president. "The state's current approach to operate without a medical loss ratio for dental insurance is unfair to patients who deserve to have most of their premium dollars spent on the dental care they need. This ballot measure is finally a chance to achieve the necessary change."

The ballot initiative also calls for:

- Requiring dental benefit companies to disclose projected medical loss ratio for dental plans, file the following year's group product base rates by July, and release other specified financial information.
- Authorizing the commissioner of the Massachusetts Division of Insurance to approve or disapprove of any product rates.
- "I encourage everyone across the country who wants to see dental insurance companies held accountable for spending premium dollars collected on actual patient care to stand with us and financially contribute to this campaign," Dr. Sabates said.

I firmly believe veteran, active dentists need to pay it forward," Dr. Oyster said. "We seasoned practitioners have had pretty good careers. I am proud of this profession and think that patients really value us because we see them as people."

To contribute or learn more about the ballot initiative, visit VoteYESon2ForDental.com.

"Your contribution to Massachusetts Dental Care Providers for Better Dental Benefits can set the stage for dental insurance change one state at a time."
Dental coalition urges CMS to increase access to dental surgeries in ambulatory surgical centers

BY JENNIFER GARVIN

The American Academy of Pediatric Dentistry, American Dental Association and American Association of Oral and Maxillofacial Surgeons are urging the Centers for Medicare & Medicaid Services to increase access to dental surgeries in ambulatory surgical centers.

The three organizations are leading a coalition of dental stakeholders in supporting a proposed rule that would increase access to dental surgeries in hospital operating rooms but would likely create a need for other dental procedures performed in ambulatory surgical centers.

The CMS Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule is proposing that CMS reclassify the CPT code generally used to report dental procedures performed in hospital outpatient settings (CPT 41899) by moving it into the Ambulatory Payment Classification that includes other dental procedures (proposed reclassification of CPT 41899 from APC 5161 to 5871). This will have the effect of increasing the Medicare facility fee for dental surgeries in hospital outpatient departments from $203.64 to $1,958.92, according to the rule.

In the comments, the AAPD, ADA and AAOMS applauded CMS for taking the first step in addressing “the critical lack of operating room access for dental procedures for patients who require general anesthesia,” but said they remain concerned that dental rehabilitation and other dental procedures performed in ambulatory surgical centers are not yet eligible for coverage.

“Since the Ambulatory Surgical Centers Covered Procedures List is broadly used not only by Medicare but also by other third-party payers (including many state Medicaid programs), Medicare’s exclusion of these procedures from the [list] significantly impacts Medicare and non-Medicare patients, including Medicaid-covered children and the disabled in desperate need of dental surgical procedures,” they wrote. “Without access to ambulatory surgical centers, dentists are concerned that the current crisis in operating room access for children, the disabled and those with special needs as well as those without timely access to a hospital due to geographic limitations will continue.”

The three organizations added that it is particularly important that CMS address the issue now since the 2023 proposed Medicare Physician Fee Schedule proposes further expansion of dental care under Medicare prior to procedures such as transplantation.

“If this expanded dental coverage is finalized, it is critical that there be sufficient operating room access for those Medicare patients who need general anesthesia for the safe performance of their newly covered dental procedures,” they wrote.

“Access to [ambulatory surgical centers] is highly likely to be necessary if these patients are to obtain needed dental treatment in a safe environment in a timely manner.”

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Pregnant, postpartum Medicaid enrollees to have dental coverage at least 60 days after pregnancy

BY JENNIFER GARVIN

As of Oct. 1, all 50 states and D.C. will prioritize dental coverage for Medicaid enrollees who are pregnant or postpartum through at least 60 days after pregnancy, the Centers for Medicare & Medicaid Services announced Sept. 22.

Extending Medicaid and CHIP postpartum coverage is part of ongoing efforts through the U.S. Department of Health and Human Services and the White House "to address disparities in maternal health outcomes by opening the door to postpartum care for hundreds of thousands of people," CMS said in a news release.

The ADA has praised CMS for its proactive and health equitable approach to developing and implementing a comprehensive access strategy in Medicaid and the Children’s Health Insurance Program.

In an April 6 response to the agency’s request for information, the ADA asked for CMS to support oral health coverage for pregnant and postpartum people enrolled in Medicaid and CHIP.

"Medicaid is a primary payer of maternity care in the U.S., covering nearly half of all births nationwide," ADA President Cesar R. Sabates, D.D.S., said.

"The ADA applauds the CMS decision to prioritize oral health in pregnant and postpartum patients."

Also on Sept. 22, the agency announced it had approved the extension of Medicaid and Children’s Health Insurance Program coverage for 12 months after pregnancy in North Carolina. CMS estimated that 361,000 Americans in 24 states and D.C. are also now eligible for that length of coverage.

With the extension, North Carolina joins California, Connecticut, Florida, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, Ohio, Oregon, South Carolina, Tennessee, Virginia, Washington, the District of Columbia and West Virginia.

"The Biden-Harris Administration has made addressing the maternal health crisis an urgent priority, and actions like today’s extension in North Carolina are a key part of our work," said Xavier Becerra, HHS secretary. "We are continuing to do all we can to strengthen Medicaid and CHIP and ensure all families and children get the high-quality, affordable health care they deserve."

For more information, visit CMS.gov.

—garvin@ada.org

The ADA applauds the CMS decision to prioritize oral health in pregnant and postpartum patients.

- ADA President Cesar R. Sabates, D.D.S.
MOBILE Care Act passes House

BY JENNIFER GARVIN

The Maximizing Outcomes through Better Investments in Lifesaving Equipment for Health Care Act — legislation that gives community health centers more flexibility in using New Access Points grants for mobile health care units — passed the House of Representatives on Sept. 29.

The ADA supports the bipartisan bill, which is known as the MOBILE Health Care Act. The legislation previously passed the Senate and now heads to the president’s desk to become law.

In a Sept. 20 letter to the House Energy and Commerce Committee, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlmia, D.D.S., urged lawmakers to support the bill and also asked that mobile dental, as well as medical vans, be included in the bill and eligible for the New Access Points grants.

“As an organization dedicated to improving the oral health of the public, the ADA recognizes the critical role that mobile dental units play in bringing care to underserved areas and populations and promoting oral health equity,” Drs. Sabates and Cohlmia wrote. “Community-based care like mobile units is integral to the ADA’s Action for Dental Health initiative, which is a national campaign to provide care to people who suffer from untreated dental disease, strengthen and expand the dental safety net, and bring dental disease prevention and education into communities.

“Passage of this legislation will provide expanded flexibility that would allow health centers to use grant funds in the best way possible to reach underserved communities,” the letter concluded.

Follow all the ADA’s advocacy efforts at ADA.org/Advocacy.

Loan repayment program offers up to $120,000

Applications being accepted

The Health Resources & Services Administration’s National Health Service Corps Students to Service Loan Repayment Program is now accepting applications. The program offers dental students in their final year of school loan repayment assistance in return for service in a community of need.

The deadline to apply is Dec. 1.

Students who are selected for the program may receive up to $120,000 in tax-free loan repayment, in addition to a competitive salary and benefits, for three years of full-time service in communities with limited access to quality health care. Students may also choose to serve part time for six years.

To be eligible, applicants must be:
• A U.S. citizen (U.S. born or naturalized) or a U.S. national.
• Enrolled as a full-time student in the final year at an accredited medical, nursing or dental school.
• Pursuing a primary care career, including dentistry. NHSC said it will prioritize awards “based on the likelihood that applicants will remain in an underserved community once their service is complete and disadvantaged background.”

For more information, visit NHSC.hrsa.gov and search “Students to Service Loan Repayment Program.”
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ADA supports Dental Care for Our Troops Act

BY JENNIFER GARVIN

The American Dental Association is supporting the Dental Care for Our Troops Act. The legislation is part of the Health-care for Our Troops Act. If enacted, it would provide premium-free TRICARE dental coverage to reserve component service members.

In a July letter to Rep. Andy Kim, D-N.J., ADA President Cesar B. Sabates, D.D.S., and Executive Director Raymond A. Cohlmia, D.D.S., thanked the representative for introducing the bill. The letter also urged lawmakers to include the Dental Care for Our Troops Act in the 2023 National Defense Authorization Act, noting that roughly 130,000 reservists and members of the National Guard do not have any form of health insurance or dental coverage.

“Because service members are required to meet dental and medical deployability requirements, the lack of insurance coverage among guardsmen and reservists presents a major challenge to the reserve component’s readiness for deployment,” Drs. Sabates and Cohlmia wrote. “Providing access to TRICARE dental coverage at no cost to these service members and their families who currently have inconsistent dental coverage would not only help ensure the oral health of our service members, it would also assist national security by making sure the service members are able to deploy.”

They also noted that providing dental coverage would take the burden of providing dental insurance coverage off employers, thus incentivizing the hiring and retention of guardsmen and reservists.

“Many dentists serve in the National Guard and Reserves and would benefit from this hiring and retention incentive,” Drs. Sabates and Cohlmia wrote. “Additionally, many dentists are small business owners, and this bill would help facilitate their hiring and retention of guardsmen and reservists.”

“The ADA applauds your leadership on this issue and stands ready to work with you to improve access to oral health care for members of the reserves and the National Guard,” the letter concluded.

ADA Urges Congress to Support VA Dentists, Dental Teams

The ADA is recommending changes to the VA Workforce Improvement, Support and Expansion Act of 2022, or WISE Act, that would better support the U.S. Department of Veterans Affairs’ dental workforce.

In a letter to Sen. Jon Tester, D-Mont., Drs. Sabates and Cohlmia said the ADA is committed to improving oral health equity for the nation’s veterans and said improving the VA’s ability to attract skilled professionals such as dentists is “an essential part of providing veterans with access to high-quality dental care.”

In the letter, Drs. Sabates and Cohlmia highlighted VA Sec. Denis Richard McDonough’s recent remarks that burnout and high demand for labor were responsible for “the worst turnover rate” in 15 years, noting the VA will need to hire 15,000 nurses over the next five years as a result.

“[According to the ADA Health Policy Institute,] at a time when 80% of dentists who are currently hiring are finding the recruitment of dental hygienists and assistants to be extremely or very challenging, VA must commit adequate resources to the VA dental workforce if it is going to meet the oral health needs of veterans,” Drs. Sabates and Cohlmia wrote.

The ADA also noted the need for increased resources for VA dentistry, where the number of eligible veterans has increased by over 100% in the last 10 years with a corresponding increase in VA dental resources of only 10%.

ADA, others urge FDA to ban menthol cigarettes, flavored cigars

BY JENNIFER GARVIN

The ADA and other stakeholders are asking the Food and Drug Administration to ban menthol cigarettes and flavored cigars. In August, the coalition — led by the Campaign for Tobacco-Free Kids — provided the FDA with comments on the Proposed Rule for a Tobacco Product Standard for Menthol in Cigarettes and the Proposed Rule for a Tobacco Product Standard for Characterizing Flavors in Cigars.

Regarding the proposed rule on menthol cigarettes, the groups said a product standard prohibiting menthol as a characterizing flavor in cigarettes meets the statutory public health standard and urged the agency to exercise its authority under the Tobacco Control Act.

Regarding the proposed rule on flavored cigars, the groups wrote that banning these types of cigars will have a “substantial impact in preventing tobacco-caused mortality, avoiding suffering from tobacco addiction and disease, and reducing persistent and tragic health disparities in the U.S.”

Protecting against Zeppelin ransomware

BY STACIE CROZIER

The Cybersecurity and Infrastructure Security Agency and the Federal Bureau of Investigation have issued a joint cybersecurity advisory on a ransomware that is being used to target organizations in the health care and medical industries, including dental practices.

The alert notes that ransomware actors have used Zeppelin malware to target a wide range of businesses and critical infrastructure organizations, especially organizations in the health care and medical industries. Zeppelin actors have been known to request ransom payments in Bitcoin, with initial amounts ranging from several thousand dollars to over a million dollars.

For more information about what you can do for ransomware attack protection and recovery, visit csrc.nist.gov/ransomware.

Dental School Enrollment by Race/Ethnicity

Data indicate that first-year enrollment among White and Asian students in U.S. predoctoral programs trended slightly downward 2017 to 2022. By contrast, first-year enrollment among other racial/ethnic groups rose in the same time period.

*Includes American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and two or more races.


ADA.org/resources/research/health-policy-institute/dental-education

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ADA, DQA comment on CMS proposed rule on Medicaid, CHIP Core Set

BY JENNIFER GARVIN

The ADA and Dental Quality Alliance are applauding the Centers for Medicare & Medicaid Services for including three DQA measures into the Core Set of Children’s Health Quality Measures for Medicaid and the Children’s Health Insurance Program.

The measures included are the Oral Evaluation, Dental Services measure; Prevention: Topical Fluoride for Children measure, and Sealant Receipt on Permanent 1st Molars measure.

The ADA and DQA submitted joint comments on Sept. 26 in response to the agency’s proposed rule on Mandatory Medicaid and CHIP Core Set Reporting that said requiring reporting of these measures in the core set will lead to “robust age-appropriate” preventive pediatric dental care services.

The ADA and DQA also said they generally support CMS’s efforts in exploring the use of the Transformed Medicaid Statistical Information System Analytic Files data set to report on the core set measures but noted that because state data submissions vary, urgent CMS to use the DQA dashboard that includes a data quality assessment.

“Given the variability and significant gaps in data quality for some states, we recommend that CMS’ technical assistance to states be focused first on improving data quality,” wrote ADA President Cesar R. Sabates, D.D.S., and DQA Chair Paul Casamassimo, D.D.S. “Data quality improvement is a prerequisite to reliable quality measure reporting and should be a primary focus of technical assistance efforts.”

DQA is also ready to assist CMS in generating state-level reports using TMSIS data.”

In addition to supporting the mandatory reporting of the oral health measures in the Child Core Set, the two organizations also urged CMS to include oral health measures in the Adult Core Set and require that these measures be reported by the states.

“Measuring performance is critical to improving quality of care, hence incorporation of oral health care measures in the Adult Core Set is critical,” according to the comments. “Low-income adults suffer a disproportionate share of dental disease and are nearly 40% less likely to have a dental visit in the past 12 months compared with higher income adults.”

The comments noted that including oral health services measures in the Adult Core Set would do the following:

- Acknowledge the critical role of oral health in overall health and well-being.
- Enable states to assess the extent to which adults are receiving needed dental care.
- Reduce oral health care disparities.
- Highlight the extent to which there are adverse impacts associated with untreated dental disease in adults that impose significant costs in terms of both health outcomes and actual program expenditures.

The comments also encouraged CMS to undertake an “assessment of the barriers and facilitators pertaining to dental data exchange and information systems interoperability” and to work with other federal offices such as the Office of the National Coordinator for Health Information Technology and the Bureau of Primary Health Care to identify a roadmap for dental interoperability and data exchange.

“The ADA has been committed to pursuing coordinated and meaningful measurement through the DQA, which was convened by the ADA at the request of the CMS,” the comments concluded. “DQA is the only comprehensive multi-stakeholder organization in dentistry that develops dental quality measures through a consensus-based process. Thirty-eight organizations with oral health experience participate in the DQA along with a public member.”

Follow all the ADA’s advocacy efforts at ADA.org/Advocacy.—garvin@ ada.org

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How can federal programs better help improve the nation’s oral health? Are some states offering better dental coverage to their Medicaid dental beneficiaries than others? Why should policymakers consider making oral health a priority? These were just some of the questions raised during Unlocking Access to Oral Health, a panel discussion held Sept. 20 in Washington. The two-hour event featured policymakers, advocates and other oral health stakeholders who talked about the progress that has been made in oral health over the last two decades and what more can be done to improve it. Topics included adult dental Medicaid, as well as the effect of the COVID-19 pandemic on dentistry and patient access. Panelists included Marko Vujicic, Ph.D., the ADA’s chief economist and vice president of the ADA’s Health Policy Institute, Kaz Rafia, D.D.S., executive director of Families USA, and Marko Vujicic, Ph.D., chief economist and vice president of the ADA’s Health Policy Institute. The event was moderated by Bob Cusack, editor-in-chief of The Hill. The panel event was hosted by The Hill and sponsored by the CareQuest Institute. To see a recording of the event, visit TheHill.com/Events and search “Unlocking Access to Oral Health.”

Discussion: Bob Cusack, editor-in-chief of The Hill (from left), moderates a panel with Cheryl Lee-Butler, D.D.S., president of the National Dental Association; Frederick Isasi, executive director of Families USA; and Marko Vujicic, Ph.D., chief economist and vice president of the ADA’s Health Policy Institute.

ADA representative: Marko Vujicic, Ph.D., chief economist and vice president of the ADA’s Health Policy Institute, speaks on the panel.

Photos by Bonnie Cash for The Hill

Unlocking Access to Oral Health event explores ways to improve oral health

By Jennifer Garvin

Why should policymakers consider making oral health a priority?

These were just some of the questions raised during Unlocking Access to Oral Health, a panel discussion held Sept. 20 in Washington. The two-hour event featured policymakers, advocates and other oral health stakeholders who talked about the progress that has been made in oral health over the last two decades and what more can be done to improve it.

Topics included adult dental Medicaid, as well as the effect of the COVID-19 pandemic on dentistry and patient access.

Panelists included Marko Vujicic, Ph.D., the ADA’s chief economist and vice president of the Health Policy Institute, Kaz Rafia, D.D.S., chief health equity officer of CareQuest Institute for Oral Health, Cheryl Lee-Butler, D.D.S., president of the National Dental Association; Frederick Isasi, executive director of Families USA; Mary C. Backley, chief executive officer of the Maryland Dental Action Coalition; and Mahak Kalra, chief policy and advocacy officer for the Kentucky Youth Advocates and Kentucky Oral Health Coalition.

The event was moderated by Bob Cusack, editor-in-chief of The Hill.

The panel event was hosted by The Hill and sponsored by the CareQuest Institute.

To see a recording of the event, visit TheHill.com/Events and search “Unlocking Access to Oral Health.”

—garvinj@ada.org
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Dental intervention before radiotherapy for the treatment of head and neck cancer may increase the risk of developing osteoradionecrosis of the jaw, according to limited evidence found in a systematic review by the ADA Science & Research Institute.

"Effect of Preradiation Dental Intervention on Incidence of Osteoradionecrosis in Patients With Head and Neck Cancer: A Systematic Review and Meta-Analysis," published as the cover story of the October issue of The Journal of the American Dental Association, found patients undergoing extractions before radiotherapy may have a 55% increased risk of experiencing osteoradionecrosis of the jaw, based on evidence from 22 studies. However, the evidence was of very low certainty.

Findings for other procedures manipulating bone or tissue before radiotherapy relied on limited, observational studies with low or very low certainty evidence.

"Maintaining optimal oral health may help reduce the need for urgent dental treatment before radiotherapy, potentially reducing the risk of developing osteoradionecrosis of the jaw and minimizing the delay of oncologic treatment in patients with head and neck cancer," said Ruth Lipman, Ph.D., ADASRI senior director of evidence synthesis and translation research and one of the authors of the review. "Our efforts point to the potential need for robust and carefully conducted studies on optimal timing of dental interventions."

"Our efforts point to the potential need for robust and carefully conducted studies on optimal timing of dental interventions."

The ADASRI conducted the systematic review in response to a 2016 ADA House of Delegates resolution that instructed the ADA Council on Scientific Affairs to work with other ADA agencies and external stakeholders to develop proposed policy and evidence-based resources to optimize oral health before performing complex medical and surgical procedures.

Expert opinion varies on providing dental interventions before head and neck cancer treatment, as well as cardiac valve surgery and organ transplantation. In addition to this systematic review, the ADASRI conducted a review that failed to find a definitive benefit of dental care before cardiac valve surgery, based on available scientific literature. The scientists did not conduct a systematic review for organ transplantation.

To read the full JADA article online, visit JADA.ADA.org.
ADASRI examines use of cement in detecting radiation exposure

Study finds carbonated hydroxyapatite cement emits magnetic signal proportional to radiation dose received

BY MARY BETH VERSACI

R adiation exposure could become easier to detect, thanks to research by the ADA Science & Research Institute. Researchers from the ADASRI and National Institute of Standards and Technology studied the magnetic properties of a cement resembling the primary component of teeth, finding it could be used to measure radiation absorption.

The study, “Electron Paramagnetic Resonance Characterization of Sodium- and Carbonate-Containing Hydroxyapatite Cement,” was published in August by Inorganic Chemistry, a journal of the American Chemical Society.

Using a method developed by ADA scientists in the 1980s, the researchers synthesized carbonated hydroxyapatite cement, which has a microstructure and composition similar to biological hydroxyapatite — the main component of calcified tissues, such as tooth enamel and bones. The cement previously received U.S. Food and Drug Administration approval as the first commercially available material to treat craniofacial defects and bone fractures.

“Because of the superior biological properties of this material, there have been — and still are — numerous research studies that focus on assessing the biological properties of the material for different existing and emerging biological applications,” said Eman Karim, Ph.D., corresponding author of the study and senior scientist with the ADASRI. “However, our focus was on investigating the paramagnetic properties of the material, which have not been studied before.”

The scientists found the cement provides distinct, reproducible, stable, and spectral pure electron paramagnetic resonance signals when exposed to ionizing radiation, and the signals are proportional to the radiation dose received. This correlation means the cement could be used to measure radiation absorption.

In future studies, the ADASRI will explore how such a measurement could be used in industrial and medical settings.

“Carbonated hydroxyapatite cement could be a promising candidate for a dosimetry system, which is used to measure the amount of radiation absorbed by an individual when exposed to ionizing radiation,” Dr. Karim said. “A dosimetry system using carbonated hydroxyapatite cement could have different industrial and medical applications, such as in dentists’ clinics.”

CDC recommends updated COVID-19 boosters

BY MARY BETH VERSACI

With the arrival of updated boosters, the Centers for Disease Control and Prevention says being up to date with COVID-19 vaccination means completing a primary series and receiving the most recent booster dose it recommends for you.

On Sept. 1, the CDC recommended updated COVID-19 boosters from Pfizer-BioNTech for people 12 and older and from Moderna for people 18 and older, after the Food and Drug Administration authorized each booster for those respective age groups on Aug. 31.

The updated boosters are bivalent vaccines, meaning they target the most recent Omicron subvariants, known as BA.4 and BA.5, as well as the original SARS-CoV-2 strain. Vaccine boosters help to restore protection that has waned since previous vaccination, and in this case, they provide broader protection. The BA.4 and BA.5 subvariants are currently causing most cases of COVID-19 in the U.S., and they are predicted to be circulating this fall and winter.

People are eligible to receive an updated booster two months after their last vaccination, whether it was a primary or booster dose. The only booster that is currently authorized for people 12 and older is the bivalent booster. They can no longer receive the monovalent vaccine that only targeted the original SARS-CoV-2 strain as a booster dose.

Recipients are considered up to date immediately after receiving the last vaccine dose recommended for them.

For a detailed breakdown of vaccination recommendations, visit CDC.gov. The CDC may update its recommendations as it continues to monitor the latest data.
ACE Panel report finds most dentists comfortable treating seniors but face challenges

BY MARY BETH VERSACI

Most dentists are comfortable treating seniors but find managing comorbidities with dental treatment to be challenging, according to an ADA Clinical Evaluators’ Panel report published in the September issue of The Journal of the American Dental Association.

“This is a highly relevant topic as there will be an increase in the number of geriatric patients, who are 65 and older, visiting dental offices for their treatment needs in the coming years,” said Satheesh Elangovan, B.D.S., D.Sc., D.M.Sc., one of the report’s co-authors and a consultant to the ADA Council on Scientific Affairs’ ACE Panel Oversight Subcommittee. “We wanted to understand the challenges the dental community faces when treating this patient demographic and how prepared they are.”

The report, which included the responses of 269 ACE Panel member dentists, found 76% of respondents are comfortable treating geriatric patients. Of those who are comfortable, 58% indicated their training and experience as a student contributed to their competency. However, 59% of dentists said treating geriatric patients is more challenging than treating nongeriatric patients. The most frequently cited challenges included comorbidities and their management, with 67% of responding dentists indicating they would be interested in attending continuing education courses dedicated to managing the care of geriatric patients.

“Only 20% of the survey respondents thought that they had access to an adequate number of CE courses specific to geriatric patient management. Hence, there is a greater need to develop and promote CE courses with a geriatric dentistry focus,” Dr. Elangovan said.

Dentists can view the entire ACE Panel report online and download the PDF at JADA.ADA.org. The report has an accompanying CE course available at ADA.org/CE. From Policy to Practice: Improving Oral Health Care of the Aging Population, an ADA symposium that took place in August, also discussed the report results. The symposium is expected to be available as an on-demand CE course by December at ADA.org/CE.

ACE Panel reports feature data from ADA member dentists who have signed up to participate in short surveys related to dental products, practices and other clinical topics. The ACE Panel Oversight Subcommittee of the ADA Council on Scientific Affairs writes the reports with ADA Science & Research Institute staff.

The reports offer ADA members a way to understand their peers’ opinions on various dental products and practices, providing insight and awareness that can benefit patients and the profession.

Members are invited to join the ACE Panel and contribute to upcoming surveys, which occur no more than once every few months and usually take five to 10 minutes to complete. To learn more or join the ACE Panel, visit ADA.org/ACE.

—versacim@ada.org

Forsyth Dentech highlights innovation, investment

BY JASON MEYERS

Nearly 30 startup companies presented at this year’s Forsyth Dentech conference in Boston, demonstrating a focus on technologies ranging from novel materials and adhesives to new diagnostic tools and practice management software.

“Digital technologies have made tremendous advances and will continue to dominate oral health care,” Dr. Dye said.

Bruce Dye, D.D.S., who co-edited the National Institutes of Health report on oral health in America, opened the conference with a keynote address.

The conference’s second year brought together more than 400 attendees — in person and virtually — from the corporate, academic and financial realms to explore the future of dental technology and investment. The winners of the startup competition program were Keystone Bio, developer of a novel therapeutic that shuts down a driver of chronic inflammation, and Uptime Health, which simplifies dental equipment maintenance and purchasing using predictive analytics.

Bruce Dye, D.D.S., who co-edited the National Institutes of Health report on oral health in America, opened the conference with a keynote address.

“Digital technologies have made tremendous advances and will continue to dominate oral health care,” Dr. Dye said.

Massachusetts Gov. Charlie Baker was a surprise guest to welcome attendees and the conference to Massachusetts. Another unannounced speaker was entertainer Lenny Kravitz, who joined the conference via Zoom during a panel discussion on mission-driven innovation that featured Twice, a producer of oral wellness products in which Mr. Kravitz is a partner.

Innovator: Jinesh Patel of Uptime Health delivers one of the winning startup presentations at Forsyth Dentech 2022.
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M ore periodontists than general dentists prescribe antibiotics with scaling and root planing, highlighting differences in antibiotic prescription patterns, according to a study published in the October issue of The Journal of the American Dental Association. “Antibiotic Prescription Patterns Among US General Dentists and Periodontists” looked at the responses of 256 members of the American Dental Association, who were mostly general dentists, and 250 members of the American Academy of Periodontology to a 15-item survey addressing differences between the two cohorts, factors affecting systemic antibiotic prescription patterns, and prescription timing. Overall, 32.4% of the participants prescribed systemic antibiotics with scaling and root planing. When comparing the two groups, the authors found 18.7% of the general dentists and 46.4% of the periodontists reported prescribing antibiotics.

“In the absence of a full spectrum of evidence-based guidelines for the appropriate use of antimicrobial agents, dentists, including periodontists, remain a group often prescribing antibiotics,” said Ruth Lipman, Ph.D., senior director of evidence synthesis and translation research with the ADA Science & Research Institute and one of the study’s authors. “We found differences related to prescription timing, factors determining prescription patterns, and the selection of patient populations thought to benefit more from antibiotics.”

AAP membership, practitioner sex and years of practitioner experience predicted antibiotic prescription practices, as AAP members seemed to be four times more likely to prescribe antibiotics with scaling and root planing than the general dentists surveyed. Men were also more likely to report prescribing antibiotics, as were practitioners with more years of experience. Survey participants’ geographic location, practice setting (group, solo or other) and occupation type (private practice, academic, government or other) did not predict reported prescribing patterns.

The study showed a significant difference between periodontists and general dentists in prescription timing, with periodontists more likely to report prescribing systemic antibiotics during the full course of scaling and root planing than general dentists. However, similar proportions of each group reported prescribing antibiotics only at the start of scaling and root planing.

In terms of identifying the most important clinical factor that would influence antibiotic prescription practices, most periodontists recognized periodontitis progression rate over periodontitis severity or other factors, while general dentists were split among progression, severity and other factors.

Both groups identified patients’ diabetic status, advanced age, immunocompetence and smoking status as factors for determining if they would benefit more from antibiotics than other patient populations, but periodontists were more likely than general dentists to prescribe antibiotics based on bone loss, as well as disease onset between puberty and 30 years of age.

Our study confirmed the need for further research to attain the ultimate goal of an appropriate and personalized use of systemic antibiotics in the treatment of periodontitis,” Dr. Lipman said. “To reduce the unnecessary use of antibiotics and the associated health care cost and to control antibiotic resistance, the dental community would need to perform large-scale clinical trials that offer a better understanding of the precise use of antibiotics in the treatment of periodontitis.”

The ADA has guidelines on the use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints and the use of antibiotics for the management of dental pain and intraoral swelling. In spring 2023, the ADA Science & Research Institute and University of Texas Health Science Center at San Antonio plan to begin a clinical trial to study the responsible use of antibiotics in combination with other treatments for periodontal disease. The work is supported by a grant from the National Institute of Dental and Craniofacial Research.

The JADA study was conducted by researchers from the ADASRI, University of Connecticut, University of Alabama at Birmingham, New York University, University of Michigan, University of Maryland and The State University of New York at Buffalo. To read the full study and others from the October issue of JADA online, visit JADA.ADA.org.

JADA study finds variability in antibiotic prescribing with scaling and root planing

SURVEY RESULTS DEMONSTRATE DIFFERENCES BETWEEN PERIODONTISTS, GENERAL DENTISTS

BY MARY BETH VERSACI

Dr. Lipman

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New Jersey health center becomes first FQHC to host, graduate community dental health coordinators

‘IT BRIDGES THE GAP BETWEEN THE MEDICAL AND DENTAL FIELDS WITH NEEDED PUBLIC HEALTH AND CARE COORDINATION SKILLS’

BY DAVID BURGER
Dover, N.J.

I

n a partnership with the ADA, the New Jersey-based Zufall Health became the first Federally Qualified Health Center to graduate a class of Community Dental Health Coordinators in September.

CDHCs, who are typically trained at community colleges within dental assisting or hygiene programs, are given an on-line curriculum, educate and navigate patients to appropriate dental services and ideally dental homes in the interest of better oral health. They often serve the same communities where they were born and currently live for maximal cultural competency and awareness of the local social determinants of health. Zufall Health’s 12-month CDHC program was led by Zufall Health Chief Dental Officer Sam Wakim, D.M.D., a public health dentist who is a long-time proponent of CDHCs and has engaged them to help schedule the human papillomavirus and COVID-19 vaccines at Zufall clinics, among other roles and responsibilities.

“They are so critical for the work we do,” Dr. Wakim said.

The graduation ceremony was attended by many officials and dignitaries from around the region who recognized the importance of the milestone.

“Regular oral health care plays an important role in disease prevention, but many New Jerseyans lack either the resources or education to get the care they need,” New Jersey Assemblywoman Aura K. Dunn said. “That is why I am so proud to support the Zufall Health’s effort to create a pipeline of community dental health coordinators in the state. I applaud the professionals who took the time to undergo additional training that will build bridges to better health among our most vulnerable populations. It is an innovative approach that integrates caring medical providers into our underserved communities to improve public health outcomes.”

The origins of the CDHC program began in 2004, when the ADA, acting on a resolution passed by the House of Delegates, set up a task force to determine how to best meet the oral health needs of dentally underserved rural, urban and American Indian communities.

Two years later, the ADA established the Community Dental Health Coordinator pilot program as one component in the effort to break through the barriers that prevent people from receiving regular dental care and enjoying optimal oral health.

Thirty-four graduates from that pilot program were the pioneers for those programs, which have now graduated more than 800 individuals.

“As the state dental director at the New Jersey Department of Health, I am happy and proud of this important oral health initiative and its existence here in our beloved state,” said Darwin K. Hayes. “The event recognizing graduates is very special. It demonstrates how an idea becomes a reality — a reality that serves the purpose of bridging the gap to provide the type of resources and assistance our residents need to improve their health through oral health.”

Nashon Hornsby, J.D., assistant commissioner of the Division of Community Health Services at New Jersey’s Department of Health, said, “This well-trained group of deeply committed professionals are often the key to securing trust among vulnerable populations and translating that trust into action where individuals who previously have had no oral health home choose to access much-needed oral health services, improving those individuals’ overall health.”

Anne Weeks, president of the northeast region at LIBERTY Dental Plan, Zufall Health dentist Antonella Moetta, D.M.D.; New Jersey Assemblywoman Aura K. Dunn; Carollyn Blockman, Dover mayor; Mary Jane Forgant, WellCare Health Plans; Nashon Hornsby, J.D., assistant commissioner of the Division of Community Health Services at New Jersey’s Department of Health. In the front row, from left, are CDHC graduates Laura Marques, Margarita Koscuik, Luz Munera and Lisa Nieves.

One of the graduates was Dorinda C. Priebe, who works with the Maine Center for Disease Control and Prevention to serve rural and underserved school children as a dental hygienist.

“I came to an understanding of public health that I was previously unaware,” Ms. Priebe said. “CDHCs are essential for communities to bridge the gap between dental and achieving health. A CDHC can take the time needed to assist an individual or family in connecting with the care required to move from the disorder of disease to the peace of taking steps forward toward health and independence.”

Ms. Priebe said CDHCs can bridge the gap between dental and medical services.

“The body-mouth, or total-body-health relationship, has been the focus of my entire career,” she said. “CDHCs have a unique niche in staging community or individual health interventions that result in a greater awareness of health conditions leading to positive changes in health care decision making. This ultimately results in healthier populations.”

Sherry Laliberte, a dental hygienist and program manager with the Maine Center for Disease Control and Prevention’s School Oral Health Program, was another graduate.

She lauded the program. “It has taught me a great deal about project planning and implementation, strategic planning and teamwork/collaboration with those outside my network,” she said.

“I was honored to be invited to attend the graduation,” said Bonnie T. Stanley, D.D.S., dental director of New Jersey’s publicly funded health insurance program NJ FamilyCare. “I have a keen awareness of the gaps that currently exist between dental providers and our members in communicating and understanding, as well as an appreciation for how CDHCs can work with both to close these gaps and have a positive influence on behavior and treatment outcomes.”

Zufall’s CDHC class of 2023 began their studies on Sept. 20.
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I t’s that time of year.

The ADA Council on Dental Benefit Programs is reminding dentists of the importance of conducting an annual review of their signed participating provider agreements.

Dentists who are considering becoming a network provider may wish to try and negotiate the terms of the insurance provider agreement prior to entering into the agreement. For dentists who are already network providers, they may also want to try to renegotiate contract terms and provisions as well, including network fee schedules.

“Understanding the details of what is often included in contracts made between dentists and third-party payers is essential because these contracts are drafted by payers,” said Kevin Dens, D.D.S., chair of the ADA Council on Dental Benefit Programs. “They may contain terms and conditions that favor the payers’ wants and needs over those of dentists.”

The ADA provides a resource for handling contract negotiations with third-party payers, including negotiation basics and some practical how-to’s for dentists who want to discuss fees with payers on an individual basis.

There is also an updated online contract negotiation document for dentists to consider. The guide discusses the basic mechanics of how to negotiate non-fee related clauses prior to entering into agreements and/or when the agreements come up for renewal. Search for Dental Insurance Contract Issues in ADA.org’s search engine for both resources.

If a dentist does not have a copy of their signed agreement, they should ask the plan for a copy, Dr. Dens said.

“Dentists need to be aware that amendments to contracts or to the provider manual or other plan policies may happen and that these amendments may be posted on payers’ websites or buried in newsletters,” he said. “As arduous as it can seem at times, be sure to pay attention to all forms of communications from payers and do not ignore anything sent by them.”

“The council is aware of amendments from payers that require exclusivity from dentists in order to get a preferred fee schedule,” Dr. Dens said. “The council has also heard about provider rating systems as established by payers, which has the potential for payers to tie fee schedules and/or when the agreements come up for renewal.”

“Thus, dentists need to keep a close eye on this as these issues are another important reason why contracts and all amendments should be reviewed on an annual basis,” said Mark Johnston, D.D.S., chair of the council’s Dental Benefit Information Subcommittee.

ADA online resources on contracts and clauses include an on-demand webinar, Understanding PPO Contracts: What You Need to Know, available at ADA.org/resources/practice/dental-insurance/dental-insurance-resources/dental-insurance-contract-issues.

ADA members in need of advice should also consider taking advantage of the Contract Analysis Service offered by the ADA.

“‘The Contract Analysis Service is a fantastic member benefit,’ said Jessica Stiley-Malih, D.M.D., vice-chair of the council. ‘It’s important to understand the terms of the participating provider contracts you are considering so that you can decide if they’re best for you and your patients, as well as to avoid unpleasant surprises in the future.’

To use the service, submit a copy of the unsigned contract and an analysis request through the ADA.org/contract-analysis. Requests submitted directly to the ADA will be charged $50 per contract analyzed. The ADA has an online hub for ready-to-use dental insurance information that can help dentists address and resolve even their most frustrating questions at ADA.org/dentalinsurance. — burgerd@ada.org
BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use ARESTIN® safely and effectively. See full Prescribing Information, ARESTIN® (minocycline hydrochloride) Microspheres, 1 mg Rx only

INDICATIONS AND USE

ARESTIN® is indicated as an adjunct to scaling and root planing procedures for reduction of plaque and subgingival microbiota in adult periodontitis patients with deep pockets (≥5 mm). ARESTIN® may be used as part of a periodontal maintenance program which includes good oral hygiene and scaling and root planing.

CONTRAINDICATIONS

ARESTIN® should not be used in any patient who has a known sensitivity to minocycline or tetracyclines.

WARNINGS

The Use of Drugs of the Tetracycline Class During Tooth Development

Last half of tooth development and the first 2 weeks of eruption (age of 7-12 years) are critical periods for the development of discoloration of the teeth (yellow-gray-brown). This adverse reaction is more common during long-term use of the drug, but has been observed following relatively short-term courses. Enamel hypoplasia has also been reported. Tetracycline drugs therefore should not be used in this age group or in pregnancy or nursing women, unless the potential benefits are considered to outweigh the potential risks. Results of animal studies indicate that tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Evidence of embryotoxicity has also been noted in animals treated early in pregnancy. If tetracyclines are used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus. Photo-sensitization manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Patients are to be especially directed toward or advised of sun protection if they should be advised that this reaction can occur with tetracycline drugs, and treatment should be discontinued at the first evidence of fetal abnormality.

PRECAUTIONS

Hypersensitivity Reactions

The following adverse events have been reported with minocycline products when taken orally, i.e., hypersensitivity reactions and hypersensitivity syndrome that include, but were not limited to, anaphylactic, anaphylactoid reaction, angioedema, arthralgia, rash, exfoliative, and one or more of the following: fever, pruritus, paresthesia, myalgia, and myositis. Paresthesia of the hands, fingers, and paresthesiomyalgia may also be present. Erythromelalgia, facial erythema, and dysphagia have been reported with the use of ARESTIN®. Some of these reactions were serious. Postmarketing cases of Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported with minocycline products.

Autoimmune Syndromes

Tetracyclines, including oral minocycline, have been associated with the development of autoimmune syndromes including a lupus-like syndrome manifested by arthralgia, myalgia, rash, and swelling. Systemic cases of serum sickness-like reaction have been reported shortly after oral minocycline use, manifested by fever, rash, arthralgia, lymphadenopathy, and malaise. In symptomatic patients, liver function tests, ANA, CBC, and other appropriate tests should be performed to evaluate the patients. No further treatment with ARESTIN® should be administered to the patient.

The use of ARESTIN® in an acutely abscessed periodontal pocket has not been studied and is not recommended.

While not considered by pyrogenic manipulations, such as those used during clinical studies, as well as other esterifications, the use of ARESTIN® may result in exacerbation of non-endodontic inflammatory reactions including lupus. The effects of treatment for greater than 6 months has not been studied.

ARESTIN® should be used with caution in patients having a history of predisposition to oral ulcers (e.g., those with Behcet’s disease, lupus erythematosus, Sjogren’s syndrome, and pemphigus). The effects of treatment for greater than 6 months has also not been studied.

ARESTIN® has not been studied in immunocompromised patients (e.g., those with impaired immune function due to underlying disease, immuno-suppressive or chemotherapeutic agents, organ transplants, or infection with HIV). If superinfection is suspected, appropriate measures should be taken.

ARESTIN® has not been clinically tested in pregnant women.

ARESTIN® has not been clinically tested for use in the ager of 12 years and older. Children 12 years and older should be given the same dose as adults. The safety and effectiveness of ARESTIN® in pediatric patients has not been established.

The effects of tetracyclines on labor and delivery are unknown.

Nursing Mothers

The effects of minocycline on lactation and delivery are unknown.

ADVERSE REACTIONS

The most frequently reported treatment-emergent adverse events in the 3 multicenter US trials were headaches, infection, flu syndrome, and pain.

Table 5: Adverse Events Reported in ≥1 % of the Combined Clinical Trial Population of 3 Multicenter US Trials by Treatment Group

<table>
<thead>
<tr>
<th>Event Type</th>
<th>SRP Alone</th>
<th>SRP + Vehicle</th>
<th>SRP + ARESTIN®</th>
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<tr>
<td>Total Number of AEs</td>
<td>49</td>
<td>46</td>
<td>52</td>
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<tr>
<td>Number (%) of Patients</td>
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<td>96</td>
<td>97</td>
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<tr>
<td>Oral Cavity</td>
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<td>Infection Other</td>
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<tr>
<td>Rash</td>
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<tr>
<td>Other</td>
<td>2</td>
<td>2</td>
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</tbody>
</table>

The number of patients experiencing ≥1 % of the adverse events was similar among all study groups.

Table 6: Treatment-Emergent Adverse Events in ≥1 % of the Combined Clinical Trial Population of 3 Multicenter US Trials by Treatment Group

<table>
<thead>
<tr>
<th>Event Type</th>
<th>SRP Alone</th>
<th>SRP + Vehicle</th>
<th>SRP + ARESTIN®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of AEs</td>
<td>49</td>
<td>46</td>
<td>52</td>
</tr>
<tr>
<td>Number (%) of Patients</td>
<td>98</td>
<td>96</td>
<td>97</td>
</tr>
<tr>
<td>Oral Cavity</td>
<td>17</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Dental</td>
<td>22</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Proliferative</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Infection Dental</td>
<td>3</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Infection Other</td>
<td>6</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Pain</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Memory Disorder</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Headache</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Fever</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Nose</td>
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<td>2</td>
<td>2</td>
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<tr>
<td>Pharyngitis</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Sinus Syndrome</td>
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<td>2</td>
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<tr>
<td>Flu Syndrome</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Mouth Ulceration</td>
<td>2</td>
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<tr>
<td>Stomatitis</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Headache</td>
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<td>Flare</td>
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<tr>
<td>Hypersensitivity</td>
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<tr>
<td>Paresthesia</td>
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<tr>
<td>Rash</td>
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<td>2</td>
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<tr>
<td>Other</td>
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</table>

The number of patients experiencing ≥1 % of the adverse events was similar among all study groups.

M

ters of the New York State Dental Association screened over 150 baseball fans for oral cancer at Citi Field in New York City on Aug. 6.

In addition, an association-created public service announcement was shown on the stadium’s large screen prior to the New York Mets game’s start pointing attendees to resources regarding oral cancer and encouraging everyone to schedule an oral screening with their dentist. About 30,000 fans were in the crowd.

An audio version of the public service announcement aired on Mets radio over two weeks—seven games—reaching about 1,755,500 listeners.

The announcement can be viewed at youtube.com/watch?v=IwggT7eWZ1Y.

Together: A New York State Dental Association team screened and educated fans attending the Aug. 6 Mets game as part of the association’s oral cancer awareness campaign.

NYSADA screens baseball fans for oral cancer at Mets game

Fun: Stuart Kesseran, D.D.S., oversees a screening of Mrs. Met.

Service: Mark Gottlieb, D.D.S., screens a Mets fan at Citi Field on Aug. 6.
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HPI poll: Insurance reimbursement not keeping up with increased practice operating costs

BY STACIE CROZIER

Most U.S. dental practices have experienced increased operating costs, but insurance reimbursement has not increased accordingly, say dentists responding to the latest wave of the ADA Health Policy Institute’s Economic Outlook and Emerging Issues in Dentistry poll.

Most of the roughly 1,200 practicing dentists who responded to the poll Aug. 16-20 reported increased prices across the board by expenses for supplies and materials, staff wages and lab fees. Nearly one-third of dentists (31%) indicated that personal protective equipment prices have increased by more than 20%. Roughly 1 in 4 dentists (26%) indicated that supplies and materials prices went up by at least 20% in the past year.

According to the August poll results, the insurance industry is yet to respond to increased operating costs for dentists. Nearly 60% of dentists responded that rates have remained stagnant, 25% indicate their rates have decreased and only 7% of dentists reported getting an increase in insurance reimbursement in the past year.

“The ADA provides a comprehensive Contract Negotiation Guide to help dentists engage with third-party payers and shares leaders’ commitments to building momentum for a health workforce well-being movement. The pandemic has really helped to shine a light on mental health and burnout among health care professionals, including dentists and our teams,” said Brett Kessler, D.D.S., ADA 14th District trustee, who represented the ADA in developing the ADA Dentist Health and Wellness Program and state dentist well-being programs. For more information, visit NAM.edu/NationalPlan. For more information on the Clinician Well-Being Collaborative, visit NAM.edu/CW.

For dentists battling stress or burnout, the ADA Dentist Health and Wellness Program can help. ADA members can download the ADA State Well-Being Program Directory to find their contact information, and all calls or emails will be strictly confidential.

It is available at catalog.ada.org/catalog/dentist-well-being-program-directory-8347. The ADA has also created a free resource sheet that offers some symptoms of distress and specialty practice purchase opportunities in Washington, Oregon, Idaho, Montana, Alaska and Hawaii. Call Consani Associates: (866) 348-3800 or learn about us in 75 seconds at www.mydentalbroker.com.

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Three dental providers settle cases for potential HIPAA violations regarding records

‘PATIENTS HAVE A FUNDAMENTAL RIGHT UNDER HIPAA TO RECEIVE THEIR REQUESTED MEDICAL RECORDS’

BY DAVID BURGER

The trio of dental providers faced investigations on allegedly not providing requested records to patients in a timely manner.

“The three right of access actions send an important message to dental practices of all sizes that are covered by the HIPAA Rules to ensure they are following the law,” said Office for Civil Rights Director Melanie Fontes Rainer in a news release. “Patients have a fundamental right under HIPAA to receive their requested medical records, in most cases, within 30 days. I hope that these actions send the message of compliance so that patients do not have to file a complaint with [the Office for Civil Rights] to have their medical records requests fulfilled.”

“It’s important that my dental colleagues are aware of and follow the regulations set forth by the Health Insurance Portability and Accountability Act, when applicable,” said James Hoddick, ADA Council on Dental Practice chair. “The HIPAA Privacy Rule provides patients with a legal, enforceable right to see and receive copies upon request of their health records maintained by their dental provider. Compliance helps ensure the success of the dental office in being transparent, which in turn helps lead to optimal care and a more fruitful dentist-patient relationship.”

According to the release, the Office for Civil Rights took the following enforcement actions:

The Office for Civil Rights received a complaint on Aug. 8, 2020, alleging that a dental practice in Illinois failed to provide a former patient with timely access to her complete patient records. The former patient requested her entire dental records in May 2020 but received only portions. The former patient filed a complaint with the Office for Civil Rights, and an investigation determined that the practice’s failure to provide timely access to the requested records was a potential violation of the HIPAA right of access provision. The practice agreed to pay $25,000 and implement a corrective action plan.

On Oct. 26, 2020, the Office for Civil Rights received a complaint alleging that a dental practice in Nevada had failed to provide a mother with copies of her and her minor child’s protected health information. The mother submitted multiple record requests, but the practice did not send the records until more than eight months after her initial request. An investigation determined that the practice’s failure to provide timely access to the requested records was a potential violation of the HIPAA right of access provision. The practice agreed to pay $170 and implement a corrective action plan.

The Office of Civil Rights’ guidance on the right of access is available at hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html. Individuals who believe their HIPAA rights have been violated have the right to file a complaint with OCR via hhs.gov/hipaa/filing-a-complaint/index.html. — burgerd@ada.org

Dr. Hoddick

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I recently had the opportunity to experience the Nebraska Mission of Mercy for the first time as a dental student, wide-eyed and ready to treat patients. It was a heart-pounding, new experience. Before that weekend, I was used to only treating two patients per day in a well-controlled environment. When the doors opened at 6 a.m., it was time to hit the ground running.

The topic of access to care for underserved Americans has been sprinkled into my curriculum here and there, with infographics and statistics on the number of people in America without a dental home. However, this number became more than a statistic when I was face to face with people who live in my community, struggling to find a dental home while living in pain, and are unable to comfortably eat or go to work.

After my first day of treating patients, I left the clinic excited about how many people we were able to help that day. I felt like I had truly helped to make a difference. However, after the weekend was over and the excitement died down, I was left with a pit in my stomach.

On my drive home, I kept thinking, what is next for these patients? Many needed follow-up care. I charted my patients just how I was taught, with a plan for a follow-up appointment to treat the nonemergency care followed with recare every six months.

But I kept thinking, is there a follow-up option for them? That weekend, Mission of Mercy helped 1,000 Nebraskans alleviate dental pain and receive care, but did we help these individuals fare any better for their future? Will these same patients be back next year in a neverending cycle of emergency care? If this is the truth, was the mission simply a “Band-Aid” approach to addressing our nation’s access to dental care crisis?

Dental caries and periodontal disease are chronic disease models. While relieving toothaches and placing restorations treats the symptoms or restores the tooth, we will never achieve helping underserved Americans limit their risk factors until we find them dental homes.

The ADA’s policy handbook states the importance of every patient needing a dental home. The infrastructure of having caring dentists in one location is already established, the capability of implementing the public health initiative is just a step away.

One solution for working towards a better and more sustainable oral health care future for underserved individuals is an additive public health initiative. In the MOM setting, we have direct contact with people without a dental home, and we can connect them to one before they leave. A dental home could be a community health center, federally qualified health center, providers that accept Medicaid or provide care based on a sliding scale, or discounted dental care such as dental schools.

I challenge the Mission of Mercy organizers, ADA leaders, and state dental association leaders to set a goal of connecting patients to a dental home. The infrastructure of having caring dentists in one location is already established, the capability of implementing the public health initiative is just a step away.

I would like to commend all MOM organizers and volunteers for dedicating their time and putting forth the effort to help organize such a great event that helps so many individuals. We see the gratitude and relief on patient faces when they are no longer living with agonizing dental pain for the first time in months, or have the largest grin when they get their new dentures and can eat their favorite foods again.

We all make a difference in these two days. Imagine the difference we can make finding them a dental home and establishing preventative and periodic oral health care. We change the outlook from missing teeth, to changing lives.

Ms. Pankratz is a third-year dental student at the University of Nebraska Medical Center College of Dentistry.

**Mission of Mercy:**

A dental student’s perspective

**By Sophia Pankratz**

**LETTERS**

TIME FOR ROBUST COMPACT

I was excited to see the recent ADA News article on the licensure compact that promotes greater portability. Being a former American Student Dental Association president, current member of the Texas State Board of Dental Examiners and current CDCA-WREB-CITA examiner, I believe that the time is right for unity on this issue. A robust compact will strengthen our profession and advance the safety and health of the public.

The compact creates an opportunity for many different groups to come together. Having done my M.B.A. capstone on the compact issue, I am acutely aware of the licensing challenges faced by dental professionals when a spouse is transferred. Department of Defense data show a loss of income and professional advancement with such transfers that disproportionately affect women. As a board member, I am also aware of the challenges when disciplinary actions are not shared between states in real time.

State boards of dentistry were created at the behest of professional dental organizations to strengthen professional education, the practice of dentistry and to protect the public. During my 25 years of involvement, I have seen these two groups diverge into separate silos. I believe that a small compact and circumvention of state boards legislatively will have negative consequences for our profession. We can and must do better. Now is the time to move forward together for our profession and for our patients.

Robert G. McNeill, D.D.S., M.D.
Dallas

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ADA Foundation grant increases access to care for Illinois children with disabilities

BY STACIE CROZIER

A three-year grant totaling $375,000 awarded by the ADA Foundation in 2019 enabled the Advocate Illinois Masonic Medical Center to expand its capacity to provide oral health care to children with disabilities. This includes launching a three-year dental anesthesiology residency program that is now in its fourth year, building out an operatory for outpatient dental anesthesia and treating 186 children during the grant period from Chicago and across northern Illinois.

The grant enabled the dental center to assemble a team of pediatric dentists, dental anesthesiology faculty and residents, general practice residents, endodontic specialists and clinical and business support staff that was able to provide services to nearly two hundred children.

Due to the success of the program, the Advocate dental center has outgrown its present capacity. Plans are underway to relocate the Center in the summer of 2024 to a new $4.5 million facility, funded by a diverse mix of sources including Advocate Aurora, state and federal funds, charitable organizations and other grants. This will enable the Dental Center to manage an ever-increasing caseload of children who require dental treatment under anesthesia.


Although the COVID pandemic shutdown in 2020 necessitated a three-month pause for the program, the dental center ultimately was only 39 cases short of its three-year case goal. Its case volume continues to average three to four cases per week, and there is a month-long waitlist.

Kenneth Kromash, D.D.S., dental anesthesiology program director, reflected that the impact of the program can be summed up by a conversation he had with a patient’s mother. When he asked the mother when her daughter last ate or drank anything, the mother noted that she gave her daughter a snack at 2 a.m. after they began their six-hour drive to the clinic, and there was no way she was going to be late for her daughter’s appointment after waiting for more than six months for care.

When Dr. Kromash asked whether there was any place closer that could treat her daughter, the mother said everyone told her she’d have to take her daughter to Illinois Masonic in Chicago. This devoted, struggling mother packed her two kids in the car and left the house at 1 a.m., driving for over six hours so she could get dental care for her daughter,” Dr. Kromash said. “No other facility was able to provide both a pediatric dentist and general anesthesia. Her daughter did quite well, and all her dental needs were addressed in one appointment. These are the people the ADA Foundation grant has touched.”

For more information about Advocate Illinois Masonic Dental Center, visit advocatehealth.com/health-services/dental-center/

For more information about the ADA Foundation, ADAFoundation.org — croziers@ada.org

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ADA Foundation®

Dr. Hill, a graduate of Meharry Medical College School of Dentistry and clinical assistant professor at the University of Illinois at Chicago Department of Pediatric Dentistry, will receive $5,000 that will fund her participation in the ADA Institute for Diversity in Leadership. An integral part of the Institute is having participants put the leadership principles and training they receive to practical use. As such, Dr. Hill plans to create a program that introduces African American students in the Chicago Public Schools system to the dental profession by connecting them with African American dentists in their community who can serve as mentors and hosting a series of events that show them “A Day in the Life of a Dentist.”

Ms. Ramos-Diaz, a dental student at the University of Puerto Rico School of Dentistry, launched the Hispanic Oral Health Prevention and Education, or H.O.P.E., program at the dental school, and she intends to use her $5,000 award and participation in the ADA Institute for Diversity in Leadership to enhance the H.O.P.E. program. She would like to expand to other Hispanic-serving dental outreach clinics, offering training to dental students on cultural sensitivity in health care and educate and empower students in their native language to improve health outcomes.

Additionally, the ADA Foundation awarded the Crest and Oral-B Promising Researcher Award to Nicholas Fischer, Ph.D., a dental student at the University of Minnesota School of Dentistry. Dr. Fischer, who earned a bachelor of science in environmental sciences and biology from Creighton University and a Ph.D. in oral biology from the University of Minnesota, is in his second year of dental school. His research project seeks to demonstrate that a polymer sealant for Class V restoration surfaces, particularly in older adults, can extend the lifespan of restorations by promoting formation of hemidesmosomes and gingival attachment.

In recognition of his excellence in oral health research, Dr. Fischer will receive $5,000 in financial assistance to help him pursue a career in research that advances preventive dentistry. His profession is in good hands as is evident by this year’s recipients of the ADA Foundation Dr. David Whiston Leadership Award and the Crest and Oral-B Promising Researcher awards,” said Craig S. Armstrong, D.D.S., ADA Foundation board chair. “The ADA Foundation is committed to making a difference in the lives of our young people through these generous awards.”

For more information on these awards, visit ADAFoundation.org or contact Tracey Schilli-go, professional programs manager, at adaf1@ada.org.

A New Day for Dentistry: Meet Alice Arroyo-Juliá, D.M.D.

A New Day for Dentistry is an ADA campaign that celebrates the Association’s vibrant community of dentists. It seeks to honor the dentists who power the ADA and commemo-

rate the contributions dentists make to their communities and the profession every day.

The ADA News regularly profiles a dentist who represents the diverse range of ages, career stages, practice paths and backgrounds that make the ADA what it is.

Dental school: University of Puerto Rico School of Dental Medicine.

Practice type: Assistant professor at the University of Puerto Rico and associate dentist in Aibonito and Cidra, Puerto Rico.

Why did you choose dentistry? I have always liked science, so I decided to pursue a bachelor’s degree in natural sciences. During this time, I began to explore professional careers that allowed me to help people to achieve a better quality of life. After becoming a dentist, I decided to apply to the University of Puerto Rico School of Dental Medicine, where I was accepted in 2013.

After graduating in 2017, I chose to provide services in private practice and academia as an assistant professor at my alma mater. Every day, I am grateful to have chosen a profession where I can help people smile and maintain good oral health.

Why did you join the ADA? I decided to be part of the ADA in 2017 because I liked how committed they are to providing their members with organized tools and networking opportunities to succeed in dentistry. The ADA offers incredible resources for new dentists, including continuing education courses, the latest trends in dentistry and programs for professional growth.

What do you like most about your ADA membership? The ADA keeps their members at the forefront of the profession by offering the latest up-to-date and accessible research. Another perk of this membership is that the ADA offers opportunities to grow in the area that you want. This organization has directly helped me develop professionally. For instance, in 2020, I was accepted into the ADA Institute of Diversity in Leadership. This program, like the ADA resources, helps you become a good leader in practice, in academia and in your personal life. Also, this program prepares you for advocacy training and in building relationships.

When I’m not in the office, you can find me: When I am not in the office, I like to spend time with my family, my husband and my French bulldog, Aldon. My favorite hobby is playing tennis. This sport helps me distract myself and enjoy myself while I exercise. On the weekends, I enjoy the good weather and the beautiful beaches of Puerto Rico.

What was your first job? My first job was during my undergrad years as a part-time cashier at a beachwear store.

Fun fact about me? As a child I liked to teach, so I always studied with a board and marker as if I were giving classes to a group of people. I think that without noticing it, I have been setting myself up for my active role in academia. I love my job and my students.

What does A New Day for Dentistry mean to you? A New Day for Dentistry means to me the comfort of knowing that someone somewhere is like you. It gives me motivation to be successful through recognizing amazing new dentists. We are stronger together, and by working as a group, we can support each other in understanding today’s unique challenges of the profession as new dentists.

Former JADA Foundational Science associate editor was ‘tremendous asset to dentistry’

BY MARY BETH VERSACI

A past associate editor of JADA Foundational Science and a member of the Henry Schein Inc. Board of Directors died Aug. 11.

E. Dianné Rekow, D.D.S., Ph.D., served as an associate editor during the journal’s first year, helping to define its goals, outline the roles of the associate editors and suggest potential authors, said Jack L. Ferracane, Ph.D., editor-in-chief of JADA Foundational Science.

“Dianné was a great friend. She was a warm human being who was intelligent, creative, collaborative and genuinely compassionate,” said Dr. Ferracane. “She was a tremendous asset to dentistry and dental research on so many levels, and her positive influence was experienced internationally. She will be greatly missed by the entire profession.”

Dr. Rekow was a leader in the development of digital dentistry, receiving her first grant awards from the National Institutes of Health in the mid-1980s to study computer-aided design and computer-aided manufacturing for dental restorations. She co-authored several awarded patents for automated fabrication technologies.

Dr. Rekow was a professor emeritus and fellow at King’s College London, where she served as executive dean of its Dental Institute and professor of orthodontics from 2012-16. She previously worked at New York University, where she was a professor of orthodontics, senior vice provost of engineering technology and provost of the Polytechnic Institute. She was also a senior scholar at the Sante Fe Group, a think tank dedicated to improving life through oral health.

Dr. Rekow was an internationally known authority on the performance of new dental materials, and her teams researched the use of bioengineered tissue to facilitate bone replacement in individuals affected by disease or developmental defects. She authored or contributed to more than 100 publications and was highly sought after as an invited speaker for research groups, universities and other organizations in more than two dozen countries.

Dr. Rekow’s career also included serving as president of both the International Association for Dental Research and the American Association for Dental, Oral and Craniofacial Research. In 2012, she was elected to the Faculty of Dental Surgery of the Royal College of Surgeons in the U.K.
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New ADA podcast hosts believe in mentoring listeners

“DENTAL SOUND BITES” LAUNCHING AT SMILECON WITH DRS. MARY JANE HANLON, ARNELLE WRIGHT

BY DAVID BURGER

Dr. Hanlon and Arnelle Wright, D.M.D., are the hosts of a new ADA podcast called “Dental Sound Bites,” launching during SmileCon and created for dentists by dentists.

The podcast will be available on Apple Podcasts and other major podcast platforms. Once launched, the podcast will also be available in the new ADA Member App and at ADA.org/podcast.

Dr. Hanlon said she believes she and Dr. Wright will be able to differentiate the new podcast from others because of the selection of guests.

“First, the hosts are a combination of the young dentist and the seasoned dentist — no longer considered ‘young’ but full of wisdom and knowledge from the length of the journey we have been on,” Dr. Hanlon said. “We have some of the smartest minds working at the ADA or supporting the ADA. It is a significant opportunity to our members to bring guests on to support the members we are trying to reach.”

“This variety of individuals brings a mix of perspectives, experience, and learning opportunities,” Dr. Wright said. “I want everyone to help level the playing field, and demystify admissions pathways, especially because there’s so many misconceptions and misleading information threads present today. It’s our reasons and why I mentor doctors and future doctors today.”

Several early-career dentists and dental students helped the ADA create the “Dental Sound Bites” podcast, including Kirth Tatsu, D.D.S., a private practice associate in St. Louis; Colton Cannon, a fourth-year dual-degree student pursuing a doctor of dental surgery and a master of public health at the University of Minnesota School of Dentistry and the University of Minnesota School of Public Health; and Graham Naasz, D.D.S., a graduate of the University of Minnesota-Kansas City School of Dentistry, who also completed a general dentistry residency at the South Texas Veterans Health Care System in San Antonio before he became a private practice dentist in Kansas City.

“I am willing to participate because I want to continue to support the young dentist to be successful,” Dr. Hanlon said. “Ideally, I would like [listeners] to take at least one pearl of wisdom from each podcast episode. They need something concrete that will help support them.”

First and foremost, Dr. Wright said, she wants the listeners to connect with her and Dr. Hanlon through the stories they share.

“I want [listeners] to see that like them I too have had days in practice, I take continuing education, I’m growing day through intentional learning,” she said. “I want them to see that although I’m a doctor and exercise professionalism, I’m also a fun, quirky, and real human.”

Dr. Wright added, “I want the listeners to see the work being done by dental leadership to ensure a thriving dental profession. I want the listeners to anticipate each episode whether it’s for their enjoyment, their professional advancement, or both. Lastly, I want the listeners to remember that as much as I’m here to host and release content through this platform, I’m also here to hear from them through their reviews, feedback, and questions, which their participation will continue the cycle of growth currently happening at the company.”

Dr. Hanlon is a past president of the Massachusetts Dental Society and is currently serving on the ADA New Dentist Committee, and is the New Dentist member on the ADA Council on Dental Practice.

Dr. Wright said that when she was invited to host the podcast, she immediately realized that there was more to it. Like Dr. Hanlon, Dr. Wright said the podcast represents an opportunity to mentor, and encourages all dentists to give the podcast a listen.

“I said yes to this opportunity because I see and believe that this is an assignment on a deeper level, one that will amplify the voice of many,” Dr. Wright said. “I’m a woman, one of color, I’m in the earlier years of my career, to name a few. Because of this, many people will not only benefit from the content we release, but my participation, in my eyes, is a classic model of mentorship from both the mentors’ and mentees’ perspectives.

“During my time as a host, I will have the opportunity to practice what I preach, which is life-long learning. Through each episode I’ll be afforded the time to learn firsthand from some of our guests, and from the years of experience achieved by my co-host. I understand the value that this podcast brings to the dental profession as a whole, and the next generation of dental clinicians. I hope that being made by the ADA to invest in the profession by diversely bridging the gaps across generations, cultures and practice modalities. Last but not least, I am willing to host this podcast because I believe that representation matters, and as previously mentioned, I represent individuals in a number of categories, namely women, and women of color, who through my participation will be empowered and emboldened to shatter glass ceilings in every environment they enter.”

— burgerd@ada.org
ADA Member Advantage announces endorsement of Volvo Cars

ADA MEMBERS ELIGIBLE FOR $1,000 DISCOUNT

BY DAVID BURGER

ADA Member Advantage announced its endorsement of sustainable carmaker Volvo Cars on Oct. 1.

The Volvo Cars endorsement gives ADA members a $1,000 discount off the purchase or lease of a new vehicle, as well as a Certified by Volvo vehicle purchase or an Overseas Delivery purchase.

Committed to becoming a fully electric car company by 2030, every model of vehicle will be eligible for the discount, including any pure electric, plug-in hybrid or mild hybrid Volvos.

“We are really happy to announce this new endorsement to ADA members,” said Bill Bulman, ADA Member Advantage chair.

“Environmental concerns are, understandably, top of mind, and endorsing an automotive company like Volvo, with their record of truly valuing sustainability, feels like a natural fit for our program,” he said. “ADA Member Advantage selected Volvo Cars, in part, because of their proven commitment to safety, sustainability and diversity, and we are very proud to offer a substantial savings opportunity for our members.”

Starting with the invention of the three-point safety seat belt in 1959, Volvo Cars has been a leader in safety advancements, including the invention of the rear-facing child seat and child booster cushion, as well as the implementation of the Side Impact Protection, System Whiplash Protection System, a pedestrian detection with full auto brake and a speed cap.

“Since the first car rolled off the Gothenburg production line in Sweden in 1927, Volvo Cars has been a world-leader in safety, technology and innovation,” said Martin Hansson, senior manager of retail programs at Volvo Cars USA.

“Today, Volvo Cars is one of the most well-known and respected car brands in the world with sales in about 100 countries,” Mr. Hansson said. “We recognize that ADA members are leaders in their communities and look forward to serving every dentist’s automotive needs.”

ADA members can take advantage of the new program by visiting ADA.org/Volvo to browse the vehicles and sign up to receive a pin number.

Members will need to have their ADA member number handy in order to log in and request a pin number that is then presented to the dealer.

— burgerd@ada.org

Member Advantage: The Volvo Cars endorsement gives ADA members a $1,000 discount off the purchase or lease of a new vehicle, as well as a Certified by Volvo vehicle purchase or an Overseas Delivery purchase.

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