

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

10.10.22

ADA.ORG/ADANEWS



## GOVERNMENT

# 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



Dr. Sabates

recognized right away the precedent that could be set for dentists and patients nationwide. If the Massachusetts measure

for Better Dental Benefits campaign was exactly what ADA President Cesar R. Sabates, D.D.S., was hoping for when he sent a Sept. 15 email to members urging them to support Question 2.

"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.

"Please 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 dentistry, setting a precedent that could herald future change for dental insurance across the country."

The ADA has committed \$5 million to the campaign. As of Sept. 30,

"Efforts such as the Massachusetts ballot initiative and medical loss ratio reform will help ensure patient dol-



is passed, it would require

individual



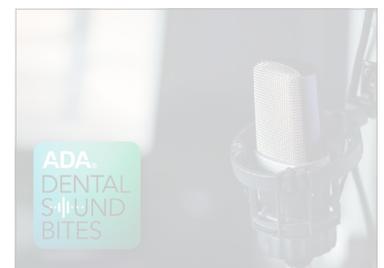
## 21 JADA finds variability in antibiotic prescribing

Survey results demonstrate differences between general dentists, periodontists



## 25 Time to review participating provider agreements

Contracts affect bottom line, so read them carefully



## 34 New ADA podcast features mentorship

'Dental Sound Bites' launches at SmileCon

## BAYFLEX PARTIALS

Invisible. Comfortable. Adjustable.

93% RECOMMENDED BY CLINICIANS

- Biocompatible for patients with monomer sensitivity
- Unique, can be rebased & repaired chairside
- Available in hybrid & single-tooth
- Highly stain-resistant



FREE Chairside Polishing Kit \$49 Value!\*



AVAILABLE IN 5 GINGIVAL SHADES



\$99 Starting Price



# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

10.10.22

ADA.ORG/ADANEWS



GOVERNMENT

## 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



Dr. Sabates

Carolina, he recognized right away the precedent that could be set for dentists and patients nationwide. If the Massachusetts measure

for Better Dental Benefits campaign was exactly what ADA President Cesar R. Sabates, D.D.S., was hoping for when he sent a Sept. 15 email to members urging them to support Question 2.

"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.

"Please 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 dentistry, setting a precedent that could herald future change for dental insurance across the country."

The ADA has committed \$5 million to the campaign. As of Sept. 30,

individual dentists from 35 states have made contributions.

"Every dollar contributed is important. All dentists, dental team



Dr. Bailey

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.

### STATE SOCIETIES, DENTAL SPECIALTY ORGANIZATIONS ANNOUNCE SUPPORT

Many state dental societies and dental specialty organizations also have announced support of the campaign.



Dr. Oyster

"Efforts such as the Massachusetts ballot initiative and medical loss ratio reform will help ensure pa-

tient dollars go to patient care," said Stefan I. Zweig, D.D.S., president of the American Association of Endodontists.

"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.



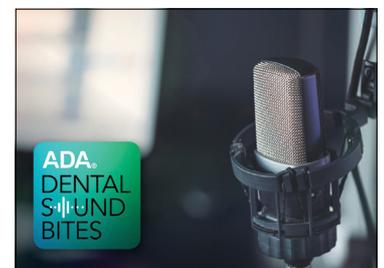
### 21 JADA finds variability in antibiotic prescribing

Survey results demonstrate differences between general dentists, periodontists



### 25 Time to review participating provider agreements

Contracts affect bottom line, so read them carefully



### 34 New ADA podcast features mentorship

'Dental Sound Bites' launches at SmileCon

“

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

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."

Dentists pitching in to help the Massachusetts Dental Society and the ADA support for the Massachusetts Dental Care Providers



## Gaps have consequences.

At last, a self-adhesive resin cement that fills and seals microgaps with robust hydroxyapatite formation at the margin, and thereby alleviates or prevents microleakage, which is otherwise associated with recurrent decay.<sup>1</sup>

**NEW!**  
**Predicta<sup>®</sup> cement**  
BIOACTIVE | Self-Adhesive Resin Cement



**BUY 2, GET 1** — Predicta<sup>®</sup> Bioactive Cement Kits (mix/match)\*

\*For more information, visit [parkell.com](http://parkell.com) or contact your local authorized Parkell distributor. <sup>1</sup>Based on multiple in vitro university studies.

**parkell<sup>®</sup>**

# ADANews

American Dental Association ADA News  
(ISSN 0895-2930)

October 10, 2022

Volume 53, No. 10

Published monthly by the American Dental Association, at 211 E. Chicago Ave., Chicago, IL 60611, 1-312-440-2500, email: ADANews@ada.org and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodicals postage paid at Chicago, IL and additional mailing offices.

**Postmaster:** Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, IL 60611. © 2022 American Dental Association. All rights reserved.

**ADA American Dental Association®**  
America's leading advocate for oral health

**PUBLISHER:** Michelle Hoffman

**EDITOR-IN-CHIEF:** Kelly Ganski

**WASHINGTON EDITOR:** Jennifer Garvin

**SENIOR EDITORS:** David Burger, Mary Beth Versaci

**CREATIVE DIRECTOR:** Marie Walz

**GRAPHIC DESIGN & PRODUCTION:** Natalia Roubinskaia

**DIRECTOR, ADVERTISING & PRODUCTION OPERATIONS:** Rebecca Kiser

**MANAGER, PRINT PRODUCTION:** Raul Jirik

**ADVERTISING POLICY:** All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

**ADVERTISING OFFICES:** Display - Print & Digital - 211 E. Chicago Ave., Chicago, IL 60611. Phone 1-312-440-2740. John DuPont, Vice President, Strategy and Growth, Harborside, 94 North Woodhull Road, Huntington, NY 11743, Email: jdupont@hbside.com.

**Classifieds -** Russell Johns & Associates, Kim Ridgeway, Senior Media Sales Associate, 17110 Gunn Highway, Odessa, FL 33556, 1-877-394-1388 phone, kridgeway@russelljohns.com

**SUBSCRIPTIONS:** Nonmember Subscription Department 1-312-440-2867. Rates—for members \$22 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$101; institution \$142 per year. International individual \$138; institution \$179 per year. Canada individual \$120; institution \$161 per year. Single copy U.S. \$17, international \$19. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, 211 E. Chicago Ave., Chicago, IL 60611.

**ADA HEADQUARTERS:** The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the front of your membership card.



Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

@THEADANEWS

@ADANEWS



## AROUND THE ADA

### Are you receiving ADA Morning Huddle?

Every day, the ADA Morning Huddle compiles news stories from a wide range of sources to let you know what the general media is saying about dentistry and give you one place to click for the most important news of the day.

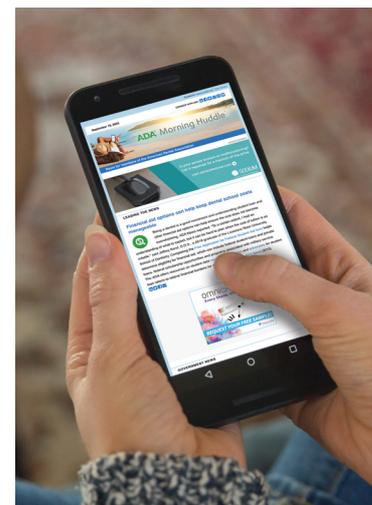
The daily email blast provides summaries of the news of the day, where you can click to read the full article online.

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 msc@ada.org or 312-440-2500. ■



## It's Time to Understand the Value of Your Practice

### Silent Partners Buy Part of Your Practice

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

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

### Long-Term Wealth Building Partnership

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

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

### Six or More Choices in Partnership

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

### Your Value in Today's Consolidation Frenzy

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

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

844-522-7533

MySilentDentalPartner.com  
Partner@LargePracticeSales.com

**LPS** | Large Practice Sales

**BALLOT** *continued from Page 1*


Dr. Smiley

"Colleagues should support this initiative that could spur reform across the country."

Another Michigan dentist Krista Wortman, D.D.S., who practices in Shelby Township, said she felt compelled to help Massachusetts.

"I have been practicing dentistry for over 25 years and have always been in network with many PPO plans. After the pandemic, it has become extremely challenging to try to manage my practice based on the increase in labor costs and supplies, coupled with the low reimbursements from these insurance companies," Dr. Wortman said.



Dr. Wortman

"I felt compelled to contribute to this ballot initiative in Massachusetts because as a member of this great profession, we all need to take a stand against the insurance industry for fairness for the dentist and the patient. I am grateful for the ADA and their investment in our profession."

**'PAYING IT FORWARD'**

The ballot measure was initiated by a group of Massachusetts dentists, and the Massachusetts Dental Society trustees voted to endorse

“

**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



Dr. Zweig

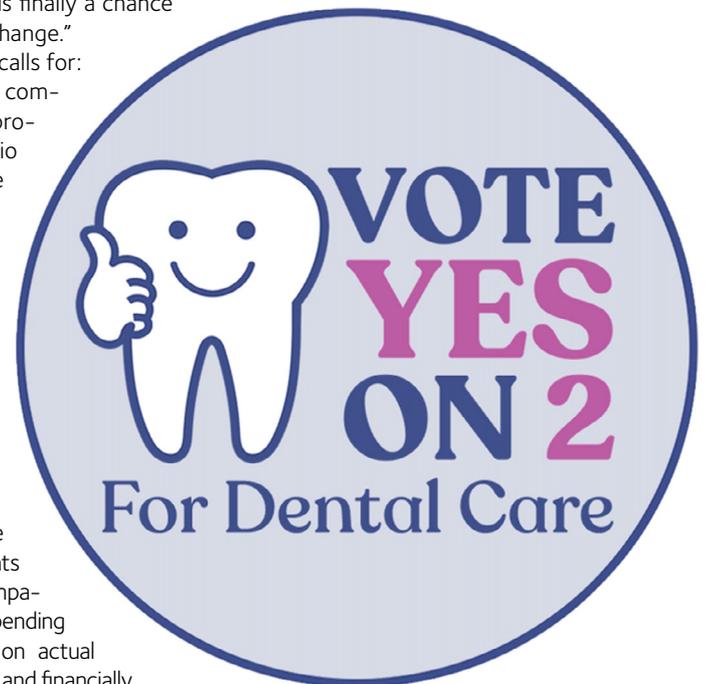
supporting the ballot question earlier this year.

"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.



## Tooth Talk podcast does deep dive on Massachusetts ballot initiative

BY JENNIFER GARVIN

The latest episode of Tooth Talk features an in-depth discussion on the Massachusetts ballot initiative.

During the podcast, Andrew S. Tonelli, D.M.D., co-chair of the Massachusetts Dental Society's Government Affairs

Committee, and Brian Monteiro, director of governmental affairs and public relations at MDS, discuss why dentists across the country should pay attention to Massachusetts. If passed, the measure would be first of its kind in dentistry and would require dental insurance carriers to spend at least 83% of premium dollars on patient care.

"This ballot initiative is something that the MDS and ADA are supporting because it's good for patients," Dr. Tonelli said.

"It's really a good piece of legislation," Mr. Monteiro agreed. "It puts patient dollars back in their pockets. And for the times that we're living in right now, with the high cost of inflation, these are very sound policies that need to move forward."

Dr. Tonelli noted that in 2006 Massachusetts became the first state to implement a medical loss ratio, or MLR, which

holds 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 added.

Dr. Tonelli, a 2014 dental school graduate, said the campaign is a great way for new dentists to become involved in advocacy.

"One of the best things we can do is to advocate for policy in state, local and national

government," he said. "Try to make sure that your state society is trying to pass bills that are going to be meaningful for dentists and patients alike. I think that is the most important thing. You know, this ballot initiative was really started



Dr. Tonelli

by one guy who was kind of fed up with the, the status quo and it's gotten us really far. Now it's just a matter of local dentists taking the baton and hopefully convincing people to support the question."

"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 all we're looking for."

"There are 5,000+ dentists that are

“

**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.**

– Andrew S. Tonelli, D.M.D.

members of the Massachusetts Dental Society some 163,000 ADA members across the country," Mr. Tonelli 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 financially contributing to the campaign. By supporting a "yes" vote on Massachusetts Question 2, the ADA hopes to set a precedent that could herald future change for dental insurance across the country. For more information, visit [VoteYesOn2ForDental.com](http://VoteYesOn2ForDental.com).

To listen to the podcast, visit [ToothTalkShow.com](http://ToothTalkShow.com). ■



ADA®

# 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 like CMS to make sure that ambulatory surgical centers are included as well by including a single CDT code on the ambulatory surgical centers Covered Procedures List, according to comments filed Sept. 13.

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.”

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

[garvinj@ada.org](mailto:garvinj@ada.org)

## GLIDEWELL.IO™: YOUR SOLUTION TO SIMPLE, PERFECT FITTING SAME-VISIT CROWNS



*Our first crown was a complete success! I'm amazed that on my first try I was able to make a restoration with a perfect fit — no adjustments needed. My patient was pleasantly surprised that we could save him an extra trip with a same-day crown. It's the ideal solution for doctor and patient alike. ”*

— Drs. Andrew and Joya Lyons | Charlotte, NC  
Graduates of Meharry Medical College School of Dentistry  
Drs. Lyons have been glidewell.io users since 2022.

“

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 ... will continue.

Effortlessly mill the crowns you want when you want:

- Mill fully sintered BruxZir® crowns and bridges with no oven time required — just polish and cement, and you’re done.
- Let MarginAI™ and CrownAI™ do the design work for you so you can spend your time with your patients.
- You’re connected directly to Glidewell for training and support at any time.
- Love your scanner? Great — glidewell.io is an open system and works with your preferred scanning system.

Pair your intraoral scanner with glidewell.io for only

**\$49,995**

Contact us for current promotional trade-in offers and payment plans. Packages that include an intraoral scanner are also available.



See for yourself how easy same-visit crowns can be! Scan the code to learn more about glidewell.io.

glidewell.io™  
IN-OFFICE SOLUTION

[www.glidewell.io](https://www.glidewell.io) | 888-683-2063

Endorsed by **ADA Member Advantage<sup>SM</sup>** for  
**HIPAA Compliance**

✓ **SAVE 15%**  
on **Compliance Group's** services.

Simplify compliance  
and take the workload,  
confusion, and expense  
out of HIPAA.



**Compliance Group**



Scan to learn more

**Save time and stop worrying about HIPAA  
by using the experts at Compliance Group.**

Take advantage of software and one-on-one live Compliance Coach guidance to help your practice avoid HIPAA fines including detailed written policies and procedures, audit response support, staff training, business associate agreement templates, patient consent forms and more.

**855-854-4722 ext. 514 | [compliance-group.com/ada](https://compliance-group.com/ada)**

**ADA  
Member Advantage<sup>SM</sup>**

✓RESEARCHED ✓PROVEN ✓ENDORSED

Products endorsed by ADA Member Advantage have been thoroughly vetted and we stand by our recommendations. If you experience any issues, we want to hear from you and we will advocate on your behalf.

**800-ADA-2308 | [adamemberadvantage.com](https://adamemberadvantage.com)**

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

COVERAGE EFFECTIVE ACROSS ALL 50 STATES AND D.C. AS OF OCT. 1

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](https://www.cms.gov). ■  
—[garvinj@ada.org](mailto:garvinj@ada.org)



*pack your bags*  
— & WE’LL TAKE CARE OF THE REST



APPLICATIONS OPEN  
*january* 2023

- ◆ Six-month, in-person business and leadership program
- ◆ Earn up to 70 CEUs
- ◆ Open to women dentists with five or more years of clinical experience
- ◆ Breakfast and lunch provided for each monthly session
- ◆ Fun group activities

“

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

— ADA President Cesar R. Sabates, D.D.S.



Visit [guidingleaders.com](https://www.guidingleaders.com) to fill out the 2023 interest form so you can stay updated on the latest program news.



949-399-8425 [glidewell.com](https://www.glidewell.com)

# MOBILE Care Act passes House

ADA-SUPPORTED BILL PREVIOUSLY PASSED SENATE

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. Cohlmya, 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 Cohlmya wrote. “Community-based care like mobile units is integral



**3M** Science. Applied to Life.™

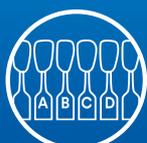
3M is a trademark of 3M Company. © 3M 2022. All rights reserved.

## More control. More confidence. It all starts here.

### 3M Direct Restorative Solutions

Performance. Productivity. Profitability. What could you gain by fine-tuning and streamlining your procedure?

3M Direct Restorative Solutions are designed to help navigate your way to restorative success by giving you more control at every step.



Shade Selection



Technique Selection



Adhesive Application



Composite Placement



Light Curing



Finishing & Polishing



Protection

..... Get started at [3M.com/DirectSolutions](https://www.3M.com/DirectSolutions) .....

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](https://www.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](https://www.NHSC.hrsa.gov) and search “Students to Service Loan Repayment Program.” ■

# Expertise and Confidence

IPS e.max<sup>®</sup> Zirconia.

Place with  
ZirCAD<sup>®</sup>  
Cement



## IPS e.max<sup>®</sup> ZirCAD<sup>®</sup> Prime

Dr. Tina Giannacopoulos, DMD Boston, MA  
"I started using IPS e.max Prime two years ago when my Lab recommended the material for a full arch case. I was thoroughly impressed with the results that can be achieved with Prime because it provides the best of both worlds: unparalleled esthetics and maximum strength."

Whether you choose lithium disilicate, or zirconia for your next case – Make it e.max!



Learn more about the  
unique Gradient Technology

ivoclar.com  
**Making People Smile**

**ivoclar**

# 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 R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, 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 Cohlma 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



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

## 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 Cohlma 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 Cohlma 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 Cohlma 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%. ■

—garvinj@ada.org

## 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](https://csrc.nist.gov/ransomware).

For more information about the ADA's advocacy efforts, visit [ADA.org/Advocacy](https://ada.org/Advocacy). ■

—croziers@ada.org

“

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.

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 Cohlma wrote. "Additionally, many dentists are small business owners, and this bill would help facilitate their hiring and retention of guardsmen and reservists."

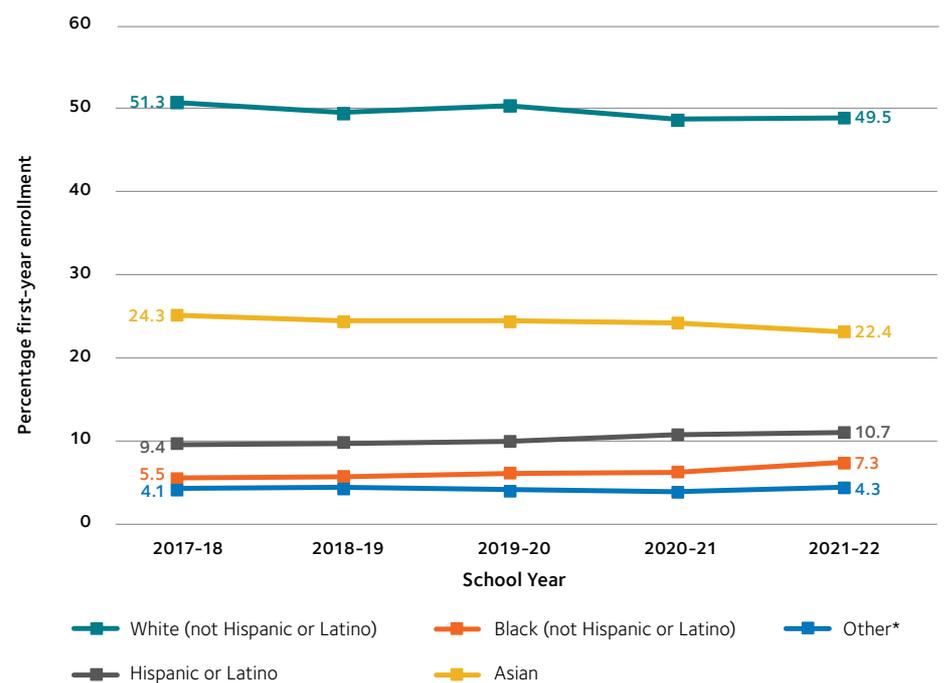
"The ADA applauds your leadership on this issue and stands ready to work with you to improve access to oral health care for members of the reserves and the National Guard," the letter concluded.



## HPI CORNER

### 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. Source: ADA Health Policy Institute, Dental Education Program Enrollment and Graduates Report: 2021-22. Available from: [ADA.org/resources/research/health-policy-institute/dental-education](https://ada.org/resources/research/health-policy-institute/dental-education)

# 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 Care 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, urged 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 ready to assist CMS and the states with improving their data quality on oral health measures. 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](https://ada.org/Advocacy).

—garvinj@ada.org

## OralArts

### TrueFit Dentures from Oral Arts

#### 3D Printed with a Traditional or Digital Workflow

**\$185\***  
ARCH WITH  
COUPON

**\$20 OFF\***

**TrueFit 3D Printed Denture**

**COUPON CODE: ADATF20**

\*Retail Price: \$205 per arch, \$154 per arch for duplicate denture. May not be combined with any other offer or discount, and can only be applied to TrueFit 3D dentures. Coupon may only be used one time per account / practice. Coupon may only be applied to one arch.

“I have enjoyed a very strong relationship with Oral Arts for many years. Last year, they fabricated over 120 dentures for my practice. The TrueFit 3D denture is amazing and game-changing, making prescribing dentures easy!”

**-Dr. Brett Hester, DMD**  
Valdosta, GA

**Efficient Workflow:**

- Digital designs are reusable and can be modified to reproduce your TrueFit denture at just \$154 per arch
- A traditional or digital impression is accepted
- 5 day in-lab turnaround

---

**Precise Fit:**

- Resin material with no shrinkage resulting in a better fit, and scientifically stronger than processed acrylic

---

**Cost Effective:**

- Increase production and profitability by prescribing TrueFit over a conventional economy denture, with savings of \$190 per arch
- \$117 savings per arch when prescribing TrueFit Immediate Dentures versus an economy immediate denture

**Learn More** about the TrueFit Workflow

[oralartsdental.com](https://oralartsdental.com) | 800-354-2075 | Free Inbound Shipping



# ATTACK PLAQUE

FROM EVERY ANGLE

Use all products only as directed. The LISTERINE® bottle design is a registered trademark of Johnson & Johnson. © Johnson & Johnson Consumer Inc. 2022.  
NA\_US\_2022\_00066218\_000

## NEW RESEARCH REVEALS

LISTERINE® ANTISEPTIC IS  
**4.6x MORE EFFECTIVE  
THAN FLOSS FOR SUSTAINED  
PLAQUE REDUCTION  
ABOVE THE GUMLINE!\***

Exciting new data reveal that LISTERINE® Antiseptic can help patients prevent plaque buildup above the gumline, even those who don't floss consistently.

The comprehensive approach  
to daily oral care



**DISCOVER THE NEW DATA AND MORE  
AT [LISTERINEPROFESSIONAL.COM](https://www.listerineprofessional.com)**

\*Flossing by a dental hygienist. Sustained plaque reduction after dental prophylaxis.

**REFERENCE: 1.** Bosma ML, McGuire JA, Sunkara A, Sullivan P, Yoder A, Milleman J, Milleman K. Efficacy of professional flossing, supervised flossing and mouth rinsing regimens on plaque and gingivitis: a 12-week, randomized clinical trial. Accepted manuscript. *J Dent Hyg.*



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

BY JENNIFER GARVIN

**H**ow 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,



Photos by Bonnie Cash for The Hill

*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.*

## UNIVERSATILITY

The powerful feeling of the entire universe in one single bottle.



### Universal

compatible with all light-, dual- and self-cured materials and can be used with any bonding technique



### Versatility

indicated for direct and indirect restorations

**50% OFF** Any focus product never before purchased!\*

PROMO CODE: 22NEW EXPIRES: 12/31/2022

#### The Focus Product List:

TheraCal LC®, TheraCem®, TheraCal PT®, TheraBase®, All-Bond Universal®, Duo-Link Universal™, Z-Prime™ Plus, ZirClean®, Core-Flo™ DC, Core-Flo™ DC Lite

\*U.S. customers only. Discount cannot be combined with any other offer. Discount only valid on focus products never purchased. Limit 1 each. Must call to receive promotion.

We are here to help! Give us a call:  
1-800-247-3368 • www.bisco.com



Rx Only MC-10178AB

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.,



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

the ADA's chief economist and vice president of the Health Policy Institute; Rep. Jan Schakowsky, D-Ill., member of the House Committee on Energy and Commerce; 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](https://TheHill.com/Events) and search "Unlocking Access to Oral Health." ■

—garvinj@ada.org

# An easy way to make a great impression



**In-office demo!**  
Scan to schedule  
your demo today.

## VivaScan™

- Compact and intuitive solution<sup>[1]</sup> for your entry into intraoral scanning
- Effortlessly easy integration into your practice<sup>[1]</sup>
- Lightweight and ergonomic design for a comfortable scanning experience<sup>[1]</sup>

# October JADA looks at effect of dental intervention before radiotherapy in patients with head and neck cancer

SYSTEMATIC REVIEW BY ADA SCIENCE & RESEARCH INSTITUTE FINDS LIMITED EVIDENCE THAT INTERVENTION MAY INCREASE RISK OF DEVELOPING JAW OSTEORADIONECCROSIS

BY MARY BETH VERSACI

**D**ental 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.

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](http://JADA.ADA.org). ■

—versacim@ada.org



“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.

“

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

“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.”

**NEW!**

## fastscan.io™

### THE SCANNING SOLUTION THAT PAYS FOR ITSELF

20	\$100	\$18	=	\$2,360
AVERAGE NUMBER OF CROWNS PER MONTH	AVERAGE LAB COST PER CROWN	AVERAGE SHIPPING COST		TOTAL MONTHLY LAB BILL

**WITH FASTSCAN.IO™ AND DIGITAL CASE SAVINGS WITH GLIDEWELL, THESE SAME CROWNS COST:**

20	\$79	\$9	=	\$1,760
AVERAGE NUMBER OF CROWNS PER MONTH	AVERAGE LAB COST PER CROWN	AVERAGE SHIPPING COST		TOTAL MONTHLY LAB BILL

*That's \$600 in monthly savings!*

Get your fastscan.io for only **\$316/month** for **60 months at 0% APR**, plus no subscription or licensing fees!

Scan the code to see how much you'll save with fastscan.io

**Glidewell**  
glidewell.com | 888-683-2063

# 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



Dr. Karim

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 Eaman 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 spectrally 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." ■

The fastscan.io™ is your affordable, straightforward path to digital dentistry. You've seen how much you can save by sending digital impressions to Glidewell lab with the fastscan.io — but that's not even accounting for the money you'll save by using less impression material, getting a faster turnaround time, and the added benefit of extra chair time with higher patient satisfaction.

- **fastscan.io delivers the speed, accuracy, and light weight** of the Medit i700.
- **No monthly subscription or licensing fees;** backed by manufacturer-direct support and training from Glidewell.
- **Comes complete with portable cart and computer** for wired and wireless scanner options.
- Enjoy a seamless connection to Glidewell for a **3-day turnaround and \$20 savings or more per unit on model-free cases**, plus an open system design with the flexibility to send your case to your lab of choice.



**"fastscan.io lives up to the name — its speed and simplicity are exactly what we needed to expand our in-office treatments at a fraction of the cost of other scanners on the market. The fact that it has no monthly fees and even includes a cart, laptop, and monitor is outstanding. The fastscan.io Scanning Solution exceeded all my expectations."**

— Dr. Joshua Prentice | Bend, OR  
Graduate of the University of Oklahoma College of Dentistry



**Start scanning with fastscan.io for \$18,990 with 0% APR!**

That's it! No monthly subscription or licensing fees.

Just \$316/month for 60 months\*  
Plus, save \$10K on your 2022 taxes.

Comes complete with:

- Portable cart
- Laptop and computer monitor
- 3-Year Extended Warranty

\*Promotional pricing is also available for the fastscan.io Wireless and Medit i600. Contact us for details.



Scan the QR code to learn about fastscan.io or how to contact us to get started with your scanning solution

**Glidewell**  
glidewell.com | 888-683-2063

MKT-013252\_1 GD-3214369-101022

## CDC recommends updated COVID-19 boosters

BY MARY BETH VERSACI

**W**ith 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

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](http://ADA.org/CE).

ACE Panel reports feature data from ADA member dentists who have signed up to partici-

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](http://ADA.org/ACE). ■

—versacim@ada.org

 **76%**

are comfortable treating geriatric patients

 **58%**

indicate their training and experience as a student contributed to their competency in treating geriatric patients

 **67%**

would be interested in attending continuing education courses dedicated to managing the care of geriatric patients

management and impact on dental treatment, cited by 86% of responding dentists; home care needs for some of the patients, cited by 69%; and cognitive impairment, cited by 68%. The top three symptoms dentists reported seeing in geriatric patients were dry mouth, carious lesions and tooth wear.

The report pointed to the importance of understanding the impact of aging and associated medical treatments on oral tissues and patient

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](http://JADA.ADA.org). The report has an accompanying CE course available at [ADA.org/CE](http://ADA.org/CE). From Policy to Chairside: Improving Oral Health Care of the Aging Population, an ADA symposium that took

**TAKE US  
FOR A  
TEST DRIVE**  
(Sample our most popular products)



Try it. Love it. Buy it.

Free Sample Visit:  
[microcopydental.com/NBADA](http://microcopydental.com/NBADA)

 microcopy

**NEOBURR®**  
800.235.1863  
[microcopydental.com/nbada](http://microcopydental.com/nbada)

NBADA1022

## 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.

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.



Innovator: Jinesh Patel of Uptime Health delivers one of the winning startup presentations at Forsyth Dentech 2022.

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

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. ■

# The world grows more crowded every day. Make your patient's teeth the exception.

OraFit aligners apply gentle, consistent pressure to straighten teeth. Combine that with our fast turn-around times at an affordable price, and it's easy to see why OraFit is the perfect fit for your practice.



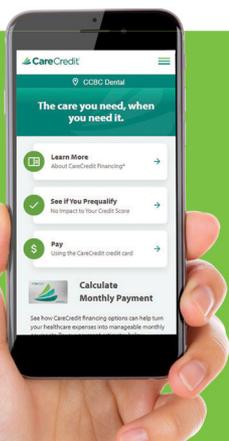
Get the straight story on OraFit today.  
Visit [hcp.myorafit.com](https://hcp.myorafit.com).

# It takes **two steps** to help patients get care



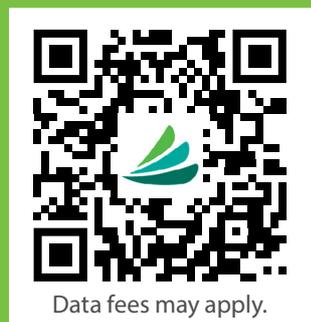
**#1:** You proactively recommend the CareCredit credit card to patients.

**#2:** Have patients scan your custom link QR code where they can privately see if they prequalify, apply and pay with CareCredit.



*It's financing simplified.*

Get everything you need with the Contactless Financing Kit — Scan this QR code, or visit [carecredit.com/contactless-kit](https://carecredit.com/contactless-kit).



**Not yet enrolled with CareCredit?**  
Call 800.300.3046 (option 5).

 **CareCredit**<sup>®</sup>  
Making care possible...today.

Endorsed by  
**ADA Member Advantage**<sup>SM</sup>

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

**SURVEY RESULTS DEMONSTRATE DIFFERENCES BETWEEN PERIODONTISTS, GENERAL DENTISTS**

BY MARY BETH VERSACI

**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](http://JADA.ADA.org). ■



Dr. Lipman

## LET'S KEEP IT SIMPLE.

**\$69**

per unit with coupon  
(\$119 per unit everyday price)



### ANTERIOURS DAL ANTERIOR ESTHETIC MULTI-LAYER ZIRCONIA

- 765 MPa's, 50% Translucency
- Anterior Single Crowns to 3-Unit Bridges with 1 Pontic
- Our #1 Requested Zirconia for Anterior Restorations!

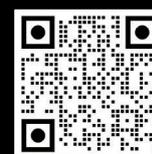
### POSTERIOURS DAL HT HIGH TRANSLUCENCY MONOLITHIC ZIRCONIA

- 1250 MPa's
- Posterior and Anterior Single Crowns to Full Roundhouse



### Special Offer!

Protect your patient's new smile with a DAL SkinnyFlex™ H/S Bite Splint for just \$39!\*



\* \$39 with coupon, \$59 everyday price

**DAL** Dental Arts Laboratories, Inc.  
241 NE Perry Avenue  
Peoria, IL 61603-3625

All Products Fabricated in Our Laboratories Located in the USA.

Call us at 1.800.227.4142 or **SCAN** to request your coupons!

[www.dentalartslab.com](http://www.dentalartslab.com)



# 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.

In 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 using an ADA-developed online 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



Success: Zufall Health's CDHC graduation ceremony on Sept. 9 was attended by many officials and dignitaries from around the region who recognized the importance of the milestone. In the back row, from left: Zufall Health Chief Dental Officer Sam Wakim, D.M.D.; Anne Weeks, president of the northeast region at LIBERTY Dental Plan; Zufall Health dentist Antonella Maietta, D.M.D.; New Jersey Assemblywoman Aura K. Dunn; Carolyn Blackman, Dover mayor; Marjorie P. Forgang, Well-Care 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.

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, said that the dental benefits administrator granted the 10 students full-tuition scholarships.

"We believe in empowering our communities by investing in the people we serve," Ms. Weeks said. "This program is important for New Jersey residents because it bridges the gap between the medical and dental fields with needed public health and care coordination skills for our dental professionals."

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 disease 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."



Honor: New Jersey Assemblywoman Aura K. Dunn awards Lisa Nieves her community dental health coordinator diploma for her class's graduation at Zufall Health in Dover, N.J., on Sept. 9.

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. ■

**PHILIPS**

**sonicare**

Power Flossers



# Philips Sonicare Power Flossers.

Four powerful streams.  
Two innovative products.  
One superior flossing experience.\*

Give patients a new level of clean and encourage lasting compliance with Philips Sonicare Power Flosser and Cordless Power Flosser. The Quad Stream nozzle cleans between teeth and along the gumline, while Pulse Wave technology prompts patients to glide to the next interdental space for a whole-mouth clean.

Call (800) 422-9448 or visit  
[www.usa.philips.com/interdental](http://www.usa.philips.com/interdental) to learn more.

innovation ✨ you



\*Compared to string floss

# ADA Practice Transitions™ is now open to specialists!



Find a job



Hire an associate



Buy or sell  
a practice

... through the largest network of dentists in the country.

ADAPT finds like-minded dentists who share your approach to dentistry, ensuring long-term success for your career, your practice, and your patients.

Learn how we help specialists at all phases of their careers at  
[ADAPracticeTransitions.com/specialists](https://www.adapricetions.com/specialists)



# Conducting annual review of PPO agreements a good practice

**ADA council: Contracts affect your bottom line, so read them carefully**

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

BY DAVID BURGER

It'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 payments to those rating systems in the future."

"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](https://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 Stilley-Mallah, 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 your state or local society prior to signing the contract. 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](https://ada.org/dentalinsurance). ■

— [burgerd@ada.org](mailto:burgerd@ada.org)

**Arestin**®  minocycline HCl 1mg  
**MICROSPHERES**

WHEN TREATING  
PERIODONTAL DISEASE,  
**BOTH PIECES  
ARE ESSENTIAL**



Add ARESTIN® to scaling and root planing (SRP) at the first sign of periodontal disease to improve pocket depth reduction.

Learn more at [www.arestinprofessional.com](https://www.arestinprofessional.com)

#### INDICATION

ARESTIN® (minocycline HCl) Microspheres, 1mg is indicated as an adjunct to scaling and root planing (SRP) procedures for reduction of pocket depth in patients with adult periodontitis. ARESTIN® may be used as part of a periodontal maintenance program, which includes good oral hygiene and SRP.

#### IMPORTANT SAFETY INFORMATION

- ARESTIN is contraindicated in any patient who has a known sensitivity to minocycline or tetracyclines. Hypersensitivity reactions and hypersensitivity syndrome that included, but were not limited to anaphylaxis, anaphylactoid reaction, angioneurotic edema, urticaria, rash, eosinophilia, and one or more of the following: hepatitis, pneumonitis, nephritis, myocarditis, and pericarditis may be present. Swelling of the face, pruritus, fever and lymphadenopathy have been reported with the use of ARESTIN. Some of these reactions were serious. Post-marketing cases of anaphylaxis and serious skin reactions such as Stevens Johnson syndrome and erythema multiforme have been reported with oral minocycline, as well as acute photosensitivity reactions.
- THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH, AND THEREFORE SHOULD NOT BE USED IN CHILDREN OR IN PREGNANT OR NURSING WOMEN.
- Tetracyclines, including oral minocycline, have been associated with development of autoimmune syndromes including a lupus-like syndrome manifested by arthralgia, myalgia, rash, and swelling. Sporadic cases of serum sickness-like reaction have presented shortly after oral minocycline use, manifested by fever, rash, arthralgia, lymphadenopathy and malaise. In symptomatic patients, diagnostic tests should be performed and ARESTIN treatment discontinued.
- The use of ARESTIN in an acutely abscessed periodontal pocket or for use in the regeneration of alveolar bone has not been studied.
- The safety and effectiveness of ARESTIN has not been established in immunocompromised patients or in those with coexistent oral candidiasis. Use with caution if there is a predisposition to oral candidiasis.
- In clinical trials, the most frequently reported nondental treatment-emergent adverse events were headache, infection, flu syndrome, and pain.

To report SUSPECTED ADVERSE REACTIONS, contact Bausch Health North America LLC at 1-800-321-4576 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](https://www.fda.gov/medwatch).

Please see Important Safety Information above and Brief Summary of Prescribing Information on following page

**Arestin**® (minocycline HCl)  
Microspheres, 1 mg

**MAKE THE CONNECTION**

**ORAPHARMA**

OraPharma, a division of Bausch Health Companies North America LLC, Bridgewater, NJ 08807  
© 2022 Bausch Health Companies Inc. or its affiliates.  
ARE.0062.USA.22

# NYSDA screens baseball fans for oral cancer at Mets game

Members 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=lvWGGGTWZiY](https://www.youtube.com/watch?v=lvWGGGTWZiY). ■

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



Photos courtesy of NYSDA

## 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 pocket depth in patients with adult periodontitis. 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 PREGNANCY, INFANCY, AND CHILDHOOD TO THE AGE OF 8 YEARS) MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH (YELLOW-GRAY BROWN). This adverse reaction is more common during long-term use of the drugs, but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. TETRACYCLINE DRUGS, THEREFORE, SHOULD NOT BE USED IN THIS AGE GROUP, OR IN PREGNANT 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 any 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. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Patients apt to be exposed to direct sunlight or ultraviolet light should be advised that this reaction can occur with tetracycline drugs, and treatment should be discontinued at the first evidence of skin erythema.

### PRECAUTIONS

#### Hypersensitivity Reactions

The following adverse events have been reported with minocycline products when taken orally. Hypersensitivity reactions and hypersensitivity syndrome that included, but were not limited to, anaphylaxis, anaphylactoid reaction, angioneurotic edema, urticaria, rash, eosinophilia, and one or more of the following: hepatitis, pneumonitis, nephritis, myocarditis, and pericarditis may be present. Swelling of the face, pruritus, fever, and lymphadenopathy have been reported with the use of ARESTIN. Some of these reactions were serious. Post-marketing cases of anaphylaxis and serious skin reactions such as Stevens-Johnson syndrome and erythema multiforme have been reported with oral minocycline.

#### 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. Sporadic cases of serum sickness-like reaction have presented 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 no overgrowth by opportunistic microorganisms, such as yeast, were noted during clinical studies, as with other antimicrobials, the use of ARESTIN® may result in overgrowth of non-susceptible microorganisms including fungi. 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 candidiasis. The safety and effectiveness of ARESTIN® has not been established for the treatment of periodontitis in patients with coexistent oral candidiasis.

ARESTIN® has not been clinically tested in immunocompromised patients (such as those immunocompromised by diabetes, chemotherapy, radiation therapy, 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 regeneration of alveolar bone, either in preparation for or in conjunction with the placement of endosseous (dental) implants or in the treatment of failing implants.

#### Information for Patients

After treatment, patients should avoid chewing hard, crunchy, or sticky foods (i.e., carrots, taffy, and gum) with the treated teeth for 1 week, as well as avoid touching treated areas. Patients should also postpone the use of interproximal cleaning devices around the treated sites for 10 days after administration of ARESTIN®. Patients should be advised that although some mild to moderate sensitivity is expected during the first week after SRP and administration of ARESTIN®, they should notify the dentist promptly if pain, swelling, or other problems occur. Patients should be notified to inform the dentist if itching, swelling, rash, papules, reddening, difficulty breathing, or other signs and symptoms of possible hypersensitivity occur.

#### Carcinogenicity, Mutagenicity, Impairment of Fertility

Dietary administration of minocycline in long-term tumorigenicity studies in rats resulted in evidence of thyroid tumor production. Minocycline has also been found to produce thyroid

hyperplasia in rats and dogs. In addition, there has been evidence of oncogenic activity in rats in studies with a related antibiotic, oxytetracycline (i.e., adrenal and pituitary tumors). Minocycline demonstrated no potential to cause genetic toxicity in a battery of assays which included a bacterial reverse mutation assay (Ames test), an *in vitro* mammalian cell gene mutation test (L5178Y/TK+/- mouse lymphoma assay), an *in vitro* mammalian chromosome aberration test, and an *in vivo* micronucleus assay conducted in ICR mice. Fertility and general reproduction studies have provided evidence that minocycline impairs fertility in male rats.

**Teratogenic Effects:** (See WARNINGS.)

#### Labor and Delivery:

The effects of tetracyclines on labor and delivery are unknown.

#### Nursing Mothers

Tetracyclines are excreted in human milk. Because of the potential for serious adverse reactions in nursing infants from the tetracyclines, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother. (See WARNINGS.)

#### Pediatric Use

Since adult periodontitis does not affect children, the safety and effectiveness of ARESTIN® in pediatric patients cannot be established.

#### ADVERSE REACTIONS

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

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

	SRP Alone N=250	SRP + Vehicle N=249	SRP + ARESTIN® N=423
Number (%) of Patients			
Treatment-emergent AEs	62.4%	71.9%	68.1%
Total Number of AEs	543	589	987
Periodontitis	25.6%	28.1%	16.3%
Tooth Disorder	12.0%	13.7%	12.3%
Tooth Caries	9.2%	11.2%	9.9%
Dental Pain	8.8%	8.8%	9.9%
Gingivitis	7.2%	8.8%	9.2%
Headache	7.2%	11.6%	9.0%
Infection	8.0%	9.6%	7.6%
Stomatitis	8.4%	6.8%	6.4%
Mouth Ulceration	1.6%	3.2%	5.0%
Flu Syndrome	3.2%	6.4%	5.0%
Pharyngitis	3.2%	1.6%	4.3%
Pain	4.0%	1.2%	4.3%
Dyspepsia	2.0%	0	4.0%
Infection Dental	4.0%	3.6%	3.8%
Mucous Membrane Disorder	2.4%	0.8%	3.3%

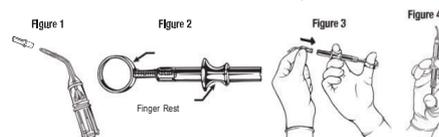
The change in clinical attachment levels was similar across all study arms, suggesting that neither the vehicle nor ARESTIN® compromise clinical attachment.

To report SUSPECTED ADVERSE REACTIONS, contact Valeant Pharmaceuticals North America LLC at 1-800-321-4576 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

#### DOSAGE AND ADMINISTRATION

ARESTIN® is provided as a dry powder, packaged in a unit dose cartridge with a deformable tip (see Figure 1), which is inserted into a spring-loaded cartridge handle mechanism (see Figure 2) to administer the product.

The oral health care professional removes the disposable cartridge from its pouch and connects the cartridge to the handle mechanism (see Figures 3-4). ARESTIN® is a variable dose product, dependent on the size, shape, and number of pockets being treated. In US clinical trials, up to 122 unit dose cartridges were used in a single visit and up to 3 treatments, at 3-month intervals, were administered in pockets with pocket depth of 5 mm or greater.



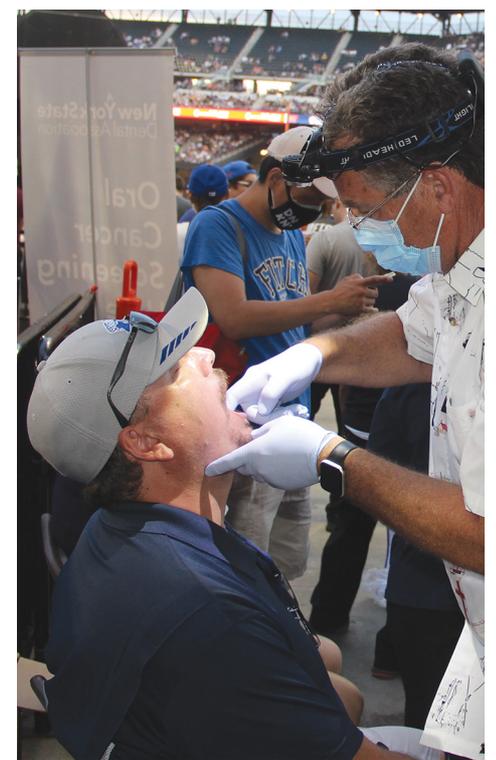
The administration of ARESTIN® does not require local anesthesia. Professional subgingival administration is accomplished by inserting the unit-dose cartridge to the base of the periodontal pocket and then pressing the thumb ring in the handle mechanism to expel the powder while gradually withdrawing the tip from the base of the pocket. The handle mechanism should be sterilized between patients. ARESTIN® does not have to be removed, as it is bioresorbable, nor is an adhesive or dressing required.

#### Manufactured for:

OraPharma, a division of Bausch Health Companies North America LLC, Bridgewater, NJ 08807  
© 2022 Bausch Health Companies Inc. or its affiliates. ARE.0060.USA.22 9546401 Rev. 09/2022



Fun: Stuart Kessner, 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.



Play ball: A group of dental professionals at the Mets game pose in front of a New York State Dental Association banner.

# Dental Office Shopper

For advertising information, call: 877.394.1388 or email us at: [adanews@russelljohns.com](mailto:adanews@russelljohns.com)

Disclaimer: Classified advertisements in ADA News are limited to job opportunities for dentists and auxiliaries, continuing education, professional services, practice and equipment sales and offices for rent. Advertising that appears to discriminate on the basis of race, religion or gender will be rejected. The publisher reserves the right to decline, withdraw or edit copy at its discretion.

## Opportunities Available

**CALIFORNIA** — Associate. Associate leading to ownership in Central Valley, CA! We are looking for an associateship leading to ownership. This busy practice is state of the art with digital radiography. CEREC, CBCT, and more. Our practice also boasts a great dental team. We are open for all different scenarios for a win-win transition. **For more details, please send inquiries and CV to: [centralvalleydds@gmail.com](mailto:centralvalleydds@gmail.com).**

**CALIFORNIA** — Dentist. DDS/DMD +valid CA dental license required. **Fax resume to (661) 328-1515, Attn: Sam/Saekyu Oh Dental Corp., Bakersfield.**

**MARYLAND** — Dentist. Fee-for-Service, privately owned dental practice in Rockville. Looking for full-time or part-time GD or Prosthodontist. Dependable salary. Great benefits. Highly trained support team. **Please call Nina (301) 820-2233 for more information.**

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

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

## Professional Services

### INTRAORAL X-RAY SENSOR REPAIR/SALES

We repair broken sensors. Save thousands in replacement costs. Specializing in Kodak/Carestream, and major brands. We also buy/sell sensors.

**American SensorTech**  
919-229-0483 [www.repairsensor.com](http://www.repairsensor.com)

## Equipment

**NATIONWIDE** — Wanted: Working or Not Statim 2000, 5000, Midmark / Ritter M9 & M11s and Tuttnauer 3870s. It is easy. **Email, text, or call: [autoclaveshop@yahoo.com](mailto:autoclaveshop@yahoo.com), Dan: (630) 605-8613.**

## Professional Services

# REDUCE YOUR CREDIT CARD PROCESSING FEES

- ✓ FREE Credit Card Terminal Placement Wireless/Landline/High-Speed/Dial-Up
- ✓ Easy setup (with no setup fees and quick approvals)
- ✓ Seamless integration with your current POS
- ✓ \$295\*\* towards your early termination fee (if you have one) with your current processor
- ✓ Access to Payments Hub - our secure, online merchant portal
- ✓ Free paper\*\*



Rates as low as .05%\*

Accept EMV/NFC  
(Apple Pay, ETC.) EBT,  
Snap, Checks and more

Next Day Funding with  
weekend settlement

### OPTIONAL PROGRAMS:

Make the same profit margin with cash and non-cash payments!

#### Cash Discount

NAB makes it easy to make the same profit from non-cash payments as you do with cash payments with our cash discount program.

- Curbside Ordering
- Point of Sale Systems  
Recommendations, Solutions & Integrations

SINGLE SOLUTION TERMINAL  
ACCEPTS  
CREDIT & DEBIT  
PLUS  
CareCredit™

- FREE NFC & EMV-Ready Terminal & Pin Pad or wireless terminal.

- Accept payments in-store, online, or on-the-go.



with  
4G / Wifi

GROW YOUR BUSINESS. PARTNER WITH NAB TODAY!

# 866.481.4604

© 2022 North American Bancard, LLC (NAB). All rights reserved. NAB is a registered ISO of BMO Harris Bank N.A., Chicago, IL, Citizens Bank N.A., Providence, RI, The Bancorp Bank, Philadelphia, PA, and First Fresno Bank, Fresno CA. American Express may require separate approval. \*Durbin regulated Check Card percentage rate. A per transaction fee will also apply. \*\*Some restrictions apply. This advertisement is sponsored by an ISO of North American Bancard. Apple Pay is a trademark of Apple.

NorthAmerican  
BANCARD

WWW.NYNAB.COM



# Practices/ Offices Available

We sell practices for  
1.99% to 3.99% commission  
Buyers pay 0%

**Ready to sell your dental practice?**

**DENTAL PRACTICE BROKERAGE, LLC**  
3%

**FREE PRACTICE VALUATION**

Lowest brokerage commission  
Database of over 117,000 dentists nationwide  
1.99% to 3.99% commission for sellers  
0% commission for buyers and real estate  
Fully vetted and prequalified applicants  
New Jersey General Assembly honored broker

**3PercentDental.com**  
**(201) 664-4135**

**NATIONWIDE** — Large Practice Sales. (855) 533-4689. Silent partners invest in great practices. Your value might shock you! **Email: [classified@largepracticesales.com](mailto:classified@largepracticesales.com), www. LargePracticeSales.com.**

**ALASKA** — Anchorage. Solid Mid-town practice in elegant facility. Collects \$600,000+, 5 operatories. Step right into practice ownership in this turn-key opportunity. **Contact Paul Consani at [paul@mydentalbroker.com](mailto:paul@mydentalbroker.com) or (866) 348-3800 for details.**

**ALASKA** — Kenai. Solo practice looking for full-time associate. Opportunity could quickly become a full purchase after short associate period. **Contact Paul Consani at [paul@mydentalbroker.com](mailto:paul@mydentalbroker.com) or (866) 348-3800 for details.**

**ALASKA** — Fairbanks. Single owner GP collecting \$3 mil+. Beautiful 7+ operatories facility with newer up-to-date equipment. Fully staffed. Retire in 10 years. **Contact Paul Consani at [paul@mydentalbroker.com](mailto:paul@mydentalbroker.com) or (866) 348-3800.**

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

**COLORADO** — High quality, established, general practice with incredible opportunity for growth. Practice is located in the Four Corners surrounded by Durango, Telluride, Moab, Canyonlands, Mesa Verde and Monument Valley. Unlimited sunshine and outdoor activities. Staff and Dr. will help with transition. **Please email [john@vestaldds.com](mailto:john@vestaldds.com) if you're interested. No Brokers.**

**CONNECTICUT** — Established general practice, 100% fee for service, cash-based, no insurance, no A/R, one of the most affluent counties in U.S. **For more information and comprehensive valuation, send email: [pjp@trackerenterprises.com](mailto:pjp@trackerenterprises.com).**

**HAWAII** — Big Island Paradise. Large successful multi-million-dollar practice looking for a full equal ownership partner to enjoy immediate high income. Spacious facility. Room to work. **Contact: [paul@mydentalbroker.com](mailto:paul@mydentalbroker.com) or (866) 348-3800.**

**HAWAII** — Honolulu. Enjoy a short, low-traffic, commute to work - just North of Diamond Head. Solo practice collects well over \$800,000 annually and has good profits. **Contact: [paul@mydentalbroker.com](mailto:paul@mydentalbroker.com) or (866) 348-3800.**

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

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

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

**NEW MEXICO** — Practice for sale. Taos, historic resort town, world class ski area, great outdoor recreation and restaurants. 2019 \$850,000 collections, new 5 operatories, 2 EFDAs. **Email: [vollfee@yahoo.com](mailto:vollfee@yahoo.com).**

**NEW YORK** — Astoria practice available for sale. Due to illness, 6 operator practice available for sale. Grossing \$700,000. New equipment. No brokers. **Please inquire via email: [buymypractice45@gmail.com](mailto:buymypractice45@gmail.com).**

**NEW YORK** — Heart Of The Finger Lakes, home/office dental practice for sale. Five operatories, full staff, two Drs. each working two days/wk, \$650-700K/year, 5,500 active patients, beautiful area, excellent schools. Will stay for the transition. **Contact: [donna.bambrick@henryschein.com](mailto:donna.bambrick@henryschein.com). (315) 430-0643.**

**NEW YORK** — Located in one of the small communities inside the Adirondack Park. Own this practice in a beautiful low stress location. Asking for the value of building only. **Email: [tlswilso@roadrunner.com](mailto:tlswilso@roadrunner.com).**

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

# 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 expense category, including 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.

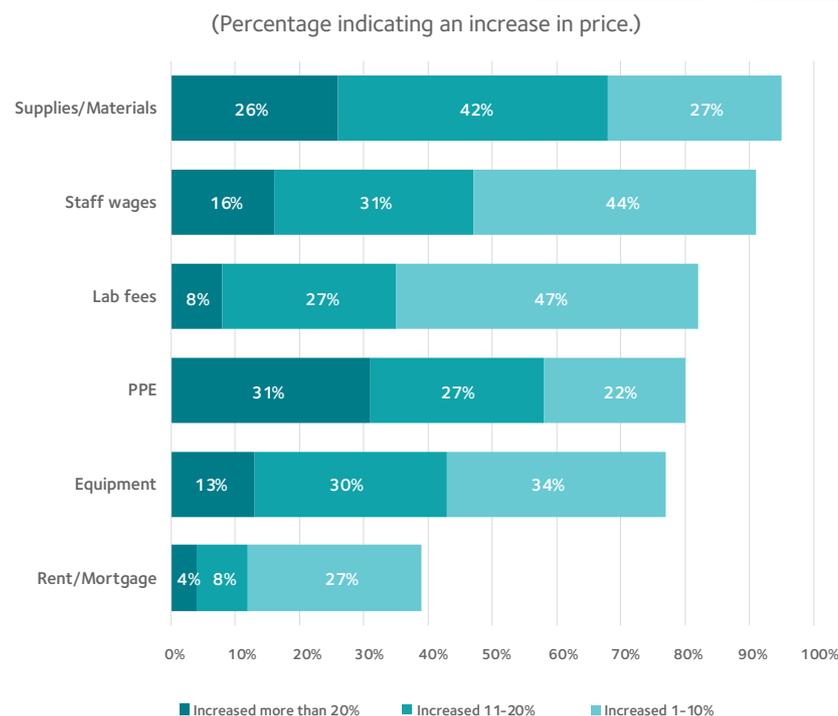
According to the August poll results, the insurance industry is yet to respond to increased operating costs for dentists. Nearly 60% of dentists responded that rates have remained stagnant, 25% indicate their rates have decreased and only 7% of dentists reported getting an increase in insurance reimbursement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

"The ADA provides a comprehensive Contract Negotiation Guide to help dentists engage with third-party payers on contract negotiations," said Krishna Aravamudan, B.D.S., vice president of the ADA Practice Institute. "The ADA will continue to bring the issue of rising operational costs to the attention of the dental carriers."

Other results from the poll included:

- Dental practice schedules have been very steady for the past six months. Schedules were 86% full on average in August. Patient no-shows and late cancellations are largely to blame for unfulfilled appointment slots, followed by low patient demand.

## HOW HAVE PRICES CHANGED FOR YOUR PRACTICE IN EACH OF THE FOLLOWING CATEGORIES OF EXPENSES OVER THE PAST 12 MONTHS?



Source: ADA Health Policy Institute, Economic Outlook and Emerging Issues in Dentistry Poll, August 2022

- Dental team recruitment needs remain steady in August. Dental assistants and dental hygienists remain as the most in-demand members of the dental team, with about 4 out of 10 dentists currently or recently recruiting for these positions, while recruiting dental hygienists continues to present the most difficulty for dentists.
- Dentists' confidence in U.S. economic recovery improved slightly in August. For the first time since April, more than a quarter of dentists indicated they were "very" or "somewhat" confident in the U.S. economic recovery, up from a low of 16% in the month of June.

The HPI's Economic Outlook and Emerging

Issues in Dentistry monthly poll began in January to measure the economic impact of the COVID-19 pandemic and to gather dentists' opinions on other current and emerging issues impacting their practices. The revamped panel is a continuation and expansion of the previous poll that HPI conducted between the onset of the pandemic and December 2021.

To join the panel, read the full monthly reports or view the new interactive state dashboard, visit [ADA.org/HPIpoll](http://ADA.org/HPIpoll). ■

## Workforce well-being plan released to help prevent burnout

BY JENNIFER GARVIN

The National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience published a National Plan for Health Workforce Well-Being to help prevent health worker burnout on Oct. 3.

The collaborative was co-chaired by Victor Dzau, M.D., National Academy of Medicine president, and Vivek Murthy, M.D., U.S. Surgeon General. The plan incorporates six years of collective work among the National Academy of Medicine's network of 200 organizations — including the ADA — who are committed to reversing trends in burnout.

The event also shared how the plan addresses the needs of the health workforce 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 national plan. "As dentists, taking care of our mental health allows us to best take care of others. I was honored to be a part of developing this important resource."

According to the National Academy of Medicine's website, the plan will also provide guidance and next steps for working with leaders in health care and public health, educational institutions for health professionals, policymakers, health IT companies, payers, regulators, associations and

others involved to cultivate a health system to support care providers and optimize their well-being.

For more information, visit [NAM.edu/NationalPlan](http://NAM.edu/NationalPlan).

For more information on the Clinician Well-Being Collaborative, visit [NAM.edu/CW](http://NAM.edu/CW).

For dentists battling stress or burnout, the

ADA Dentist Health and Wellness Program and state dentist well-being programs 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](http://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.

Download the fact sheet by searching for "ADA guide to help with stress" on [ADA.org](http://ADA.org). ■

—garvinj@ada.org

**NEW YORK** — Westchester. Practice for sale. 100% self-paying patients. Border Greenwich, CT. 2 operatories, long lease available. Gross \$200,000 on 4 half days. No Brokers. **TEXT: (914) 336-0329 or positivehumor@gmail.com.**

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

**PENNSYLVANIA** — Bucks County. FFS practice collects \$1.1MM in 3 days/week. 5 well-equipped treatment rooms; 2,000 sq. ft. 35 years goodwill, solid referrals, stellar reputation. Long-term staff, excellent hygiene production. **(215) 792-3558, ConciergeDentalTransitions@pm.me.**

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

**WASHINGTON** — Seattle. Beautiful 4 operatorial dental office in prime downtown location. Exceptional opportunity to own your practice. Dentist retiring. Priced to sell quickly. **Contact Dr. Dan Byrne: dan@mydentalbroker.com or (206) 992-0580.**

**WASHINGTON** — South Whidbey Island. Doctor retiring after 35 years and ready to transition patients to new dentist. 4 operatories. Priced to sell quickly. **Contact Dr. Dan Byrne: dan@mydentalbroker.com or (206) 992-0580.**

**WASHINGTON** — Vancouver. Long established practice in the "Couv" collects \$600,000. Easy to find practice on main thoroughfare with plenty of parking. **Contact paul@mydentalbroker.com or (866) 348-3811 for details.**

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



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

**Find your next dental opportunity today on [careercenter.ada.org](http://careercenter.ada.org)**

# 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 U.S. Department of Health and Human Services Office for Civil Rights announced the resolution of three investigations into different dental providers in regards to record requests on Sept. 20 concerning potential violations of the Health Insurance Portability and Accountability Act Privacy Rule.

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



Dr. Hoddick

"These 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 medical records was a potential violation of the HIPAA right of access provision. The practice agreed to pay \$30,000 and implement a corrective action plan.

In November 2020, the Office for Civil Rights received a complaint alleging a dental practice in the state of Georgia would not provide an individual with copies of her records because she would not pay a \$170 copying fee. The individual first requested her records in November 2019 but did not receive them until February 2021. The Office for Civil Rights investigation determined that the provider's failure to provide timely access to the requested medical records and its practice of assessing copying fees that were not reasonable and cost-based were

potential violations of the HIPAA right of access provision. The practice agreed to pay \$80,000 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 \$25,000 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](https://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](https://hhs.gov/hipaa/filing-a-complaint/index.html). ■

— [burgerd@ada.org](mailto:burgerd@ada.org)



**Transform  
smiles and  
your practice  
with Invisalign®  
treatment**

After becoming an Invisalign provider, many dentists report having a closer relationship with their patients and seeing an increase in new patients. And we're here to make it easy with dedicated support every step of the way.

**Start your Invisalign provider journey today.**  
Visit [InvisalignClearAligners.com](https://InvisalignClearAligners.com).

align

©2021 Align Technology, Inc. All rights reserved. Invisalign, the Invisalign logo, SmartTrack, SmartForce, SmartStage, among others, are trademarks and/or service marks of Align Technology, Inc. or one of its subsidiaries or affiliated companies and may be registered in the U.S. and/or other countries. MKT-0006453

 **invisalign®**  
Transforming smiles. changing lives.



## VIEWPOINT



## Mission of Mercy: A dental student's perspective

BY SOPHIA PANKRATZ

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, are 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 im-

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 fixing teeth, to changing lives. ■

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



portance of every patient needing a dental home, and as doctors, we are to improve the efforts in access to care strategies.

What can we, as a dental community, focusing on health equity, do to move oral health forward?

The Mission of Mercy brings together thousands of dentists and other oral health care providers in an effort to help members of their community alleviate dental pain. According to the Dentists Care Foundation — which oversees MOM projects nationwide — there were over 30 MOM events in 2019, six in 2020 (because of the pandemic), 17 in 2021 and over 20 events were anticipated for 2022. Millions of underserved patients receive significant care at MOM events each year, which greatly assists a reduction of dental visits to hospital emergency departments.

However, the help simply stops there.

At the next MOM planning session, invite your local government agencies and nonprofits. Open the door and explore the possibilities of how your state Mission of Mercy can partner with these organizations.

Keep in mind the importance of preventative oral health care in a dental home rather than the emergency "Band-Aid" approach to set up your community members for better oral health/overall health care outcomes.

Not only are we helping the underserved to find a sustainable place for dental care, but we alleviate the pressure and money spent on one-appointment fixes that don't address the root cause of the problem. If MOM events could even help 10% of their patients find a dental home each year, by 10 years we could have found a dental home for thousands of Americans.

## 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

**NEW** INTELLISCAN **3D**

**MODEL X**

STARTING AT

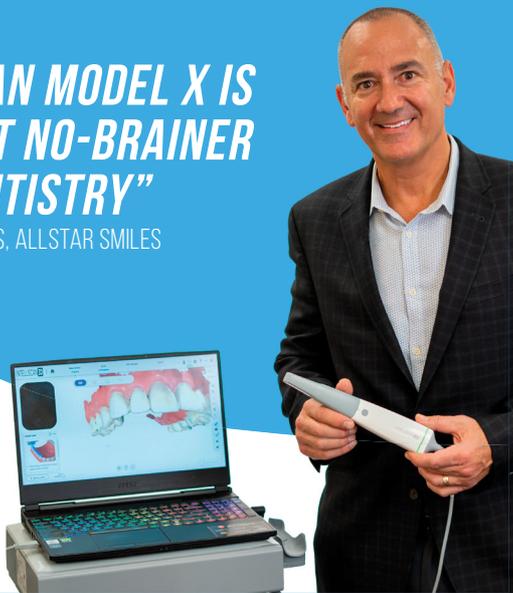
**\$8,999**

**"INTELLISCAN MODEL X IS THE BIGGEST NO-BRAINER IN DENTISTRY"**

- DR. SAM SIMOS, ALLSTAR SMILES







**THE BEST VALUE AMONG TOP RATED SCANNERS**

**CALL TODAY! 866-491-0309 [www.intelliscan3d.com](http://www.intelliscan3d.com)**

**AROUND THE ADA**

# 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 operator 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 AdvocateAurora, 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.

The new dental anesthesiology residency program, now in its fourth year, has two alumni, Mathew Carew, D.M.D., and Katelyn Strobel, D.M.D., and five current residents: Joe Lotfi, D.M.D., chief resident; Kimchai Lowe, D.M.D.; Arash Jamalpanah, D.D.S.; Gabriella Debruyne, D.M.D.; Scott Fleming, D.D.S.; and Catherine Roberts, D.M.D.

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/](http://advocatehealth.com/health-services/dental-center/).

For more information about the ADA Foundation, ADAFoundation.org. ■

— croziers@ada.org



Site visit: ADA Foundation board members visit the Advocate Illinois Masonic Dental Center to see how an ADAF grant improved access to dental care for children with disabilities. Pictured from left are Kim Fasula, R.D.H., TEACH\_2\_Reach program coordinator, Advocate Aurora Health; Christopher Gorecki, D.D.S., ADA Foundation guest; Michele Tulak-Gorecki, D.D.S., ADA Foundation board member; Craig Armstrong, D.D.S., ADA Foundation board chair; Amy Martin, D.D.S., director, Mobile Dental Van Program, Advocate Aurora Health and James Benz, D.D.S., chair, Department of Dentistry GPR Program Director, Advocate Aurora Health.

## Sodium Dental: driven by your dental practice.

**Our everyday focus is not on our success but on your success.** From dental x-ray sensor repair to network infrastructure to providing the latest products and technology, at Sodium Dental, we are solely focused on delivering success to your dental practice.

### Sensor repair that's beyond compare.



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

### Tomorrow's technology, here today.



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

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

### Coming Soon 2023:



# SODIUM IMAGING

### Revolutionary Dental Imaging

In 2023 Sodium Dental intends to release the first ground-up imaging solution designed for local server, hybrid cloud, and full cloud imaging solutions.

Dental offices need solutions that fit their needs and demands. Dental offices are all different in how they run and function. We respect those differences and have developed a solution that puts the needs of our clients in front of everything else.



800.821.8962

Your Full-Service Dental Technology Partner

[sodiumdental.com](http://sodiumdental.com)

## ADA Foundation presents leadership, research awards

BY STACIE CROZIER

Three up-and-coming stars in dentistry have been honored this year with prestigious awards from the ADA Foundation.

Brittaney Hill, D.D.S., and Sylvette Ramos-Diaz received the Dr. David Whiston Leadership Award, an annual award that recognizes promising individuals whose leadership and research excellence has made a substantial contribution to public oral health.

### 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 North Carolina Adams 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, offer training to dental students on cultural sensitivity in health care and educate and



Stars: The ADA Foundation honored a trio for awards in leadership and research. From left, Sylvette Ramos-Diaz, Nicholas Fischer, Ph.D., and Brittaney Hill, D.D.S.

empower patients 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.

"Our 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 Schillingo, 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 commemorates 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 shadowing 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. Everyday, 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,



Dr. Arroyo-Juliá

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, Alión. 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

It's a new day for dentistry

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

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

E. Dianne 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.

"Dianne was a great friend. She was a warm human being who was intelligent, creative, collaborative and genuinely compassionate," Dr. Ferracane said. "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



Dr. Rekow

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. ■

# YOU CAN COUNT ON KEATING

## REMOVABLES



**KEATING**  
DENTAL LAB

## KDZ BRUXER®



## PFM



## IMPLANTS



## ADD VALUE to your dental practice!

With the highest quality restorations, and friendly, reliable service, you can count on Keating to make sure your needs are met, expectations exceeded, and your delivery is on time.

**CALL US TODAY**

at (866) 205 - 0793 to get  
**50% OFF** your first case!\*



\*Offer is subject to change, valid for new customers only. Excludes shipping, alloys, and implant parts. Offer ends December 31, 2022.

“For over 20 years I have been fortunate enough to work with some of the nation’s leading dental professionals. When I opened Keating Dental Lab, my goal was to create the perfect blend of technical expertise, personal service, and dependable results delivered in just 5 business days. With over 2 million successful cases, over 2,000 years of combined experience, and our leading edge in digital dentistry, we hope to bring this same excellence to you and your patients everyday.”



— **SHAUN KEATING, CDT**  
*President & CEO*



# New ADA podcast hosts believe in mentoring listeners

'DENTAL SOUND BITES' LAUNCHING AT SMILECON WITH DRs. MARY JANE HANLON, ARNELLE WRIGHT

BY DAVID BURGER

For Mary Jane Hanlon, D.M.D., podcasts can serve as good mentors.

"All younger dentists look for mentors when they graduate and realize they need someone to fall back on when they graduate," she said. "Dentistry was always considered a solo profession. Having someone you can safely discuss trials and tribulations with is so helpful. We want to be there for them even if it is virtually on a podcast."



Dr. Wright

Dr. Hanlon and Arnelle Wright, D.M.D., are the two hosts of a new ADA podcast called "Dental Sound Bites," launching during Smile-Con 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 contribution 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 for our listeners," Dr. Wright said. "I've always been one to help level the playing field, and demystify admissions pathways, especially because there's so many misconceptions and misleading information threads present online today. It's one of the reasons and ways I mentor doctors and future doctors today."

Several early-career dentists and dental students helped the ADA create the "Dental Sound Bites" podcast, including Kirthi Tata, 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 Missouri-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 hard days in practice, I take continuing education, I'm growing daily 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

ADA level."

Dr. Hanlon worked as a dental hygienist for 15 years, followed by dental school to fulfill her long-term goal of becoming a dentist.

She received her D.M.D. from the Tufts University School of Dental Medicine in 1997. After running a successful dental practice in Lexington, Massachusetts, she was recruited by her alma mater and ran the school's clinical operations as the associate dean of clinic affairs at the Tufts University School of Dental Medicine from 2013 until 2021.

She is now executive vice president of Promethean Dental Systems, a dental education and technology

company.

Dr. Hanlon is a past president of the Massachusetts Dental Society and is currently the co-whip for the 1st District dental society.

Dr. Wright is a graduate of the University of Florida College of Dentistry and practices as a general dentist in Orlando. She is also involved in organized dentistry, currently serving on the Board of Directors for the Dental Society of Greater Orlando, where she holds the position as editor of the quarterly journal. She is the 17th District alternate delegate to the ADA, the 17th District representative to 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 believe in the efforts 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

## Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)

1. Publication Title: American Dental Association ADA News; 2. Publication Number: 0895-2930; 3. Filing Date: September 30, 2022; 4. Issue Frequency: Monthly; 5. Number of Issues Published Annually: 12; 6. Annual Subscription Price: Members-\$22, Non-Members-\$96, Institutions-\$142; 7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®): 211 East Chicago Avenue, Chicago, IL 60611-2678, Contact Person: Rebecca Kiser, Telephone (include area code): 312-440-3540; 8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer): 211 East Chicago Avenue, Chicago, IL 60611-2678; 9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank), Publisher (Name and complete mailing address): Michelle Hoffman, Vice President, Publishing, 211 East Chicago Avenue, Chicago, IL 60611-2678; Editor (Name and complete mailing address): Kelly Ganski, Editor, In-Chief 211 East Chicago Avenue, Chicago, IL 60611-2678; Managing Editor (Name and complete mailing address): This title does not exist; 10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.): Full Name, American Dental Association, Complete Mailing Address, 211 East Chicago Avenue, Chicago, IL 60611-2678; 11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box: NONE; 12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one) The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: Has Not Changed During Preceding 12 Months; 13. Publication Title: American Dental Association ADA News; 14. Issue Date for Circulation Data: September 12, 2022.

15. Extent and Nature of Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)	169,898	162,455
b. Paid Circulation (By Mail and Outside the Mail)		
(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	104,049	104,443
(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	0	0
(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	0	0
(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail®)	0	0
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))	104,049	104,443
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)		
(1) Free or Nominal Rate Outside-County Copies Included on PS Form 3541	64,621	57,546
(2) Free or Nominal Rate In-County Copies Included on PS Form 3541	0	0
(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)	0	0
(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	289	285
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))	64,910	57,831
f. Total Distribution (Sum of 15c and 15e)	168,959	162,274
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))	939	181
h. Total (Sum of 15f and g)	169,898	162,455
i. Percent Paid (15c divided by 15f times 100)	61.58%	64.38%
16. Electronic Copy Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Paid Electronic Copies	0	0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (line 16a)	104,049	104,443
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (line 16a)	168,959	162,274
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c X 100)	61.58	64.36

17. Publication of Statement of Ownership: If the publication is a general publication, publication of this statement is required. Will be printed in the October 10, 2022 issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner  VP, Publishing, Date: September 30, 2022  
I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

## ADA Member Advantage announces endorsement of Volvo Cars

ADA MEMBERS ELIGIBLE FOR \$1,000 DISCOUNT

BY DAVID BURGER

**A**DA 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-

# V O L V O

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](http://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](mailto: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.

Image courtesy of Volvo Cars

## Grandioso: Built to Last

10 YEARS OF PROVEN PERFORMANCE, ESTHETICS AND SUPERIOR HANDLING BUILT ON TOOTH-LIKE PHYSICAL PROPERTIES

CELEBRATING 10 YEAR ANNIVERSARY

Grandioso

Grandioso A2 20 sec.

Grandioso

#### 89% fillers by weight:

- Outstanding wear resistance
- Enhanced color stability

#### 30–50% less resin compared to classic hybrid and pseudo nano composite

- Low shrinkage of only 1.6 vol.%
- **NON-STICKY**
- Prolonged working time under ambient light

#### Designer Nano particles:

- **EXCELLENT POLISHABILITY AND POLISH RETENTION**
- Tooth-like modulus of elasticity
- Tooth-like thermal expansion and flexural strength

Data on File at [www.vocoamerica.com](http://www.vocoamerica.com)

## Grandioso

89% filled Universal Nano-Hybrid Composite



Call 1-888-658-2584

VOCO • 1285 Rosemont Drive • Indian Land, SC 29707 • [www.vocoamerica.com](http://www.vocoamerica.com) • [infousa@voco.com](mailto:infousa@voco.com)

**VOCO**  
THE DENTALISTS

# Lower Your Lab Expenses Instantly with Trident.

WE  
**SAVE**  
DENTISTS  
MONEY

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

\*2021 LMT Fee Survey



IOS Full Solid  
Zirconia **\$59**  
/ Per Unit

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



▶ Get Started with Trident Today!



(844) 299-7243 | [www.tridentlab.com](http://www.tridentlab.com)