

ADA NewsTM

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

04.11.22

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GOVERNMENT

'It is powerful when dentists unite'

ADA PRIORITIZES 2022 ADVOCACY ISSUES

BY JENNIFER GARVIN

Dental insurance and student debt reform. Improving Medicaid. Health equity.

Every year the ADA prioritizes the issues the Association believes have the most impact on dentists, the dental profession and public. These issues are one of the main focuses of

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Here are some of the top issues the ADA is advocating for in 2022:

DENTAL INSURANCE REFORM

Dental insurance issues are regularly rated among the most important concerns confronting dentists. On the national front and together with state

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"DOC Access will provide greater access to high-quality care by helping to curb anti-patient and anti-competitive practices of dental insurance plans," Dr. Vitale continued. "Even though 42 states have passed laws limiting interference with the dentist-patient relationship, many dental and vision plans are federally regulated so insurers can claim they are exempt. Passage of this bill will help align the federal government with what's happening across the country, and it would also bring needed balance to contract negotiations between providers and large dental insurance companies."

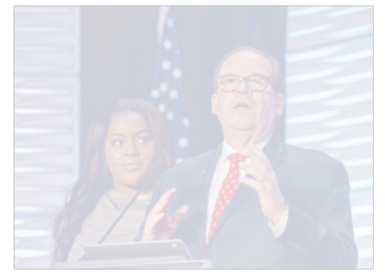
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"This is an important issue because many craniofacial anomalies can restrict a

This includes reforming parts of the Higher Education Act of 1965, which provides the statutory authority for most federal student loan programs, including those most widely used by dental students.

One of the bills the ADA is advocating for is the Resident Education Deferred Interest Act, which would amend the Higher Education Act to allow borrowers to defer their student loans interest-free while they are serving a medical or dental internship or residency program. Currently, dental and medical residents accrue interest on their graduate loans while they are in school and residency — even if they qualify for deferment or forbearance due to their inability to make payments.

The ADA is also advocating for the Student Loan Refinancing Act, which would provide multiple opportunities for borrowers to refinance federal Direct Loans, Direct PLUS Loans and Direct Consolidation Loans when in-



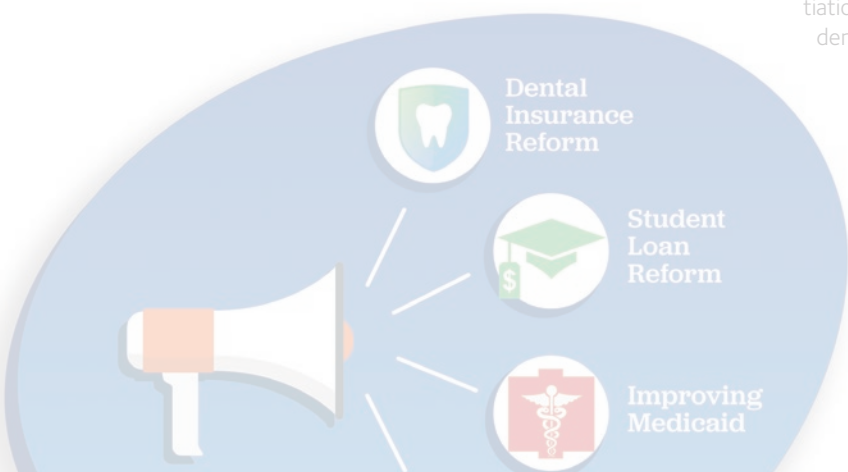
04 Lobby Day

Dental students and dentists unite in Washington, D.C., to advocate for issues affecting the profession



18 Dental support organizations

Pathways to Dentistry series highlights history, growth of DSO-supported practices



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Another bill, the Ensuring Lasting Smiles Act, would make it easier for patients with congenital anomalies or birth defects to receive the dental care and other treatments they need by requiring all private group and individual health plans to cover medically necessary services for those conditions.

"This is an important issue because many craniofacial anomalies can restrict a patient's ability to breathe, eat and speak in a normal manner," Dr. Vitale said. "And while many private health insurance companies cover preliminary procedures, they often routinely deny or delay follow-up or corrective procedures claiming that these procedures are cosmetic in nature. This fails to recognize the medical conditions of these patients."

"Early intervention by a team of specialists, including plastic surgeons, oral and maxillofacial surgeons, pediatric dentists, orthodontists, dermatologists and speech therapists is necessary to assess and oversee the patient's treatment and development, sometimes over the course of several years."

STUDENT LOAN REFORM

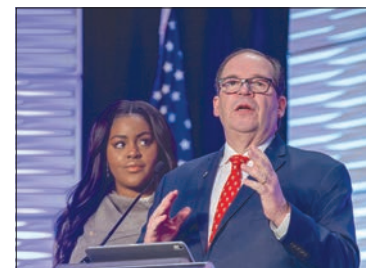
The ADA is passionate about alleviating the alarming levels of educational debt that new dentists face after graduating from dental school.

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See ADVOCACY, Page 4



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Lobby Day, which every year brings dentists and dental students together to advocate on behalf of the profession. But they are also issues the ADA advocates for every day.

"Through advocacy efforts, the ADA fulfills our mission to help dentists succeed and support the advancement of public health," said ADA President Cesar R. Sabates, D.D.S. "Each year, the ADA's advocacy has an impact on more than 25,000 dental students and more than 200,000 of our dentist colleagues. Perhaps most importantly, it also affects millions of patients. The message is clear: It is powerful

dental societies, the ADA is working to achieve key legislative policy reforms.

One bill the ADA is advocating for on behalf of dentists and patients is the Dental and Optometric Care Access Act, or DOC Access Act. This bipartisan legislation prohibits dental and vision plans from setting the fees network doctors may charge for services not covered by the insurers. It would also protect patients and bring needed equity to insurer/provider contracting.

"We are supporting this bill because the ADA believes that patients are adversely affected by provisions in dental insurance plans that dictate what a doctor may charge for

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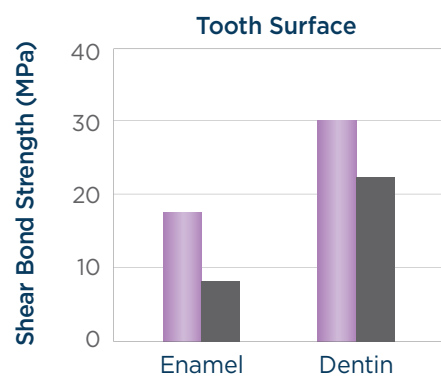
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Photo courtesy of UNLV School of Dental Medicine.

GKAS: Third-year dental student — and Tooth Fairy — Louisa Heske poses with one child after her treatment, encouraging her and others to brush twice each day and adopt other good oral health habits during the University of Nevada, Las Vegas School of Dental Medicine's Give Kids a Smile event. The UNLV event, held Feb. 26, delivered more than 275 procedures to about 100 local children, with an estimated value of more than \$16,500 dental care. "Events such as Give Kids a Smile provide dental students, faculty and staff with a better understanding of how social determinants can create barriers to accessing dental services," said Christina Demopolulos, D.D.S.

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Dentists, dental students advocate together in Washington

ADA, AMERICAN STUDENT DENTAL ASSOCIATION HOST FIRST IN-PERSON LOBBY DAY SINCE 2019

BY JENNIFER GARVIN

“We are always at our strongest when we come together — united in shared passion and purpose and in our advocacy.”

ADA President Cesar R. Sabates, D.D.S., was all smiles at the podium at the Washington Hilton March 21 as he welcomed dentists and dental students to the first in-person ADA Dentist and Student Lobby Day since 2019.

“Your work here matters,” Dr. Sabates said. “Think about those you hope to inspire. Think about those you hope to serve. And those whose lives will change for the better tomorrow — because you are here today.”

More than 400 dentists and dental students gathered for the ADA’s and American Student Dental Association’s signature advocacy event. Over a three-day period, attendees discussed a range of advocacy items and the best way to advocate for those issues with lawmakers.

“Today we are here to learn more about the

issues and how to meet with members of Congress,” said ASDA President Justina Anigbo, Indiana University School of Dentistry third-year dental student. “We want you to be able to tell your story and why these issues are important to you.”

Among the issues students and dentists planned to discuss were two dental insurance reform bills, the Dental and Optometric Care Access Act and the Ensuring Lasting Smiles Act; two student loan reform bills, the Resident Education Deferred Interest Act and the Student Loan Refinancing Act; and the Medicaid Dental Benefit Act.

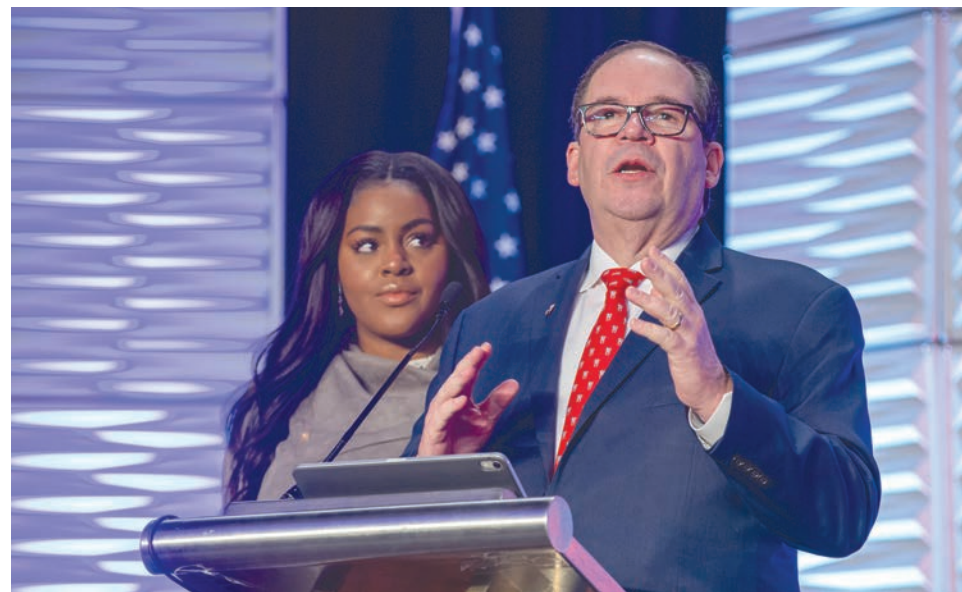
With the average dental student owing more than \$300,000 after graduation, student loan reform was a hot topic. Participants shared personal stories of borrowing and repaying loans, and they also offered advice on how to effectively convey these stories with lawmakers.

“The best thing to do when you’re in these meetings is really just talk about how it’s affecting you,” said Elizabeth Tramontana, a fourth-year dental student at the Rutgers School of Dental Medicine. “There’s a lot of numbers, there’s a lot of nuances, but just explain to them that these are the decisions that I’m making because of the debt that I am faced with.”

The “How to Meet with Your Member Congress” session provided tips on how to talk to legislators. Members of the New Jersey Dental Association performed a skit demonstrating typical in-person and virtual visits. Dentists Giorgio DiVincenzo, D.M.D., and Mark Vitale, D.M.D., chair of the ADA Council on Government Affairs, had fun role-playing, with Dr. DiVincenzo assuming the role of a senator. They were joined by Jim Schulz, NJDA director of governmental & public affairs, and Corey McGee, manager of ADA legislative and regulatory policy. Ariana Motavalli, a third-year dental student at the UCLA School of Dentistry, earned a hearty round of laughs for her performance as a “student” from the Rutgers School of Dental Medicine during the skit.

The Monday portion of the conference also included some insights on the upcoming mid-term elections in Congress from Nathan Gonzalez, editor and publisher of Inside Elections, which provides nonpartisan analysis of campaigns, who shared insights on the upcoming mid-term elections in Congress.

“It doesn’t matter who wins or who loses these races,” Mr. Gonzalez said. “We’re just



Welcome: ASDA President Justina Anigbo and ADA President Cesar R. Sabates welcome dental students and dentists to the 2022 ADA Dentist and Student Lobby Day.



Skit: Members of the New Jersey Dental Association and dental student Ariana Motavalli demonstrate how to advocate during the “How to Meet With Your Member of Congress” session during Lobby Day. From left are Jim Schulz, NJDA staff; Ms. Motavalli; Dr. Mark Vitale; Corey McGee, ADA staff; and Dr. Giorgio Di Vincenzo.

trying to look at who we think is going to win, which party is likely to be the majority, and what Congress and legislating in Washington might look like next year.”

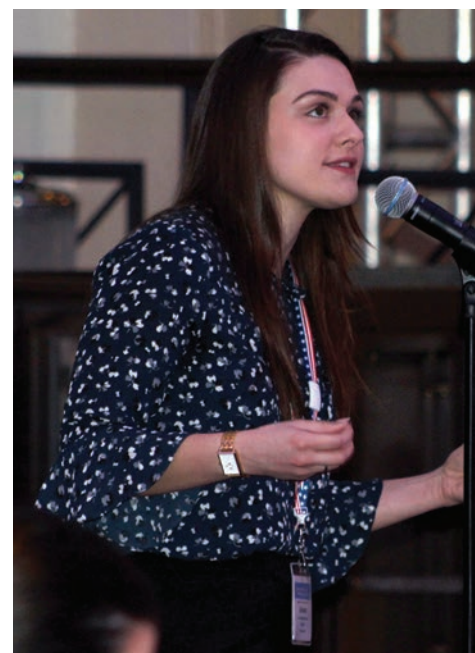
There were also sessions for attendees interested in exploring running for office and another centered on how to continue being an advocate after they return home. The event’s final speakers were Tim Persico, executive director of the Democratic Congressional Campaign, Rep. Mike Simpson, R-Idaho, a dentist and ADA member, and Sen. Steve Daines, R-Mont. Sen. Daines was instrumental in getting the Competitive Health Insurance Reform Act signed into law in 2021. The law repeals the McCarran-Ferguson antitrust

exemption for health insurance companies.

Finally, the conference also provided an opportunity for ADA leadership to engage with ASDA members and new dentists to hear about the issues that most matter to them.

“The new slogan of the American Dental Association is we are not interested in keeping the status quo, but we are creating possibilities of greatness for all,” said Raymond Cohlmiya, D.D.S., ADA’s new executive director. “That’s the future of the American Dental Association. That’s why I’m here and I’m honored to work for each and every one of you all.”

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



Share your story: Elizabeth Tramontana, a fourth-year dental student at the Rutgers School of Dental Medicine, gave tips for dental students on how to best tell their stories to legislators during Lobby Day.

ADVOCACY continued from Page 1

ensure the refinanced rates are fixed to protect borrowers from interest rate hikes.

IMPROVING MEDICAID

The COVID-19 pandemic spotlighted the inadequacies within the nation’s social safety net programs, especially in oral health care.

The Medicaid Dental Benefits Act would make comprehensive dental care a mandatory component of Medicaid coverage for adults in every state.

“Many adults who rely on Medicaid benefits find that there is little, if any, coverage for dental care due to a long-standing lack of focus on adult oral health care from federal and state governments,” said Shailee Gupta, D.D.S., chair of the ADA Council on Advocacy for Access and

Prevention. “This has created a patchwork of dental coverage by state Medicaid programs. Without a federal requirement, and given the competing priorities for state budgets, the optional adult dental benefit is often not provided by states.”

HEALTH EQUITY

The COVID-19 pandemic also underscored inequalities in the nation’s health care system.

The ADA is on the record supporting several bills in the current Congress that address health equity issues, including the Improving Social Determinants of Health Act. If enacted, this bill would require the Centers for Disease Control and Prevention to establish a program to improve health outcomes and reduce health inequities by coordinating activities across the CDC.

Other bills focusing on health equity include:

- The Health Enterprise Zones Act, which calls for the designation of Health Enterprise Zones in certain geographic areas with documented and measurable health disparities. The designation confers eligibility for certain grants, student loan repayment programs, and tax credits for those working to reduce health disparities and improve health outcomes in these zones.
- The Oral Health Literacy and Awareness Act, which amends the Public Health Service Act to authorize a public education campaign across all relevant programs of the Health Resources and Services Administration to increase oral health literacy and awareness.
- The Doctors of Community Act, which would permanently authorize the Teaching Health Center Graduate Medical Education

program to support the training of primary care medical and dental residents in high-need communities.

- The Indian Health Service Health Professions Tax Fairness Act, which would amend the tax code to provide health care professionals, such as dentists, who receive student loan repayments and scholarships from the Indian Health Service the same tax-free status enjoyed by those who receive National Health Service Corps and Army loan repayments.

Every day, decisions are made in Washington that can affect dentists, dental students, patients and the future of dental care in the United States. Want to make sure your voice is heard? Sign up for the ADA’s Legislative Action Center today at actioncenter.ada.org.

For more information about all of the ADA’s advocacy issues, visit [ADA.org/Advocacy](https://ada.org/Advocacy). ■

Organizations urge lawmakers to regulate synthetic nicotine products

BY JENNIFER GARVIN

The ADA and 61 other organizations are asking leaders of the House and Senate to enact legislation to give the Food and Drug Administration authority to regulate synthetic nicotine products.

In a March 7 letter, the groups called e-cigarette manufacturers' use of synthetic nicotine a "growing threat to our nation's youth" and urged lawmakers to address this serious public health situation by passing legislation at the "earliest possible opportunity" and enabling the FDA's Center for Tobacco Products to regulate the synthetic nicotine products.

In the letter, the coalition said that manufacturers are switching from using

tobacco-derived nicotine in their products to synthetic nicotine to circumvent tobacco product regulations and to keep flavored e-cigarettes that are attracting and addicting youth on the market. They noted that while the Family Smoking Prevention and Tobacco Control Act gives FDA the authority to oversee

tobacco products, it defines a tobacco product as one that is made or derived from tobacco and said manufacturers of synthetic products "have suggested that their products are not subject to FDA regulation because synthetic nicotine is not derived from tobacco."

"The repercussions of this situation have become alarming over the past year," wrote the coalition, which pointed to examples where manufacturers previously warned by the ADA about marketing to kids have re-entered the market as synthetic nicotine products.

"Time is of the essence," the letter concluded. "Inaction will result in more manufacturers switching to synthetic nicotine, allow flavored e-cigarettes that have helped fuel the youth e-cigarette epidemic to remain on the market,

and undercut efforts to protect kids from nicotine addiction and tobacco use. Further delay on synthetic nicotine will also enable other products made with synthetic nicotine to enter the market and evade FDA regulation. We urge you to prioritize the development of bipartisan, bicameral legislation that would give FDA's Center for Tobacco Products the authority to regulate synthetic nicotine products as tobacco products and to quickly enact it into law."

The day after the letter was sent, lawmakers indicated they would give the FDA authority to regulate synthetic nicotine products by including language calling for such in Congress' upcoming spending bill.

Follow all of the ADA's advocacy efforts at [ADA.org/Advocacy](https://ada.org/Advocacy).



Coalition thanks lawmakers for passing law to help prevent burnout

BY JENNIFER GARVIN


The ADA and 70 likeminded stakeholders are praising Congress for passing the Dr. Lorna Breen Health Care Provider Protection Act, legislation that will give health care workers better access to education and training in order to prevent stress and burnout.

Lorna Breen, M.D., was an emergency room physician in New York who died by suicide in 2020 after treating COVID-19 patients.

In a March 8 letter to leaders in the House and Senate, the groups, led by the American College of Emergency Physicians, thanked the lawmakers for sponsoring the bill.








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ADA thanks Congress for including oral health priorities in Cures 2.0 Act

BY JENNIFER GARVIN

The American Dental Association is thanking lawmakers for including many oral health priorities in the Cures 2.0 Act.

In a March 17 letter to Reps. Diana DeGette, D-Colo., and Fred Upton, R-Mich., ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlmiia, D.D.S., thanked

the lawmakers for introducing HR 6000, the Cures 2.0 Act. The bill contains several issues the ADA supports but the ADA is urging lawmakers to include dentistry when developing a strategy to prepare for the next pandemic.

"It is critical that dentistry be recognized as a viable resource in expanding the nation's medical surge capacity," Drs. Sabates and Cohlmiia wrote. "For example, early in the COVID pandemic, federal officials granted pharmacists the ability to order and administer tests. Dentists were never granted that authority by the federal government, even though 24 states and the District of Columbia did so. In order to avoid these types of problems in the future, dentists need to be included in the Cures 2.0 Act as an essential part of the response strategy for future pandemics."

Drs. Sabates and Cohlmiia also said that dentists are among those providers who can administer vaccines and urged the lawmakers to recognize that in the bill, noting that both the Pandemic and All-Hazards Preparedness Act and the Federal Emergency Management Agency's National Response Framework both identify dentistry by name as a "vital" medical countermeasure.

"Having dentistry at the planning table early on — and being there in a codified way in the Cures 2.0 Act — will help ensure that this vital national resource is not overlooked."

The ADA also commented on the following sections of the bill:

- **Sec. 104, Vaccine and Immunization Programs.** The ADA has worked to help dentists educate patients about the need for COVID-19 vaccination and the public awareness campaign on vaccination described in this section would assist with that effort.
- **Sec. 105, Developing Antibacterial Innovations.** The section charges the Centers for Disease Control and Prevention with releasing a report on antibacterial prophylactics. The ADA is asking the CDC to include information on prophylactic antibiotics prior to dental procedures in this report, noting the use of these antibiotics prior to dental treatment should be reserved for patients at high risk for post-treatment complications in order to minimize the risk of adverse effects and the development of drug-resistant bacteria.
- **Sec. 201, Educational Programs and Training for Caregivers.** The ADA is asking Congress to recognize the critical role caregivers play in oral health care by including oral health care in the list of training programs provided to caregivers. The ADA is recommending that the training be provided by Community Dental Health Coordinators.
- **Sec. 202, Increasing Health Literacy to Promote Better Outcomes for Patients.** The ADA would like Congress to encourage the Centers for Medicare and Medicaid Services to work with the ADA to develop best practices for oral health literacy, especially for the vulnerable populations served by Medicare, Medicaid and the Children's Health Insurance Program.
- **Sec. 402, Strategies to Increase Access to Telehealth Under Medicaid and the Children's Health Insurance Program.** The ADA believes examinations performed using teledentistry can be an effective way to extend the reach of dental professionals and increase access to care but said "the care must be consistent with that provided in person." The Association would like the Medicaid and CHIP Payment and Access Commission to study teledentistry — including its effects on dental access, quality of care and outcomes — in the report on telehealth required under Sec. 402.
- **Sec. 410, Generally Accepted Standard for Electronic Prescribing.** The ADA is requesting that the standards maintenance organization designated in Sec. 410 consult with the ADA on the development of the standard for electronic prescribing and that the ADA be included in the multi-stakeholder forum to ensure that the organization addresses dentists' questions and concerns regarding electronic prescribing.
- **Sec. 502, Research Investment to Spark the Economy.** The ADA said it agrees that scientific research and innovation are key to growing the economy and said the funding provided in this section to the National Institutes of Health will continue research that was disrupted by COVID-19, including oral health research at the National Institute of Dental and Craniofacial Research. Follow all of the ADA's advocacy efforts at [ADA.org/Advocacy](https://ada.org/Advocacy).

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White House signs \$1.5 trillion spending package



LEGISLATORS DESIGNATE MORE THAN \$500 MILLION TO NIDCR,
\$235 MILLION TO IHS DENTAL

BY JENNIFER GARVIN

President Joe Biden signed a \$1.5 trillion spending bill March 11, which includes funding for many of the Association’s key advocacy issues.

The bill keeps the government running through the end of the fiscal year and dedicates funds for issues affecting oral and overall health, including:

- National Institute of Dental and Craniofacial Research. Appropriators approved \$501.2 million for 2022 — more than \$16 million above the 2021 enacted level.
- Indian Health Service Division of Oral Health. The bill includes \$235.8 million — an increase of \$21 million.
- Centers for Disease Control and Prevention. The bill includes \$19.8 million for the CDC Division of Oral Health.
- Health Resources and Services Administration. The bill includes \$12 million each for general dentistry and pediatric dental residencies and dental faculty loan repayment. Area Health Education Centers received \$45 million — an increase of almost \$2 million; \$15.5 million for HRSA’s Health Careers Opportunity Program; \$13.4 million for HRSA’s Ryan White Part F Dental Programs; and \$5.3 million for HRSA’s Maternal and Child Health Special Projects of

Regional and National Significance. There is also \$300,000 designated for oral health literacy. Follow all of the ADA’s advocacy efforts at ADA.org/Advocacy. ■

COALITION *continued from Page 5*

will now have greater access to and support for mental health care, we sincerely thank you for championing HR 1667, the Dr. Lorna Breen Health Care Provider Protection Act, and your steadfast leadership to ensure its passage,” the groups wrote.

The coalition said the COVID-19 pandemic has magnified longstanding issues faced by front line health care providers and stressed there “has never been a more critical time” to address mental health.

“By passing this bipartisan and bicameral legislation, lives will be saved,” they wrote.

“For decades, health care professionals have faced greater rates of mental and behavioral health conditions, suicide and burnout than other professions, while fearing the stigma and potential career repercussions of seeking care,” the letter continued. “By taking action, you have fulfilled your promise to protect the wellbeing of the millions of frontline health care professionals and proven that you hear their voices.”

The Dr. Lorna Breen Health Care Provider Protection Act seeks to provide health care workers with better access to education and training on preventing stress and burnout. It also enables employers to engage with their workforce on these issues and to provide greater resources and accelerate solutions.

“When we take care of our health workforce, we ensure that patients have optimal care and support and that our health care systems can thrive. Thank you once again for standing up to protect those who care for all of us,” the letter concluded.

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ADASRI develops probe for detecting temperature, pH changes associated with gum disease

TECHNOLOGY COULD LEAD TO EARLIER DIAGNOSES

BY MARY BETH VERSACI

A probe developed by scientists with the American Dental Association Science & Research Institute could help dentists detect gum disease earlier by simultaneously measuring the temperature, pH and depth of periodontal pockets.

The researchers created temperature and pH sensors on the end of disposable, 3D-printed periodontal probe tips with dimensions and features similar to commercially available probes. The tips can be inserted into a reusable handheld body system containing electronics and software capable of signal processing, power control, display and wireless data transfer. The disposable probe tips and wireless body system are designed to be portable and easy to use chairside.

In their study titled “Multifunctional Periodontal

Probes and Their Handheld Electronic System for Simultaneous Temperature, pH, and Depth Measurements,” the researchers found the sensors could measure temperature and pH differences between healthy and inflamed periodontal sites within seconds, providing

quantifiable information to detect disease activity. They tested the response and precision of each sensor in solutions of varying temperature and pH, representing the physiological range of the oral cavity.

These measurements could reveal early signs of inflammation that current methods relying on visual signs of inflammation or tissue loss, such as probing and radiography, may not identify, thus minimizing the potential tissue damage caused by periodontal disease.

“The current version of the developed probe can measure not only the pocket depth that manual probes can measure, but also the physiological values — temperature and pH — inside the pocket that can be used as an aid in the diagnosis of periodontal disease,” said Shi-nae Kim, Ph.D., a manager in the ADASRI Lab of Oral and Craniofacial Innovation and one of the authors of the study, which was published in February by the Journal of The Electrochemical Society.

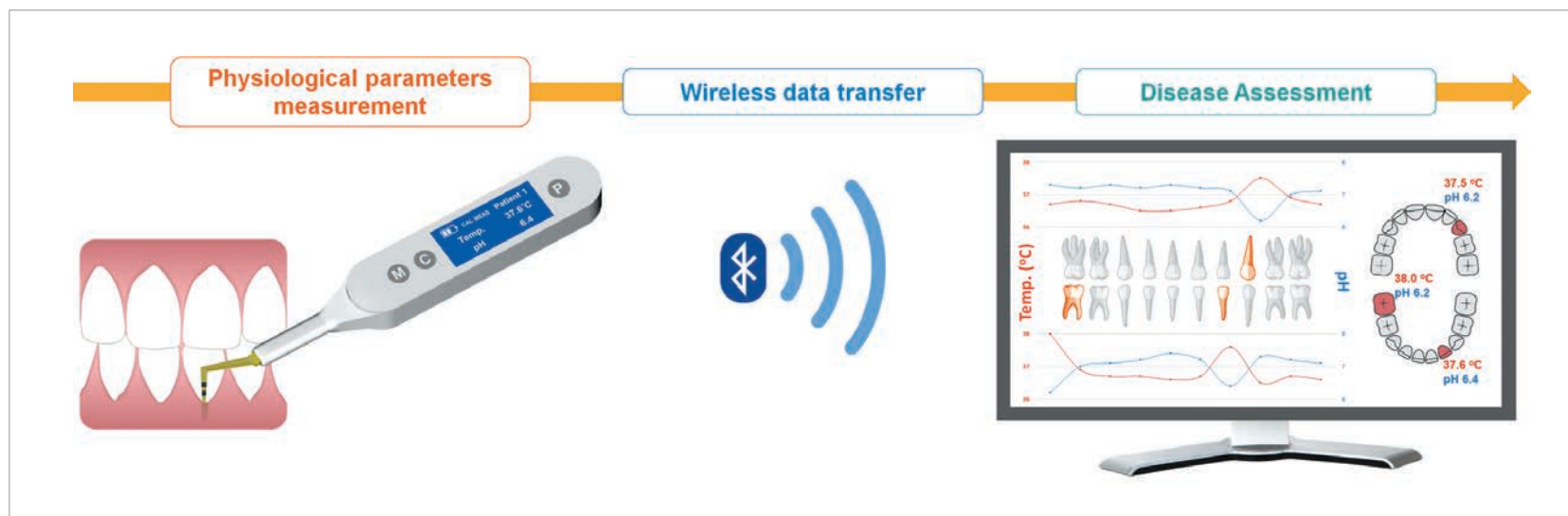
One potential limitation of the probe system

is that intraoral temperature and pH measurements may be susceptible to food intake and residues, time of day, smoking habits, tooth location, gender, and other dental conditions, such as root caries. However, the system is designed to record data over time, so changes in an individual patient’s baseline values could be tracked to help control for these factors.

The scientists’ goal is to integrate biosensors on the probe tips that can measure biomarkers associated with periodontal disease. Their probe system could provide simultaneous measurements of a variety of biomarkers at specific gingival sites.

“If the biosensors are successfully integrated on the probes, it is expected that changes in the amount of biomarkers related to periodontal disease can be easily measured only by probing in the clinic,” Dr. Kim said. “This will contribute to shortening the time of diagnosis and prognosis of periodontal disease and improving the accuracy.” ■

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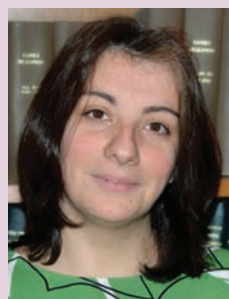
Chairside: This graphic shows how dentists could use a probe developed by scientists with the ADA Science & Research Institute to measure the temperature, pH and depth of periodontal pockets, transmit the measured values wirelessly, and store and analyze the data. The graphic appears with “Multifunctional Periodontal Probes and Their Handheld Electronic System for Simultaneous Temperature, pH, and Depth Measurements” in the Journal of The Electrochemical Society.

ADASRI collaborates with NIST to create artificial blood vessels to study effects of fluid flow on tissue

Research could be used to examine how experimental gum disease drugs affect vessel elasticity

BY MARY BETH VERSACI

Researchers from the American Dental Association Science & Research Institute and National Institute of Standards and Technology collaborated to study how fluid flow affects the mechanical properties of biological tissue, including its elasticity and permeability.



Dr. Alimperti

The scientists 3D-printed small devices called microfluidic chambers that contained channels through which tiny quantities of fluid could flow and then passed human endothelial cells through the tube-shaped channels. The cells adhered to the walls of the channels, forming artificial blood vessels about the size of a large capillary with sides as thick as a single endothelial cell.

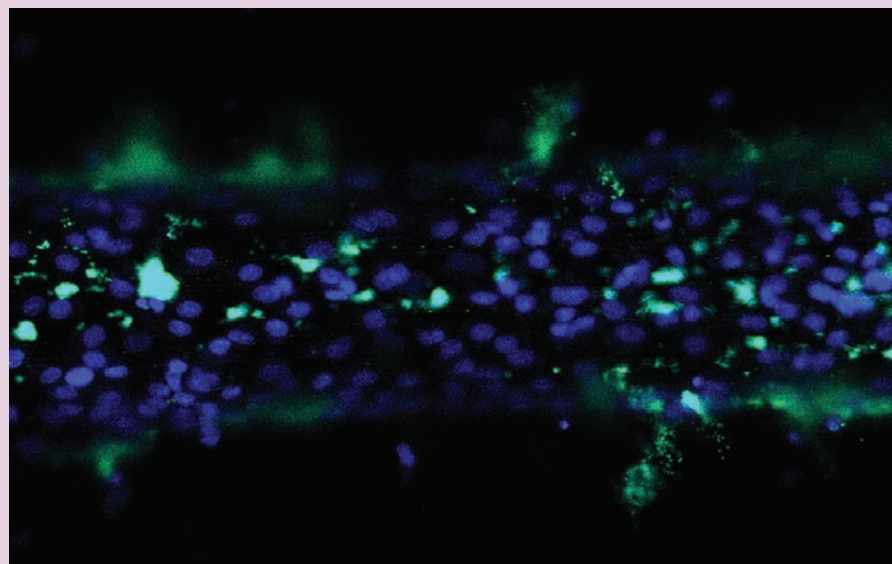
The researchers then pushed fluid through the channels and used fluorescent dye to track the resulting flow, capturing the process with a 3D confocal microscope. Their study showed the fluid particles could leak through the cell layer or get trapped in small pores.

This research could be helpful in understanding the effects of drugs on blood vessels, as well as how tissue resists inflammation, how capillaries can regulate blood pressure and how tissue can act as a protective physical barrier.

“In the future, we could use these microfluidic chambers to study the way experimental drugs for treating gum disease affect the elasticity of blood vessels,” said Stella (Styliani) Alimperti, Ph.D., a project leader with the ADASRI who worked with NIST on this study.

“Blood Vessel-on-a-Chip Examines the Biomechanics of Microvasculature” was published in November 2021 by the journal Soft Matter. ■

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Fluid flow: This image captured with a 3D confocal microscope shows how fluid particles dyed green move through the artificial tissue. The blue dots represent central nuclei in the endothelial cell layer. The study demonstrated the fluid particles could leak through the cell layer or get trapped in small pores. This research could be helpful in understanding the effects of drugs on blood vessels.

ACE Panel report examines how dentists assess overall patient health, work with medical colleagues

Most dentists obtain medical histories, collect vital signs

BY MARY BETH VERSACI

Most dentists obtain and use their patients' medical histories and collect their vital signs, but how often they take these assessments and how they use them vary, according to an ADA Clinical Evaluators Panel report published in the April issue of The Journal of the American Dental Association.

or their team members ask about changes to medical histories, 66% ask about updates to medication lists, and 33% ask about visits with other health care providers. At initial visits, dentists typically discuss and

review histories, but in subsequent appointments, dental assistants or hygienists often complete this task.

Eighty-five percent of dentists said they routinely collect some combination of pulse,

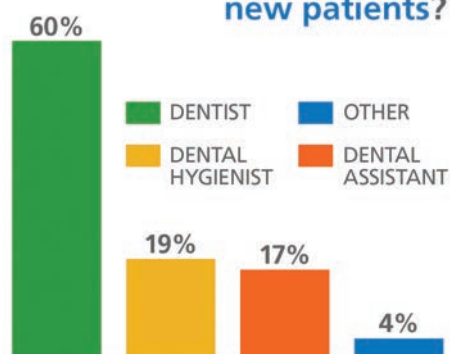
temperature, respiratory rate, blood pressure and pulse oximeter reading at appointments, and of those dentists, 57% collect at least one vital sign for every patient at every visit.

"Dentists routinely take blood pressures, update patients' medications and their medical history, and provide dental treatment for medically complex patients, including cancer patients," Dr. Villa said. "These represent some of the many efforts the dentists perform to improve the general health of patients."

Heart and blood conditions are the chronic conditions being monitored by the most dentists,

See ACE, Page 10

Who discusses/reviews the medical history with new patients?



ACE Panel: At initial dental visits, dentists typically discuss and review patients' medical histories, but in subsequent appointments, dental assistants or hygienists often complete this task, according to an ACE Panel report published in the April issue of The Journal of the American Dental Association.

"Mounting evidence over the years shows that poor oral health is associated with a variety of systemic conditions, for example, diabetes mellitus, cardiovascular diseases and hypertension," said Alessandro Villa, D.D.S., Ph.D., one of the report's co-authors and a member of the ADA Council on Scientific Affairs. "In addition, poor oral health leads to increased general medical costs. We chose this topic to better understand what role dentists currently play in the management of their patients' chronic diseases."

“

We chose this topic to better understand what role dentists currently play in the management of their patients' chronic diseases.

– Alessandro Villa, D.D.S., Ph.D., ADA Council on Scientific Affairs

The report, which includes the responses of 258 ACE Panel member dentists, found more than 90% of dentists obtain and use patients' medical histories, medication lists and interviews. At every dental visit, 75% of dentists

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April JADA finds more than 1 in 5 US adults have untreated caries

People of lower socioeconomic status at disproportionately high risk

BY MARY BETH VERSACI

More than 1 in 5 U.S. adults have untreated caries, and those with a family income at or below the poverty threshold are at a disproportionately high risk of being part of that group, according to a study published in the April issue of The Journal of

the American Dental Association.

The cover story, "Update on the Prevalence of Untreated Caries in the US Adult Population, 2017-2020," used data from the 2017-2020 National Health and Nutrition Examination Survey to derive estimates for untreated caries prevalence in the U.S. adult population. Author Nasir Zeeshan Bashir, B.D.S., a research fellow in the University of Bristol School of Oral and Dental Sciences in

England, conducted subgroup analyses to assess how the disease was distributed among population subgroups and how the epidemiology differed between coronal and root caries.

The study found the prevalence of untreated caries to be 21.3%, based on a weighted sample representative of 193.5 million U.S. adults.

See JADA, Page 11



ACE continued from Page 9

followed by cancer, precancer or other neoplastic conditions. More than 90% of dentists treat people who are either actively undergoing cancer treatment or are in remission from cancer, and 84% refer patients to another health care provider for at least one of the most common oral complications associated with cancer treatment.

Nearly half of dentists said they perform risk assessments for all patients. On average, dentists said they refer 12% of their patients to another health care provider in a typical week, and 54% routinely refer medically complex patients to specialty practices or dental schools.



Dr. Villa

"Almost 50% of the respondents performed risk assessment evaluations on all of their patients. This is a step in the right direction," Dr. Villa said. "Dentists play a major role in

the overall health of their patients and often refer and interact with physicians from other specialties in a patient-centric approach."

Dentists can view the entire ACE Panel report online and download the PDF at JADA.ADA.org.

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

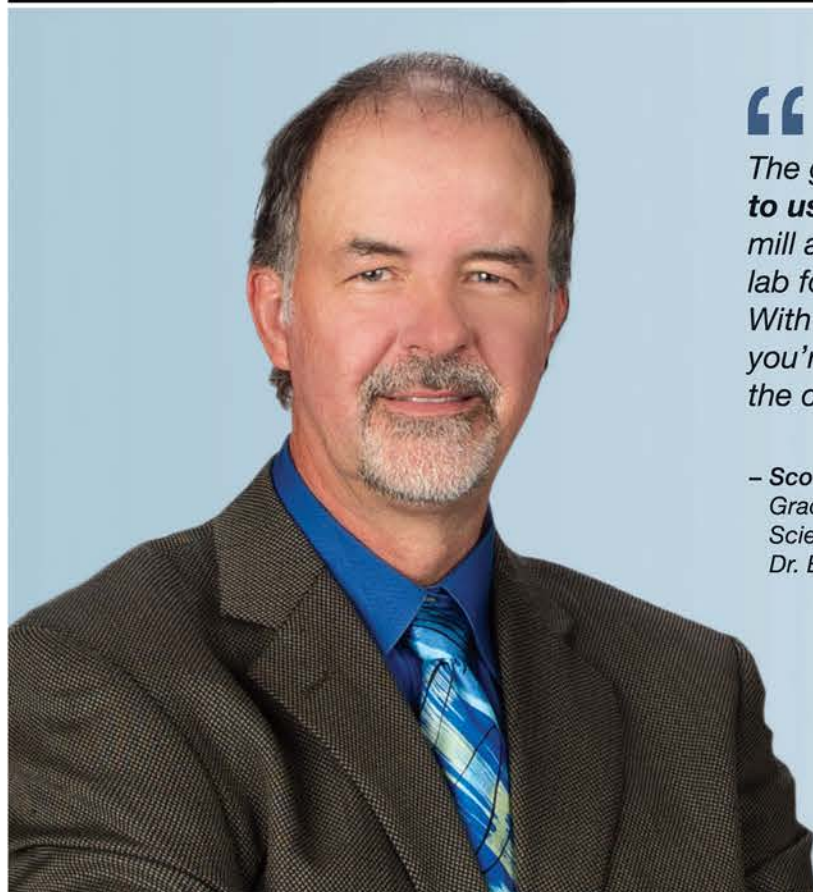
The reports offer ADA members a way to understand their peers' opinions on various dental products and practices, providing insight and awareness that can benefit patients and the profession.

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

To learn more or join the ACE Panel, visit ADA.org/ACE. ■

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E-cigarette temperature may affect oral health by changing properties of inhaled aerosols

HIGH HEAT MAKES AEROSOLS MORE VISCOUS, YELLOW

BY MARY BETH VERSACI

Using a high heat setting on an e-cigarette can alter the physical and chemical properties of the inhaled aerosol, potentially causing oral health risks, according to a study by researchers from the ADA Science & Research Institute.

"Effect of Heating on Physicochemical Property of Aerosols during Vaping," published in February by the International Journal of Environmental Research and Public Health, examined how four common power settings on modifiable e-cigarettes affected the mass, pH, viscosity, color and metal contents of the aerosol, finding many of those factors increased at high power.

The study showed both the aerosol mass and nicotine content increased, while the pH remained constant regardless of the applied power. High power led a viscous component of the e-cigarette liquid to aerosolize, causing the inhaled aerosol to become more viscous, and it also made nicotine more prone to oxidation, resulting in the color of the aerosol turning yellow.

E-cigarette aerosols can contain various metals, including aluminum, arsenic, cadmium, chromium, copper, iron, magnesium, nickel, lead and zinc. These metal components proportionally increased with the power setting but still remained below the recommended exposure limits.

"Our recently published study shows that



Dr. Kim

the heating conditions of e-cigarettes can affect the user's oral and respiratory systems by changing the physicochemical properties of the aerosol, especially the metal content in the aerosol," said Shinae Kim, Ph.D., a manager in the ADASRI Lab of Oral

and Craniofacial Innovation, who conducted the study with Taejun Ko, Ph.D., a postdoctoral research scientist with the ADASRI. "Although the study focused on observing the properties of aerosols, some indirect information related to oral health can be obtained."

Health risks include the possibility of oral burns, as the authors found that hot aerosols can heat the e-cigarette mouthpiece to temperatures that can cause burns to the oral epidermis. Another is tooth discoloration potentially caused by the inhaled aerosol becoming more yellow.

"The third is a sticky aerosol. As the vaping temperature increases, the proportion of glycerin in the aerosol increases, making the aerosol more viscous and likely to remain on the teeth for a long time," Dr. Kim said. "Among these three possibilities, a follow-up study is being conducted to quantitatively analyze the effect of high-viscosity aerosol on dental caries."

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JADA continued from Page 10

Caries was most prevalent in those with a family income to poverty ratio of less than 0.5 or 0.5-1.0, as well as men, those aged 30-39 and 40-49, those of other or non-Hispanic Black race or ethnicity, those with an educational attainment less than high school graduation, those who did not have health insurance, and those who were underweight or obese. The prevalence of coronal and root caries was 17.9% and 10.1%, respectively.

"There is a substantial unmet health care need in the U.S. adult population for the prevention and management of untreated caries, and public health efforts should aim particularly to address disease within those subgroups who are at a disproportionately high risk," Dr. Bashir said in the study.

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

Other articles in the April issue of JADA discuss the effectiveness of aerosol reduction strategies, tobacco smoke exposure and children's oral health, and outpatient dental visits during the COVID-19 pandemic.

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

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ADA spotlights resources to help in hiring process

ASSOCIATION KEEPING EYE ON NATIONWIDE DENTAL STAFFING SHORTAGE

BY DAVID BURGER

Editor's note: This is the latest story in the ADA News series Focus on Workforce that seeks to alleviate the nationwide difficulties of recruiting, training and retaining valuable members of the dental team.

The COVID-19 pandemic resulted in a voluntary reduction of the U.S. dental hygiene workforce by about 3.75%, or about 7,500 dental hygienists, according to updated research from the ADA and the American Dental Hygienists' Association.

The new research is hard to ignore, said Allison B. House, D.M.D., chair of the ADA Council on Dental Practice's Practice Management Subcommittee and owner of House Dental in Scottsdale, Arizona.

"The dental team is the foundation of your office and a reflection of how successful your office is," she said.

The ADA Health Policy Institute's recent Economic Outlook and Emerging Issues in Dentistry poll shows that openings for all dental team positions are on the rise again.

Whether it is a first hire, or the dentist is a seasoned expert, hiring can be more of an art than a science.

But with the ADA's help, there is a lot a dentist can do to improve the chances that a new hire can be someone likely to be successful in the practice and on the team.

"The hiring and interview process involves many steps and, in order for it to proceed smoothly, a clear picture of the person you want and what exactly their role will be needs to be made before each candidate comes in to talk about the position," said Dr. House. "The ultimate goal is to find someone who will click with your current team and who puts patient care first. It's up to you to create a winning culture so your team can thrive."

Resources for member dentists from the ADA are available online at [ADA.org/dentalstaff](https://ada.org/dentalstaff) as well as through ADA CE Online and the ADA Catalog, including:

- Avoid the Top 10 Hiring Mistakes.
- The dental hiring challenge (a Beyond the Mouth podcast episode).
- ADA's Guidelines for Practice Success: Managing the Dental Team (ADA Catalog).
- Dental Team Staff Recruiting: The Interview Process.
- The Members of the Dental Team: Position Overviews.
- Recruiting: Working Interviews vs. Skills Assessments.
- The ADA Practical Guide to Creating and Updating an Employee Policy Manual (ADA Catalog).
- Dental Team training courses (ADA CE Online).

In addition to providing resources on hiring and interviewing and training staff, the ADA is addressing difficulties with the recruitment and retention of allied dental professionals at the federal level.

In a letter to the Senate Committee on Health, Education, Labor, and Pensions in regards to its

February 2022 hearing titled Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce Shortage, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., asked lawmakers to increase the authorized funding level for the Oral Health Workforce Development Program, part of the Public Health Act.

According to the letter, in August 2021, 90% of dentist owners reported that, compared to before the pandemic, it is extremely or very challenging to recruit dental hygienists, with

85% of dentist owners finding it extremely or very challenging to fill dental assistant positions when compared to before the pandemic.

"These difficulties in the recruitment and retention of dental workforce threaten both

Focus on WORKFORCE



the health of dental practices and the health of American patients who rely on an adequate dental workforce for access to oral health care," they wrote. "In fact, 40% of dentist owners said that vacancies in their offices are limiting their practice's ability to see more patients."

"The nation's dentists greatly appreciate the

support Congress has already provided, and is grateful for your continued support of the dental profession during these trying times," the letter continued. "We look forward to working with you to address oral health workforce shortages both during the current emergency when problems are so acute, and in the future as we seek to ensure dental practices are able to sustain and expand patients' access to oral health care."

To keep up with ADA's ongoing advocacy efforts, visit [ADA.org/advocacy](https://ada.org/advocacy).

For support with recruiting, hiring and training your dental team, visit [ADA.org/dentalstaff](https://ada.org/dentalstaff). ■

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• Barnsdale Dental Lab
• Surber & Wynne Bridge
• MMS Esthetics Inc
• Jacobson Dental Lab
• Identical Dental Lab
• Star Dental Laboratory
• Weller Family Dentistry
• Alamo Prosthodontics
• Clear Dental Lab LLC
• Dental Aesthetic Studio PC
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• Myot Dental Studio Inc
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• Oak View Dental Lab
• Golden Dental Laboratory
• Matrix Full Service Dental Lab
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• Midtex Dental Lab
• Cosmetic Dental Associates
• Misc Sales - House Account
• XL Dent Laboratories LLC
• Chic Dental Studio
• Arizona Esthetics
• Astro Dental Art Ltd
• Harrisons Dental Lab
• Doca Group
• Frontier Dental Lab
• Distinctive Dental Studio Inc
• H & R Dental Studio
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• Obdulla Rondon DDS
• Gemini Ceramics
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• Exceptional Dental Arts
• Legacy Dental Arts

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• 3D Dental Lab
• Renaissance Dental Lab
• KH Dental Lab
• Rite Bite Denture Clinic
• Patriot Dental Laboratory Inc
• Roberta's Crown & Bridge
• Valley Dental Arts
• Bio Aesthetics
• M&D Dental Arts
• Innovative Dental Technologies
• Cosmetic Advantage Inc
• Innovative Dental Laboratory
• Evolution Studio Dental Ceramics
• Inm Dental
• Captive Dental Arts
• Soler Ceramics
• Apex Dental Lab
• Uni Dental Studio
• Masco Esthetics Dental Lab
• Star Mark Dental Group
• Qualident Dental Lab LLC
• Synergy Ceramics
• Dentissimo Lab Dent
• Apex Dental Milling
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• Esthetic Dental Designs
• Bonnell Laboratories Ltd
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• Myot Dental Sciences LLC
• Huddy's Dental Lab LLC
• Triway Dental
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• Associated Dental
• The Rosenthal Group
• Innovative Aesthetics Dental Lab
• Cypress Dental Lab
• Louisiana Dental Implant Lab
• Precious Art Dental Lab
• D Dental Creations
• McDonald ACH Rm J22
• Grandpas Dental Care
• Bobby's Lab
• Ink Dental Studio
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• Premier Dental Arts Studio
• Digital Dental Leaders
• ARM Dental Lab
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• Biggs AFLD Dental Clinic #2
• Deane Hill Dental Lab
• PDL Dental Lab
• Cypress Dental Studio
• Whitley Dental Laboratory
• E-V Dental Lab Inc
• Whitecap Institute
• All Dental Inc
• Diamond Head Dental Lab LLC
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Research brief: Demand for restorative care varies by patient age

BY DAVID BURGER

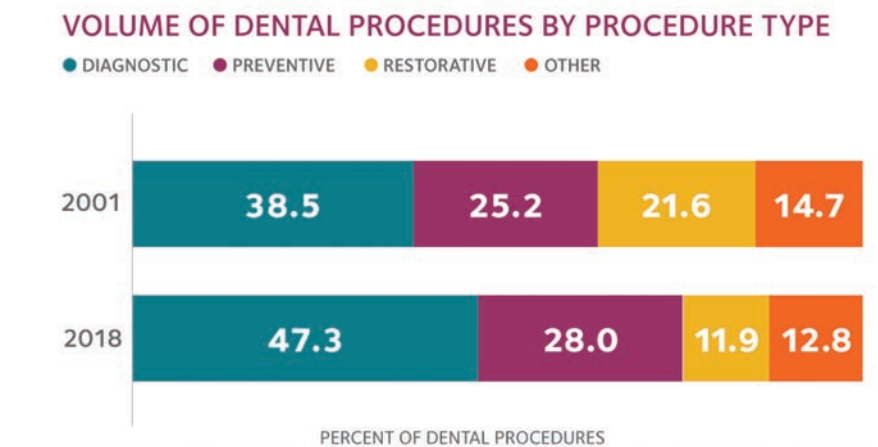
Understanding patients' evolving dental needs as they age can inform providers and policymakers on how dentistry can best meet the evolving demand for care, according to a new research brief from the ADA Health Policy Institute.

The brief, "Demand for Restorative Dental Care Varies by Patient Age," examines the use of restorative dental procedures by patient age in order to find trends in demand across a patient's lifespan.

This is especially important as dentistry evolves away from restorative procedures towards preventive care, said brief author Albert H. Guay, D.M.D., the ADA's chief policy advisor emeritus.

Dental insurance claims data from 2005-2017 indicated that utilization of restorative procedures peaks in early adolescence and middle age, while utilization of restorative procedures is lowest in early adulthood.

According to Dr. Guay, because prevention leads to lower oral disease rates and thus reduced demand for restorative care, providers and policymakers should understand that



dental care needs tend to be age-specific and should be reflected in dental benefits and treatment plans.

This brief provides information for dentists to be able to identify target audiences for marketing and promotional efforts that have the greatest potential for growth and development, Dr. Guay added.

Educational programs could also benefit from this knowledge while planning curriculum, he said.

Further, the age distribution of a dental practice's patient base is key to assessing the practice's value and potential for growth in terms of future gross practice revenue, Dr. Guay wrote.

Brittany Harrison, HPI coordinator, research and editing, and former HPI analyst Andrew Blatz co-authored the brief. ■

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Changes in dentist demographics, practice modalities accelerating

HEALTH POLICY INSTITUTE RELEASES LATEST WORKFORCE DATA

BY KIMBER SOLANA

The dentist workforce is getting younger, more likely to be female and more likely to be non-white, according to the latest data from the ADA Health Policy Institute.

The findings reported in the webinar, "The Changing Dentist Workforce," also found that the prevalence of solo practices is rapidly decreasing, and fewer dentists own their practice.

"We are about to see a de-aging of the dentist workforce," said Marko Vujicic, Ph.D., HPI chief economist and vice president, during a

March 9 webinar to present the findings. "In the next five years, there's going to be a big exodus of the baby boomer dentist population."

And behind that exodus is a surge of younger dentists in the workforce.

That changing demographic of practitioners, along with other factors such as the COVID-19 pandemic, are only accelerating a shift on practice modality, with solo practices continuing to decrease while groups and dental support organizations continue to increase.

"[The pandemic] has had an acceleration

effect," Dr. Vujicic said. "It's thrown gas on embers that were underneath that are now front and center."

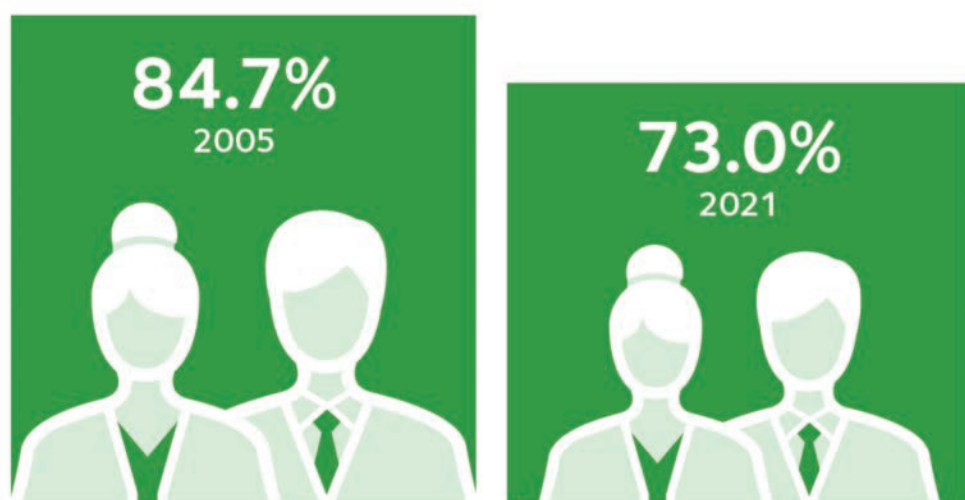
Other key findings by HPI include:

- The number of dentists per capita remain stable at 60.8 dentists per 100,000 in 2021. However, that's projected to increase beginning in 2025 through 2040 at 67 dentists per 100,000 population.
- The average age of dentists in 2021 was 49 years old, down from 49.3 in 2020 and from a peak of 50 in 2014.
- Gender parity is predicted to reach the dentist workforce in 2040, as more women continue to pursue dentistry. Women made up 20% of the dentist workforce in 2005; 34.5% in 2020.
- 69.1% of the dentist workforce in 2021 were white, down from 83.2% in 2001.
- Asians and Hispanic or Latino dentists continue to increase. About 18.5% of dentists in 2021 were Asian, up from 9.7% in 2001; and about 6.1% were Hispanic or Latino, up from 3.5% in 2001. Black dentists were 3.9% of the dentist workforce in 2021, up from 3.3% in 2001.
- Practice ownership continues to decline, from 84.7% in 2005 to 73% in 2021.
- Percentage of private practice dentists in solo practice also continues to decline at 46.2%, down from 66.5% in 2001. While a decrease in the prevalence of solo practices is seen among all dentists, the trend is pronounced among younger dentists.
- 10.4% of U.S. dentists were affiliated with dental service organizations in 2019, up from 8.8% in 2017. Meanwhile, the percent of dental school seniors entering private practice who plan to join a DSO increased from 12% in 2015 to 30% in 2020.

"There's a huge generational divide in the workforce in the U.S.," Dr. Vujicic said during the webinar. "The generational divide will have implications on the practice model."

To learn more about the changing dentist workforce or watch a recording of the webinar, visit [ADA.org/HPI](https://ada.org/HPI). ■

DENTISTS' PRACTICE OWNERSHIP IS DECLINING



HPI: Majority of dentists maintain mask requirements

BY KIMBER SOLANA

Two-thirds of dentists in the country required patients to wear a mask in the waiting area in March, according to the latest wave of the ADA Health Policy Institute's Economic Outlook and Emerging Issues in Dentistry poll.

In addition, most dentists required both clinical and nonclinical staff, 70% and 62% respectively, to mask continually throughout the workday.

The poll also found that masking requirements for patients in waiting areas and for clinical and nonclinical staff in the practice were more common in urban than in rural settings.

Other results from the poll, which involved more than 1,900 respondents, included:

- Dental practices have gotten busier since January. Schedules were 88% full on average in March, up from 83% in February and 77% in January. Patient cancellations remained the most common reason for not having a full schedule.
- Dental team recruitment needs eased up slightly in March. One-third of dentists had recently or were currently recruiting dental hygienists and 38% had recently or were currently recruiting dental assistants. The level of difficulty with recruiting these positions has remained relatively stable.
- Fewer than 3 in 10 dentists are confident in the U.S. economic recovery, though the majority remain at least somewhat confident in their practice's and the dental sector's recovery.

The mask requirement findings come after the ADA released new resources to help dental practices make informed decisions and facilitate conversations about the Centers for Disease Control and Prevention's latest public indoor masking recommendations.

According to the resource, the CDC on Feb. 25 revised its mask recommendations, indicating that indoor masks are no longer necessary for most individuals in areas with low COVID-19 community levels. It recommended that communities should take into account three different metrics — new COVID-19 hospitalizations, hospital capacity and new COVID-19 cases — to determine its risk level and masking guidance.

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 or to read the full monthly reports, visit [ADA.org/HPIpoll](https://ada.org/HPIpoll). ■

Code Maintenance Committee approves updates in six CDT Code categories

NEW DIAGNOSTIC IMAGING AND VACCINATION PROCEDURE CODES HIGHLIGHT CHANGES TO BE SEEN IN CDT 2023

BY DAVID BURGER

The Code Maintenance Committee approved updates to six CDT Code categories at its March annual meeting that include seven COVID-19 vaccination codes, six diagnostic imaging codes and codes for the administration of human papillomavirus vaccinations.

While the CDT Code set already includes COVID-19 vaccination codes from previous years, this is the first time the HPV vaccine administration receives a code designation, said L. King Scott, D.D.S., chair of the Code Maintenance Committee.

"The committee's role is to ensure that the CDT code satisfies the needs of the entire dental community — including dentists and third-party payers — which is why the process is open to maintenance requests from anyone," said Dr. Scott.

In all, the committee approved the addition of 29 new codes, as well as 14 revisions and two deletions.

The newly approved COVID-19

vaccination codes are effective immediately, meaning they are officially part of the CDT 2022 code set. Other CDT Code actions approved during the meeting will be in CDT 2023, which goes into effect Jan. 1, 2023.

The other Code actions approved by the committee include:

- Six diagnostic imaging codes for tomosynthesis, an emerging intraoral imaging procedure for capture of a comprehensive radiographic survey, as well as bitewings and periapicals.
- Six guided tissue regeneration procedure codes that enable documenting delivery to a natural tooth, an implant, or an edentulous area; whether delivery involves placement of a resorbable or non-resorbable membrane; plus a new code to separately document removal of the non-resorbable membrane.
- Four new codes to document 3D dental and facial surface scanning procedures: direct when the patient is present, and indirect when a physical model, such as a diagnostic cast, is involved.
- Revisions to nomenclatures or descriptors of various codes in periodontics, oral and maxillofacial surgery, orthodontics and adjunctive general services to clarify the nature and scope of the procedure.

"There are two noteworthy current code revisions," said Dr. Scott. "The D0210 code no longer specifies the number of images captured for this procedure to be reported; the type and number of images needed for a comprehensive survey is determined by the dentist. This change addresses complaints that the specified number sometimes influenced third-party payer reimbursement decisions."

The second notable revision concerns D4355, the full mouth debridement procedure code. According to Dr. Scott, "D4355's nomenclature and descriptor changes recognize that for some patients it might be appropriate and necessary to complete a comprehensive oral evaluation on the same day as a gross debridement. However, a more thorough periodontal diagnosis and charting may only be possible after tissue healing following debridement. The revision to D4355 allows for some diagnosis and treatment on the



Dr. Scott

same date of service, an especially important option for patients who travel long distances for their dental care."

"Keep on the lookout for D0210 and D4355 coding guides to be published before CDT 2023 is effective," he added.

The CDT Code is on an annual maintenance cycle and information about the process and submission of action requests is posted online at ADA.org/cdt. The ADA Council on Dental Programs established the committee.

Educational and reference information on CDT Code use and additional information about COVID-19 procedure codes, is available at ADA.org/en/publications/cdt/coding-education. ■

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DSOs offer nonclinical support

Editor's note: This is the second article in a series that celebrates the diversity of career paths in dentistry and the Association's efforts in supporting dentists' career choices in the profession.

BY JENNIFER GARVIN

Corey Inboden, D.D.S., was working as an associate dentist when COVID-19 changed everything.

With a new baby on the way and so many uncertainties in the world, the 2016 graduate from the University of Tennessee Health Science Center College of Dentistry began looking for jobs in his hometown of Fayetteville, Arkansas. He found an opportunity there at Rock Family Dental.

The office is part of a dental practice entity that is supported by Rock Dental Brands, a dental support organization started by dentists that provides support to general dentists and dental specialists.

"It's been great," said Dr. Inboden, a general dentist who joined the team in November 2020. "I have the autonomy to practice the way I want. With Rock Dental Brands' support on the day-to-day business operations, I am able to focus on treating patients while having the freedom to be as involved as I want to be on administrative decisions."

More commonly known as DSOs, dental support organizations are entities that dental practice owners contract with to manage the administrative, marketing and/or business sides of that dental practice. They come in many shapes and sizes, may be locally or nationally branded, and are either privately held or partner with private equity firms that furnish the necessary capital to provide infrastructure, recruitment tools, advanced technology, and administrative support functions.

"The dental support organization model traces

back more than 40 years," said Andrew Smith, executive director, The Association of Dental Support Organizations, or ADSO, whose 80 member companies support more than 11,000 dentists. "DSOs have grown globally because the support services they provide to dental practices enable those dental practices to focus exclusively on providing care to their patients."

DSO-supported practices are now considered one of the fastest growing practice models in dentistry. The ADA Health Policy Institute estimates that as solo practices become less common, more dentists will gravitate toward large group practices. According to HPI's most current data, more than 10% of all dentists were affiliated with a DSO in 2019. That number is very likely



Dr. Ghazal



Dr. Inboden

higher today. The percentage of dental school seniors who plan to join a DSO-supported practice also increased from 12% in 2015 to 30% in 2020, according to the 2020 American Dental Education Association Survey of U.S. Dental School Seniors.

"Given the high level of student debt many new graduates tend to carry, DSO-supported practices provide an option to start practicing with lower startup costs while receiving support for the administrative side of the business," Mr. Smith said. "These organizations are inherently structured to provide dentists, at any stage of their career, access to peer support and mentoring. As we all know, the ability to learn from each other is good for the profession — no matter where it happens."

"Diversity and Inclusion are two core values of the ADA, and that extends to practice modalities," said ADA President Cesar R. Sabates, D.D.S. "Whether you're a private practice dentist, a dentist who is supported by a DSO, an educator, researcher, in the military, a public health dentist or working elsewhere in the dental industry ... whatever your career path, the ADA is your professional association. There's a place for you at the

and hours has given him peace of mind, especially during the pandemic.

Pathways to dentistry

ADA, and we welcome you. Everyone's voices, contributions and perspectives matter."

FREEDOM AND SUPPORT

Like many new dentists, Dr. Inboden first learned about DSOs during dental school. Although he began his career working at a private practice, the transition to working for a practice model that offered guaranteed pay



and hours has given him peace of mind, especially during the pandemic.

"I'm able to choose which labs I want to work with, what materials I want to use, what procedures I want to do," he said. "I'm also able to have the freedom to be as involved as I want to be on the administrative side of things with things like hiring decisions and budget and supplies."

Dr. Inboden added that he was surprised and appreciative of how much support he has received on the nonclinical parts of the job.

"We have a team that's committed to marketing and advertising, a team that's committed to payroll, and another that's committed

to overhead and budget and supplies," he said.

Supporting doctors is one of the chief goals of all DSOs, according to Arwinder Judge, D.D.S., chief clinical officer, Aspen Dental.

"Our model is unique. We have a centralized group that supports doctors and their dental care teams, yet each practice is independently owned and benefits from belonging to the largest group of branded dental practices in the country," Dr. Judge said.

THE MENTORING EFFECT

Another benefit of a DSO is mentorship opportunities. As a new dental graduate in 1990, Carolyn Ghazal, D.D.S., was looking for two things.

First and foremost: She wanted a job. But not just any associateship would do.

Fresh from the Loma Linda University School of Dentistry and packed with knowledge, Dr. Ghazal was also looking for an experienced dentist who could help bring her clinical skills to life beyond the classroom. She came across an ad in the LA Times which led her to

the practice of Stephen Thorne III, D.D.S., who hired her after doing a working interview.

In Dr. Thorne, Dr. Ghazal found the mentorship she was seeking. He also helped her enhance her hand skills, including crown and bridge, root canals and dentures.

After working for Dr. Thorne for a few years, Dr. Ghazal became the first dentist to be supported by Pacific Dental Services, or PDS, which was founded in 1994 by Dr. Thorne's son, Stephen Thorne IV.

"I loved having the ability to own my practice and still have a senior partner for the clinical

See DSO, Page 20

DSO 101: What is a dental support organization?

More commonly known as DSOs, dental support organizations are entities that dental practice owners contract with to manage the administrative, marketing and/or business sides of that dental practice. DSOs vary in size and structure, and they exist in every state, and even internationally. DSOs do not provide patient clinical services. All patient clinical services are provided by, and under the direct supervision of, licensed dentists. Rather, DSOs concentrate on providing the business and other non-clinical support needs of the dental practices. By supporting the business and other non-clinical needs of dental practices, DSOs allow dentists to focus on delivering patient care.

Q: What are the main types of DSOs?

A: There are many different examples of DSOs that in turn support many different types of dental practices. Some DSOs support practices that are multidisciplinary, while other DSOs concentrate on dental practices that are

focused on a speciality or general practice only. A DSO may support dental practices in one state or in multiple locations across the country.

"At their root, all DSOs provide critical business management and support for non-clinical operations; enabling dentists to focus on delivering dental care," said Andrew Smith, executive director, The Association of Dental Support Organizations or ADSO. "The variations of DSO types come from the different structural ways dentists choose to affiliate their practice. Based on a dentist's specific business needs or the community they serve, a dentist may favor one type over the other."

Q: Are DSOs only for new dentists or those starting out?

A: According to HPI research, more than 10% of all dentists were affiliated with a dental practice supported by a DSO in 2019. About 10% of dentists over the age of 50 and 20% of dentists under age 34 were supported by DSOs.

"It's not just new dentists," Mr. Smith said. "We often see a lot of dentists later in their careers making the switch to DSO-supported dental practices for a multitude of reasons, including wanting more time with patients and family and less business administration. We've also seen many dentists later in their careers choose the DSO-supported model because

there is less financial risk selling their private practice."

Q: What are some advantages to working at a DSO-supported practice?

A: The ADSO notes increased time with patients, practice support and better work-life balance as some of the main advantages to working for dental practices supported by DSOs. Other advantages may include:

- Salary and benefit packages.
- Practice location flexibility.
- Access to cutting-edge dental technology and tools that are usually provided by the DSO.
- Mentoring programs.
- Continuing education.

Q: What are some possible drawbacks?

A: Similar to any group practice, drawbacks may include the following:

- Predetermined hours by the dentist(s) who own the supported dental practice.
- Predetermined accepted negotiated insurance plans, although DSOs typically have personnel who are skilled in negotiating fair compensation for dentists under insurance plans.
- Limited flexibility with time off/vacation.
- Restrictions with contractual agreements.

Q: What are some things to consider before signing a contract?

A: Much the same as with any dental

practice, dental provider contracts are legally binding agreements between a dentist and the dental practice. The ADA fact sheets, Business Services Agreements with DSOs: What Every Dentist Should Know and Compensation as an Employee or Associate Dentist, are free and available for download for ADA members. Among the questions dentists should consider are:

- What is the length of the contract? Does it automatically renew?
- What are the exact hours the dentist will be required to work? Are they all at a specific location?
- Is the position salaried or per diem? What is the range of pay and how is production calculated, i.e. does it factor in lab fees and things of that nature?
- What are the benefits offered? Does it include things such as paid time off or holidays, equipment such as loupes and hearing protection, or reimbursement for organized dentistry dues, state licensing or continuing education?
- Are there any limitations if the dentist leaves the practice? Is there a restrictive covenant in place?
- Is there a path to ownership?

The ADA provides additional resources for dentists to assist them in their careers. For more information, visit [ADA.org/Practice](https://www.ada.org/Practice). ■

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My View

Sustainable Dentistry

BY JENN LEE, D.M.D.

You just tossed an empty tube of toothpaste in the trash. How many times have you thought about where that tube of toothpaste goes? Where do the toothpaste boxes, floss, floss containers, old toothbrushes, toothbrush packaging, whitening strips and whitening strips packaging end up? It is easy to forget the dental waste generated by households. In dental school, it shocked me that a single dental procedure can use more than 30 different items. Most of the products are discarded after the procedure — plastic barriers, single use items, dental materials, personal protective equipment, disposable instruments, sterilization pouches and more. Now think about all the dental waste generated across dental offices, hospitals and millions of households across the U.S. I was proud to restore my patients' oral health, but at the cost of how much dental waste and consumption?

Understanding the interplay between dentistry, environmental impact and human health is still in its infancy, but research from medicine shows that the health care industry contributes to greenhouse gas emissions and climate change, poor air quality, food and water insecurity, extreme weather events, and vector-borne illnesses.^{1,2} Because of the known health consequences of environmental waste, oral health professionals should have an obligation to implement environmentally

sustainable measures. In 2018, I visited leaders in sustainable dentistry in the United Kingdom at the Centre for Sustainable Healthcare and Institute of Dentistry at Queen Mary University of London. I connected with private practices, researchers and leaders in the UK who were defining this unique field within dentistry. The main sources of dentistry's carbon footprint include staff and patient travel, energy, and product procurement.³ One UK private dental practice replaced their vehicle parking spaces with bicycle racks to reduce the carbon footprint of patient and staff travel.⁴ The office was also transitioning to fully electronic systems to reduce paper consumption, a recommendation also recognized by the ADA.⁵ Although implementation of sustainable dentistry practices may look different in suburban America, the concepts of reducing harmful environmental impact to promote human and planetary health remain.

My pediatric dentistry residency training in the hospital setting comes with a whole new set of sustainability challenges: the use of nitrous oxide (a substance that is incredibly beneficial in pediatric dentistry, but significantly increases the carbon footprint of any procedure), challenges with recovering and recycling biomedical waste and the lack of awareness about sustainable health care. A heartening aspect is that other professional organizations, such as the American Society for Anesthesiologists, have acknowledged the importance of environmental sustainability and made steps towards making their practice more environmentally sustainable.⁶ Inhalation anesthetics, such as sevoflurane and desflurane, have substantial greenhouse gas emissions which are significantly increased when administered with a nitrous oxide admixture.⁷ Dentists who utilize nitrous oxide as a behavior management measure should be aware of its environmental impact.

Beyond dentists, dentistry as a field must take action. Dental payment structure must be adjusted to incentivize safely and properly completing adjacent restorations in a single visit to reduce material and travel costs associated with repeat visits. Dental materials companies must identify and mitigate the environmental impact of their products, including harmful and excessive byproducts. Solutions include redesigning products and developing



management strategies for plastic waste.⁸ The FDI World Dental Federation is currently developing a Sustainability in Dentistry Code of Practice to provide the "guidelines and objectives for achieving a sustainable procurement and supply procedure."⁹ Supply chain leaders must be encouraged to commit to these objectives for a sustainable future.

Sustainable dentistry is relatively new, but essential, to oral health and planetary health. As the FDI World Dental Federation works to release guidelines, dental professionals can explore education courses, such as the Sustainable Dentistry course offered by the Centre for Sustainable Healthcare.¹⁰ Although there are many different contributors to the environmental challenges of the planet across all sectors, there is much to learn about the specific harm that the environmental impact of dentistry has on our patients and world. We have a commitment to our patients, our profession, and our planet to prioritize sustainable dentistry.

Dr. Lee is a pediatric dental resident at Nationwide Children's Hospital/The Ohio State University. She founded and led the Sustainability Committee while at the Harvard School of Dental Medicine.

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DSO continued from Page 18

support when I needed it as well," Dr. Ghazal said.

OTHER BENEFITS

The ADSO cites human resources, IT services, payroll and recruiting as among the top benefits offered to dentists working in DSO-supported practices. A DSO may also offer access to advanced technology such as digital X-rays, electronic health records and CAD/CAM systems as well as continuing education and training.

"Our model was created to fill a void in the dental industry that those of us practicing dentistry had requested for a long time," said Sulman Ahmed, D.M.D., chief executive officer, Deca Dental Group. "Through this model those dentists who want to focus on oral health care or do not have the personal capacity to manage a business on top of patient care, can receive crucial support."

Dr. Ghazal said she enjoys having business as well as clinical support. Especially when she started her career.

"Having the business support and not having to worry about payroll, HR, IT and other such business responsibilities gave me more capacity to be able to focus on dentistry itself," she said. "We have what we call The Perfect Patient Experience, or PPE, where we connect with our patients, meet them where they're at in life, educate them [about] what their ideal choices are, and then provide quality dentistry and treatment to help them get healthier."

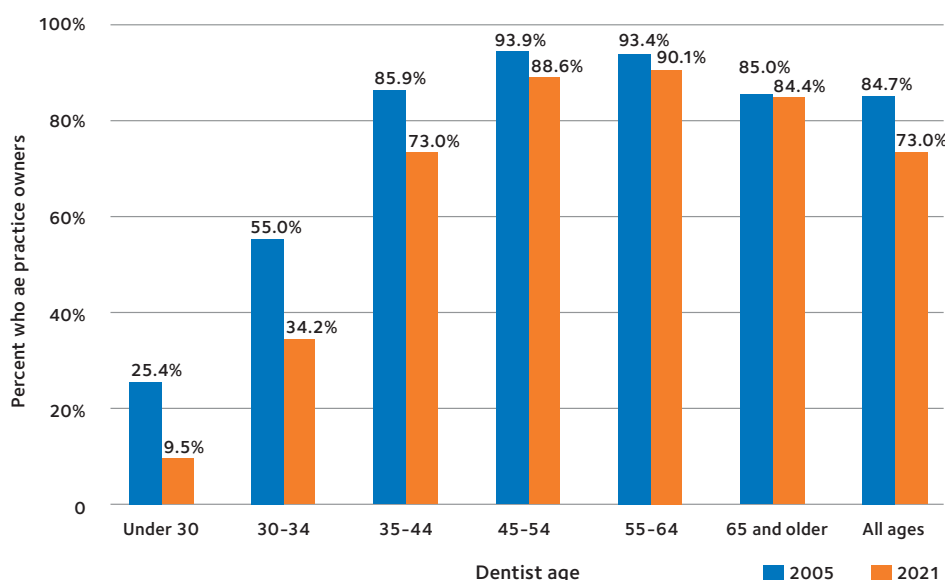
"As dentists, we want to provide the best care to our patients," Dr. Sabates said. "When we unite on the common ground of our passion and purpose, we are primed to build our profession's future together." ■



HPI CORNER

PRACTICE OWNERSHIP BY DENTIST AGE

As of 2021, practice ownership remains highest among older dentists, particularly among the 55-64 age group. Across all the age groups, however, practice ownership has been declining steadily since 2005.



Source: Source: ADA Health Policy Institute, "Practice Ownership Among Dentists Continues to Decline." Infographic. March 2022. Available from: [ADA.org/resources/research/health-policy-institute/dental-practice-research](https://www.ada.org/resources/research/health-policy-institute/dental-practice-research).

Understanding third-party payer contracts crucial for practice success

ADA OFFERS HELP TO DENTISTS THROUGH A MYRIAD OF RESOURCES INCLUDING A FREE CONTRACT ANALYSIS SERVICE

BY DAVID BURGER

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.

There are obligations throughout life that are bound through contracts, whether it be employment, mortgages or even car loan agreements. A good rule for people signing a contract is to read the fine print, and the same is applicable in the dental world.

Participating provider agreements will often explicitly note that the provider manual or processing policies are a separate document incorporated by reference. Payers often retain the right to change these referenced documents any time without the need for a contract amendment. In some cases this right may also apply to changes to the contract language itself.

While some agreements will require plans to communicate these changes personally to participating dentists by regular mail or fax, some agreements may allow plans to use impersonal methods, such as in their newsletters, email blasts or by simply updating the policies on their websites.

"Understanding the details of contracts made between dentists and third-party payers is crucial for dental practice success, especially since these contracts are drafted by payers and may contain terms and conditions that favor the payers' wants and needs over those of dentists," said Kevin Dens, D.D.S., chair of the ADA Council on Dental Benefit Programs. "Therefore, when receiving a dental insurance contract for consideration, it should be read, understood and thoroughly evaluated before determining if signing the contract is a sound business decision."

The ADA also 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.

"It is recommended that dentists do an annual review of their existing participating provider agreements," said Dr. Dens. "If a dentist does not have a copy of his or her signed agreement, the dentist should ask the plan for a copy. 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. As onerous 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."

Dr. Dens said that special attention should be made to clauses that impact a practice's bottom line (i.e., nonbillable and noncovered services, most favored nation, and affiliated carrier clauses) and national processing policies (i.e., bundling, downcoding and least expensive alternative treatment clauses).

ADA online resources on contracts and clauses including an on-demand webinar titled, Understanding PPO Contracts: What You Need to Know, are 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 helpful advice should also consider taking advantage of the free Contract Analysis Service offered by the ADA.

"The Contract Analysis Service is a wonderful member benefit," said Dr. Dens. "It's important to understand the terms of the participating provider contracts you are considering

entering into 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 service provides general information only about the terms of agreements, which is not, nor is it intended to be, a substitute for



legal advice. The service does not provide advice on the merits of a contract and does not recommend whether a contract should or

should not be signed. A dentist should consult his or her own attorney for legal advice pertaining to the agreement submitted for analysis and should exercise independent judgment when deciding whether to sign a contract.

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). ■

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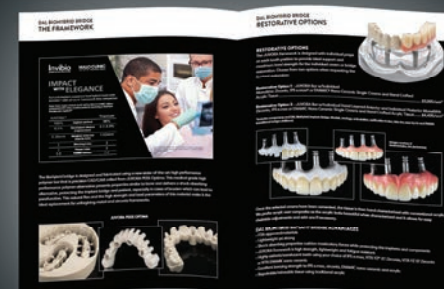


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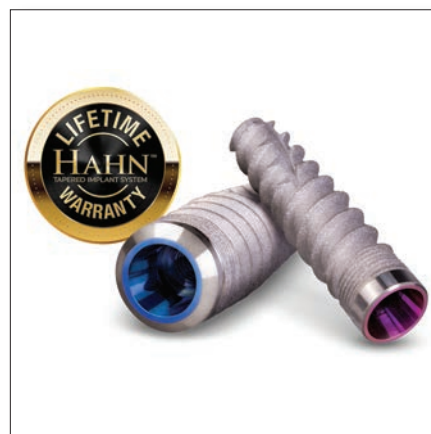
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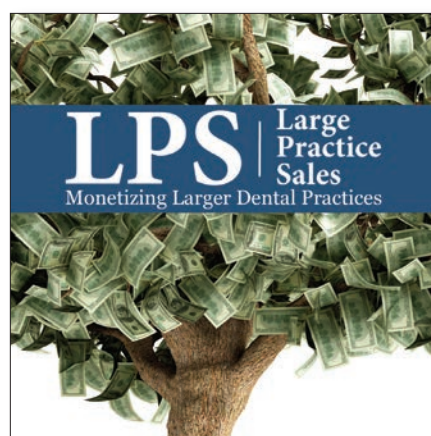
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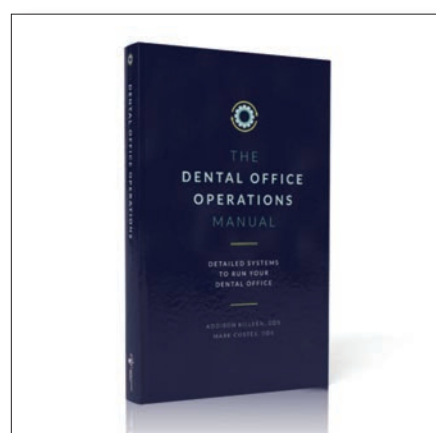


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10 Under 10: ADA recognizes new dentists making a difference in profession

BY KIMBER SOLANA

An advocate for rural dentistry and community water fluoridation. A major in the U.S. Air Force. The leader of dental oncology at New York University.

These were among the 10 new dentists who the ADA announced March 15 are the recipients of the fourth annual 10 Under 10 Awards, which recognizes 10 early career dentists who demonstrate excellence in the profession.

Selected by the ADA New Dentist Committee, the recipients demonstrated exemplary service and contributions in their own personal way that collectively work to keep the profession progressing, said ArNelle Wright, D.M.D., chair of the Subcommittee on New Dentist Engagement, which was tasked with reviewing the nominations and making recommendations to the full committee. Nominees had to be active ADA members who graduated between 2012 and 2021.

"My team and I were impressed beyond what

I can express with their accomplishments and the way each nominee has made an impact on those around them," said Dr. Wright. "They are professional examples to existing and upcoming early-career dentists. We recognize them to show our appreciation as an Association, as well as to acknowledge that their peers, colleagues and mentees have witnessed the same excellence from them."

The winners were chosen for making a difference in science, research and education; practice excellence; philanthropy; leadership; and advocacy. The 10 Under 10 Award recipients are:

- Dalal Alhajji, D.M.D., New York. A leader of dental oncology at NYU College of Dentistry, Dr. Alhajji is an advocate for how personalized dental care contributes to the overall health of patients with cancer. She is also a faculty member at NYU's department of oral and maxillofacial pathology, radiology and medicine, where she supervises students across three clinics.
- Lisa Bosch, D.M.D., Knox City, Missouri. Dr. Bosch leads the Clarence Cannon Wholesale



10 Under 10 winners: From left (top), Drs. Dalal Alhajji, Lisa Bosch, Ryan Gustafson, Tanya Sue Maestas and Emily Mattingly; (bottom) Drs. Alexandra Otto, Aruna Rao, Justin Sheinbaum, Harlyn K. Susarla and Anchita Venkatesh.

Water Commission Community Water Fluoridation Project, which provides insight to questions on the impact of fluoridation for the health of the rural communities. She also serves as secretary on the University of Missouri Extension Council and president of the Knox County Chamber of Commerce.

- Maj. Ryan Gustafson, D.D.S., Tinker Air Force Base, Oklahoma. As a major in the U.S. Air Force, Dr. Gustafson provides comprehensive dental care to the armed forces, along with serving his country and community. He currently serves at the 72nd Medical Group

where he directs sedation and surgical services for nine dentists and manages a dental laboratory.

- Tanya Sue Maestas, D.D.S., El Paso, Texas. Dr. Maestas serves as dental director at La Clinica De Familia Inc. in Chaparral, New Mexico. She is an ADA Success speaker, a new dentist member to the ADA Council on Communications, and a new dentist liaison to the Council on Dental Licensing Standards and Education at the Texas Dental Association.

See 10 UNDER 10, Page 29

It's a new day for
dentistry

Meet Dr. Michael Riccobene

BY KIMBER SOLANA

ANew Day for Dentistry is a new 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.

Each month, the ADA News will profile one dentist who represents the diverse range of ages, career stages, practice paths and backgrounds that make the ADA what it is.

Michael Riccobene, D.D.S., member since 1996.

Location: Cary, North Carolina.

Dental school: New York University.



Family: Dr. Michael Riccobene, left, poses for a photo with his wife and six kids.

Practice type: Owns multiple group practices

Why did you choose dentistry? I wanted a profession that would allow me to use my tactical skills, my analytical skills and my desire to make a difference.

Why did you join the ADA? Ever since I was in the American Student Dental Association

during dental school, I saw the value in organized dentistry. From technical knowledge and business resources to policy lobbying and opportunities to interact with colleagues, the ADA has been an invaluable resource.

What do you like most about your ADA membership? Most recently, I'm very encouraged by the progressive thoughts that are being exhibited among the leadership in trying to set the course for the future. In the past, I believe that some in the ADA were dismissive of nontraditional practice models like dental service

organizations. I think the ADA leadership today acknowledges that most dentists, regardless of practice model, are aligned on most issues.

When I'm not in the office, you can find me: At the beach or driving to it. For me, the beach is about relaxation. We have a house in Wilmington, North Carolina. It's a place to let all my worries disappear and lose myself in the

waves rolling into the shoreline.

Favorite movie/TV show: Currently, "Curb Your Enthusiasm."

What was your first job? Washing pots and pans in my family's bakery. Being the child of two immigrants gave me the opportunity to see the realization of the American dream firsthand. The family business made me realize all of the blood, sweat and tears that it takes to start, grow and sustain a successful business.

Fun fact about me: I have six children, three of whom are triplets. I like to live life to the fullest, and my goal in life is to create lasting memories with those I love.

What does A New Day for Dentistry mean to you? I think from a technology perspective, we have evolved from a 2D to a 3D world. As a profession, my hope is that we've learned — especially over the past three years — that we are essential health care providers who play an integral role in our patients' overall health. From a practice model perspective, I think the challenges we face as a profession have allowed for alternative methods of practicing to flourish. Although I think there will and always should be a place for the single practitioner, some of the newer multi-specialty practices are giving patients and practitioners an innovative way to receive care. ■

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Member dentist represents US in 2022 Winter Olympics

Dr. Tara Peterson among world's top curling athletes

BY DAVID BURGER

White Bear Lake, Minn.

When Tara Peterson, D.D.S., began working as an associate dentist at Isaacson Gentle Dentistry in White Bear Lake, Minnesota, her dental assistant Molly Ascheman didn't learn until months into their partnership that the new dentist was an elite athlete.

"She is so humble," Ms. Ascheman said.

So elite that on top of being an associate dentist, Dr. Peterson is a member of the U.S. National Curling Team who represented her country at the 2022 Winter Olympics in Beijing.



Dr. Peterson

Even though her team dropped its final two round robin games of the women's curling tournament to finish sixth and miss the medal playoffs at the Olympics, the ADA member dentist cherished the chance to be an Olympian.

"I enjoyed being a part of the greater Team USA and watching and cheering on my Team USA teammates," said Dr. Peterson, now back at the office, working three days a week with three other days of the week devoted to athletic training. "It was fun to talk with other athletes from other sports and hear their stories."

Dr. Peterson's curling journey began back in 1999 at the St. Paul Curling Club in St. Paul, Minnesota.

Her grandfather grew up in Canada and curled for many years before moving south to the U.S., so her family — including her older sister, Tabitha, a two-time Olympian — was familiar with the game.

"My parents signed us up for the junior curling program on Saturday mornings, and we eventually joined an evening league also," Dr. Peterson, 30, said. "As we improved and met other kids interested in curling, a curling coach added my sister and I to a team of two other girls and we started competing around Minnesota and Wisconsin at junior tournaments."

After a decade of curling, the Peterson girls set their sights on something more than dominating junior tournaments.

"I think I realized the Olympics could be more than a dream when we won our first Junior Nationals in 2009 and went to our first Junior Worlds in Vancouver," Dr. Peterson said. "We actually competed at the Olympic venue in Vancouver. I think it was that moment that my sister and I realized that we had something special and that we could make something of ourselves in the sport of curling."

Meanwhile, an interest in health care developed.

"My siblings and I like to say that we were brainwashed into health care," Dr. Peterson joked.

Her father is a retired dentist, her mother is a retired dental hygienist, her sister Tabitha is



Focus: Tara Peterson, D.D.S., right, competes for the United States as a member of the U.S. Winter Olympics team.



Family matters: Tara Peterson, D.D.S., right, poses with her mother Gaye Skelly-Peterson and her sister Tabitha in 2001.



Teamwork: Tara Peterson, D.D.S., left, fist-bumps a fellow member on Team Peterson, competing for the United States in the 2022 Winter Olympics team in Beijing, China. She is a dentist in Minnesota and trains three days while working three days each week.

a pharmacist and her brother Trent is a nurse anesthetist.

"I was always around dentistry and grew up watching and learning from my mom and dad. I saw how happy they were and so early on it seemed like a great profession to go into," Dr. Peterson said.

"I honestly just love teeth," Dr. Peterson said. "I'm passionate about developing treatment plans to maintain and promote healthy,

beautiful teeth. I strive to make patients feel comfortable in my chair, and I love the relationships that are formed in dentistry. I love seeing how much my patients grow from the scared patient who is hesitant to walk in the door, who is not confident with their smile, to become a beaming, confident and happy-to-be-at-the-dental-office kind of person. I also enjoy the artistic side of making something beautiful."

Dr. Peterson said that both dentistry and curling involve a lot of hard work, with intense training for both as both are ever-changing and evolving.

"Curling is a sport that you can never fully master, and when you think you have, there are new strategies or new rules to learn," she said. "Dentistry is similar in this sense, and we constantly need to continue with our education and learn to stay abreast of the latest ideas, products and techniques. Both curling and dentistry involve tactile sense, and also a bit of creativity. Both can be mentally exhausting so training the brain is important for a strong mental state of mind."

Dr. Peterson graduated from the University of Minnesota School of Dentistry in 2018 after putting her curling training aside for a couple of years due to the demands of dental school.

But that same year she took a one-week vacation to South Korea to see Tabitha compete in the 2018 Winter Olympics.

"It was a surreal experience being in the stands with my parents, my husband and other family and friends watching her team perform," Dr. Peterson said. "I remember sitting in the stands, taking it all in, and it was then that I made the decision that I wanted to be a part of that team in four years. I set a goal, and I achieved it."

The next Winter Olympics are set for 2026 in Italy, and Dr. Peterson is already hard at work into training for that event as well as various other international and national competitions.

"The curling season is not over yet," Dr. Peterson said. "We still have a couple more tournaments and then the season will conclude in May. Then in August, we start preparing for the upcoming season. I would love to compete in Italy in 2026. It would be great to have the opportunity to experience the Olympics as a competitor in a non-pandemic year. So as of now, Milan 2026 is the next goal." ■



Game on: Tara Peterson, D.D.S., right, competes for the United States as a member of the 2022 Winter Olympics team in China. At left is her sister Tabitha Peterson.

Photo courtesy of Dr. Tara Peterson

Photo courtesy of Dr. Tara Peterson

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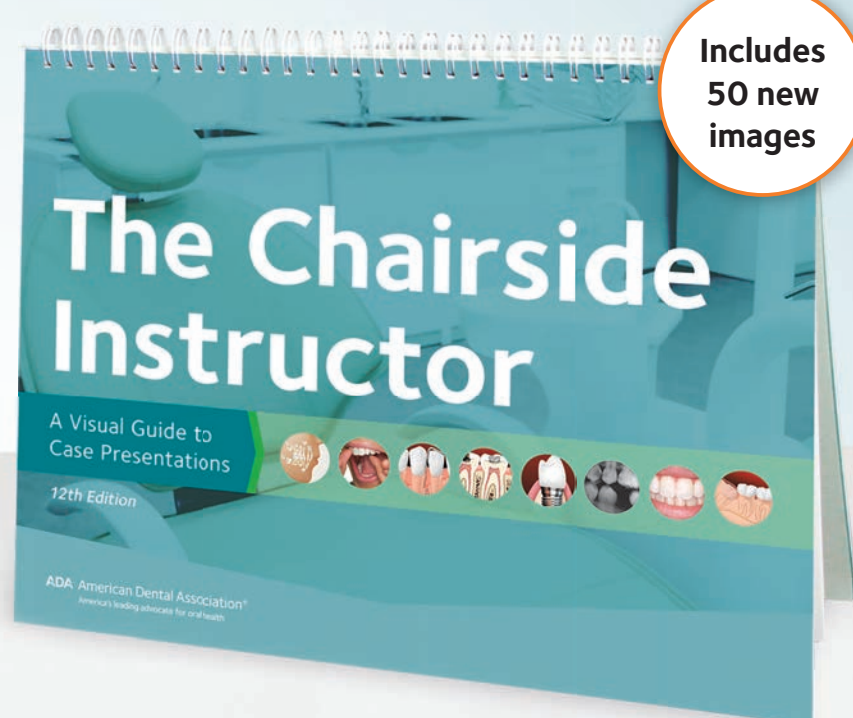
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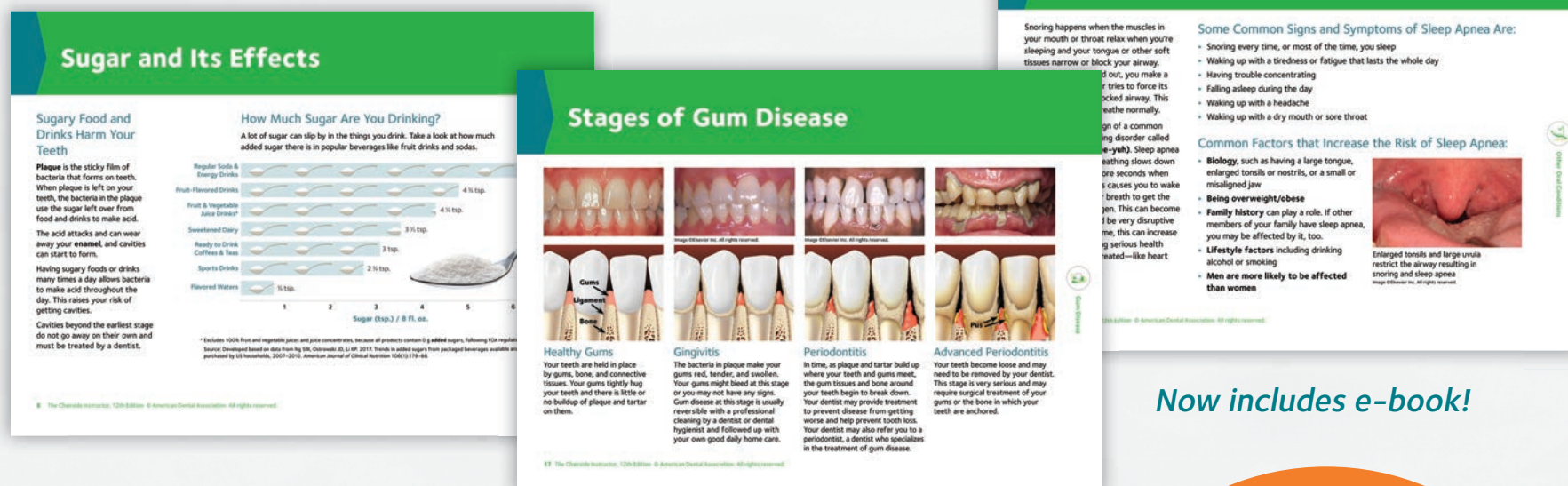
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5 things you don't want to miss in SmileCon's Dental Central

MEETING REGISTRATION OPENS JUNE 1

BY MARY BETH VERSACI

With opportunities to meet, play, learn and smile, attendees of SmileCon 2022 Houston will discover plenty of excitement in Dental Central, the buzz-filled center of their ADA annual meeting experience.



Dr. Shuman

SmileCon, a joint meeting with the 2022 Texas Dental Association Meeting and the 2023 Greater Houston Dental Society's Star of the South Dental Meeting, will take place Oct. 13-15 at the George R. Brown Convention Center in Houston. Dental Central is the meeting's reimagined exhibit hall, where participants can network and build communities, take continuing education courses, and explore new technologies, including products that won the Cellerant Best of Class Technology Awards.

"The Best of Class Alley companies are selected through a rigorous and transparent year-long process by an esteemed voting panel," said Lou Shuman, D.M.D., president and CEO of Cellerant Consulting Group and creator of the awards. "Only at SmileCon can dental

professionals get hands-on experience with these winning technologies that are driving the conversation about how dental practices will operate in the future."

Here are five features you won't want to miss when you head to Dental Central, the heart of SmileCon:

BIGGER AND BETTER

Three meetings in one means more exhibitors, including some that may be new to you because they are local to Texas. Connecting with a wider community can help you expand your network.

NO ZONING OUT

Each Smile Zone will include a large stage, where you can take courses on the most popular topics. New this year, the Dental Team Hub in Smile Zone C will be a space exclusively for staff to learn what they need to thrive in their careers.

RECHARGE AND RELAX

When you need a break from the meeting excitement, Smile Lounges will be ready for you with comfy seating and charging outlets. You can take time for yourself or meet up with a friend and enjoy coffee and bar service.

ONE-STOP MEMBERSHIP SHOP



Fun and games: SmileCon 2021 attendees play casino games in Dental Central during the Las Vegas meeting.



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For the latest information on SmileCon, visit SmileCon.org. Online registration opens June 1. ■

—versacim@ada.org

New Dentist Now blog seeks contributors to share insights

BY KIMBER SOLANA

The ADA's award-winning ADA's New Dentist Now blog is seeking contributors interested in writing about their experiences and insights on the unique challenges facing early career dentists who graduated from dental school fewer than 10 years ago.

From managing student debt, navigating employment contracts and acquiring a practice to avoiding burnout and choosing a career path, the goal of the New Dentist Now, newdentistblog.ada.org, is to be the go-to place for early career dentists seeking to learn from fellow new dentists on what challenges they can expect after graduation and what they can do.

Current guest bloggers recently shared their experiences on the importance of continuing

See *BLOG*, Page 30

Florida periodontist receives first Excellence in Action for Dental Health Award

BY JENNIFER GARVIN

For her tireless efforts to improve the oral health of her fellow Floridians, Jolene Paramore, D.M.D., is the recipient of the first Excellence in Action for Dental Health Award from the ADA Council on Advocacy for Access and Prevention.

"Thank you so much. I appreciate this award more than any other I've been given," said Dr. Paramore, a periodontist from Panama City, Florida, who was honored during the ADA Dentist and Student Lobby Day in Washington.

According to the Florida Dental Association, Dr. Paramore, a past FDA president, was instrumental in taking data from the Florida Dental Association Foundation's Florida Mission of Mercy (FLA-MOM) events and sharing it with lawmakers to help them better understand the oral health needs of their citizens. The data collected was used by the FDA to encourage legislators to increase support for FLA-MOM and other public



Excellence: Dr. Shailee Gupta, ADA Council on Advocacy for Access and Prevention chair, presents the first Excellence in Action for Dental Health Award to Dr. Jolene Paramore, right, during the annual ADA Dentist and Student Lobby Day.

programs supported by the FDA Foundation.

The new CAAP award recognizes stakeholders who have advanced the ADA's Action for Dental Health initiatives in their state. The Action for Dental Health Act became law in 2018 and was created to advance the ADA's nationwide, community-based movement aimed at improving access to oral health care for people who suffer from untreated dental disease.

"Dr. Paramore's love of ministry and service and her exceptional organizational skills

and ability to remember everyone's name and make them feel important contributes to her effectiveness as a leader," said CAAP Chair Shailee Gupta, D.D.S., who presented Dr. Paramore with her award.

More than 400 dentists and dental students attended the ADA's annual advocacy event, which was jointly hosted with the American Student Dental Association and in person for the first time since 2019. See page 4 for more Lobby Day coverage. ■

—garvinj@ada.org

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NEVADA — Las Vegas, 8 operatories, 3100 sq ft building, turnkey for sale \$1.1M. Practice collection \$660K on 2.5 day/week. 43% EBITDA, Implant, Perio, Endo, GP. Bank approved loan \$540K on practice asking \$400K. **smileysaver@gmail.com.**

NEW MEXICO — Practice for Sale-Taos, historic resort town, world class uncrowded ski area, great outdoor recreation and restaurants. 2019 \$850,000 collections, 5 operatories, 2 EFDA's. **Email: vollfee@yahoo.com.**

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10 UNDER 10 continued from Page 23

- Emily Mattingly, D.D.S., Chillicothe, Missouri. A fourth-generation dentist, Dr. Mattingly works alongside her husband and father to provide care to patients in underserved areas in rural north Missouri. She has served in several roles in organized dentistry including as chair of the ADA New Dentist Committee in 2020, as a member of the Board of Trustees for the Missouri Dental Association and as a delegate to the ADA House of Delegate.
- Alexandra Otto, D.D.S., Buda, Texas. Dr. Otto is the co-founder of Kids Tooth Team Outreach, a nonprofit school-based mobile dental home providing free dental care to underserved children in Texas. In addition, she also co-founded Kids Tooth Team Pediatric Dentistry, a small group pediatric practice with locations in Buda and Austin, Texas.
- Aruna Rao, D.D.S., St. Cloud, Minnesota. An adjunct faculty at the University of Minnesota School of Dentistry, Dr. Rao is a partner at K.O.A.L.A. Dental Care in St. Cloud, which provides comprehensive pediatric dentistry, hospital dentistry and early orthodontic services for children and adolescents, including those with special health care needs across three locations and 100 miles of west central Minnesota.
- Justin Sheinbaum, D.M.D., Los Angeles. Dr. Sheinbaum is currently a chief resident of oral and maxillofacial surgery at the University of California Los Angeles. During his residency, he spearheaded efforts to give UCLA dental residents the opportunity to join the UCLA Medical Center Resident Union, resulting in 92 dental residents receiving a salary and benefits package worth more than \$15,000 each year.
- Harlyn K. Susarla, D.M.D., Seattle. Dr. Susarla is an advocate for children's oral health, previously serving as president of the Washington State Academy of Pediatric Dentistry. Currently a staff member at Seattle Children's Hospital, Dr. Susarla also serves as the new diplomate representative for the College of Diplomates of the American Board of Pediatric Dentistry, as well as a consultant on the AAPD Council on Scientific Affairs and the Committee on Early Career Pediatric Dentists.
- Anchita Venkatesh, D.M.D., Los Angeles. Dr. Venkatesh has focused her practice to serve patients with special needs since she graduated in 2013 from the Rajiv Gandhi University of Health Sciences in Bangalore, India. Today, she is enrolled at the University of Southern California to receive her Master of Science degree in orofacial pain and oral medicine. In addition, she is currently working on a mobile application that can be used as a dental visual sound board for autistic patients.

"This recognition substantiates the efforts I have made to improve access to care for some of our most vulnerable populations," said Dr. Venkatesh. "It gives me the encouragement to work even harder and hopefully use my platform to inspire upcoming clinicians."

Dr. Rao agreed and added that the award showcases new dentists' commitment to service, volunteerism and mentorship.

"It is almost unbelievable the impact one can have in a short amount of time," Dr. Rao said.

Recipients of the 10 Under 10 Awards will receive a \$1,000 cash prize, be recognized at SmileCon 2022 in Houston and featured in various ADA publications and channels, including the ADA News and the New Dentist News.

For more information on the 10 Under 10 Award recipients, visit ADA.org/10under10. ■

—solanak@ada.org

ADASRI scientists share studies on dental materials, vaping, pandemic during research exhibition

BY MARY BETH VERSACI

Scientists from the American Dental Association Science & Research Institute shared their research at the 51st Annual Meeting and Exhibition of the American Association for Dental, Oral, and Craniofacial Research.

The meeting took place March 21-26 both virtually and in person in Atlanta in conjunction with the 46th Annual Meeting of the Canadian Association for Dental Research. The ADASRI was a 2022 AADOCR/CADR Silver Scientific Session Sponsor of the meeting.

Research presented by ADASRI scientists included the following 13 abstracts:

- "Calcium and Phosphate Ion Release from Experimental Remineralizing Dental Composites," presented by Stanislav Frukhtbeyn, senior research associate.
- "Characterization of Materials Used to Produce Orthodontic Sequential Aligners," presented by Raquel Miera, research scientist.
- "Connexin-43/MAPK Mechanisms Control Osteoblast-Endothelial Interaction," presented by Eun-Jin Lee, Ph.D., senior research associate.
- "Development of Fluorapatite-Titanium Composites for Dental Implant Applications," presented by Eaman Karim, Ph.D., senior scientist.
- "Discovery of Novel Cell Subpopulations in Human Gingival Epithelia," presented by Quinn Easter, Ph.D., senior research associate.



Research: Olivia Urquhart, ADASRI senior research associate, presents her findings March 22 during the AADOCR 2022 symposium "Evidence-Based Clinical Practice Guideline for Managing Acute Dental Pain." Ms. Urquhart's presentation was titled "Stakeholder Engagement, Dissemination, and Implementation of Recommendations for Managing Acute Dental Pain."

- "Effect of E-cigarette Vaping Temperature on Growth of Streptococcus mutans," presented by Shinae Kim, Ph.D., manager.

- "Fluorapatite and CaF₂ Formation in Low Concentration Fluoride-Calcium-Phosphate Complex Solutions," presented by Shozo Takagi, Ph.D., emeritus scientist.
- "Influence of Water in Accelerated Degradation of 3Y-TZP Powder," presented by Yifeng Liao, Ph.D., senior principal scientist.
- "Metal Analysis in E-cigarette Aerosol Produced at High Power," presented by Taejun Ko, Ph.D., postdoctoral research scientist.
- "Mounting Configuration as a Variable in Light Transmission Measurements in Spectrometer/Integrating-Sphere Systems," presented by Henry Lukic, senior research associate.
- "A Self-applied Fluoride-Calcium-Phosphate Complex Treatment Reduced Dentin Hydraulic Conductance," presented by Lawrence Chow, Ph.D., emeritus chief research scientist.
- "Stress, Burnout, and Wellness in U.S. Dentists during COVID-19 Pandemic," presented by Cameron Estrich, Ph.D., manager.
- "Tunable Hydroxyapatite Bioscaffolds Using Underwater 3-D Printing Method," presented by Yoontae Kim, Ph.D., postdoctoral research assistant.

ADASRI researchers also participated in the following meeting activities:

- Marcelo Araujo, D.D.S., Ph.D., ADASRI chief executive officer and ADA chief science officer, organized two of the meeting's symposia: "The AADOCR Code of Ethics" and "Ethical Translation of Research to Clinical Practice."
- Kevin Byrd, D.D.S., Ph.D., senior manager and Anthony R. Volpe Research Scholar, spoke as part of the hands-on workshop "Single-Cell and Spatial Multiomics Resources to Advance Salivary Research." This work was supported by a grant from Colgate-Palmolive.
- Olivia Urquhart, senior research associate, spoke as part of the symposium "Evidence-Based Clinical Practice Guideline for Managing Acute Dental Pain." ■

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Past ADA executive director wins American Association for Dental, Oral, and Craniofacial Research award

Jack Hein Public Service Award recognizes individuals for promoting oral health research

BY MARY BETH VERSACI

The American Association for Dental, Oral, and Craniofacial Research has awarded its 2022 Jack Hein Public Service Award to past American Dental Association Executive Director Kathleen T. O'Loughlin, D.M.D.

"The AADOCR is proud to announce Dr. Kathleen T. O'Loughlin as the 2022 recipient of the AADOCR Jack Hein Public Service Award," said Christopher H. Fox, D.M.D., D.M.Sc., CEO of the AADOCR and International Association for Dental Research. "The AADOCR Jack Hein Public Service Award honors individuals who have given exemplary service in public affairs by promoting the interests and activities of oral health research. Dr. O'Loughlin is recognized for her constant advocacy for the science base of the dental profession, and we are thankful for her tireless promotion of dental, oral and craniofacial research."

Dr. O'Loughlin received her award March 23 during the opening ceremonies of the 51st Annual Meeting and Exhibition of the AADOCR, held both virtually and in person in Atlanta in conjunction with the 46th Annual Meeting of the Canadian Association for Dental Research.

In 2009, Dr. O'Loughlin became the first woman to hold the position of ADA executive director. Before joining the staff of the ADA, she served as chief dental officer for United Healthcare and as president and chief executive officer for Delta Dental of Massachusetts. Dr. O'Loughlin also maintained a private dental practice for more than 20 years while working as an assistant clinical professor at Tufts University School of Dental Medicine in Boston.

Dr. O'Loughlin began her postsecondary education at Massachusetts General Hospital, where she studied nursing, before transferring to Boston University to study biology and graduating cum laude. She then graduated summa cum laude and valedictorian from Tufts University School of Dental Medicine. Dr. O'Loughlin also has a master's degree in public health and health care management from Harvard University. ■

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BLOG continued from Page 27

education, the impact of mentors and a series on lessons learned in the business side of dentistry.

Contributors must be dentists who graduated from dental school fewer than 10 years ago. New dentists from various fields in dentistry — from associates and practice owners to general dentists and specialists and those working in public health and the military — are welcome to contribute.

ADA staff can offer guidance on topics but contributors are encouraged to offer insights and learned lessons from their own professional experiences. ADA staff will also be a resource for editing and reviewing submissions.

Created by the New Dentist Committee of the American Dental Association, the New Dentist Now blog launched in 2013 and was redesigned in 2015. In 2017 and 2018, the blog won a bronze and silver award, respectively, in the digital media-blog category in the annual EXCEL Awards, which recognizes excellence and leadership in nonprofit association media, publishing, marketing and communications.

Visit the New Dentist Now blog at newdentistblog.ada.org to learn more or to read recent articles. For more information on becoming a guest blogger, contact Tera Lavick, New Dentist Committee director, at lavickt@ada.org. ■

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American Board of Orofacial Pain recognized as national certifying board for orofacial pain

BY KIMBER SOLANA

The National Commission on Recognition of Dental Specialties and Certifying Boards announced March 28 it has recognized the American Board of Orofacial Pain as the national certifying board for orofacial pain.

The recognition comes after the National Commission adopted a resolution based on an application from the American Board of Orofacial Pain to be recognized as the national certifying board for the dental specialty.

As the national certifying board, it will administer the board certification examination certifying qualified dentists as diplomates in

the specialty of orofacial pain. According to the Requirements for Recognition of National Certifying Boards for Dental Specialists, the National Commission will recognize only one

“

The decision comes two years after the National Commission had adopted a resolution to recognize orofacial pain as a dental specialty.

certifying board that has a close working relationship with the recognized sponsoring organization.

The decision comes two years after the National Commission had adopted a resolution to recognize orofacial pain as a dental specialty, based on its determination that the American Academy of Orofacial Pain application met all the Requirements for Recognition of a Dental Specialty.

The American Board of Orofacial Pain examines and certifies dentists who complete an accredited advanced education program in orofacial pain. The group had submitted its application for recognition in December 2020 followed by a 60-day public comment period from February–May 2021. ■

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Joint Commission on National Dental Examinations seeks public member

BY KIMBER SOLANA

The Joint Commission on National Dental Examinations announced March 31 that it is seeking nominations for a public member to serve a four-year term as commissioner, beginning Oct. 18 through the fall of 2026.

The deadline for nomination submissions is April 29.

The commission is responsible for the development and administration of the National Board Examinations, including the Integrated National Board Dental Examinations, the National Board Dental Hygiene Examination and the Dental Licensure Objective Structured Clinical Examination. The exams are used by dental and dental hygiene boards across the U.S. to understand the qualifications of candidates seeking licensure to practice dentistry and dental hygiene.

Public members serving the commission must not be, among others, a dentist, dental hygienist, dental student, dental hygiene student or a faculty member of a dental school of dental hygiene program.

The commission will review applications in May and June and will announce its decision in July.

For more information on the commission and the public member position, visit jcn.de.ada.org/en/news-resources or contact Alexis Curtis, Department of Testing Services manager, at curtisa@ada.org. ■

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