

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

11.07.22

ADA.ORG/ADANEWS



PRACTICE

## How to recession-proof a dental practice

CPA SHARES TIPS ON HOW TO PREPARE

BY JENNIFER GARVIN

**W**orried the country may be headed into a recession?

Earlier this year, an ADA Health Policy Institute survey noted that 34% of dentists reported inflation and rising costs as one of the top challenges facing their dental practice alongside continuing staffing concerns. And the latest Consumer Price Index data from the U.S. Bureau of Labor Statistics show that the 12-month change in the CPI for dental services reached 5.3%, a new 14-year high, despite still staying below the 12-month overall inflation change of 8.2%.

The ADA talked to Allen Schiff, a CPA and president of the Academy of Dental CPAs, who shared the following strategies on how dentists can prepare their practices for a recession:

**Build an emergency fund.** Many dentists, particularly new dentists, may be focusing on student loans and other debt, but it's always important to be prepared for a financial emergency. Most financial advisers recommend maintaining a cushion of at



dentists who own dental practices, Mr. Schiff said they may want to consider reevaluating the working capital within the practice. "We often always suggest anywhere from 30 to 60 days of working capital within your practice," he said. He also advised dentist owners to review the current debt on the practice. "You may have an opportunity to refinance your practice debt at a lower effective interest rate. Be sure to meet with your dental CPA to assist you with this process."

asset within a dental practice is the dental team. Be sure to show gratitude to your team, especially after a tough day. Your team likes to be recognized, and it is important for you to fulfill that role." This includes being competitive with salaries. "As the market readjusts post the pandemic, please be sure you are competitive within the hourly rates for your dental personnel and that you remain competitive within the market which you serve," he said. "Hourly rates are changing rapidly. Be sure to

When presenting treatment options to patients, make sure to take into consideration how they view the need for their treatment, what the benefit of the treatment is and how you can make it affordable. Consider offering a payment plan that will give the patient the ability to pay over several months. For example, for a multi-visit treatment, consider allowing the patient to pay one-third down at the first appointment, another third at the next and the final installment 30 days later. Dentists may also want to consider third-party financing options or membership plans.

**Protect investments.** The Academy of Dental CPAs recommends that dentists continue to maximize the funding of their retirement plans. "Please do not touch your retirement plan by withdrawing funds to pay off practice debt," said Mr. Schiff.

To read more about how the economy affects dentistry and see other research reports, visit [ADA.org/hpi](http://ADA.org/hpi).

*Editor's note: The information in this piece is not intended to be, nor should it be construed as, tax, accounting or legal advice. Readers are urged to consult a qualified professional when seek-*



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**Build an emergency fund.** Many dentists, particularly new dentists, may be focusing on student loans and other debt, but it's always important to be prepared for a financial emergency. Most financial advisers recommend maintaining a cushion of at least three months' expenses. During times of economic uncertainty, it may be prudent to save even more.

**Evaluate all expenses.** For



dentists who own dental practices, Mr. Schiff said they may want to consider reevaluating the working capital within the practice. "We often always suggest anywhere from 30 to 60 days of working capital within your practice," he said. He also advised dentist owners to review the current debt on the practice. "You may have an opportunity to refinance your practice debt at a lower effective interest rate. Be sure to meet with your dental CPA to assist you with this process."

**Nurture your team.** "It's important you keep your team in place, especially with a recession on the horizon," Mr. Schiff said. "The No. 1

asset within a dental practice is the dental team. Be sure to show gratitude to your team, especially after a tough day. Your team likes to be recognized, and it is important for you to fulfill that role." This includes being competitive with salaries. "As the market readjusts post the pandemic, please be sure you are competitive within the hourly rates for your dental personnel and that you remain competitive within the market which you serve," he said. "Hourly rates are changing rapidly. Be sure to reach out to your dental CPA for their input as well."

**Work with patients who may also have financial concerns.**

When presenting treatment options to patients, make sure to take into consideration how they view the need for their treatment, what the benefit of the treatment is and how you can make it affordable. Consider offering a payment plan that will give the patient the ability to pay over several months. For example, for a multi-visit treatment, consider allowing the patient to pay one-third down at the first appointment, another third at the next and the final installment 30 days later. Dentists may also want to consider third-party financing options or membership plans.

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Photo by EZ Event Photography



New leader: George R. Shepley, D.D.S., addresses the House of Delegates in Houston Oct. 18.

## ADA president challenges dentists to 'dare greatly'

BY STACIE CROZIER AND JENNIFER GARVIN  
Houston

**S**tanding before the House of Delegates on Oct. 18, new ADA President George R. Shepley, D.D.S., challenged the Association to "dare greatly."

"They say that fortune favors the bold — our ADA is proof of that," Dr. Shepley said in his address to delegates. "We have known the great

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## Human Cell Atlas seeks to map every oral, craniofacial cell in human body

EFFORT LED BY KEVIN M. BYRD, D.D.S., PH.D., OF ADA SCIENCE & RESEARCH INSTITUTE

BY MARY BETH VERSACI

Work is underway to map every oral and craniofacial cell as part of the Human Cell Atlas, an international project that aims to catalog all the cells in the human body. "Oral and craniofacial tissues are uniquely adapted for continuous and intricate functioning, including breathing, feeding and communication. To achieve these vital processes, this complex is supported by incredible tissue diversity that has been historically underappreciated," said Kevin M. Byrd, D.D.S.,



Dr. Byrd

Ph.D., manager of oral and craniofacial research and Anthony R. Volpe Research Scholar at the ADA Science & Research Institute.

Dr. Byrd is leading the Human Cell Atlas Oral and Craniofacial Bionetwork, which is developing the oral and craniofacial cell atlas. The bionetwork plans to have an initial version of the atlas ready within the next two years.

The group published "A Roadmap for the Human Oral and Craniofacial Cell Atlas" in the October issue of the Journal of Dental Research, discussing its vision and methods for creating the atlas.

The bionetwork is using new single-cell and spatial multiomics approaches first to understand the cellular and molecular makeup of oral and craniofacial tissues and then to address common and rare diseases.

"While work from the bionetwork has just begun to reveal the diverse tissues and fluids of the oral and craniofacial complex, we are already planning to conduct studies that illuminate how these niches harmoniously integrate into the vital functions of communication, defense, breathing and digestion," Dr. Byrd said.

“

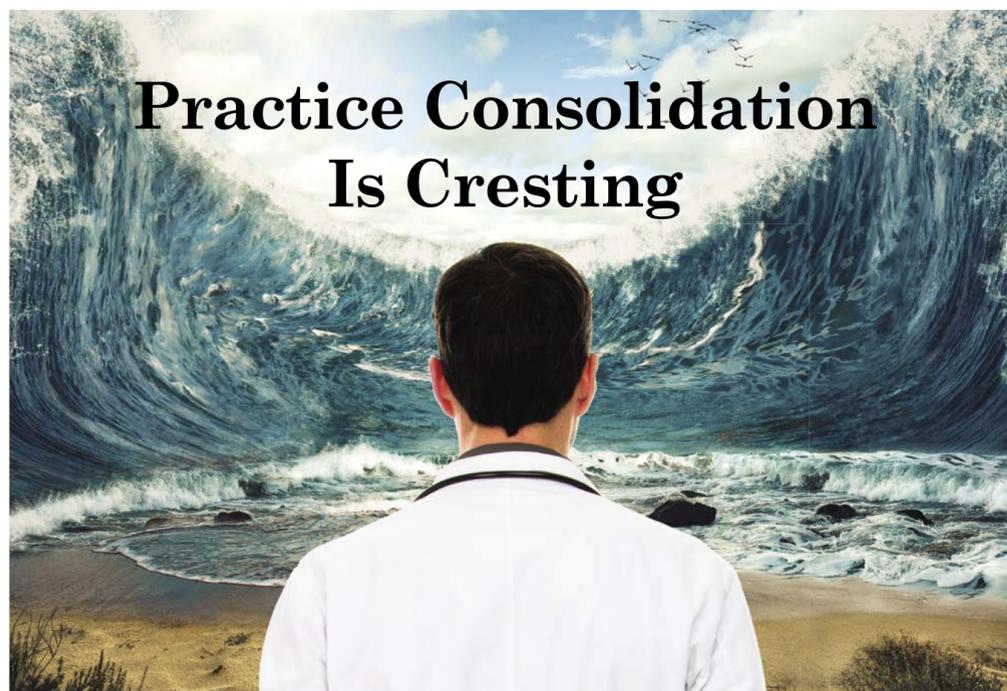
Oral and craniofacial tissues are uniquely adapted for continuous and intricate functioning, including breathing, feeding and communication. To achieve these vital processes, this complex is supported by incredible tissue diversity that has been historically underappreciated.

A key aspect of the research will be increasing the diversity of donor data sets to ensure they are heterogeneous in terms of sex, age, ancestry and more, as these traits are known to influence cell-specific physiology. One of the bionetwork's studies will focus on generating healthy oral and craniofacial genomic reference data from at least eight global ancestries.

"To achieve our grand vision of leveraging the accessibility of the atlas to improve oral and systemic health for all requires the collaboration of a multidisciplinary international team," Dr. Byrd said. "This approach will be key to achieving an inclusive, ancestrally diverse, open-access, multiomic reference atlas of oral and craniofacial tissues and fluids across the life span."

To read the full article, visit the Journal of Dental Research webpage at [journals.sagepub.com/home/jdr](http://journals.sagepub.com/home/jdr).

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## JADA finds prevalence of tongue-tie varies based on how it's diagnosed

BY MARY BETH VERSACI

Tongue-tie is more common among infants than children and adolescents, but its prevalence differs based on the assessment tool used to diagnose it, according to a study published in the November issue of JADA.

"Prevalence of Ankyloglossia According to Different Assessment Tools: A Meta-Analysis" looked at 71 studies, finding the overall prevalence of tongue-tie, or ankyloglossia, was 5%. However, depending on the assessment tool,

the prevalence ranged from 2% to 20%.

The prevalence in infants was 7%, compared with 1% in children and 2% in adolescents. The meta-analysis did not find consistent data based on sex, with some studies showing tongue-tie was more prevalent among boys and others showing it was more prevalent among girls.

"[F]uture clinical studies should seek to determine the best assessment tool for diagnosing ankyloglossia as well as evaluate the reliability and reproducibility of each tool," the authors said in the study.

To read the study online, visit [JADA.ADA.org](http://JADA.ADA.org).



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## ADA honors leaders in evidence-based dentistry

EBD Faculty and Practice Awards recognize contributions in research, practice, education

BY MARY BETH VERSACI  
Houston

The American Dental Association and American Association for Dental, Oral, and Craniofacial Research have awarded the Evidence-Based Dentistry Faculty and Practice Awards to three recipients who have made significant contributions to implement and advance evidence-based dentistry.

This year's winners are Gregg H. Gilbert, D.D.S., recipient of the EBD Accomplished Faculty Award; JoAnna M. Scott, Ph.D., recipient of the EBD Mid-Career Faculty Award; and Martha Ann Keels, D.D.S., Ph.D., recipient of the EBD Practice Award. They were honored Oct. 13 during a reception hosted by the ADA Science & Research Institute at SmileCon.

The EBD Faculty and Practice Awards recognize dental educators and clinicians for their contributions to evidence-based dentistry in research, practice or education. The awards are supported by an unrestricted educational grant from Colgate.

### EBD ACCOMPLISHED FACULTY AWARD

Dr. Gilbert is a distinguished professor and the chair of the department of clinical and community sciences at the University of



Evidence-based dentistry: The recipients of the EBD Faculty and Practice Awards — from left, JoAnna M. Scott, Ph.D.; Gregg H. Gilbert, D.D.S.; and Martha Ann Keels, D.D.S., Ph.D. — are recognized Oct. 13 during a reception at SmileCon.

Alabama at Birmingham School of Dentistry. He also serves as the founding director of the National Dental Practice-Based Research Network, which connects clinical researchers with dental practitioners, creating partnerships that allow working dental offices with real patients to be used in the evaluation of existing

### EBD MID-CAREER FACULTY AWARD

Dr. Scott is an associate professor in the Office of Research & Graduate Programs at the University of Missouri-Kansas City School of Dentistry. She is one of only a few biostatisticians in the country with a primary appointment

and novel strategies for improving oral health.

To date, the network has conducted more than 50 studies and published more than 190 peer-reviewed scientific journal articles that advance the scientific basis for clinical decision-making and foster the movement of scientific evidence into routine clinical practice. These studies have investigated a broad range of clinical topics using a wide variety of study designs.

in a dental school, and she has used her position to support more than 100 faculty members, postdoctoral fellows, residents and students in conducting high-quality oral health research that advances the evidence base for the dental profession.

In the classroom, Dr. Scott teaches residents and graduate students the critical thinking skills needed to assess research articles and their statistical analysis methods, helping to produce clinicians capable of providing evidence-based oral health care.

### EBD PRACTICE AWARD

Dr. Keels is a full-time practicing dentist at Duke Street Pediatric Dentistry in Durham, North Carolina, and a provider of general anesthesia services at nearby Duke Health. She also serves as an adjunct associate professor of pediatrics and associate consulting professor of surgery at Duke University Medical Center; an adjunct professor of pediatric dentistry at the University of North Carolina, Chapel Hill; and an adjunct associate professor of dentistry at the University of Rochester.

During her tenure as a member of the ADA Council on Scientific Affairs, Dr. Keels chaired the subcommittee that oversaw the ADA's evidence-based dentistry program. She currently serves on the expert panel developing the upcoming ADA guideline on restorative caries treatments, as well as the expert panel updating the ADA and U.S. Food and Drug Administration's recommendations for dental radiographic examinations. Dr. Keels was a coauthor of the 2019 ADA book "How to Use Evidence-Based Dental Practices to Improve Your Clinical Decision-Making." ■



## Medical-dental integration emphasizes mouth-body connection

DENTAL PROVIDERS LOOK TO IMPROVE OVERALL HEALTH OUTCOMES THROUGH INCREASED COLLABORATION WITH PHYSICIANS

BY DAVID BURGER

Something representing a growing — and promising — trend in the delivery of oral health care arrived in Las Vegas in April.

It was the grand opening of Sahara Health Group, a medical practice embedded in the same location as Sahara Modern Dentistry.

Lulu Tang, D.M.D., who owns Sahara Modern Dentistry, said the co-located practices represent the latest development in a series of partnerships initiated by dental support organization Pacific Dental Services that supports medical and dental integration to improve the overall health of patients.

"I call myself a mouth-body dentist," said Dr. Tang.

The concept enables patients to be seen by medical and dental professionals who understand the critical link between oral health and overall health.

It's an initiative that the ADA and the ADA Council on Advocacy for Access and Prevention plan on fostering through outreach and education in the coming year to member dentists as well as to physicians who are integral partners in advancing and promoting overall health.

"PDS' co-location models the intent of Res. 507RC, passed by the 2022 House of Delegates, which resolved that the ADA support and encourage research, collaboration and appropriate treatment discussions between dentists and other health care providers to help identify systemic disease that is suspected to have a relationship to a patient's oral health.

"Medical/dental integration in diverse practice models could be one way to achieve health equity and support the advancement of the health of the public, the latter part of the ADA's mission statement," said Shailee Gupta, D.D.S., immediate past chair of the ADA Council on Advocacy for Access and Prevention, which drafted the resolution. "Oral health is too often excluded from the rest of the health care system and from conversations about overall health, but recent and ongoing research clearly highlight the mouth-body connection."

James Mancini, D.M.D., chair of the ADA Council on Advocacy for Access and Prevention, said the resolution is long overdue. As a general dentist who works in a Pennsylvania hospital, Dr. Mancini said that promoting closer working relationships between dentists and physicians is a "no-brainer."

On top of promoting treatment to optimize a patient's oral health status prior to organ transplants, joint replacements, cardiac surgery and other medical procedures, the Council on Advocacy for Access and Prevention will help to achieve the resolution's aim by:

- Working with the American College of Obstetrics and Gynecology to update the 2012 Consensus Statement to reflect the safety of dental care during all nine months of pregnancy, which will provide opportunity to identify oral and systemic issues previously undetected.
- Working with the newly formed Health Center Advisory Committee to promote medical-dental collaboration within health center settings to increase treatment discussions related to hypertension, diabetes and dental disease management.
- Collaborating with the American Academy of Pediatrics to promote oral assessments at pediatric and age 1 dental visits.

- Continue to advocate for state Medicaid reforms, which will expand access to care for medically vulnerable individuals, especially the elderly.
- "Oral health and overall health are connected, and evidence shows that greater collaboration across medical and dental providers could

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Together: Dental support organization Pacific Dental Services embedded a medical practice in April in the same location as Sahara Modern Dentistry in Las Vegas. From left: Lulu Tang, D.M.D.; Stephen E. Thorne IV, Pacific Dental Services founder and CEO; and Bianca Velayo, D.D.S. The co-located practices represent a series of partnerships that supports medical and dental integration to improve the overall health of patients.

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**INTEGRATION** *continued from Page 5*

improve patient health outcomes," said ADA President George R. Shepley, D.D.S. "Many dentists, community health programs, federally qualified health centers and dental support organizations are already doing this, proving that collaboration works. By reaching out to our medical colleagues and working together hand in hand, the patient will benefit from a whole-body, prevention-first approach to care."

Research, according to the ADA Science & Research Institute, shows that harmful bacteria and inflammation in the mouth can indicate and even cause systemic conditions throughout the body. Periodontal disease has been connected to systemic health conditions such as cardiovascular disease, diabetes, Alzheimer's disease, pre-term/low-weight births, cancer and more.

Conversely, the link is often bidirectional. Many systemic diseases, conditions and even medications can affect a patient's oral health.

Pacific Dental Services has long advocated for closer collaboration between dental and medical professionals to improve health outcomes for patients, said Stephen E. Thorne IV, founder and CEO of Pacific Dental Services.

"This unique partnership is another important step towards establishing integrated care, enabling patients to receive comprehensive oral health care and medical care in the same location, and bridging the gap between clinicians so they can improve health outcomes for all patients," Mr. Thorne said.

**'PART OF OUR DNA'**

Federally qualified health centers are integrating medical and dental care on a daily basis.

One of them, Zufall Health in New Jersey, integrated dental and medical teams to successfully increase the rate of human papillomavirus vaccinations in their younger patient population in 2019.

The program's goal, Zufall Health Chief Dental Officer Sam Wakim, D.M.D., said, was to improve their immunization rate in a cohort of medical and dental patients in an effort to stem oral cancers.

One key to that program's success, said Dr. Wakim, was the utilization of community dental health coordinators, who were advocates for vaccinations.

CDHCs are traditionally (but not exclusively) dental hygienists and assistants who are generally educated using an ADA-developed curriculum. Among their many roles are coordinating care, managing cases and building bridges by addressing social determinants of health.

"The CDHCs, with their unique skill set, service orientation and dental expertise, were the right champions to propel this unique dental intervention project forward," Dr. Wakim said. "The CDHCs assured patients and families that the HPV vaccine was safe, knowledgeably guided patients through the vaccination process from start to finish and reminded them of the impact of the immunization on the young patients' current and future good medical and oral health."

In 2020, with the pandemic wreaking havoc in the area and nation, Zufall again turned to CDHCs, this time to have them assist in the COVID-19 vaccine effort. They were involved in addressing hesitancy among Zufall's most vulnerable populations and increasing the dental team's involvement in COVID-19 vaccinations.

Scott Wolpin, D.M.D., is chief dental officer of the Eastern Shore Rural Health System, a federally qualified health center network serving Virginia with four medical centers and six dental locations.

As former chair of the National Network for Oral Health Access and member of the ADA's National Advisory Committee on Health Literacy in Dentistry, Dr. Wolpin, like many of his colleagues, hails the integration of medical and dental providers.

"I see it every day," he said. "And it's very rewarding to truly make a difference in patients' overall health."

Crucial behind the success, he said, is an electronic health record used by the Eastern Shore Rural Health System that makes information available instantly and securely. Information is created and managed by authorized providers and can be shared with other providers across more than one health care organization.

For its part, Pacific Dental Services has implemented Epic, one of the most widely used



Dr. Gupta

comprehensive health records systems, into practices. Through Epic, PDS-supported dental practices can exchange patient data with other health care providers with the goal of improved patient care.

Andrew M. Smith, executive director of the Association of Dental Support Organizations, said DSOs are well-positioned to push for enhanced collaboration between medical and dental providers.

Oral care, he said, is "essential. It's fundamental to the body."

Sundeep Rawal, D.M.D., senior vice president with dental support organization Aspen Dental, said that medical/dental integration "is part of our DNA."

Doctors across the Aspen Dental network prioritize educating patients on the ties between dental care and overall health and perform tests that support integration, such as doing oral cancer screenings, checking on basic health markers such as blood pressure and conducting comprehensive medical reviews before any major procedures, Dr. Rawal said.

"Communication and collaboration between dentists and physicians are key, especially when we're talking about life-threatening conditions

*See INTEGRATION, Page 8*

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**INTEGRATION** *continued from Page 7*

like oral cancer," he said. "Historically, those communications have been fragmented and inconsistent – if not nonexistent – but DSOs can help to close those gaps. Doctors and their teams at the local level should be focused on providing great patient care. As a DSO, it's our job to empower and support."

DSOs and community health centers aren't the only places where medical/dental integration is not only a goal, but in some cases a necessity.

His experience in the armed services gave him insight on the power of collaboration, said Cyrus Lee, D.M.D., chief executive officer and executive dental director of Permanente Dental Associates (Kaiser Permanente Dental).

"A dentist in the military is part of a larger health system," Dr. Lee said. "And there was a very tangible shared responsibility for ensuring our service members were 'fit to fight.' I was fortunate to have served in two overseas assignments in which I worked alongside physicians, nurses and medics, both in a garrison environment and in forward-deployed settings, which definitely gave the daily opportunities to support the health of the soldiers we served. That integrated model was something that I'm so fortunate to have not lost when I transitioned to a civilian practice and I feel lucky to help our chosen profession in continuing to advance the total health of our patients, including the communities in which our patients live."

**DENTAL SCHOOLS PLACE TO START**

Dental schools across the country have taken the opportunity to teach students about the mouth-body connection and the need to collaborate with physicians to advance patients' overall health.

Gary Stafford, D.M.D., senior associate dean for academic systems at the Oregon Health & Science University School of Dentistry, said he remembered only limited exposure to the medical side of health care when he was in dental school nearly four decades ago.

Now, he said he's proud of multiple initiatives the school has launched, with the support of its parent institution, to educate dental students on the importance of communicating with medical providers.

Whether it is working with medical providers during external rotations, collaborating with social workers at the OHSU dental clinics, participating in workshops held in the university's interprofessional education program or administering flu and COVID-19 vaccines with the help of the university's occupational health personnel, the students are getting fully immersed in understanding the mouth-body connection, Dr. Stafford said.

"We're very proud of that," he said.

Another example is NYU.

"I believe that integrated health is the future of health care," said Charles Bertolami, D.D.S., Herman Robert Fox dean of the NYU College of Dentistry. "Closing the dental-medical gap in care is not only transformative for patients, but for the next generation of dentists as well. NYU Dentistry has pioneered programs that enable dentists and dental students to work alongside their colleagues in medicine, nursing, and nutrition in ways that increase understanding and collaboration — and ultimately benefit patients by caring for the whole person."

The NYU College of Dentistry has an ongoing collaboration with NYU Steinhardt nutrition students to provide nutritional counseling to

pediatric patients and their families, many of whom are underserved.

The NYU Rory Meyers College of Nursing's Teaching Oral-Systemic Health program has several interprofessional training opportunities for students to learn about the mouth-body connection. This includes an annual three-day simulation in which dental, medical, nursing and pharmacy students learn how to work together to treat patients, as well as featuring real-life interprofessional experiences with pediatric patients.

In addition, since 2020, NYU College of Dentistry has been the home to the Manhattan location of Metro Community Health Centers, a federally qualified health center, which provides an opportunity to implement collaborative practice models that aim to better identify disease precursors and underlying conditions in



order to improve overall health and well-being. NYU patients now have access to both dental and medical care (and providers who accept Medicaid) under one roof.

One patient population in particular is benefiting from this special attention to the mouth-body connection: veterans who have been diagnosed with blood cancer. With support from The Leukemia & Lymphoma Society, veterans can be referred by their medical providers at the VA to come to NYU Dentistry for oral health care, which is especially important before starting their cancer treatment.

Dalal Alhajji, D.M.D., a clinical instructor at NYU Dentistry, is working to bridge the gap between dental and cancer care, working closely with oncologists at NYU Langone's Perlmutter Cancer Center. The center refers patients to Dr. Alhajji for oral health screening prior to starting cancer treatment, which can help prevent complications during chemotherapy or bone marrow transplants.

Mark Fitzgerald, D.D.S., associate dean of Community-Based Collaborative Care & Education at the University of Michigan School of Dentistry, said his colleagues at the dental school work diligently at establishing and teaching protocols that help reinforce the importance of the mouth-body connection.

The school's renovated clinic, which had a ribbon-cutting ceremony in September, is specifically designed to create an environment where health care providers from multiple disciplines can work in collaboration, Dr. Fitzgerald said.

"Everything in the clinic is designed to meet the needs of patients who present with needs that extend beyond those of traditional

'healthy' people," he said.

"Because dentists tend to see their patients on a regular basis and at times their patients may not be seeing their primary health care providers, we can be partners in the overall monitoring, reinforcement and provision of care," Dr. Fitzgerald said.

**FUTURE STRATEGIES**

Dr. Lee stressed the importance of advancing a patients' overall health as a worthy goal.

"The main challenge in fostering the culture of shared responsibility for a patient's total health is in making sure it is able to remain top of mind, even under the pressure of a daily schedule," he said. "Being part of a larger, integrated health system, with all our team members and systems that make it easier for our clinicians to do the important things around medical-dental integration, along with our existing culture of providing high-quality care, helps us to overcome the challenges keeping the culture of overall health a priority even if at times the clinical schedule may seem too busy for it."

In 2020, the Centers for Disease Control

The ADA has a record of working to emphasize how essential oral health is to overall health.

The Association has long supported increasing awareness of the importance of lowering the chance of patients contracting nonventilator hospital-acquired pneumonia through the maintenance of good oral health.

In addition, the Association has prioritized proactive care to reduce health care costs by keeping patients out of the emergency department and into the dental practices where they are much better served.

Specific collaborations with other health care organizations have also borne fruit.

The American Academy of Pediatrics has a Section that advocates for community water fluoridation, sensible nutrition practices in school settings and topical varnish application at well-baby visits.

"The AAP promotes medical-dental integration in many ways," said Jeff Karp, D.M.D., the American Academy of Pediatrics' chair of its Section on Oral Health. "The AAP section was formed to improve the care of infants, children and adolescents by providing an educational forum for the discussion of problems and treatments related to oral health. The section focuses on improving communications between pediatricians and pediatric dentists, education and advocating for children's oral health issues."

There is also strong common ground with AAP with human papillomavirus vaccination protocols — the AAP convened a stakeholder roundtable in 2019 to engage medical and dental professionals in HPV prevention and vaccination.

Five lead staff from the academy came to the July Council on Advocacy for Access and Prevention meeting to give a presentation on the extensive history of the pediatrician's role in oral health promotion and discuss how the academy and ADA can collaborate in the future.

"Dentists can best collaborate with pediatricians by accepting referrals for establishment of a dental home beginning at one year of age," said Dr. Karp. "Bidirectional communication between dentists and pediatricians should be optimized as well to ensure each child's medical and dental homes are informed about the child's oral health status, general well-being, and overall health during all stages of child growth and development."

The American College of Emergency Physicians is another medical specialty group that has worked closely with the ADA for the past several years on emergency department referral projects.

The American College of Obstetricians and Gynecologists has been a strong advocate for community water fluoridation. It also issued guidance on oral health care during pregnancy and throughout the lifespan, which was reviewed by its Oral Health Care During Pregnancy Advisory Committee, with the ADA as a member of the committee.

All in all, Dr. Gupta said a holistic approach to oral care and health care will facilitate better access and improved health outcomes for patients.

"Collaborative medical-dental approaches, including but not exclusively in underserved areas, create scenarios that enable patients to realize that connection by encouraging healthy behavioral change and promoting the practice of prevention strategies," Dr. Gupta said. "And health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who they are."

Dr. Tang and her dental team hope to improve the overall health of each patient but not only sharing the same clinical space but working collaboratively with medical clinicians to address a patient's medical and dental needs.

"What is easier for the patient?" Dr. Tang asked. "What makes sense for them?" ■

— burgerd@ada.org

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## Task force seeking dental community's comments on CDT Code enhancement

DEADLINE FOR SUBMITTING FEEDBACK IS MARCH 2023

BY DAVID BURGER

The ADA's Enhanced CDT Task Force is seeking comment from the entire dental community on the proposed framework of dental procedure code modifiers, which would complement — not replace — the CDT Code's current "Dxxx" format.

There will be a five-month open comment period beginning in November and continuing through March 2023.

The ongoing project's goal is to review and enhance the Code on Dental Procedures and Nomenclature, often called the CDT Code, so that it better serves current and evolving needs for robust patient records and accurate claim submissions, said Jessica Stille-Mallah, D.M.D., chair of the ADA Council on Dental Benefit Programs.



Dr. Stille-Mallah

Dr. Stille-Mallah added that the CDT Code has not had a structural enhancement since it was first published in 1969.

"The dental community's comments will enable the council to determine the appropriate next steps for the project," she said.

ADA staff has been working closely with subject matter experts with backgrounds in general dentistry, dental specialties and dental research to develop the draft set of modifiers, said Stacey Gardner, D.M.D., vice chair of the Council on Dental Benefit Programs and chair of the task force.



Dr. Gardner

Dr. Gardner pointed out that the two-character modifier architecture would enhance the existing code set in several ways.

"Modifiers would add more patient record details such as materials, techniques and technologies used in the procedure that do not duplicate information already captured elsewhere, such as area of the oral cavity and tooth surface — all without changing the code's current format," she said.

Examples of these modifiers will be available to view in Excel and PDF format using the following link: [ADA.org/publications/cdt/enhanced-cdt](https://ada.org/publications/cdt/enhanced-cdt).

The task force asks that all comments be submitted via email to [dentalcode@ada.org](mailto:dentalcode@ada.org).

ADA staff will be available to answer questions about the modifier architecture during a series of virtual open Q&A sessions on Nov. 15, 22 and 29 and Dec. 6 and 13. Each session will be held from 1-2 p.m. Central. Details and a link to these sessions can be found at [ADA.org/publications/cdt/enhanced-cdt](https://ada.org/publications/cdt/enhanced-cdt).

The task force will compile and analyze the comments received, and deliver a findings report to the council. This report will enable the council to determine next steps in the enhanced CDT Code project, Dr. Gardner said.

Additional information about the Enhanced CDT Code project, and all matters related to the CDT Code, is available online at [ADA.org/publications/cdt](https://ada.org/publications/cdt). ■

— burgerd@ada.org

## 2023 National Children's Dental Health Month approaching

BY DAVID BURGER

The ADA Council on Advocacy for Access and Prevention announced in October the 2023 National Children's Dental Health Month theme: Brush, Floss, Smile!

National Children's Dental Health Month is celebrated every February. Brought to the public by the ADA, the

month-long national health observance brings together thousands of dedicated professionals, health care providers and educators to promote the benefits of good oral health to children, their caregivers, teachers and many others.

"I have always celebrated National Children's Dental Health Month," said James Mancini, D.M.D., chair of the Council on Advocacy for Access and Prevention as well as a Give Kids A Smile ambassador. "Oral health is so important for our youngest, and I feel it is my duty and privilege as a dentist to emphasize brushing, flossing and other healthy habits so that the children grow up to become healthy adults."

Free posters — with English on the front, Spanish on the back — about National Children's Dental Health Month are available to order on the National Children's Dental



Health Month website, [ADA.org/ncdhm](https://ada.org/ncdhm).

Flyers can also be downloaded and printed. In addition, for the first time, postcards can be purchased and are available in English and Spanish.

Additional materials, including a coloring page, word search, crossword puzzle, and toothbrushing calendar are available for download on [ada.org/ncdhm](https://ada.org/ncdhm).

Nicole Lesny, a student from Columbia College in Chicago, designed the poster for this upcoming year's observance.

"On a personal level, I love to smile with my teeth [and] I think smiling with your teeth is beautiful," Ms. Lesny said. "Everyone has a right to get access to clean and healthy teeth, empowering them with their smile."

Email [ncdhm@ada.org](mailto:ncdhm@ada.org) with questions. ■

— burgerd@ada.org

## Interviewing the interviewer

10 LINES OF QUESTIONING EVERY JOB-SEEKING DENTIST SHOULD PURSUE

BY JASON MEYERS

For dentists interviewing for new roles, being fully prepared for interviews means not just being ready to answer a lot of questions, but to ask them as well.

"Just as the employer has to ask questions to be sure you're the right candidate for them, you have to ask the right questions to be sure the employer is the right candidate for you," said Hana Alberti, D.D.S., senior director of the Center for Dental Practice Center at the ADA Practice Institute.

"Transparency during the interview is of utmost importance," Dr. Alberti said. She identified 10 areas of questioning that are important for any dentist seeking a new role.

"Being truly ready for an interview means being ready to ask a lot of questions," Dr. Alberti said. "Be transparent, and ask them to be." ■

— meyersj@ada.org



### 1. HOURS

Dr. Alberti recommends asking very specifically what the hours would be for the position and the clinic. Also ask what processes are in place if hours need to be changed. "The reason you want it to be exact is that it lets you know how much flexibility you may have with your schedule," she said.



### 2. LOCATION

"This might be really important if it's a group practice with a few locations, and perhaps you've toured only one," Dr. Alberti said. "It might not reflect the office where you would be."



### 3. TEAM

To get a sense of the team, ask what the ratio is for hygienists to dentists, and for assistants to dentists. Also, ask about tenure, hiring, training and the performance review process.



### 4. TECHNOLOGY AND MATERIALS

Ask how materials and technology are selected, and who trains the team when something changes. "You want them to know that you want to be part of that," Dr. Alberti said.



### 5. QUALITY

What does the practice do to further the concept that quality oral health is health? "Seek to understand what kinds of quality initiatives the practice has in place and the why behind it," she said.



### 6. MENTORSHIP

Who will provide clinical, operational and team development information you would benefit from having?



### 7. OWNERSHIP

Understand the ownership model of the practice and the process of becoming an owner. It's OK to ask for more information.



### 8. PERKS

Ask about continuing education, gym membership, paid vacation time, licensing and dues reimbursement and even how often loupes, hearing protection and scrubs are replaced. "Are there any additional tangible perks to being a dentist there?" Dr. Alberti said.



### 9. PAY

A common question interviewees ask is, "What is the percent of production?" "Ask to have the compensation model sent to you, carefully review it and ask who to follow up with when you have questions so that you really understand it," Dr. Alberti said.



### 10. AUTONOMY

Who develops the treatment plans for patients? How much time do you get per procedure? What procedures will I do?

## Pediatric dentist among 2022-23 White House Fellows

BY JEAN WILLIAMS

In a first, a dentist is among the broad cross-section of highly accomplished professionals chosen to serve as White House Fellows. In the prestigious leadership program, fellows work alongside public servants at the highest levels of the executive branch of the United States government.

Jacqueline Burgette, D.M.D., Ph.D., joined elite company this summer when she was tapped to become one of 15 White House Fellows to serve in 2022-23. It's an estimable club that has previously included award-winning presidential historian Doris Kearns Goodwin, CNN's Sanjay Gupta, M.D., and the late former Secretary of State and Gen. Colin Powell.

Each year, fellows emerge from a rigorous and competitive selection process and hail from the private sector, local government, academia, the nonprofit sector, medicine, law and the armed forces. Dr. Burgette applied to become a White House Fellow with the primary aim of serving her country and furthering her interests in policymaking.

"I have been called to public service since childhood, volunteering in state government elections and serving as a page in the Washington State House of Representatives," she said. "Since then, I have been involved in policymaking at every stage of my graduate education, including advocating during dental school for insurance coverage for children with cleft lip and palate, as well as spearheading involvement in national advocacy efforts as a pediatric dentistry resident."

A 2010 graduate of Harvard School of Dental Medicine, she earned a pediatric dentistry certificate and a doctorate in health policy and management from the University of North Carolina at Chapel Hill Adams School of Dentistry in 2016. She is a diplomate with the American Board of Pediatric Dentistry and an assistant professor in the department of dental public health and department of pediatric dentistry at the University of Pittsburgh School of Dental Medicine.

According to the mission statement adopted in 1964 by the President's Commission on White House Fellowships: "The purpose of the White House Fellows program is to provide gifted and highly motivated emerging leaders with some first-hand experience in the process of governing the nation and a sense of personal involvement in the leadership of society."

From her perspective, Dr. Burgette said, "The White House Fellows program has shown me that so many of us can make an impact by participating in our government and that my skills as a public health expert, researcher-clinician and educator are valuable, versatile assets."

As a 2022-23 fellow, Dr. Burgette, who is from Issaquah, Washington, will work with the Office of the National Cyber Director. During

her fellowship year, she will work under the mentorship of the office's director, Chris Inglis, and its principal deputy, Kemba Walden.

"It is a privilege to learn from their incredible examples," Dr. Burgette said. "In the Office of National Cyber Director, I am excited to learn about the security of our digital health information. This is a public health issue that affects all aspects of our health care system across the country, including and beyond dentistry. We all have a part to play in cybersecurity, and my experience caring for patients and performing research in many health care delivery systems — from private practices to community clinics to large health systems — empowers me to help advance the cybersecurity of our health care and public health infrastructure." ■

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## Dental groups urge Senate to pass Ensuring Lasting Smiles Act

BY JENNIFER GARVIN  
Washington

The Organized Dentistry Coalition is asking the Senate to support the Ensuring Lasting Smiles Act. If enacted, the bill would ensure all group and individual health plans cover medically necessary services, including needed dental procedures such as orthodontic or prosthodontic support, as a result of a congenital anomaly.

The Ensuring Lasting Smiles Act, or ELSA, previously passed the House of Representatives in April. The coalition sent a letter Oct. 7 to the Senate Committee on Health, Education, Labor and Pensions urging lawmakers to include the bill in any legislative package it takes

up before the end of the year.

According to the Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities, approximately 1 in every 33 babies born in the United States each year has a congenital anomaly, commonly referred to as a birth defect, the groups wrote. This includes craniofacial anomalies such as cleft lip and palate, skeletal and maxillofacial deformities, facial paralysis, microtia, hypodontia and craniosynostosis.

"These conditions often impede daily functioning, particularly that of the nose and mouth area, potentially restricting a patient's ability to breathe, eat and speak," the coalition wrote. "Corrective procedures allow these patients to grow and function normally. While

many private health insurance companies cover preliminary procedures for congenital anomalies, they routinely deny or delay follow-up or corrective procedures — notably, dental-related procedures involving orthodontia and dental implants — deeming them cosmetic or covered by dental plans."

"Severe dental anomalies are a common symptom of many craniofacial anomaly conditions, but coverage limits in dental plans are more restrictive than those in health plans," the letter continued. "As a result, patients are often forced to incur significant out-of-pocket costs on medically necessary reconstructive dental care related to their disorder during their lifetime."



The coalition also pointed out that if health insurance coverage is required by a state, it may be limited to minor patients or patients with specific conditions, such as cleft lip and palate.

"Even in states with laws requiring health insurance coverage, ERISA plans are exempt from those requirements — making federal legislation essential to ensure coverage for all patients," the groups wrote. ■

## ADA joins coalition to express support for oral health literacy bill

EVIDENCE-BASED EDUCATION CAMPAIGN WOULD PROMOTE ORAL HEALTH LITERACY AMONG AT-RISK POPULATIONS

BY DAVID BURGER

The members of the Organized Dentistry Coalition, including the ADA, expressed their support for a bipartisan federal bill introduced in October that would establish an evidence-based education campaign to promote oral health literacy among at-risk populations.

If enacted into law, the Oral Health Literacy and Awareness Act of 2022 would provide \$750,000 to the Health Resources and Services Administration each year for fiscal years 2023 through 2027 to establish a campaign that aims to help prevent the development of serious disease, mitigate high-cost

emergency care and encourage greater use of the oral health care system.

"As dentists, we believe OHL is the foundation to a lifetime of wellness and disease prevention," the groups wrote in an Oct. 11 letter led by the Academy of General Dentistry. "The dental community is proud to endorse the Oral Health Literacy and Awareness Act of 2022. Through the promotion of OHL, all Americans can attain greater health knowledge and improve health outcomes."

The coalition sent the letter of appreciation to U.S. Sens. Ben Ray Lujan, D-N.M., Ben Cardin, D-Md., and Susan Collins, R-Maine, the bill's original sponsors.

The letter noted that dentists continue to

observe significant disparities in dental care and the progression of preventable tooth decay and disease by race, ethnicity and socioeconomic status.

"On average, over 34 million school hours and more than \$45 billion in productivity is lost annually due to untreated dental disease and dental emergencies requiring unplanned care," the coalition wrote. "The oral health care system remains underutilized, with only 46.2% of Americans visiting a dentist in 2018."

Oral health literacy is defined in the letter as the individual capacity to understand and use health information to transform oral health behaviors. The coalition said that most oral health ailments, including tooth decay,

periodontal disease and certain oral cancers, can be prevented by promoting oral health literacy among all populations, with an emphasis on children, to ensure they develop and maintain healthy habits into adulthood.

The coalition added that in 2021, a companion bipartisan bill to this legislation was passed by the House of Representatives by a 369-58 vote.

"We urge the Senate to act swiftly to pass your legislation during the 117th Congress, so HRSA may receive the dedicated funding necessary to establish an effective education campaign that addresses these oral health issues," the coalition wrote. ■

—burgerd@ada.org

## Partnership for Medicaid urges Congress to address inequities affecting U.S. territories

BY JENNIFER GARVIN  
Washington

The Partnership for Medicaid, of which the ADA is a member, is urging lawmakers to pass legislation addressing the upcoming Medicaid fiscal cliff in Puerto Rico and the U.S. territories.

Without congressional intervention, the partnership said each territory's federal medical assistance percentage will be lowered back to 55% in December, harming access to care for millions of Medicaid beneficiaries, according to a Sept. 29 letter sent to leaders of the House of Representatives and Senate.

"We hope that Congress will consider bipartisan legislation introduced in the House of Representatives by the delegates from the territories so that these unfortunate and frequent fiscal cliffs are eliminated," the partnership wrote. "It is time that Americans who reside in American Samoa, Guam, Puerto Rico, the Northern Mariana Islands and the U.S. Virgin Islands have full access to the benefits of Medicaid. We look forward to working with you to make this legislation a reality. The Medicaid program continues to be a vital lifeline for vulnerable individuals, families and children."

The partnership noted that due to limitations in the funding statute, the Medicaid program operates differently in the U.S. territories compared with those of the states through capped funding and a fixed federal medical assistance percentage. This results in fewer federal dollars supporting the territories, which affects the financial viability of their Medicaid programs. They also said that the territories' residents face many health and economic disparities related to geography.

"For example, natural disasters such as hurricanes and earthquakes have struck Puerto Rico, Guam, the U.S. Virgin Islands and the Northern Mariana Islands — with the most recent, Fiona causing widespread damage in Puerto Rico this last month," they wrote.

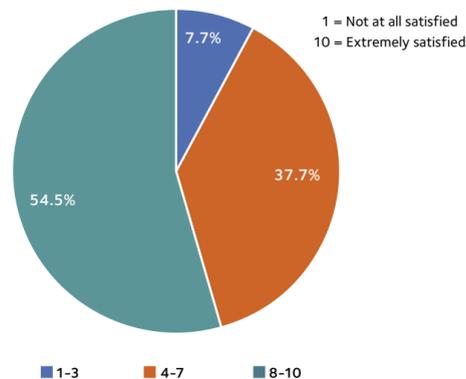
"We all understand the importance of Medicaid during these natural disasters, which have provided states with matching funds to help offset unanticipated costs associated with disasters and in some cases has allowed the program to provide a heightened response, for example by facilitating short-term changes to program rules affecting eligibility, benefits, and provider payment," the letter said.

The partnership is made up of organizations representing clinicians, health care providers, safety net health plans and counties. ■

### HPI CORNER

#### DENTAL HYGIENISTS' JOB SATISFACTION

A majority of employed dental hygienists in the United States are satisfied with their job, according to collected data. Over half ranked their satisfaction between 8 and 10 on a 10-point scale while a small percentage ranked their satisfaction between 1 and 3.



Source: ADA Health Policy Institute. Dental workforce shortages: data to navigate today's labor market. October 2021. Available from: ADA.org/-/media/project/ada-organization/ada-ada-org/files/resources/research/hpi/dental\_workforce\_shortages\_labor\_market.pdf.

### AROUND THE ADA

## ADA House of Delegates approves 2023 budget

Includes \$18 dues increase

BY KELLY GANSKI  
Houston

The ADA House of Delegates closed its 2022 session Oct. 18, approving a small dues increase and budget deficit.

The 2023 budget reflects \$146,407,000 in revenues and \$148,326,000 in expenses and income taxes, generating a net deficit of \$1,919,000. The House of Delegates set annual membership dues at \$600 for 2023 which includes an increase of \$18 from 2022. The increase includes \$14 based on a 2.4% average rate of inflation over the last five years in compliance with House Resolution 14H-2019, plus \$4 to cover additional new programs or the improvement of existing programs passed by the House of Delegates.

The House resolution from 2019 asked the Board to propose dues adjustments based on a five-year consumer price increase, which yields for a much lower increase for 2023 than signaled by current inflation.

"The 2023 budget prudently enables the ADA to make much-needed investments in the programs and initiatives that will position us for a strong future," said ADA President George R. Shepley, D.D.S. "Our Association is sharpening its focus on the needs of our members and all those who find value in what we provide. The House of Delegates' careful consideration and adoption of the 2023 budget is the first step to strategically aligning our resources in support of our goals."

ADA Treasurer Ted Sherwin, D.D.S., said the inflation increase is much lower than the Consumer Price Index for 2022, which is currently over 8%.

"The ADA is currently re-engineering the way it's organized and functions to be more focused on members and customers in a digital world and quickly changing marketplace," Dr. Sherwin said. "One of the most recognizable

improvements for our members is the new mobile phone app. This allows members to access all of the ADA's valued resources quickly and easily. With the House's approval of the 2023 budget and endorsement of strategic forecasting, the stage is set for the ADA to deliver more and better-focused benefits to members." ■

—ganskik@ada.org



Report: ADA Treasurer Ted Sherwin, D.D.S., provides an overview of the 2023 budget to the ADA House of Delegates.

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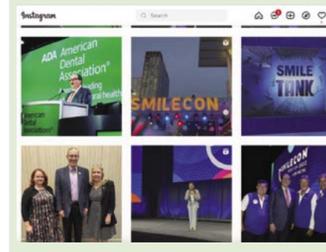
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### ADA News Instagram account provides SmileCon highlights

Did you miss SmileCon? Or do you want to relive the three-day event?

The ADA News had boots-on-the-ground coverage of SmileCon, adding daily photos and a highlight video that included snapshots of the day's events.

Check out the ADA News Instagram account @theadanews. ■





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## New ADA Member App debuts at SmileCon

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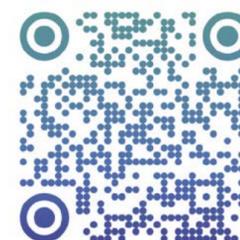
BY DAVID BURGER  
Houston

The ADA unveiled a new tool at Smile-Con 2022 to continue connection and conversation year-round: the reimagined ADA Member App.

The app, now available in Apple and Google Play app stores, is an exclusive benefit for members.

Designed to meet the needs of dentists at every stage of their careers, the app features, among other offerings, a career pathways section to support early-career dentists just entering the profession.

“What is the one thing that all ADA members have in common? It’s the cellphone. Technology is a mainstay of our members’ lives, and the ADA is meeting them where they are,” said Raymond Cohlma, D.D.S., ADA executive director. “It’s extremely important to note that for this



reimagined app, members shared input at all phases of development — from designing to building to testing — and the app reflects the specific needs of our members, supporting them as a dentist and providing direct connection to their respective dental communities.”

Key features of the ADA Member App include:

- Member chat: Members can easily message or call one another in private one-on-one or group chats.
- Digital wallet: Members can store vital documents on their phone, such as continuing education credits or attestation for credentialing and licensure renewal.
- Career exploration: Students and new graduates can learn about different practice types and career paths.
- Personalized newsfeed: Members can choose the articles they see by selecting topics according to their own interests.
- Podcast: Members can access the new ADA

podcast “Dental Sound Bites” and exclusive related content via streaming on the app. “The app and the podcast are powerful tools to bring our community together,” said Dr. Cohlma. “The voices of our members will only make these innovations stronger over time.” Visit [ADA.org/App](https://ADA.org/App) for more information. ■



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MICROSPHERES

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**INDICATION**

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

**IMPORTANT SAFETY INFORMATION**

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

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

“

What is the one thing that all ADA members have in common? It’s the cellphone. Technology is a mainstay of our members’ lives, and the ADA is meeting them where they are.

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



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Photo by EZ Event Photography



Tune in: Podcast host ArNelle Wright, D.M.D., left, discusses organized dentistry with new graduate Joy Nisnisan, D.D.S., during a live taping of Dental Sound Bites at SmileCon. Not pictured is Dr. Wright's co-host, Mary Jane Hanlon, D.M.D., who joined the recording via Zoom.

## Dental Sound Bites showcases power of organized dentistry

New podcast features 2022 graduate Joy Nisnisan, D.D.S.

BY JENNIFER GARVIN  
Houston

Joy Nisnisan, D.D.S., is passionate about organized dentistry and loves sharing the message of getting involved with other dentists and dental students.

"It really feels like this big family of people I

can talk to about anything," she said.

A 2022 graduate of the UTHealth Houston School of Dentistry, Dr. Nisnisan shared her story during an Oct. 15 live taping of the new ADA podcast, Dental Sound Bites, at SmileCon.

Hosted by ADA member dentists ArNelle Wright D.M.D., and Mary Jane Hanlon, D.M.D., Dental Sound Bites is the ADA's flagship podcast.

The new biweekly podcast comes out every other Tuesday. Dr. Nisnisan's episode was released Nov. 1.

During the live taping, Drs. Wright and Hanlon interviewed Dr. Nisnisan about her involvement in organized dentistry.

"I think it's really, really important for us to talk about why it matters to us, and how all dentists can help shape the future of our profession," Dr. Wright said.

Dr. Nisnisan's own journey began early, as an undergraduate at the University of Houston when she joined the pre-dental society and continued with the American Student Dental Association, where she served as a vice president during her fourth year of dental school.

"I got involved because I didn't have any dental connections when I was interested in becoming a dentist," she said. "My first exposure was the Greater Houston Dental Society, and I kind of jumped all in. I said, 'Hey, I'm a pre-dental student now and I'd love to get involved.'"

The Greater Houston Dental Society members urged her to go to the Star of the South dental meeting in Houston, and the connections she made there solidified her love for the profession.

"What do you think [organized dentistry] can do at the state, local, and national level for dentists, in your opinion?" Dr. Hanlon asked.

"I think organized dentistry is this whole other side of the profession," Dr. Nisnisan said. "We have our clinical side, and then we have organized dentistry that's fighting for us when we're sleeping, even when we're in a dental school."

"I think that every component is so important, and how we make sure people are involved, and the local level is where it starts, and then you come to find, 'Wow, I really care about this issue in practice,'" she continued.

Nowhere was that more evident than at the beginning of COVID-19, she added.

"We had Texas dentists speaking with the governor about opening up Texas dental practices again, and that got us back to work in just a couple of months after the pandemic hit. There are so many other health care professionals that had to stop working. But the reason why dentistry was back to work is because of organized dentistry and the connections we shared. And that is powerful."

Want to hear more? Tune into the Dental Sound Bites episode when it drops. Season one of Dental Sound Bites is available on your preferred streaming service, including Apple Podcasts, Google Podcasts, Spotify, Stitcher, iHeart and Amazon Music. New episodes are released every other week.

Listeners can also enjoy bonus content when they tune in on the ADA Member App. ■

—garvinj@ada.org

## Reality TV, exotic animals and dentistry

SMILECON DENT CHAT HOSTED BY 'MARRIED TO MEDICINE' STAR

BY JENNIFER GARVIN  
Houston

Being open to new opportunities can sometimes lead you to places you'd never dream you'd go.

That was one of the takeaways from the Oct. 14 DENT Talk during SmileCon.

Hosted by dentist, author and inspirational speaker Heavenly Kimes, D.D.S., the one-hour session shared insights from dentists with compelling stories and backgrounds.

In addition to Dr. Kimes, star of Bravo's "Married to Medicine," Tina M. Brandon Abbatangelo, D.D.S., exotic animals dentist, and Ashley Rosenbaum, D.M.D., who appeared on ABC's "The Bachelor" and "The Bachelorette," also shared their journeys.

### WORKING WITH ANIMALS

For Dr. Abbatangelo, when she looks at the teeth of her patients — be it person or animal — seeing a set of strong teeth signifies strength.

"I love to see four fully intact, sharp, intimidating canines on a tiger. Because that's a sign of vitality and strength. I like to see it on a lion as well. And also on monkeys."

Dr. Abbatangelo, who attended the University of Iowa School of Dentistry, became interested in working in dental veterinary medicine after discussing dentistry with her own vet.

She eventually went to a meeting and took veterinary courses on her own.

A fortuitous break came when she met Peter Emily, D.D.S., during an ADA meeting in the early aughts. She began volunteering with the Peter Emily International Veterinary Dental Foundation, whose mission is to provide life-improving advanced veterinary dental care and treatment to exotic animals.

### BECOMING A REALITY TV STAR

Dr. Kimes didn't go searching for reality TV stardom. It came looking for her.

In fact, when the opportunity came knocking, she wasn't sure she was interested. She asked friends and colleagues their thoughts. None thought it was a good idea.

Then she talked to the person she trusts and respects most in the world: her husband, Damon Kimes, M.D.

His answer surprised her. "He said, 'You have a mouth. You have a heart. You have thick skin, and you're funny,'" she recalled. "I think you'd be great." So, I decided to do it."

Off into the world of reality TV she went, joining the case of a Bravo show called "Married to Medicine."

At the time she owned nine dental practices in the Atlanta area. She eventually sold them all and started a new single dental practice devoted to cosmetic dentistry.



Emcee: Heavenly Kimes, D.D.S., moderated the session, which also featured Tina M. Brandon Abbatangelo, D.D.S., and Ashley Rosenbaum, D.M.D.

A self-described hustler, Dr. Kimes enthralled the audience with her social media strategy, passion for investing, and implored dentists to get involved on the business side of practicing.

"I'm a good dentist," she said. "But you have to have business acumen."

### OVERCOMING MISPERCEPTIONS

For Dr. Rosenbaum, reality TV also opened the doors to opportunity. But unlike Dr. Kimes, it wasn't always the most positive of experiences.

While still at the University of Pennsylvania School of Dental Medicine, she applied to be on the ABC reality show, "The Bachelor." She took time off of school to do the show, and shortly after it ended, she was invited to be the main star of "The Bachelorette." Dr. Rosenbaum took more time off from dental school and went on to find love in front of millions of viewers — going on to marry the man she met on the show, J.P. Rosenbaum.

She described it as a great experience that ultimately turned dark, thanks to social media

comments. Suddenly everyone had an opinion of her: She's not smart. She's not a real dentist. But she didn't let it stand in her way of fulfilling her dream of becoming a pediatric dentist.

"I wouldn't change it because it taught me how to treat and interact with my patients and parents without judgment," said Dr. Rosenbaum, who went on to open her own practice, Premier Pediatric Dentistry in Coral Gables, Florida, in 2021. "So often in dentistry we encounter people that don't believe in what we do, or the services we provide. When people walk into my office and refuse X-rays, treatment for their children, fluoride, etc., my focus is to educate them in a nonjudgmental way and to take the time to educate them on the importance of dental care and treatment for children." ■

### BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use ARESTIN safely and effectively. See full Prescribing Information.

ARESTIN® (minocycline hydrochloride) Microspheres, 1 mg

Rx only

### INDICATIONS AND USE

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

### CONTRAINDICATIONS

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

### WARNINGS

THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT (LAST HALF OF PREGNANCY, INFANCY, AND CHILDHOOD TO THE AGE OF 8 YEARS) MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH (YELLOW-GRAY BROWN). This adverse reaction is more common during long-term use of the drugs, but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. TETRACYCLINE DRUGS, THEREFORE, SHOULD NOT BE USED IN THIS AGE GROUP, OR IN PREGNANT OR NURSING WOMEN, UNLESS THE POTENTIAL BENEFITS ARE CONSIDERED TO OUTWEIGH THE POTENTIAL RISKS. Results of animal studies indicate that tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Evidence of embryotoxicity has also been noted in animals treated early in pregnancy. If any tetracyclines are used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Patients apt to be exposed to direct sunlight or ultraviolet light should be advised that this reaction can occur with tetracycline drugs, and treatment should be discontinued at the first evidence of skin erythema.

### PRECAUTIONS

#### Hypersensitivity Reactions

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

#### Autoimmune Syndromes

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

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

While no overgrowth by opportunistic microorganisms, such as yeast, were noted during clinical studies, as with other antimicrobials, the use of ARESTIN® may result in overgrowth of non-susceptible microorganisms including fungi. The effects of treatment for greater than 6 months has not been studied.

ARESTIN® should be used with caution in patients having a history of predisposition to oral candidiasis. The safety and effectiveness of ARESTIN® has not been established for the treatment of periodontitis in patients with coexistent oral candidiasis.

ARESTIN® has not been clinically tested in immunocompromised patients (such as those immunocompromised by diabetes, chemotherapy, radiation therapy, or infection with HIV). If superinfection is suspected, appropriate measures should be taken.

ARESTIN® has not been clinically tested in pregnant women. ARESTIN® has not been clinically tested for use in the regeneration of alveolar bone, either in preparation for or in conjunction with the placement of endosseous (dental) implants or in the treatment of failing implants.

#### Information for Patients

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

#### Carcinogenicity, Mutagenicity, Impairment of Fertility

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

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

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

#### Labor and Delivery:

The effects of tetracyclines on labor and delivery are unknown.

#### Nursing Mothers

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

#### Pediatric Use

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

#### ADVERSE REACTIONS

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

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

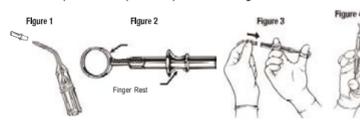
	SRP Alone N=250	SRP + Vehicle N=249	SRP + ARESTIN® N=423
Number (%) of Patients			
Treatment-emergent AEs	62.4%	71.9%	68.1%
Total Number of AEs	543	589	987
Periodontitis	25.6%	28.1%	16.3%
Tooth Disorder	12.0%	13.7%	12.3%
Tooth Caries	9.2%	11.2%	9.9%
Dental Pain	8.8%	8.8%	9.9%
Gingivitis	7.2%	8.8%	9.2%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

The change in clinical attachment levels was similar across all study arms, suggesting that neither the vehicle nor ARESTIN® compromise clinical attachment. To report SUSPECTED ADVERSE REACTIONS, contact Valeant Pharmaceuticals North America LLC at 1-800-321-4576 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

#### DOSAGE AND ADMINISTRATION

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

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



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

#### Manufactured for:

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## Opening Session draws thousands to kick off Houston meeting

BY JENNIFER GARVIN  
Houston

SmileCon 2022 got off to a roaring start on Oct. 13 with thousands of dentists and dental team members celebrating the profession and tuning in to learn from research professor Brené Brown, Ph.D.

SmileCon 2022 was a joint meeting with the 2022 Texas Dental Association Meeting and the 2023 Greater Houston Dental Society's Star of the South Dental Meeting.

"I hope that your SmileCon experience gives you the feeling of being inspired and more connected than ever before," Cesar R. Sabates, D.D.S., immediate past president, said in opening remarks. "Because if there's one thing I want you to remember it's this: You belong to something big. Whether you're caring for a patient in your chair or meeting a student during office hours or working with materials in a lab, your work has an impact on the overall health and well-being of our communities."

ADA member dentist Christina Rosenthal,

D.D.S., served as the host of the Opening Session. A dentist, motivational speaker and entrepreneur, Dr. Rosenthal is also the owner/CEO of Paradigm Dental Center LLC in Memphis, founder of The 516 Foundation and author of the children's book "You Can Become a Doctor Too."

"Being a part of the ADA has been a vital part of my professional journey," said Dr. Rosenthal, who first became involved in organized dentistry as an undergraduate at the University of Memphis and a member of the school's pre dental society. "I jumped at the opportunity to represent us — the members — as we come together to meet, play, learn and smile here in Houston."

The session also featured videos highlighting members' stories and honored winners of the ADA's 10 Under 10 Awards.

The keynote speaker was Brené Brown, Ph.D., a celebrated researcher and storyteller who lives in Houston and is the author of six No. 1 New York Times bestsellers. Dr. Brown's TED Talk on the "Power of Vulnerability" is one of the top five most-watched TED Talks

in the world, with more than 50 million views.

Dr. Brown sat down with Dr. Rosenthal for a talk about some of the topics she is famous for — most notably, vulnerability, courage and shame. She also shared examples of how those qualities are also relatable for the dental profession.

"Raise your hand if you were raised that vulnerability is weakness," she asked. "You either have your hand up or you're lying, and if you're from Texas, you're double lying."

"We're raised to think that vulnerability is a weakness. Vulnerability has a very specific definition: uncertainty, risk and emotional exposure."

She then asked how many in the room have had days defined by uncertainty, risk and being emotionally exposed and hands shot up throughout the audience.

They also discussed the power of connecting with teams by using the "two-word check-in." "It's a great way to say, 'I see you; let's do a



Go time: Christina Rosenthal, D.D.S., was the host of the opening and closing sessions at SmileCon.

quick check-in," Dr. Brown said. "You think that not knowing someone in your practice is overwhelming and stressed changes the fact that they are overwhelmed and stressed? It's really helpful to check in."

Dr. Brown also shared that she is not always the best dental patient, which drew laughs from the audience.

"Shout out to Dr. Hunsaker and her crew," Dr. Brown said, referencing her own dentist, Elizabeth Hunsaker, D.D.S., a past GHDS president who was also in the audience. ■

## Astronaut closes out SmileCon with inspirational life journey

BY JENNIFER GARVIN  
Houston

Who will be the first dentist to go to Mars?

Retired astronaut Leland Melvin isn't joking when he asks a room of dentists this question.

"We've had all these incredible things happen," he said. "Look at the Webb telescope. We have a telescope that's 1 million miles from Earth taking pictures of galaxies that are created from stardust ... these things happened because people have the right stuff and work together as a team."

Mr. Melvin, who is also an engineer, educator, author and former NFL wide receiver, was the Oct. 15 keynote speaker during the SmileCon Closing Session in Houston.

A native of Lynchburg, Virginia, Mr. Melvin went to space two times. He has also co-chaired the White House Federal Coordination in STEM Education Task Force, which helped develop a five-year plan for the nation's science, technology, engineering and mathematics education.

But despite these amazing accomplishments, the roads to his success were not always easy or clear. Which is why he believes that everyone needs "the man in the yellow hat." Inspired by the unnamed character in the "Curious George" books, "the man in the yellow hat" is someone who's always in your corner, who always has your back.

Mr. Melvin should know: In several pivotal moments in his own life, these types of angels have shown up for him time and time again.

There was his father, who bought an old Merita Bread truck and told him in time it would become an amazing recreational vehicle for the family — which it did, after they both put in long hours of hard work in transforming it.

And his educator mother, who sparked his interest in chemistry and physics.

"My brain was activated to science because I experienced it. It was experiential learning at home," he told the audience. "Think about your future employees going into this journey of dentistry because someone exposed them to



Find your mentor: Retired astronaut Leland Melvin addresses the audience during his talk at the Closing Session of SmileCon.

experiential learning, how to take care of things, how to create things, how to have empathy, how to explore someone's mouth and all the things that can go into help save teeth."

Then there was his high school football coach, who told him to get back in the game after Mr. Melvin dropped a most-certain touchdown. Unaware that a college scout was present, he trotted back out and made the next play. Pandemonium ensued, and his team won the game. The scout was seconds away from scratching Mr. Melvin off his list of prospects when he heard the roar of the crowd and went back into the stadium.

That catch resulted in Mr. Melvin receiving a \$180,000 scholarship to the University of Richmond to play football. The scout was impressed that he didn't give up.

"And the only reason I didn't give up was because my coach believed in me when I didn't believe in myself. He was my man in the yellow hat that moment."

Mr. Melvin would go on to be drafted as a wide receiver by the Detroit Lions. When a career in the NFL didn't work out, a friend urged him to apply to NASA to be an astronaut. It took some convincing, but he eventually applied and

was part of the 1998 class.

One of Mr. Melvin's biggest challenges occurred in April 2001, when during his first day of spacewalk training in NASA's Neutral Buoyancy Laboratory, he suffered permanent hearing damage.

As the technicians lowered him into the submerged pool that houses a space station and space shuttle where astronauts learn to float and simulate real spacewalks, Mr. Melvin

realized his suit was missing the Valsalva pad. The pad helps astronauts equalize the extreme pressure in their ears. Mr. Melvin thought he would be OK.

Down he went. Ten feet. Twenty feet. He was not OK. The pressure and pain were building. Soon all he heard was static. Then ... nothing.

"They started pulling me out of the water ... popped my helmet off," he said. "There was a doctor, the flight surgeon, who started walking over to me. He was moving his lips, and I'm thinking, 'Why is he playing with me? This is pretty serious stuff, and he's just moving his lips.' When he got closer to me, he took my right ear, and when he pulled his hand back, there was a river of blood pouring down the side of my face. I was completely deaf."

Enter Daniel Goldin, NASA administrator at the time, who visited him at the hospital and showed him an image captured from the Hubble Space Telescope.

After learning Mr. Melvin had lost his hearing, Mr. Goldin told him: "NASA never gave up on the Hubble. I will never give up on you."

Another man in the yellow hat, another angel helping him in his journey.

The hearing eventually returned to Mr. Melvin's

right ear but never came back to his left, leaving him unqualified to fly in space. Instead, he began working in education at NASA Headquarters in Washington, which is where he was when the space shuttle Columbia disintegrated upon reentering the atmosphere in 2003.

All seven astronauts on board lost their lives that day. Mr. Melvin was dispatched to tell the family of David Brown, his friend who was on board, what happened.

Mr. Brown's father told him: "Leland, my son is gone. There is nothing you can do to bring him back. But the biggest tragedy will be if you don't continue to fly into space to honor their legacy."

Mr. Melvin would go on to attend seven funerals, talk with all the families. Up and down he went on airplanes, clearing his ears with no trouble. Unbeknownst to him, someone important was watching him do this and thinking: If he doesn't have any trouble with all these flights, maybe, just maybe, he could go to space.

That man was Rich Williams, a chief flight surgeon, who eventually got NASA to let Mr. Melvin sign a waiver, paving the way for him to go to space. Yet another man in the yellow hat.

Mr. Melvin would go to space two times, first as a mission specialist on the Space Shuttle Atlantis STS-122 in 2008 when his job was to help install a laboratory to the NASA space station. On that mission, he worked with astronauts, scientists and engineers from all over the world.

He went to space again in 2009 on the STS-129, where he helped install spare parts for the International Space Station. On that mission, he was joined by Robert "Bobby" Satcher, M.D., making it the first time two African American men were on the space station at the same time. The 2009 mission was his last in space. Since then, he's written his memoir, "Chasing Space: An Astronaut's Story of Grit." He also continues to educate and speak about STEM and space. He believes that astronauts will return to the moon one day and that the future holds missions to Mars.

In conclusion, he thanked dentists for doing what they do in helping people. He encouraged everyone to go find their own man in the yellow hat.

"Make sure you find him or her to cheer you on your journey, and the resilience and the perseverance of anything that you do is critical to advancing our civilization." ■

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## Study group for new dentists wins Smile Tank grand prize

BY MARY BETH VERSACI  
Houston

With his proposal to establish a study group for new dentists, Austin Lee, D.M.D., of San Antonio won this year's Smile Tank. The competition, modeled after the TV show "Shark Tank," brought together five ADA member dentists to share their innovative ideas for how the American Dental Association could enhance the value of membership. The finalists were chosen from ideas they submitted ahead of SmileCon.

The study group would offer new dentists what they specifically seek, including social events, professional networking and creative ways to learn, and therefore help them see the value of the ADA, Dr. Lee said.

"It would provide new dentists a sense of belonging by small group social celebration, mentorship and support, and quality education without a significant financial constraint," he said.

Meetings of the new dentist study group could include meet and greets, open group discussions and continuing education courses.

Dr. Lee won \$2,500, and the ADA Council on Membership will share the idea with relevant councils and committees.

The other four finalists were Alice Arroyo-Juliá, D.M.D.; Gabriela Lagreca, D.D.S.; Valerie Seifert, D.D.S.; and dental student Kenny Tran. Each received a cash prize.



Innovative idea: Austin Lee, D.M.D., right, receives his prize from Seth Walbridge, D.M.D., immediate past chair of the ADA New Dentist Committee, for winning this year's Smile Tank competition at SmileCon.

ADA Council on Membership immediate past Chair Kyle Bogan, D.D.S., emceed the event, and the competition judges were Tamara Berg, D.D.S., member of the Council on Membership; Kara Kramer, D.M.D., member of the ADA New Dentist Committee; and Joy Nisnisan, D.D.S., American Student Dental Association consultant to the New Dentist Committee.

Smile Tank took place Oct. 14 in the ADA Member Center Theater of Dental Central at SmileCon in Houston. ■

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## ADA announces new Health Equity Action Team

Initiative seeks to close oral health equity gap

BY JENNIFER GARVIN  
Houston

The ADA has launched a new Health Equity Action Team to help reduce disparities in oral health.

The new endeavor, led by the Council on Advocacy for Access and Prevention, was announced Oct. 13 during SmileCon.

The launch event featured Shailee Gupta, D.D.S., immediate past chair, ADA Council on Advocacy for Access and Prevention; Natalia Chalmers, D.D.S., Ph.D., chief dental officer, Centers for Medicare & Medicaid Services; Francis Kim, D.D.S., executive director, American Association for Public Health Dentistry; and James Mancini, D.M.D., CAAP chair.

"CMS is a trusted partner to achieve health equity and advance access and improve clinical outcomes," Dr. Chalmers said. "And not in random order. We're really focused on achieving health



New initiative: The ADA announced the launch of a new Health Equity Action Team to help reduce disparities in oral health. From left are panelists James Mancini, D.M.D.; Natalia Chalmers, D.D.S., Ph.D.; and Shailee Gupta, D.D.S. Not pictured is Francis Kim, D.D.S.

equity, and I was so excited to see ADA make such a commitment by launching this team."

"Oral health and disparities are evident across the lifespan," she added. "Even if you look at young children, adults or seniors, the disparities are very clear. So whenever I talk about oral health, I always come from that space, and we have to be intentional about closing these gaps."

During the event, the Health Equity Action Team passed out brochures outlining ways dentists can get involved, including:

- Reinforcing the role of oral health in overall health by working with community organizations, talking to patients about the role of HPV in oral cancer and discussing tobacco cessation.
- Educating patients about disease prevention by promoting age 1 dental visits, promoting the use of sealants on permanent molars and talking to patients about the benefits of drinking water with fluoride.
- Creating a socially connected practice mindset by identifying stakeholders to address local social determinants of health that construct barriers to care; working with local societies; and collaborating with new moms' groups, local media and school health professionals to provide home care supplies to promote disease prevention.
- Making health equity a part of dental practices by taking an unconscious bias assessment with staff, making sure practice materials are health literate, and taking part in programs to diversify the workforce.

"Health equity is not the last question; it's the first question," Dr. Chalmers said.

For more information about the new Health Equity Action Team, visit ADA.org/HealthEquity. ■

—garvinj@ada.org

## SmileCon attendees practice putting, receive tips from golf commentator Mark Roling

BY JENNIFER GARVIN  
Houston

Dental students Gil Barahman and Judd Burns will be the first to tell you they don't know much about golf. But they do enjoy playing miniature golf and having fun, which is what drew them to the Meet & Greet for Putting Tips event at SmileCon.

"Putting is fun," said Mr. Barahman, a third-year dental student at the Stony Brook University School of Dental Medicine. "When you're out with friends, the stakes aren't too high."

More than 150 SmileCon attendees signed up for the putting clinic, which was hosted by Mark Roling, a golf commentator for NBC Sports and the Golf Channel.

"Dentistry is a lot like golf in that you can break it down into two parts: planning and execution, and you have to do them both correctly," Mr. Roling said. "If you have a bad plan..."

"How are you going to execute?" finished Mr. Burns, a third-year dental student at the University of Louisville School of Dentistry. Mr. Roling nodded in agreement.

"How are you going to execute," he said, repeating the instruction with emphasis. "If you execute with a bad plan, it's probably not going to work. Golf is the same way,

and with putting, what you're doing when you walk up to that ball is figuring out what is your plan for that putt. And if you're not thinking, 'I want to favor the left side of the hole,' then you don't have a plan that's gonna give you the best chance of making it...plan on that ball if it misses not going any further than [a foot] behind that hole."

"I've never heard that before; I like it," Mr. Burns said.

For novices, Mr. Barahman and Mr. Burns took to putting fairly easily, both soaking up tips from Mr. Roling. The 20 minutes of instruction they received paid off too: During the final part of the event — a



Golf clinic: Mark Roling, left, gives putting advice to dental student Judd Burns, far right.

best of five putts — Mr. Barahman scored a rare 5-out-of-5 and Mr. Burns scored 3-out-of-5.

In addition to providing putting instructions and tips, Mr. Roling was also at SmileCon to discuss his journey in overcoming stage 4 salivary gland cancer during a continuing education panel. He also hosted a fundraiser benefiting Camp H-Town, a nonprofit whose mission is to bring back the joys of childhood to kids impacted by cancer. ■

## Dental Olympics bring torch to SmileCon

BY JENNIFER GARVIN  
Houston

The first-ever Dental Olympics were held in Houston.

The two-day event at SmileCon featured students from four Texas dental schools — Texas A&M University, UT Health Science Center at Houston, UT Health Science Center at San Antonio and Texas Tech University Health Science Center El Paso.



Bragging rights: Flanked by ADA Executive Director Raymond Cohlmia, D.D.S., far left, and Christina Rosenthal, D.D.S., far right, the team from UT Health Science Center at San Antonio celebrates winning the first Dental Olympics at SmileCon.

Gabriel Holdwick, D.D.S., a member of the ADA New Dentist Committee, moderated the trivia contest, Dental Jeopardy.

"I know you'd all rather be in school today learning about perio and all that stuff, but thank you for being here," Dr. Holdwick told the students.

The trivia questions ranged from fun questions about dentistry, "Who is noted as the 'father' of dentistry?" and "Where and when was

the ADA founded?" to the more challenging, "The periodontal ligament is primarily composed of which collagen sub-type?" or "Which of the following answers best distinguishes periodontitis from gingivitis?"

In addition to trivia, the first day of events also included a social media battle to see which school could get the most likes or followers. On Day Two, there was a Putt for Points contest and the final round of Dental Jeopardy.

Dentist and Olympian Tara Peterson, D.D.S., a member of the U.S. National Curling Team who participated in the 2022 Winter Olympics in Beijing, provided opening remarks for the Dental Olympics, which were sponsored by Pacific Dental Services.

"Supporting the growth and development of organized dentistry elevates the entire dental industry, which better serves oral health care professionals and ultimately their patients," said Gary J. Pickard, senior director of Government and Industry Affairs at Pacific Dental Services in a news release.

As for who won? UT Health Science Center at San Antonio students Mark Maher Wadie Elia, Anitha Santosh, Josh Dickie and Max Shaw took top honors. ■

—garvinj@ada.org

## 'Not all debt is bad debt'

THREE NEW DENTISTS GET 'REAL' IN DISCUSSING FINANCES AT SMILECON

BY JENNIFER GARVIN  
Houston

A Mitsubishi Endeavor, a Chevrolet Impala and a Toyota Camry with a missing hubcap.

What do these vehicles have in common? They all played a crucial role in developing the character of three new dentists during their journeys to becoming dentists and managing student debt.

During the Real Talk C.H.A.T.: Surviving and Thriving with Student Debt Oct. 13, new dentists Gabriel Holdwick, D.D.S., Stephanie Ganter, D.D.S., and Kellie McGinley, D.D.S., took to the stage to get frank about a serious topic for many new dentists.

The SmileCon "chats" — short for connect, huddle and talk — were a series of hot topic discussions during SmileCon.

"We want to get real, and we want real numbers. What is the ballpark amount of student debt you each graduated with?" said Seth Walbridge, D.M.D., immediate past chair of the ADA New Dentist Committee, who moderated the discussion.

The ADA defines "new dentists" as those who graduated from dental school less than 10 years ago.

"My number coming out of dental school was just a little bit over \$290,000 of student debt," said Dr. McGinley, now a pediatric dentist in Reno, Nevada, who attended the University of Michigan School of Dentistry. "I then went on to residency. I did a forbearance. I was still accruing interest during that time, but I didn't have enough money to pay on my student debt while going to school. And once I got out of school, I bought a practice. So I then took on that debt. And then I got married and I took on my husband's student debt. So for better or for worse, we have a ton of debt, but we look at it as very smart debt."

"About \$400,000," said Dr. Holdwick, a general dentist in Harbor Beach, Michigan, who attended the University of Detroit's Mercy School of Dentistry, which is private. "My parents are not dentists nor are they independently wealthy. So I had to borrow the full amount. And I did a GPR."

"When I got out of residency, I was in the process of buying a practice in my hometown," Dr. Holdwick continued. "There are two dentists in Harbor Beach, of which I am now one, and there's 1,600 folks that live there. I bought a practice while I was coming out of residency because the dentist in Harbor Beach was retiring. And the reason I'm telling you all this is because the bank wanted a balance sheet of how much my debt was and how much my assets were. I think I even assigned a value to my laptop and my car, which was a 2005 Chevy Impala with 200,000 miles on it."

"I love how you said a 2005 Chevy Impala. I'm working with a 2006 Toyota Camry, and it's missing a hub cap as of last week," said Dr. Ganter, a periodontist who graduated from the Texas A&M University College of Dentistry with about \$120,000 in debt.

"I drove my high school car [a Mitsubishi Endeavor] until last year," added Dr. McGinley.

Not buying new cars helped them set their paths financially. So did focusing on the future.

"When people tell me, 'I've got student debt,' I'm like, honestly, you're kind of smart. Not all debt is bad debt," Dr. Ganter said.

"My family also didn't have a lot of money either," said Dr. Holdwick, who has gone on to pay off his student debt. "My mom and dad

were business owners` and so I understood what that life looks like. Long story short, frugality comes natural to me. [I was told] live like you're a dental student or a resident for a couple years when you get out. Even if you kick out your roommate and upgrade your car and literally don't make any other changes in your life for a couple years and pay your student loan debt or save or whatever the market ... that will set you up for success in the future.



Getting real: A panel of new dentists discusses their experiences with debt during Real Talk C.H.A.T.: Surviving and Thriving With Student Debt. From left are moderator Seth Walbridge, D.M.D., immediate past chair of the ADA New Dentist Committee; Kellie McGinley, D.D.S.; Gabriel Holdwick, D.D.S.; and Stephanie Ganter, D.D.S.

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## Nominate standout new dentists for ADA 10 Under 10 Awards

2023 submissions close Dec. 31



BY MARY BETH VERSACI

The ADA is seeking nominations through Dec. 31 to recognize 10 new dentists who are demonstrating excellence in their work and inspiring others.

Winners of the 2023 ADA 10 Under 10 Awards will receive a \$1,000 cash prize and be recognized at SmileCon and in various ADA publications and channels. The ADA New Dentist Committee will

choose and announce the winners in spring 2023.

Nominations are sought for new dentists who are making a difference in:

- Science, research and education: Dentists who have made substantial contributions in advancing clinical topics by leading, organizing or participating in clinical research or scientifically focused efforts, or who have significantly impacted students through education and mentorship.
- Practice excellence: Dentists who do not settle for the status quo and have implemented innovative or more effective ways to improve their patients' experiences, market or grow their practices, or manage their dental teams. Their practice methods serve as an inspiration to other dentists.

• Philanthropy: Dentists who have made a difference in the lives of others — in dentistry or otherwise — by volunteering, leading a philanthropic effort or using their skills to help those in need.

• Leadership: Dentists who serve in leadership, either inside or outside dentistry, and have used their position to improve a dental association, another organization or their community at large.

• Advocacy: Dentists who take a leadership role in advocacy initiatives or legislative activity on behalf of dentists and oral health initiatives.

Nominees must be active ADA members who graduated from an accredited dental school between 2013 and 2022.

To learn more, visit [ADA.org/10Under10](https://ADA.org/10Under10). ■

## Professor who guided UCSD Student-Run Free Dental Clinics dies

BY DAVID BURGER

The dental community lost a legendary humanitarian in October who devoted his life to caring for underserved populations around the world and stateside, inspiring students to follow his example.

Irvin B. Silverstein, D.D.S., 68, died on Oct. 16 after a six-year battle with pancreatic cancer, according to an email from Sussi Yamaguchi, D.D.S., clinic director of the University of California San Diego Student-Run Free Dental Clinics.

Dr. Silverstein was the recipient of the American Dental Education Association Foundation's 2021 William J. Gies Award for Vision, Innovation and Achievement in the Dental Educator category. Dr. Silverstein is survived by his wife, Donna Kritz-Silverstein, Ph.D., and two daughters, Sarah Silverstein, D.M.D., and Sharona Greene. He also had two grandchildren.

In lieu of flowers, donations can be made to the UCSD Student-Run Free Dental Clinics at <https://go.ucsd.edu/3CJ72RY>. Donations by check may be made payable to the UC San Diego Foundation and mailed to: UC San Diego Gift Processing; Student-Run Free Dental Clinic; 9500 Gilman Drive, #0940; La Jolla, CA 92093-0940.

To read the full story, visit [ADA.org/adanews](https://ADA.org/adanews). ■



Proud grandpa: Irvin Silverstein, D.D.S., holds his grandchildren, twin boys, in 2022.





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# Colgate screens more than 200 children during SmileCon



Fun day of oral health: Students from Johnson Elementary School play a game while they wait to be screened.

BY JENNIFER GARVIN  
Houston

The Colgate Bright Smiles, Bright Futures team screened more than 200 children during Philanthropy Day at SmileCon.

In addition to screening children, Colgate provided lunch to the children as well as fun interactive education lessons on oral and overall health. Children from two Houston elementary schools, Francis Elementary School and Johnson Elementary School, took a field trip for the occasion.

The Colgate Bright Smiles, Bright Futures mobile dental van was also on hand for the event in Dental Central.

Six-year-old Genesis, a first grader, was excited for his screening. He recently had a tooth

fall out and has been brushing extra hard. "I like it when my teeth fall out," he said. "It distracts me when it's loose."

His friend Winston, 7, agreed. "I've lost two teeth."

Prior to their individual screenings, the children visited six stations, all featuring different, but important, health lessons, including those on nutrition and dental hygiene. There was even a station devoted to proper hand washing.

"Before you brush your teeth, you have to have clean hands," said Anaika Forbes Grant, associate manager, Community Oral Health, Colgate-Palmolive Company. "And then we have the healthy plate. Nutrition is a big deal when it comes to oral health."

For additional information about the Philanthropy Day events, contact [gkas@ada.org](mailto:gkas@ada.org). —[garvinj@ada.org](mailto:garvinj@ada.org)

## SmileCon attendees celebrate giving back, helping others

BY JENNIFER GARVIN  
Houston

Along with getting the opportunity to meet, play and learn with their dental colleagues, there is another important tradition that takes place each year during SmileCon: Giving back. Oct. 13 was the opening day of the meeting, but it was also something else: Philanthropy Day.

During Philanthropy Day, attendees were invited to participate in charitable activities, learn more about volunteer opportunities and share their passion for giving back. The day started early with a 6 a.m. 5K fun run around downtown Houston to support the ADA's Give Kids A Smile program. Volunteers then headed to Dental Central for the Give Kids A Smile Pack & Give Back Event, a collaboration with the Houston Food Bank's Backpack Buddy Program, to

pack backpacks with nutritious food, oral health care products and education materials for food-insecure children in Houston. "It's important for the ADA to give back," said Cesar R. Sabates, D.D.S., immediate past ADA president. "Now let's get packing for the children of Houston."

The Houston Food Bank's Backpack Buddy program provides nutritious, kid-friendly food for more than 700 area schools and serves up to 10,000 children a week, according to Andrea Villegas, Backpack Buddy coordinator. "Usually children receive breakfast, lunch and snacks at school, Monday through Friday," Ms. Villegas said. "Unfortunately, they go home to little or no food on the weekend. I have heard many stories from parents who have to make difficult decisions on whether to pay their utilities or buy food for their children. So, thank you so much for being here. It takes a community to make sure kids are healthy for the future."

Sponsors of the Give Kids A Smile Pack and Give Back Event included Henry Schein, Colgate, the Dental Trade Alliance Foundation and the ADA Foundation.

For additional information about Philanthropy Day events, contact [gkas@ada.org](mailto:gkas@ada.org). ■

## Linda J. Edgar, D.D.S., voted president-elect House of Delegates installs officers

BY STACIE CROZIER  
Houston

Linda J. Edgar, D.D.S., of Federal Way, Washington, was voted president-elect by the House of Delegates Oct. 18. David J. Manzanares, D.D.S., of Albuquerque, New Mexico, was declared the second vice president and W. Mark Donald, D.M.D., of Louisville, Mississippi, was declared the speaker of the House. Both ran unopposed for their respective positions.

In addition, the Board of Trustees installed four new trustees and a new chair of the New Dentist Committee: Brendan P. Dowd, D.D.S., 2nd District; Randall C. Markarian, D.M.D., 8th District; John E. Hise Jr., D.D.S., 11th District; Karin Irani, D.D.S., 13th District; and James Lee, D.M.D., New Dentist Committee chair.

### PRESIDENT-ELECT

Dr. Edgar, a general dentist in Federal Way, Washington, is the immediate past trustee for the 11th District. She has also served as a delegate to the ADA House and as a member of the ADA Council on Dental Practice. She is a past president and past secretary of the Academy of General Dentistry, past president of the Seattle King County Dental Society, and fellow of the American College of Dentists, International College of Dentists and Academy of Dentistry International. She was chair of the University of Washington School of Dentistry's \$22 million fundraising campaign for more than 10 years and has competed in 45 marathons and two Ironman Triathlon competitions.

### DR. SHEPLEY continued from Page 1

fortunes of trust, influence and respect as an organization and profession. Because when it mattered most, we adapted, and we made bold moves."

Quoting President Theodore Roosevelt, he encouraged his fellow dentists to commit to "daring greatly" and to continue to enhance the profession through legislative advocacy, clinical practice guidelines, standards, coding, testing, dental research and thought leadership on the dental economy.

"Boldness is how we've built resilience," said Dr. Shepley, a Baltimore dentist who has been an ADA member for 40 years. "It's how we've navigated every modern public health crisis from HIV to COVID-19. It's how we've survived times of peak inflation — the days when a glut of dental school graduates entered the market, bought homes and opened practices when interest rates were 18% and 19%. I was one of those dentists."

"The ADA has evolved through it all — learning more, knowing better, doing better and simply going from strength to strength ... all because we have simply dared to try."

### A SENSE OF BELONGING

Dr. Shepley, who received his dental degree from the West Virginia School of Dentistry, previously served the ADA as president-elect, a 4th District trustee and president of the

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### SECOND VICE PRESIDENT

Dr. Manzanares, a general dentist in Albuquerque, New Mexico, received his dental degree from the University of Missouri-Kansas City School of Dentistry. He has served in leadership positions throughout the tripartite, including secretary/treasurer of the New Mexico Dental Association, member of the ADA Council on Communications, chair of the ADA Volunteer Engagement Program, director of the NMDA Foundation board of directors and conference chair for Fiesta NMDA, the NMDA annual meeting. He is also a member of the Academy of General Dentistry and American Equilibration Society and a fellow of the American College of Dentists and International College of Dentists.

### SPEAKER

Dr. Donald, a general dentist in Louisville, Mississippi, was elected to a second three-year term as speaker. He has served as a delegate to the ADA House and member of the ADA Council on Dental Practice. He is past speaker and president of the Mississippi Dental Association. He also served as speaker and president of the Academy of General Dentistry. He earned his dental degree from the University of Mississippi School of Dentistry.

### NEW TRUSTEES

Dr. Dowd, a retired general dentist in Buffalo, New York, is the new 2nd District trustee. He served as assistant dean of clinical operations at SUNY at Buffalo School of Dental Medicine and is currently a part-time clinical assistant professor. Dr. Dowd is a past president of the New York State Dental Association and the

Maryland State Dental Association.

As a young associate, he said he yearned for connection and camaraderie, which he found with the Baltimore City Dental Society.

"Becoming a member of the ADA family made all the difference. The connections I shared with fellow dentists empowered and inspired me," Dr. Shepley said.

Now, as ADA president, he wants every dentist to feel that same sense of community.

"Early in my career, I felt embraced and included at the ADA, and so should every other single dentist," he said. "This includes the internationally trained dentists; those who go into academia and research; dentists who want to go into public health; dentists who want to work in the military and other federal dental services; and dentists who work in large-group practices or DSOs."

"Dentists of all backgrounds, races, ethnicities, genders, and all practice modalities deserve an ADA that they genuinely can call home," said Dr. Shepley, whose words were received by a thunderous round of applause from the delegates.

### DEFINING ORAL HEALTH

Dr. Shepley also urged members to help the ADA continue its role as the nation's leading voice for oral health by setting the global standard for oral health.

"If not us, then who?" he asked. "It's not a rhetorical question. Without the ADA's leadership, we risk the definition of oral health being determined by lawmakers, insurance companies, or anyone else who may have a stake in the conversation — but not us as the frontline providers of oral health care."

"We are the ones who need to define oral health," he said.

Eighth District Dental Society and served on the ADA Council on Dental Practice.

Dr. Markarian, an orthodontist in Swansea, Illinois, is the new 8th District trustee. He served as chair for the ADA Council on Dental Benefit Programs and is a past president of the Illinois State Dental Society and past chair of the American Association of Orthodontists Council on Orthodontic Benefits. He received his dental degree from the Southern Illinois University School of Dental Medicine and his master's degree in orthodontics from the St. Louis University Center for Advanced Dental Education.

Dr. Hise, a general dentist in Boise, Idaho, is the new trustee for the 11th District. He is a past president of the Idaho State Dental Association and was honored with both the ISDA President's Award and the ISDA Lifetime Achievement Award. He is a member of the Academy of General Dentistry and Christian Medical and Dental Association and a fellow of the International College of Dentists and Pierre Fauchard Academy. He is a consultant to the Idaho State Board of Dentistry.

Dr. Irani, a general dentist in Los Angeles, California, is the new 13th District trustee. She has served as chair of the ADA Council on Membership, a trustee of the California Dental Association, chair of CDA's Leadership Development Committee and president of the San Fernando Valley Dental Association. She is a co-founder of Veterans Smile Day, a nonprofit organization providing free dental care to veterans nationwide.

Dr. Lee, New Dentist Committee chair, is a general dentist in Malden, Massachusetts. He has served as the Massachusetts Dental Society Board of Trustees secretary and as East

One of the ways he hopes to do this is by assembling an ADA task force to address the nation's overconsumption of sugar and by engaging with other stakeholders, including the Academy of Nutrition and Dietetics, American Diabetes Association and other medical organizations, to be a "powerful voice" for optimal health.

"It's a bold opportunity for medical-dental and stakeholder collaboration," he said. "Our work on this subject could resonate for years and decades to come. We can enhance our role as recognized national health leaders in overall health care, by taking a stand and truly making an impact on the overall health of our nation."

"If not us, then who?"

### EDUCATION AND ADVOCACY

The new president also urged the ADA to continue its tradition of acting boldly in two key areas: education and advocacy.

He shared an example of education at the micro level from his own practice, where he spends up to two hours with each new patient educating them on how good oral health habits can yield overall benefits and vice versa.

"These visits may be a loss leader in my practice, but they build trust and empower patients to think holistically about well-being," he said. "Knowledge is power. Both knowledge and power can create a sense of agency and self-advocacy."

He stated that today's dental students are trained to have an innate sense of their role in whole-body health through medical-dental integration. He hopes the ADA can strengthen its relationships with dental schools and groups like the American Dental Education Association to better serve all dentists and patients.



President-elect: Linda J. Edgar, D.D.S., addresses the House of Delegates in Houston on Oct. 18.



Second vice president: David J. Manzanares, D.D.S., gives a speech to the House of Delegates after being named to his position.

Middlesex District Dental Society trustee. He is a fellow of the International College of Dentists and Pierre Fauchard Academy. He was awarded the MDS 10 Under 10 Award in 2020 and received his dental degree from Boston University Henry M. Goldman School of Dental Medicine.

To read about the returning trustees, visit [ADA.org/adanews](http://ADA.org/adanews).

—crozier@ada.org

He also spoke of the power of advocacy, calling ADA one of the most important aspects of the Association.

"We educate lawmakers by telling the story of who we are, who we serve, and why our work matters. It's how we've made an impact on local, state, and national legislatures."

He noted that both education and advocacy are used to help improve challenges in the profession, such as declining reimbursement and staffing issues.

And with the passage of strategic forecasting the ADA has adopted a new process empowering the Association to better adjust to the winds of change.

"With the extraordinary vision of Dr. Cohlman, we have spent the last year initiating this critical evolution," he said. "As we keep it up, we are poised to be more agile and efficient as an organization in the coming year. We have the tools to move forward."

"At the ADA, we are taking care of people. Whether they are patients, whether they are peers," he said. "This means meeting them where they are and acknowledging our ability to be forces for good. As I officially begin my term as the 159th president of the ADA, I am inspired and grateful to all of you who have been forces for good in our profession and for those in my own life."

In closing, Dr. Shepley thanked his wife, children and grandchildren along with the staff at his dental practice in Baltimore.

"I feel honored to be in your company, privileged to serve you, and eager to push the boundaries of what's possible — bolder, braver, and more daring than we have ever been before," he said.

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## Save the date: Orlando hosting SmileCon 2023

BY DAVID BURGER

The magic of SmileCon comes to Florida in 2023.

ADA SmileCon 2023 is scheduled for Oct. 5-7, 2023, at the Orange County Convention Center in Orlando.

Widely recognized as one of the most popular destinations in the world for families, Orlando offers adults — or kids at heart — plenty of their own adventures and opportunities to explore. Closely linked with Walt Disney World, the

Orlando area is home to a variety of attractions, including Universal Orlando, Sea World Orlando and LegoLand Florida.

And those are just the theme parks. To celebrate the diversity of both Orlando's local community and visitors from across the globe, local groups and theme parks honor multiple cultures with events, festivals, concerts, parades, museums, galleries and more.

SmileCon 2023 will once again feature

cutting-edge continuing education, a world-class exhibit hall, innovative networking opportunities and new events to captivate and connect with dentists around the nation and globe.

Registration for 2023 will open in early summer at [SmileCon.org](http://SmileCon.org).



Photo by EZ Event Photography  
Welcoming: Member dentists from Florida staff a booth at SmileCon 2023 that educates guests about SmileCon 2023's home, Orlando. From left: Stephen Perez, D.D.S.; Kevin Sessa, D.D.S.; Kathryn Miller, D.M.D.; and Bert Hughes, D.M.D.

## ADA provides students, residents with CDT 2023 app for free

BY DAVID BURGER

For the first time, the ADA is providing every dental student and resident free access to the CDT 2023 App.

"Having knowledge and easy access to all of the dental codes and knowing how to accurately submit them are things every dentist should know," said Jessica Stille-Mallah, D.M.D., chair of the ADA Council on Dental Benefit Programs.

The CDT 2023 App for iPhone, Android, tablet or desktop computer includes:

- 2022 and 2023 codes and descriptors.
- All CDT codes organized by category of service: Diagnostic, Preventive, Restorative, Endodontics, Periodontics, Prosthodontics

— removable, Maxillofacial prosthetics, Implant Services, Prosthodontics — fixed, Oral and Maxillofacial Surgery, and Orthodontics.

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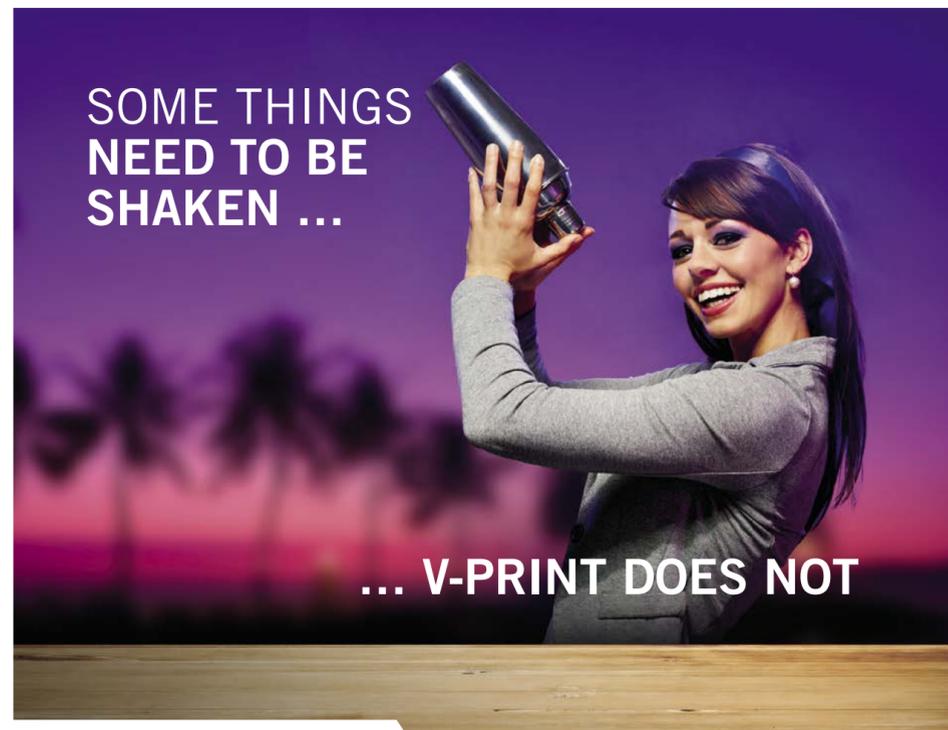
offering practical information necessary to submit complete and accurate claims. To access the CDT 2023 app:

1. Download the CDT 2023 App from the Apple Store or Google Play or visit the desktop app using the link <https://cdtapp2023.ada.org/sign-in>.  
2. Click "Sign Up" and enter name and email address. Users must use the email address that the ADA has on file and create a password.

Once completed, users will be able to access the app on any device using the email and password they registered with.

If users encounter problems gaining access, call 1-319-246-5271 or email [support@hlcorp.com](mailto:support@hlcorp.com).

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- No sedimentation – no shaking or "rolling" prior to use

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