

# ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

06.12.23

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## Teledentistry poised for vivid future

ADVANCES IN TECHNOLOGY EXTEND THE REACH OF DENTISTRY SINCE ONSET OF PANDEMIC

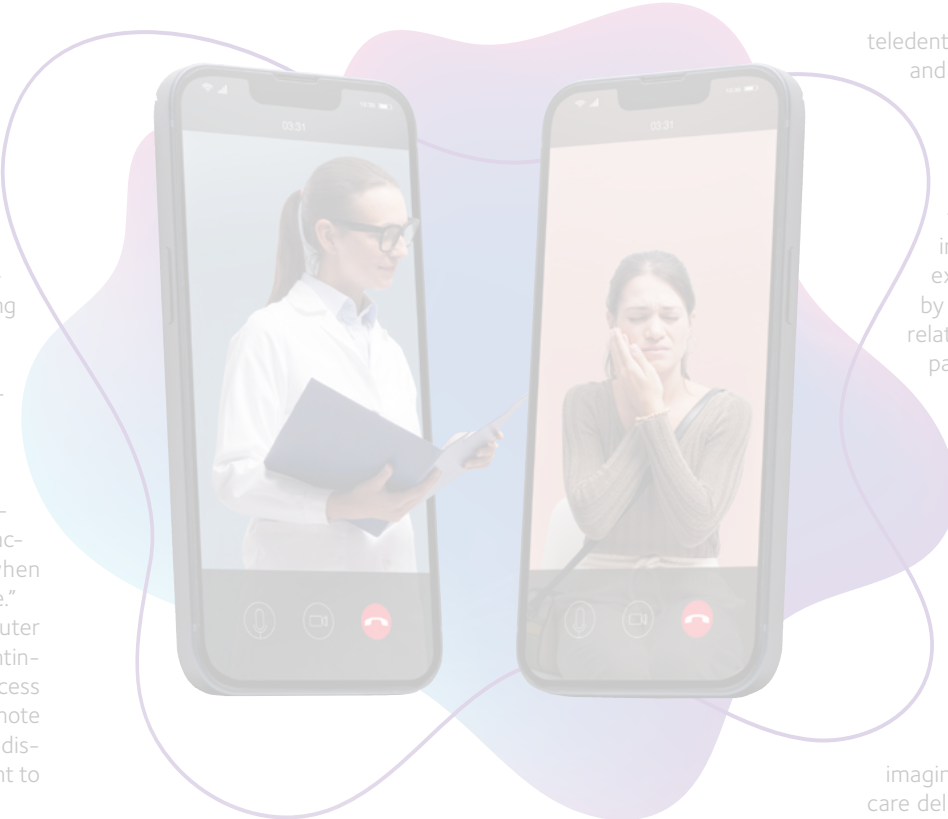
BY DAVID BURGER

While in-person examination has historically been the most direct way to provide care, advances in technology can extend the reach of dentistry, increasing access to care by reducing the distance to the dentist.

Case in point: teledentistry. "Teledentistry has been a game-changer for the dental industry during the pandemic," said Nathan Suter, D.D.S., chief innovation officer for Enable Dental. "It has allowed for continuity of care and access to patients in need, even when in-person visits were not possible."

As he looks to the future, Dr. Suter believes that teledentistry will continue to play a role in expanding access to care for patients who live in remote locations, have mobility issues or disabilities and for dentists who want to expand their care.

"Technological advancements such as artificial intelligence and machine learning will also help to expand the



teledentistry and its capabilities front and center.

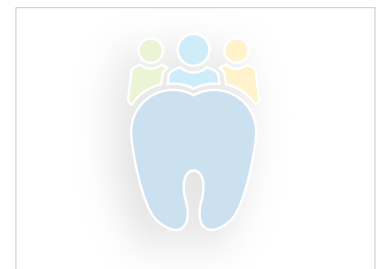
The Code Maintenance Committee, convened by the ADA Council on Dental Benefit Programs and responsible for updating the ever-evolving CDT Code, recognized the expanded use of teledentistry by approving several new codes related to the practice since the pandemic began.

CDT 2018 marked the addition of codes (D9995 and D9996) for documenting and reporting the two types of teledentistry scenarios a dentist can play a part in — one where data is collected and addressed in real time, and the other where data is collected, stored and forwarded to be addressed at another time and location.

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### SPECIAL ISSUE:

## Technology & Dentistry



### 4 More dentists affiliating with DSOs

ADA News launches Insights on Group Practice Dentistry series



### 10 Actress Constance Wu to speak at SmileCon

Opening Session in Orlando scheduled for Oct. 5



### 18 ADA proposes solutions for workforce issues

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“Technological advancements such as artificial intelligence and machine learning will also help to expand the capabilities of teledentistry, such as efficient data entry, automated processes, remote diagnosis and treatment planning,” he said.

**BENEFITS REALIZED**

- A visual report from the CareQuest Institute for Oral Health in 2021 explores reasons why it believes teledentistry is here to stay. Key points include:
  - During a crisis — whether it be an infectious disease outbreak or natural disaster — teledentistry will help ensure that people do not lose access to care.
  - Teledentistry can reduce costs. In one study, patients with at least one teledentistry visit cost 10% less than dental patients who didn't use teledentistry.
  - Patients are embracing teledentistry: In a 2020 CareQuest Institute survey, 86% of patients said they

were satisfied with their overall teledentistry experience.

- Teledentistry can reduce the number of visits to hospital emergency departments.

ADA policy reflects its belief that teledentistry can increase access to care: “The ADA believes that examinations performed using teledentistry can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care.”

The ADA, which first adopted policy on teledentistry in 2015, updated its teledentistry policy within the first year of the pandemic. The updated policy, passed by the 2020 House of Delegates, noted that “teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are

rendered,” and that “in order to achieve this goal, services delivered via teledentistry must be consistent with how they would be delivered in-person.”

It goes on to say examinations and subsequent interventions performed using teledentistry “must be based on the same level of information that would be available in an in-person environment,” and stresses that “it is the legal responsibility of the dentist to ensure that all records collected are sufficient for the dentist to make a diagnosis and treatment plan.”

The resolution also stated that dental insurers — both public and private — should cover services provided through teledentistry at the same level as if the services were delivered in a traditional face-to-face encounter.

**ADA SWIFTLY ADAPTS**

Since the onset of the pandemic, the ADA has continued to keep

teledentistry and its capabilities front and center.

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In 2020, nine new diagnostic imaging codes relevant to patient care delivered through teledentistry were approved. The new codes were for radiographic and photographic image capture-only procedures, which have the greatest applicability in teledentistry encounters where a locally licensed practitioner captures images that are forwarded to a dentist for interpretation. The dentist then reports interpretation separately with its own CDT code.

In May, the ADA Standards Committee on Dental Informatics approved a technical report on teledentistry for circulation and comment.

Proposed ADA Technical Report No. 1112 for Teledentistry provides information on the informatics aspects of the evolving field of teledentistry to assist dental providers in determining goals, selecting components and creating working systems.

The report also contains an adoption guide designed to assist providers who are considering incorporating



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See *TELEDENTISTRY*, Page 4





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## AROUND THE ADA

# ADA News launches new website

BY KELLY GANSKI

The ADA News has a new website and a new look to go with it.

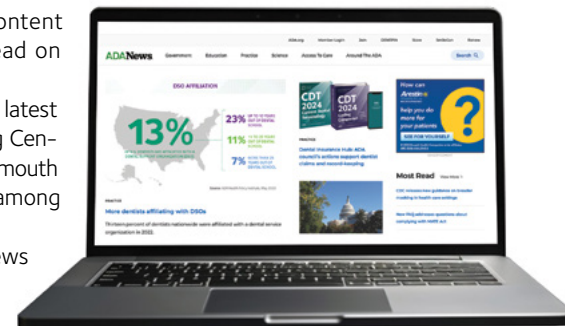
Readers can now visit adanews.ada.org to keep up with the latest news in dentistry. With a new dynamic visual presence, the website offers users daily updates on everything the ADA News offers.

Search by keyword or visit one of the popular topics: government, education, practice, science, access to care or around the ADA. The new

website also offers recommended content and the stories that are the most read on the site.

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## ADA News launches new section dedicated to group practice dentistry

BY KELLY GANSKI

**H**ow and where dentists practice is rapidly evolving.

The formula used to be predictable: a dentist graduates dental school and opens his or her own practice near their hometown. In 2023, and for the past several decades, that story is much more complex.

Student debt. A desire to focus more on clinical skills and less on the business side of dentistry. A yearning for camaraderie. These are some of the many reasons why fewer dentists are going into solo practice and instead joining a dental service organization.

According to data released by the ADA Health Policy Institute in May, dental group practices continue to grow while the percentage of dentists in solo practice is shrinking. Dental support

organizations also continue to grow: 13% of dentists were affiliated with a DSO in 2022. That's up from 10.4% in 2019 and 8.8% in 2017. Early career dentists are even more likely to be affiliated with a DSO, at 23% in 2022.



"The tide is changing in the way dentists work, with fewer dentists in solo practice and a growing number of clinicians working in large group or DSO-affiliated practices. We're also seeing that early-career dentists are more likely than mid- and late-career colleagues to be affiliated

with a dental support organization," said ADA President George R. Shepley, D.D.S. "Dentistry has always been a profession of great opportunity, and the expansion of practice models offers dentists more choices for designing their lives and careers. The ADA remains committed to supporting all dentists along their professional journeys, helping them navigate the evolving landscape and empowering them to succeed in the various ways they improve the health of our communities."

The ADA News is launching a new section dedicated to this growing sector, titled Insights On Group Practice Dentistry. Each month, readers can enjoy articles on issues and topics related to group practice in dentistry; the latest data and research on dental practice trends; and contributed pieces from dental and DSO leaders. ■

## HPI: More dentists affiliating with DSOs

### Newer dentists leading trend

BY KELLY GANSKI

**T**hirteen percent of dentists nationwide were affiliated with a dental service organization in 2022 and for dentists less than 10 years out of dental school the rate is much higher, according to new data released by the ADA Health Policy Institute.

This is an increase over the 10.4% of dentists affiliated with a DSO in 2019 and the 8.8% in 2017.

"Practice modality continues to change," said Marko Vujicic, Ph.D., ADA chief economist and vice president of the Health Policy Institute. "Our updated data show higher rates of dentist affiliation with DSOs as well as less dentists in solo practice and more in groups."

HPI's analysis is based on all practicing dentists in the U.S. for whom HPI can assign at least one practice location address. This includes 191,669 dentists out of 202,401 practicing dentists in the United States. Data is available by dentists' state, career stage, specialty and sex.

HPI is differentiating the concepts of practice size and DSO affiliation:

**Dental practice size:** The number of affiliated locations within a dental practice. This could include locations directly owned and operated by a single business entity, as well as locations affiliated with each other through other arrangements such as a franchise, a parent company or through a DSO.

**DSO affiliation:** A practice is considered to be affiliated with a DSO if some outside entity manages some or all of its nonclinical functions such as billing, marketing, human resources, etc. For the purposes of HPI's analysis, a DSO includes any member of the Association of Dental Support Organizations as well as other entities judged to be DSOs based on HPI primary research.

"For instance, there could be a dentist who works in a single-location practice by herself that is supported by a DSO," Dr. Vujicic said. "DSO is not about the size of the practice, or the number of locations a practice has, but rather about a particular type of business model."

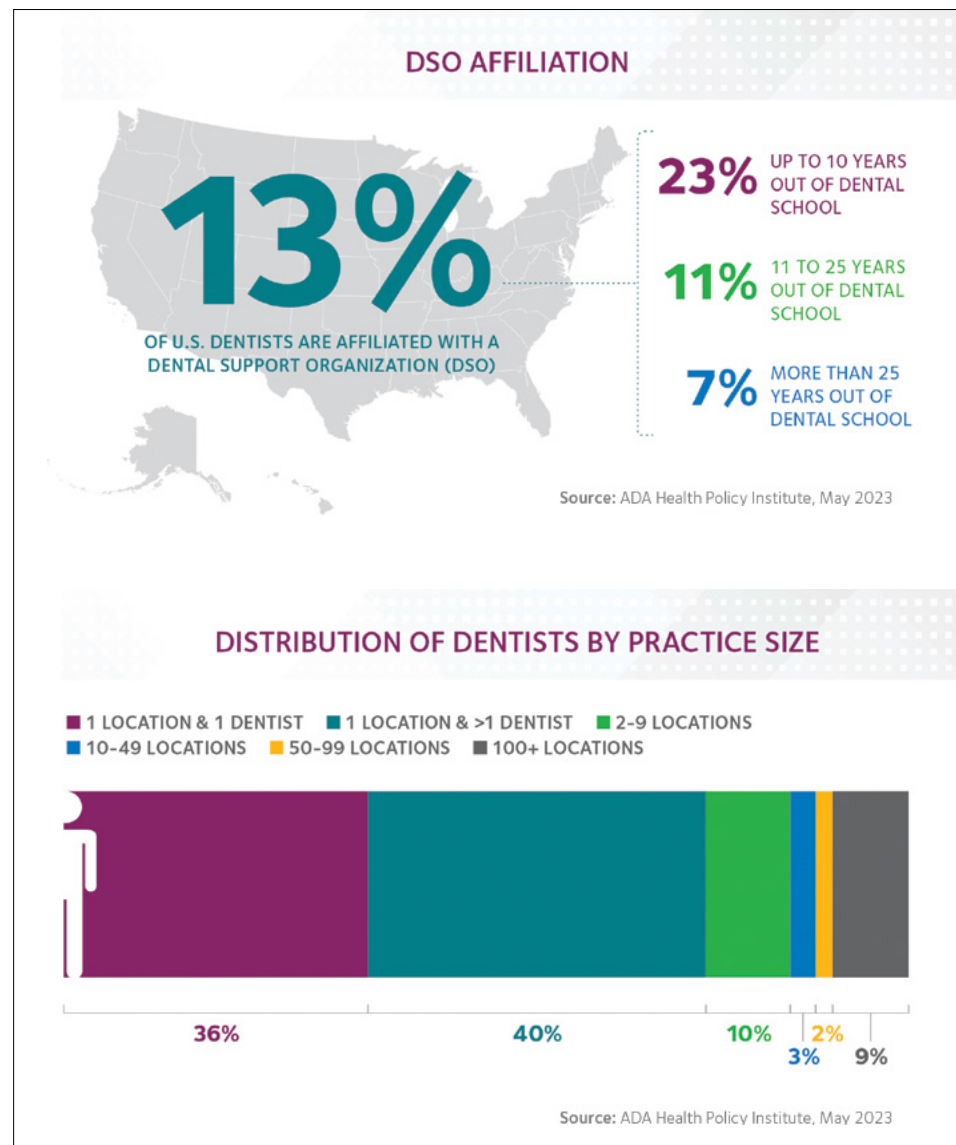
Dentists who have been out of dental school for less than 10 years are also far more likely to

practice in larger groups and far more likely to be affiliated with a DSO, according to the data. Twenty-three percent of those dentists analyzed were affiliated with a DSO in 2022.

The HPI team continues its research into practice modality and is looking at how long dentists remain in a particular practice modality; whether there are differences across practice

modalities in career satisfaction, work life balance, earnings and patient outcomes; and what role does private equity plays in driving practice consolidation, among other areas.

For more information and to see the full data set, visit [ADA.org/resources/research/health-policy-institute/dental-practice-research/practice-modalities-among-us-dentists](https://ada.org/resources/research/health-policy-institute/dental-practice-research/practice-modalities-among-us-dentists). ■



## TELEDENTISTRY

continued from Page 1

teledentistry into their practices or practice systems in making decisions about how they will use teledentistry, what arrangements they need to make, what hardware and software choices they could consider, and how they could organize a system that includes teledentistry as one of its components.

The draft report and comments template can be downloaded from [ADA.org/aipreview](https://ada.org/aipreview).

The ADA's policy on teledentistry has evolved with the times, as well.

The ADA policy statement on teledentistry was amended by the 2021 House of Delegates to avoid a potential conflict with the ADA Principles of Ethics and Code of Professional Conduct.

The Code indicates that it is unethical to abandon a patient who is undergoing a course of treatment.

However, in certain instances, the ADA Council on Ethics, Bylaws and Judicial Affairs believed the teledentistry policy adopted in 2020 could have led to the abandonment of patients undergoing treatment.

According to the council, the conflict between the 2020 teledentistry policy and the Code put the dentist in an untenable situation — either the dentist ignored the teledentistry policy in favor of proceeding in accordance with the guidance of the Code, or ignored the ethical guidance of the Code and adhered to the 2020 teledentistry policy.

Amendments submitted by CEBJA and passed by the House of Delegates in Resolution 86H-2021 resolved that conflict.

## DENTISTS' PERSPECTIVES

Teledentistry has proved to be efficient and effective for dentists like Jane Gillette, D.D.S., former chair of the ADA Council on Advocacy for Access and Prevention as well as currently a state legislator in Montana.

Montana's wide-open spaces feature places where dental care often isn't as accessible. Dr. Gillette related stories on how teledentistry has helped her reach Head Start children, as well as other instances on how some of her colleagues use teledentistry to reduce health disparities in remote parts of the state.

Kyle Gernhofer, D.D.S., is the co-founder and CEO of DenScore, a web application that provides automated treatment decision support and care navigation to help users make decisions about their dental care needs.

The majority of people use DenScore's app after hours when they need help and can't reach a dentist or dental insurance plan, Dr. Gernhofer said. DenScore users also have the option of scheduling a teledentistry exam with teledentistry.com, he said.

"Bringing awareness to teledentistry and the various ways it can benefit our users is another way we help people navigate dental care," Dr. Gernhofer said.

The use of teledentistry will only expand, Dr. Gillette said.

"There are needs in lots of places," she said. ■

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# Virtual reality simulators help students feel their way from preclinical study to clinical experience

SIMULATORS ADAPT TO COURSE AND PATIENT-SPECIFIC NEEDS, PROVIDE INSTANT FEEDBACK FOR STUDENTS AND FACULTY

BY STACIE CROZIER

Dental schools worldwide have been transitioning to high-tech education tools — virtual reality haptics simulators that enable students to get a real feel for what it's like to perform clinical procedures long before they treat a patient in the clinic.

The University of Connecticut School of Dental Medicine in Farmington, Connecticut, has been using virtual reality simulators as part of its curriculum since 2017, said Aadarsh Gopalakrishna, D.D.S., associate professor and chair of the division of general dentistry. Every student since then has used simulators that have been incorporated into multiple courses each year.

“At UConn, we have set up a dedicated advanced dental simulation lab with eight units and a dedicated teacher’s station, which can monitor the virtual reality units,” Dr. Gopalakrishna said. “Students have structured rotations during multiple preclinical courses, including restorative dentistry and cariology. Incorporating this into the curriculum along with traditional simulation labs gives them an upper hand to their preparedness and transitions into clinical care.”

Some of the upsides to using haptic technology as first- and second-year students, he said, is that it allows students to work in a 3D situation that also gives them the actual feel of performing operative procedures — much like a flight simulator for airline pilots — giving them an interactive learning experience much closer to reality than a lecture course can.



“Students get the experience of this virtual reality technology very early on during the Year 1 preclinical operative course, which is crucial for developing manual dexterity skills,” Dr. Gopalakrishna said. “We continue to use them in multiple courses throughout the predoctoral curriculum, including in Year 2 preclinical operative and caries management transitions during clinical operative.”

The virtual reality simulators, Dr. Gopalakrishna explained, can be customized for different courses and procedures in preclinical learning and can also be programmed to help students develop treatment planning and diagnostic skills. The technology also permits faculty evaluation and feedback both synchronously and asynchronously.

“This is a good interactive teaching platform and keeps students engaged,” Dr. Gopalakrishna said. “Students already have various exposures to virtual reality technology, mostly in the form of virtual reality games, and the initial responses are that they are very excited to see this technology in dentistry. The perception to cutting different layers of teeth is very well perceived

and they appreciate having this technology. Overall, course feedback has been good relative to incorporating this in the course curriculum.

“One of the things I liked most about this experience is being able to actually feel caries,” said third-year student Katherine Peccerillo. “Feeling the stickiness of caries is something you don’t get

to experience in pre-clinic and is very important to learn for clinic so I appreciated being able to feel the caries. I also really liked exposing the pulp on the simulated tooth. It made me aware of how careful you have to be when excavating caries close to the pulp on a patient.”

Because virtual reality and robotics are already

being used in many areas of health care, Dr. Gopalakrishna said, “it becomes even more important to have an early exposure in dental education. There are many technologies emerging in this area, and in the next few years, I foresee

See VIRTUAL, Page 11

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## Artificial intelligence and dentistry

ADA TAKES LEAD ROLE IN SETTING STANDARDS FOR DENTAL PRACTICE USES

BY MARY BETH VERSACI

**A**rtificial intelligence and its implications have been all over the news lately, but what does this technology mean for dentistry?

A white paper released in February by the ADA Standards Committee on Dental Informatics provides an overview of the uses of artificial intelligence and augmented intelligence in dental practice, primarily in the analysis of dental images to aid clinicians in making diagnoses, and the ADA is working on other standards to help guide those uses responsibly.

While artificial intelligence refers to intelligence demonstrated by machines rather than humans, augmented intelligence retains elements of human intelligence in its procedures. Rather than performing an assignment for a clinician like AI might do, augmented intelligence acts as a tool to assist the clinician in the task, according to the white paper.



Dr. Chopra

“While the integration of AI and augmented intelligence in dentistry is progressing, it’s important to note that human expertise and clinical judgment remain essential,” said Manny Chopra, D.M.D., chair of the ADA Council on Dental Practice.

“Ethical considerations, data privacy and regulatory guidelines are crucial to ensure responsible implementation and protect patient rights.”

However, AI and augmented intelligence offer opportunities to improve patient care, diagnostics and administrative processes, Dr. Chopra said.

“By integrating AI and augmented intelligence, dental practices can provide precise diagnoses, personalized treatments and enhanced patient experiences,” he said. “Currently, the use of AI and augmented intelligence in dentistry is steadily advancing and showing promising potential.”

Dr. Chopra said some uses of AI and augmented intelligence in dentistry include:

- **Imaging and diagnosis:** Artificial/augmented intelligence algorithms are being developed and deployed to analyze dental images, such as radiographs and intraoral scans, to assist dentists in detecting and diagnosing oral diseases with greater accuracy and efficiency. This technology aids in early detection, leading to timely interventions and improved patient outcomes.
- **Treatment planning:** Artificial/augmented intelligence-based software can assist dentists in treatment planning by analyzing patient data, case histories and treatment outcomes. These tools provide valuable insights, helping dentists make informed decisions about treatment options, materials and techniques.
- **Robotics and automation:** Robotics is being explored to automate repetitive tasks in dentistry, such as tooth preparation, implant placement and orthodontic adjustments.
- **Virtual reality and augmented reality:** These immersive technologies are increasingly used in patient education and treatment visualization. Augmented reality overlays digital information onto the real-world dental environment, assisting dentists during procedures and enhancing accuracy.
- **Data analysis and predictive analytics:** Artificial/augmented intelligence algorithms can process large amounts of patient data, including medical records, oral health histories

See AI, Page 7

## Practice Consolidation is Cresting

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AI continued from Page 6

and treatment outcomes, to identify patterns and predict future oral health conditions. This enables proactive care, personalized treatment plans and preventive interventions.

- **Administrative support:** Artificial/augmented intelligence-driven virtual assistants are being employed to streamline administrative tasks in dental practices. These assistants can handle appointment scheduling, patient communication and billing processes to reduce administrative burdens and enhance overall practice efficiency.

“Having standards in place is crucial as the applications and use of AI and augmented intelligence in dentistry grow,” said Michael Saba, D.M.D., chair of the Council on Dental Practice’s Digital Dentistry, Technology and Innovation Subcommittee. “These standards serve as guidelines and frameworks that help ensure ethical and responsible implementation of artificial/augmented intelligence technologies.”

In addition to the recently released SCDI White Paper No. 1106 for Dentistry — Overview of Artificial and Augmented Intelligence Uses in Dentistry, the ADA is working on a technical report and standard related to image analysis systems that use AI and augmented intelligence. The ADA is also developing the U.S. position for the first international standard on AI and augmented intelligence in dentistry.



Dr. Saba

Dr. Saba said the following reasons point to the importance of standards to the application of AI and augmented intelligence in dental practice:

- **Patient safety:** Standards help prioritize patient safety by establishing guidelines for the use of AI and augmented intelligence in dentistry. By adhering to these standards, dentists can ensure that artificial/augmented intelligence systems are accurate, reliable and safe for patients. This includes validating the performance and effectiveness of artificial/augmented intelligence algorithms and systems through rigorous testing and evaluation.

- **Data privacy and security:** Artificial/augmented intelligence systems in dentistry often rely on sensitive patient data for analysis and decision-making. Standards help establish protocols for data privacy and security, ensuring patient information is protected and handled in compliance with relevant regulations. This helps maintain patient confidentiality and fosters trust in artificial/augmented intelligence technologies.

- **Ethical considerations:** AI and augmented intelligence can have profound implications for the ethical practice of dentistry. Standards provide guidelines to address ethical concerns, such as the transparency of artificial/augmented intelligence algorithms, the need for informed consent and the mitigation of biases in data and decision-making. These standards promote fairness, accountability and transparency in the use of AI and augmented intelligence in dentistry.

- **Interoperability and integration:** Standards facilitate the interoperability and integration of artificial/augmented intelligence systems with existing dental technologies and workflows. They help define common data formats, communication protocols and interfaces, allowing seamless integration of AI and augmented intelligence into dental practice. This enables dentists to effectively leverage artificial/augmented intelligence technologies without significant disruptions to their workflow.

- **Training and education:** Standards play a vital role in guiding the training and education of dentists in the use of AI and augmented intelligence. They provide a foundation for curriculum development and certification programs, ensuring dentists are equipped with the necessary knowledge and skills to understand, evaluate and use artificial/augmented intelligence technologies effectively and responsibly. “Overall, the standards ADA develops in AI and augmented intelligence — and all aspects of dentistry — provide a framework for responsible adoption, implementation and regulation of these technologies,” Dr. Saba said. “They promote patient safety, privacy and ethical considerations while enabling dentists to harness the potential of AI and augmented intelligence to enhance diagnosis, treatment planning and patient care.”

To read the ADA’s white paper on AI and augmented intelligence and learn more about its standards program, visit [ADA.org/dentalstandards](http://ADA.org/dentalstandards). ■

# ADA council’s actions support dentist claims and record-keeping

2024 DENTAL CLAIM FORM COMING JAN. 1

BY DAVID BURGER

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

A new version of the ADA Dental Claim Form is coming in 2024 that addresses a problem encountered when filing claims for services delivered by a “locum tenens” dentist.

“In these situations, claims may be rejected or reimbursements may be delayed because the third-party payer does not know who the treating dentist is,” said Jessica Stilley-Mallah, D.M.D., chair of the ADA Council on Dental Benefit Programs.

Locum tenens is the legal term for the dentist who is standing in for another who is away from the practice for a short time.

“ADA policy adopted by the House of Delegates promotes use and acceptance of the most current version of the ADA Dental Claim Form by dentists and payers,” said Dr. Stilley-Mallah. She added that the council believes that the revisions make for more complete and useful claim submissions.

A sample 2024 claim form and updated comprehensive completion instructions will be posted on [ADA.org/cdt](http://ADA.org/cdt).

The council also engaged in strategic discussions of other initiatives that will positively affect practice administrative activities and record-keeping, including automated and integrated standard benefit eligibility inquiries and responses, electronic health records, diagnostic coding, and expanding the CDT Code without changing its current format.

“All these initiatives serve current and evolving needs for robust patient records and accurate claim submissions,” said Dr. Stilley-Mallah.

“We continue to seek feedback on these initiatives from across the dental landscape and will use that feedback to guide us toward our goal of providing dentists the tools and information that foster efficient practice

administration and delivery of necessary care to patients.”

The ADA has an online hub for ready-to-use dental insurance information that can help dentists address and resolve even their most frustrating questions at [ADA.org/dentalinsurance](http://ADA.org/dentalinsurance). ■

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In addition to now being able to accurately report who is providing treatment on a temporary basis, the claim form also provides space for reporting other data that can expedite timely claim adjudication and reimbursement — the last scaling and root planing date as well as the national identifier assigned to third-party payers, known as payer ID.

## CDT is ADA intellectual property, source of revenue for association

CDT 2024 manual available Sept. 13

BY DAVID BURGER

With the Sept. 13 publishing date of the CDT 2024 kit approaching, the ADA is reminding the dental world that the Association is the exclusive copyright owner of Current Dental Terminology, the Code on Dental Procedures and Nomenclature and the ADA Dental Claim Form.

CDT is intellectual property created and updated by the ADA Council on Dental Benefit Programs’ Code Maintenance Committee. Licensing the Code to industry is a reliable source of non-dues revenue for the ADA.

Licensees pay annual royalties for their usage of CDT within their products and services. These commercial users of CDT include third-party payers, publishers and practice management software vendors. The Association audits licensees’ annual CDT usage reporting to ensure accuracy.

Dentists, dental teams and hospitals do not need a license to use CDT. When dentists purchase a copy of the CDT manual, it includes the right to use the code in a practice and use CDT within practice management software.

The ADA recommends that dentists confirm with their practice management software vendors that they are licensed by the ADA to use CDT in their systems.

CDT 2024 and Coding Companion Kit deliver the newest additions and changes to the CDT Code. All CDT Code changes will become effective on Jan. 1, 2024.

CDT 2024 is the complete upcoming edition of the most up-to-date codes and descriptors, and the Coding Companion compiles hundreds of frequently asked coding questions and dental coding scenarios.

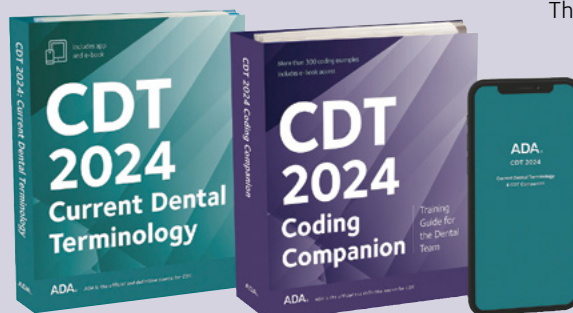
The CDT 2024 App and e-book are included with the purchase of the kit, providing more digital resources for desktop computers, tablets and phones.

New CDT 2024 content includes 15 additions, two revisions and a new category of service for sleep apnea services.

To purchase, visit [store.ada.org/catalog/cdt-2024-and-coding-companion-kit-withapp-114945](http://store.ada.org/catalog/cdt-2024-and-coding-companion-kit-withapp-114945).

Save 20% on CDT 2024 products by using the promo code 23108 by Aug. 25. ■

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# Concentration camp survivor leads remarkable life dedicated to his profession of dentistry

**SURGICAL WING, SCHOLARSHIP FUND NAMED IN HIS AND WIFE'S HONOR**

**BY DAVID BURGER**  
El Paso, Texas

**T**erezin was a Nazi concentration camp 30 miles north of Prague during World War II.

More than 150,000 Jews were sent there, including 15,000 children, and held there for months or years, before being sent by rail transports to their deaths at Treblinka and Auschwitz in occupied Poland, as well as to smaller camps elsewhere.

Fewer than 150 children survived.

One of those who survived was Thomas Spier, D.D.S., who overcame the atrocities his family endured and went on to a career serving the underserved throughout New Mexico.

Dr. Spier and his wife of 48 years, Hendrika, were present on March 20 for a ceremony that established the Hendrika and Thomas Spier, D.D.S., Family Dental Surgical Wing at the Texas Tech Dental Oral Health Clinic located on the Texas Tech University Health Sciences Center El Paso campus.

"It is amazing how dentistry and dental education have changed since my graduation in 1959," Dr. Spier told ADA News after the ceremony. "To see our names on the wall of the school brought tears to my eyes as did the welcome we received."

**SCHOLARSHIP GIFT**

The naming ceremony came in tandem with the announcement of the Spier Family Dental Scholarship Fund, created by Dr. Spier's family and friends. The scholarship funds, earmarked for students at TTUHSC El Paso's Hunt School of Dental Medicine and established as a part of the family's celebration of Dr. Spier's 90th birthday in 2021, gives priority to incoming dental students from New Mexico, the Spiers' home state.

"We're grateful to the Spier family for their generosity," said Richard Black, D.D.S., dean of the Hunt School of Dental Medicine. "Their support will allow us to educate more students from our neighboring state of New Mexico, which also faces a significant shortage of dentists. By providing talented students with the opportunity to learn and train locally, we're growing our own future generation of dentists who will remain in our Borderplex region to practice. This, in turn, will help New Mexico patients receive the care they need to maintain good oral health."

The Hunt School of Dental Medicine opened in 2021 and is the only dental school on the U.S.-Mexico border and the first in Texas to open in more than 50 years. Before it opened, the nearest doctoral-level dental schools New Mexico students could attend were A.T. Still University in Mesa, Arizona, or the University of Colorado in Aurora, Colorado.

**ACCOMPLISHED**

Liberated by the Soviet army after two years of internment, Dr. Spier immigrated to America with his Dutch mother and sister in 1952. His father and his older brother had previously arrived in 1951.

Despite speaking limited English, he graduated from Adelphi College with a B.A. in pre-medical studies, accomplishing this in just two-and-a-half years. Dr. Spier went on to graduate from Columbia University's College of Dental Medicine, known then as the Columbia University School of Dental and Oral Surgery.

In 1959, with his first wife and 1-year-old daughter, Dr. Spier moved to New Mexico to serve a two-year tour of duty with the United States

See SURVIVOR, Page 23



*Together: The family of Thomas Spier, D.D.S., gather in El Paso, Texas, in March to attend a ceremony honoring him and his wife. From left, Chris Spier, D.D.S., Thomas Spier, Thomas Spier, D.D.S., Hendrika Spier, Peter Spier, Stacey Hunt Spier, Gracyn Hunt and Marcus Hunt.*

Photo courtesy of Hunt School of Dental Medicine.

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## Actress Constance Wu to headline SmileCon 2023 in Orlando

OPENING SESSION, SATURDAY KEYNOTE WILL HONOR AWARD WINNERS, HIGHLIGHT MEMBER EXPERIENCES

BY MARY BETH VERSACI

Actress Constance Wu, known for her starring roles in the romantic comedy “Crazy Rich Asians” and TV comedy “Fresh Off the Boat,” will kick off SmileCon 2023 on Oct. 5 in Orlando, Florida.

Ms. Wu will be the keynote speaker for the Opening Session. She will share her personal journey and speak about wellness, one of the key themes at this year’s SmileCon.

“We are thrilled to have Constance Wu join SmileCon to address and inspire our ADA community, who like Ms. Wu, are passionate about their craft,” said ADA President George R. Shepley, D.D.S. “Her words will be a vital reminder to all who hear them that taking care of yourself is the first step in sharing your talents with others.”

Ms. Wu received both a Golden Globe nomination and a Critics’ Choice nomination for her role in the hit “Crazy Rich Asians.” Her career-launching work as Jessica Huang in the ABC series “Fresh Off the Boat” also earned her a Critics’ Choice nomination and a spot on Time magazine’s list of the 100 most influential people in 2017.

Ms. Wu released a memoir in 2022 titled “Making a Scene,” an essay collection that recounts her experiences growing up in suburban Virginia, navigating her early career as an actress, falling in and out of love, and confronting her identity. She also launched Tempo Wubato Pictures, a production venture that struck a first-look deal with eOne, where she and her vice president of development are actively producing scripted series.



Photo courtesy of Constance Wu PR team

Keynote speaker: Actress Constance Wu will kick off SmileCon 2023 in Orlando, Florida, as the Opening Session keynote speaker.

“When I heard that Constance Wu was going to be the opening speaker for SmileCon, I was so thrilled — ask anyone in the room, everyone heard my very expressive response,” said Kayla Klingensmith, D.M.D., new dentist member on the ADA Advisory Committee on Annual

Meetings. “Not only am I a fan of her work, but also her openness about her own mental health journey. I often talk about mental health with new dentists, and I see many struggle through small or large challenges in their career. I am excited we are having a discussion about mental health at

the very beginning of SmileCon to start the conference out in a vulnerable and authentic way.”

SmileCon will take place Oct. 5-7 at the Orange County Convention Center. In addition to Ms. Wu’s keynote address, the Opening Session will recognize the winners of the ADA 10 Under 10 Awards, which honor 10 new dentists who have demonstrated excellence in the dental profession, and include musical entertainment and remarks from Dr. Shepley.



Stephanie R. Ganter, D.D.S., and Robert G. McNeill, D.D.S., M.D., hosts of the Between Two Teeth YouTube channel, will take their hosting skills to the SmileCon stage as they lead the Opening Session as well as the Saturday Keynote on Oct. 7.

While the speaker for the Saturday Keynote has not yet been announced, attendees will hear from ADA President-Elect Linda Edgar, D.D.S., and the event will also honor Distinguished Service Award winner John Featherstone, Ph.D., and Humanitarian Award winner Bill Milner, D.D.S.

Both the Opening Session and Saturday Keynote will spotlight ADA members through videos sharing their thoughts on timely topics.

SmileCon registration opened June 7. To learn more and register, visit [SmileCon.org](http://SmileCon.org). All pass options include access to the Opening Session and Saturday Keynote. ■

## ADA dentists provide care to more than 2,500 Ukrainian refugees

Volunteers traveled to Warsaw, Poland, to partner with International Medical Relief

BY MARY BETH VERSACI

The stories Robert G. McNeill, D.D.S., M.D., heard from Ukrainian refugees during a recent mission trip to Poland will stay with him for many years to come.

“Hearing stories from patients about sleeping in bomb shelters for months and fleeing their villages but leaving behind loved ones to fight is not something I will forget anytime soon,” Dr. McNeill said. “It made all my own problems seem very small.”

Dr. McNeill and his co-host of the Between Two Teeth YouTube channel, Stephanie R. Ganter, D.D.S., were two members of a volunteer team that provided free dental care to 2,560 refugees from April 22-29 in Warsaw.

“We witnessed, firsthand, the humanitarian crisis that war creates,” Dr. Ganter said. “I’ve never been more moved than by what we saw at the refugee shelter.”

The team — which also included Craig S. Armstrong, D.D.S., ADA 15th District trustee and chair of the ADA Foundation board of directors; ADA staff members Hana Alberti, D.D.S., and Kate Davidoski; Dr. McNeill’s son and pre-dental student David G. McNeill; finance professional Alex Tolksdorf; and EMT Thomas Meehan — partnered with International Medical Relief, a nonprofit organization that brings health care services



Photo courtesy of Drs. Ganter and McNeill

Teamwork: David G. McNeill (left), Hana Alberti, D.D.S., Kate Davidoski, Alex Tolksdorf and Stephanie R. Ganter, D.D.S., hit the road to provide dental services to Ukrainian refugees during an April mission trip to Poland.

to underserved and vulnerable people around the world. The team’s work was supported by the International College of Dentists’ Global Visionary Fund, the Henry Schein Cares Foundation and ADA member dentists.

The volunteer dentists performed extractions, fluoride varnish treatments and limited restorative care for the patients, while the other volunteers helped with triage and entertainment for the children.

While both Drs. McNeill and Ganter have volunteered their dental services in the past, this trip hit a little differently.

“I have participated in many trips like this in the past, but this one was different for me, as it was a way to serve with my pre-dental student son during this active humanitarian crisis,” Dr. McNeill said. “I also loved working side by side on a team that included ADA staff members.”

See WARSAW, Page 11





**VIRTUAL** *continued from Page 5*

many developments and improvements in this field. In a nutshell, it's a good teaching adjunct parallel to traditional teaching. With this fast-emerging technology, I anticipate an extended use of this 3D teaching platform."

"Our students are also utilizing 3D virtual reality in the foundational biomedical sciences, including in virtual anatomy labs that are used to complement cadaveric exercises," said Steven M. Lepowsky, D.D.S., professor and dean at UConn.

The only limitation Dr. Gopalakrishna sees currently is that using a virtual reality simulator can't replace a traditional preclinical lab setting in that

students are not learning how to set up their armamentarium or learning about maintenance of handpieces and other equipment, which is part of a traditional preclinical lab setup.

When Kansas City University College of Dental Medicine in Joplin, Missouri, celebrates the opening of its new dental school June 26 with a ribbon cutting ceremony, the school will have four virtual reality simulators in place for the start of classes on July 31 and four more on order that will be incorporated into the curriculum to help students learn clinical procedures, said Linda C. Niessen, D.M.D., professor and founding dean.

"The greatest benefit to using virtual reality simulators is enabling students to practice clinical

procedures on their patients in a simulated environment prior to the students actually caring for patients," Dr. Niessen said. "It can increase the students' confidence when performing dental procedures on a patient."

Sharon M. Gordon, D.D.S., Ph.D., professor and associate dean for academic affairs and research at the KCU dental school, said she has worked with virtual reality simulators before.

"I know our students at KCU will find them beneficial for their learning as well as fun," Dr. Gordon said. "Students appreciate being able to work with the simulators to practice in advance of performing a complex procedure for their patients. They get faculty feedback on their preparation and can

perform multiple repetitions until they and the faculty feel the student is prepared to provide the same procedure for their patient."

Although Dr. Niessen has not used virtual simulators in a dental school setting yet, she said using them "reflects the future of dental education. Dental education is transitioning and incorporating more technology into the process. Virtual reality simulation is just one of the technologies that we will see increasing in dental education. Our students have grown up playing video games. They are accustomed to a virtual world. Having the ability to learn dental procedures in this virtual world provides the potential for students to become better clinicians." ■

**WARSAW** *continued from Page 10*



*Giving back: Hana Alberti, D.D.S. (left); David G. McNeill; translator Alana Chyzh; Robert G. McNeill, D.D.S., M.D.; Stephanie R. Ganter, D.D.S.; and Kate Davidoski participate in a mission trip April 22-29 to bring free dental care to Ukrainian refugees in Poland.*

Dr. Ganter said she was struck both by the teamwork of the volunteers and the resilience of the refugees.

"I was amazed at patients' strength and willingness to cooperate with us as we worked in a uniquely humble setting," she said. "Even with food and resources scarce, I still had patients bringing me their 'only chocolate bar' and giving hugs after treatment. Everyone here was overwhelmingly grateful, and it was heartfelt the humanitarian impact we were making on this trip."

For Dr. McNeill, volunteering helps to put things in perspective, and he encourages other dentists to take the leap and say yes to serving.

"Dr. Ganter and I have made it one of our goals with our YouTube channel Between Two Teeth to push a message of service and adventure," he said. "It will always be difficult to take time away from your practice, but at the end of my career, I will remember my time on this mission versus the time I missed in my practice."

As a new dentist, Dr. Ganter said she is always looking for ways to give back, both to the profession and society. Her passion for philanthropy is a big reason she went into dentistry, and volunteering has been a positive part of her career thus far.

"On mission trips, at home or abroad, I always receive so much more than I give," she said. "I can't tell you how impactful humanitarian service has been on my life."

View videos from the trip on the Between Two Teeth YouTube channel at [youtube.com/betweentwoteeth](https://youtube.com/betweentwoteeth), and learn more about International Medical Relief at [internationalmedicalrelief.org](https://internationalmedicalrelief.org). ■



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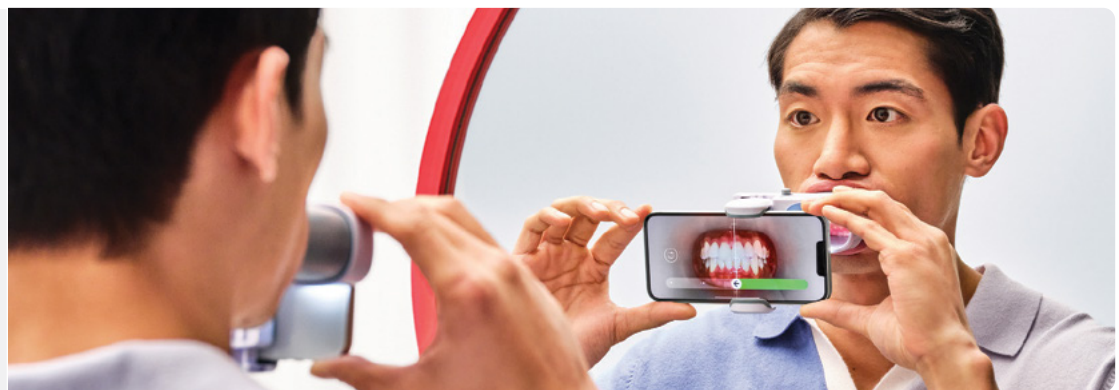


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# Enhance clear aligner oversight with CandidMonitoring™

Sponsored by CandidPro™ in collaboration with Philips Sonicare



By Brian Gray, DDS

What exactly is remote monitored orthodontic treatment? How can this technology strengthen my treatment plan for patients between in-office visits? These were among several questions that I needed answered before considering incorporating it into my clear aligner therapy.

For a little background, I've always had a passion for healthy occlusion. I've had the privilege of teaching full-day courses on restorative-bite relationships and orthodontics at a number of institutes, including over 20 years as faculty at the LD Pankey Institute. This has led to opportunities to participate in the research and development of clear aligner therapy dating back to the late '90s. As an early adopter, I committed to mastering the mechanics of this orthodontic modality to improve my patients' occlusions and preservation of natural tooth structure. Since then, I've witnessed a remarkable progression in the clinical capabilities of clear aligner therapy. In the early days, we were limiting the cases we would treat to the mildest of malocclusions and yet were still struggling with simple movements. But with today's technology, an experienced practitioner can successfully treat complex cases with clear aligners.

For many years, practice workflow and efficiency took a backseat to the clinical aspect of minor tooth movement. As a general rule, I initially would provide 2-3 aligners at a time so I could see and monitor my patients' progress closely. This consumed a lot of chair time. As time progressed, I began to add new skills, tools, and advanced adjuncts in an attempt to deliver excellent results more efficiently. I learned various orthodontic acceleration techniques in search of ways to improve efficiency, reduce appointments, and truncate treatment time. So it was nat-

ural for my curiosity to be piqued by the introduction of telehealth into the realm of clear aligner orthodontics.

## Telehealth Technology

I began a deep dive into learning what remote monitoring is and isn't. It turns out it can be many different things:

from a proprietary app that monitors toothbrushing compliance, to an incredibly powerful, infinitely customizable solution that can include hiring dedicated team members within the practice to manage it.<sup>1,2</sup>

After reviewing the available options, I found CandidMonitoring™ (Candid,

New York, NY, USA) to be a robust remote orthodontic monitoring solution that delivered what I was looking for.

It was fully pre-configured for me, required no additional staff, was easy to use, and was included in the service at no extra charge. Most importantly, it didn't involve giving up any clinical oversight.

## CandidMonitoring: How does it work?

**01**  
**SCAN**  
Patients share smartphone-enabled scans at every aligner check.

**02**  
**ISSUE DETECTED**  
AI detects aligner fit, tracking, hygiene and compliance issues.

**03**  
**DOCTOR ALERT**  
Doctor receives notification with detected issues and recommended action.

**04**  
**PATIENT ALERT: NO-GO**  
Mobile notification instructs patient to stay in current stage or contact their doctor.

**05**  
**REFINEMENTS AVOIDED**

1 APR 2022      14 DEC 2022

○ = GO      □ = NO-GO

“

**When CandidMonitoring intercepts an aligner change, it often prevents a refinement down the road.**

**Brian Gray, DDS**  
Chief Dental Officer at Candid



On the contrary, it provided access to a plethora of clinical data, including an ABO array of intra-oral photographic records, at every aligner stage, with and without aligners inserted, available 24/7, wherever I may be. As someone who travels and lectures often, this was very enticing. Thinking about my patients—many of whom travel a considerable distance for care—also made for an ‘aha moment.’ I could immediately see a multitude of advantages to incorporating remote monitoring just based on the photographic records alone.

### Treatment Compliance

Treatment compliance was still an area of concern for me, though. As someone

who has trained over 30,000 doctors on clear aligner therapy, I’ve learned a few lessons myself along the way. It’s not how many patients you start each year that matters. It’s how many cases you finish. Orthodontic treatment can be uncomfortable, and clear aligners are removable. Non-compliant patients develop tracking issues, which can lead to additional appointments, scans, and treatment plans.

CandidMonitoring™ directly addresses many challenges of treatment compliance. We know patients will forget to wear and change their aligners occasionally. We can’t possibly call and remind them all. Fortunately, CandidApp, an integrated extension of

CandidMonitoring, effortlessly alerts patients when it is time to check their progress. Note, I did not say it reminds them when to advance to the next aligner. There is a gateway in place. Instead of blindly advancing aligners based on a fixed but arbitrary number of days having elapsed, the monitoring AI reviews photos submitted by the patient, then evaluates aligner fit to ‘see’ if the prescribed movements have been clinically expressed.<sup>3,4,5</sup> A lot can happen in patients’ lives, and despite their best intentions, anatomical, biological, and other variables eventually impact tooth movement at one stage or another. And when a refinement occurs, who pays for it? The entire practice pays.

### Workflow Efficiency

Rising overhead and staffing challenges continue to make workflow efficiency a major differentiator in practice health. So handing out a few aligners at a time and not seeing what was going on between visits is becoming a model that is falling behind both clinically and competitively. As an exercise, consider tabulating the number of visits it took to complete your last 10 clear aligner orthodontic cases. The answer may surprise you. A study was recently published evaluating clear aligner outcomes with mild malocclusions and demonstrated 13.7 visits were required per case to complete treatment.<sup>6</sup> With the CandidPro™ aligner system, including complimentary CandidMonitoring™, it is entirely possible to address a patient’s chief complaint in as few as 2 in-office visits, while following their journey with documented progress photos every step of the way. Many doctors still schedule a visit at the midpoint of the aligner series and/or have a scheduled opportunity to see them at an upcoming periodic hygiene visit.

### Clinical Confidence

A successful orthodontic diagnosis considers more than aesthetics; it

goes beyond function and includes the underlying structures. The diagnosis doesn’t begin and end at the records appointment. It is a continuous process spanning the full length of orthodontic treatment, which includes the longest and most important phase, retention. CandidMonitoring™ not only monitors tooth movement and aligner tracking, it also helps the clinician to detect hygiene and gum disease.<sup>4,7</sup> With a non-monitored aligner solution, weeks, even months, can elapse with a patient experiencing a periodontal or hygiene issue leading to lasting consequences.

Knowing I will receive an alert if a clinical concern is suspected at any of the bi-weekly scans gives me confidence in reducing office visits. Likewise is the comfort that comes from knowing my patient can initiate access to care immediately through the CandidApp.

Effectively this app provides a portal to my patient that keeps all communications organized and on a single platform. Non-clinical questions are answered through customer support; clinical questions are automatically escalated to me to address that day.

In closing, I’ll say it has been incredibly rewarding to participate in, albeit sometimes hard to keep up with, the continuous advancements in our profession. I am fully convinced that there is a place for remote monitoring in orthodontics. The CandidPro ecosystem, including CandidMonitoring™, has become integral to how I diagnose, monitor, and manage clear aligner orthodontic treatment in my practice.

1. Br Dent J. 2021 Jul 8.
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5. Prog Orthod. 22, 18 (2021).
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7. Patient Attitudes towards DentalMonitoring: A global study. Accessed online May 12, 2023.

**CandidMonitoring is an *instant upgrade* for your clear aligner cases.**



### More compliance

**70%** Seventy percent of CandidPro patients finish without refinements in 8.5 months<sup>1</sup>

**89%** Eighty-nine percent of CandidPro patients submit a scan on time<sup>2</sup>



### More efficiencies

**89%** Up to eighty-nine percent fewer office visits needed<sup>3</sup>



### More technology

**100%** One-hundred percent digital workflow\*

<sup>1</sup> Based on data from cases between 12/1/21 and 3/31/2022 <sup>2</sup> Data on file.  
<sup>3</sup> Compared to conventional orthodontic treatment. \*PVS impressions accepted



Visit [candidmonitoring.com](https://candidmonitoring.com) to learn more or to sign up for a CandidMonitoring demo.

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# Get to know the ADA Science & Research Institute

SCIENTISTS SHARE HOW THEIR RESEARCH ADVANCES ORAL HEALTH

BY MARY BETH VERSACI

The work of the ADA Science & Research Institute, from conducting basic and applied research to translating it into recommendations for clinical practice, helps to drive oral health care forward.

Its research provides insights to dental professionals and policymakers to improve care, guide innovation and promote dentists' success.

Below are details about three ADASRI scientists and their areas of focus, which demonstrate the breadth of research the institute conducts at its Chicago and Gaithersburg, Maryland, campuses.



Dr. Karim

## ACCELERATING PATIENT RECOVERY AFTER IMPLANT SURGERY

Eaman Karim, Ph.D., is a senior scientist in the department of innovation and technology research. Her research involves synthesizing novel dental materials for dental applications and using advanced technologies and unique methodologies to accelerate patient recovery after undergoing implant surgery.

Dr. Karim is currently focused on synthesizing calcium phosphate cement materials, such as hydroxyapatite and its derivatives, as well as metal-apatite composites, particularly titanium-fluorapatite composites. The cement materials have a microstructure and composition similar to biological hydroxyapatite, the main component of calcified tissues, such as tooth enamel and bones.

Dr. Smith

Dr. Karim found carbonated hydroxyapatite cement could be used to measure radiation

absorption as part of her research on developing materials for the next generation of electron paramagnetic resonance dosimetry. She determined the cement provides distinct, reproducible, stable and spectrally pure electron paramagnetic resonance signals when exposed to ionizing radiation, and the signals are proportional to the radiation dose received.

"On the other hand, our ongoing research on developing titanium-fluorapatite composites aims to improve the surface properties of metal dental implants," Dr. Karim said. "Our objective is to optimize the osseointegration process between the implants and bone tissues and accelerate the recovery time for patients."

Her research on titanium-fluorapatite composites provides insight into the microstructure properties of these composites and assists in understanding the phase transformation resulting from the reaction between titanium and fluorapatite cement at different high-temperature conditions. The research has yielded promising results thus far, and she's conducting studies to further evaluate the composites' properties for dental implant applications.

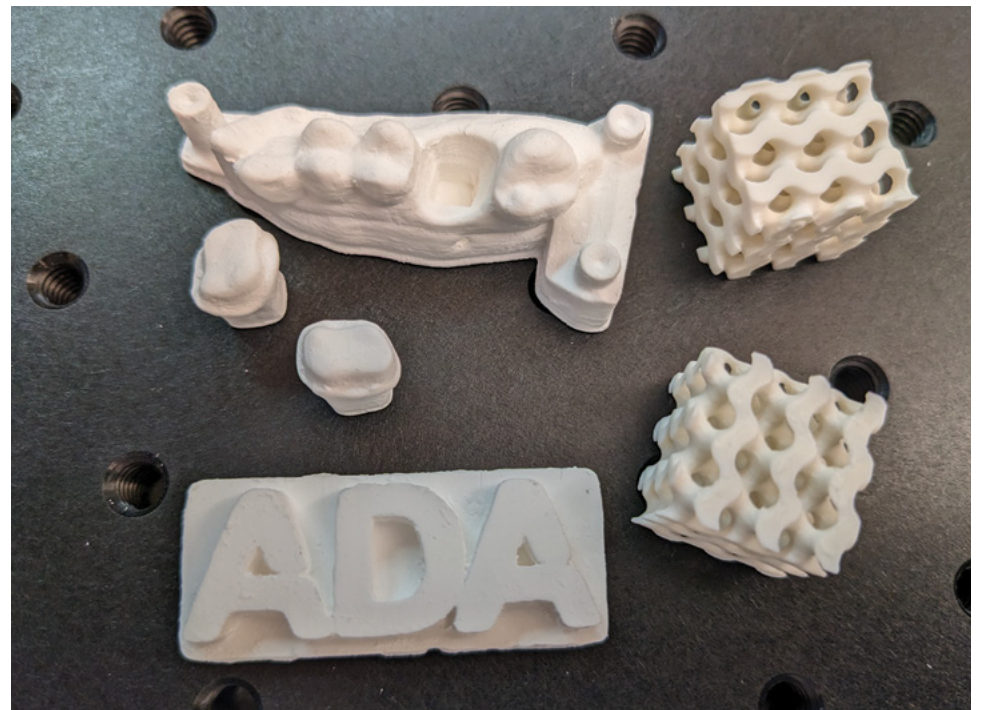
"The findings of our current research endeavor have yielded two manuscripts, which are currently being prepared for publication," Dr. Karim said. "In addition, we have had the privilege of presenting our work at three prominent conferences."

## 3D-PRINTING ZIRCONIA RESTORATIONS IN DENTAL OFFICES

Yifeng Liao, Ph.D., is a senior principal scientist in the department of applied research. His research focuses on 3D-printing dental zirconia.

"Zirconia ceramics are widely used for dental restorations due to their unique mechanical and aesthetic properties," Dr. Liao said. "Currently, zirconia prostheses are fabricated by computer-aided design/computer-aided manufacturing technology in dental laboratories. This subtractive process poses many challenges, including large materials waste, high cost, lower accuracy and generating defective surfaces, such as microcracks, that potentially cause catastrophic failure in the patient's mouth."

Dr. Liao has developed an additive manufacturing process for zirconia restorations using low-cost stereolithography 3D printers. Stereolithography is a form of 3D printing that cures materials in a layer-by-layer fashion with UV light and is well suited for producing complex parts with intricate geometries.



3D printing: These 3D-printed objects made from zirconia demonstrate that an additive manufacturing process using low-cost 3D printers is capable of fabricating items with complex geometries out of zirconia. ADASRI scientists developed the process.

Despite using a low-cost printer, the process achieves a lateral resolution of about 0.05 millimeters in comparison with about 0.1 millimeters for the conventional CAD/CAM milling processes.

"We have demonstrated that our additive manufacturing is versatile and capable of fabricating zirconia and other ceramics into objects with very complex geometries," Dr. Liao said.

He said dentists can incorporate the process into their current digital prosthodontics workflows to provide highly customized treatments.

"The low entry cost enables dental practitioners to fabricate restorations with printers in their dental offices," Dr. Liao said. "In addition to printing dental restorations, this technique can be used to fabricate other dental devices, such as orthodontic brackets. Additive manufacturing of zirconia can potentially significantly lower the cost of prosthodontic treatment, offering a solution for precise, personalized treatment for both dentists and patients."

Dr. Liao said. "In addition to printing dental restorations, this technique can be used to fabricate other dental devices, such as orthodontic brackets. Additive manufacturing of zirconia can potentially significantly lower the cost of prosthodontic treatment, offering a solution for precise, personalized treatment for both dentists and patients."

## EASING LONG-TERM EFFECTS OF RADIATION THERAPY

Derek Smith, D.D.S., Ph.D., is the director of clinical translational research in the department of evidence synthesis and translation research. His research is focused on how best to support patients who are going through treatment for

head and neck cancer or living with the long-term effects of radiation therapy.

"My particular passion is bringing advanced data methods to bear on oral health problems," Dr. Smith said.

Most of his studies investigate whether a given therapy helps reduce symptom burden in cancer patients and survivors,

and he has also conducted studies that seek to better understand these patients' experiences and how they interact with oral health care providers.

"As I am both a dentist and a biostatistician by training, this work has led to me developing a particular interest in the methodologic implications of using patient-

reported measures in clinical studies from both a study design and data analysis perspective," Dr. Smith said.

He has also been part of multiple research projects related to machine learning, a branch of artificial intelligence.

In a recent paper, Dr. Smith and his colleagues developed a neural network to predict post-radiation hyposalivation directly from images of the radiation treatment plan. He has also developed models designed to predict head and neck cancer risk and create personalized pain management plans for patients in acute pain.

For more research from ADASRI, visit ADA.org/SRI. ■

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## ADA seeks participants for 2023 SNODENT review

Application deadline is July 15

BY MARY BETH VERSACI

The American Dental Association is seeking qualified individuals to join a canvass committee to consider approval of the 2023 revision of the Systemized Nomenclature of Dentistry.

ANSI/ADA Standard No. 2000.6 for SNODENT was approved by the American National Standards Institute as an American National Standard in 2022. It is revised annually.

SNODENT provides standardized oral health terminology

designed for use with electronic health records to enable consistent retrieval, transmission and analysis of data across health care systems.

The ADA SNODENT Canvass Committee is a volunteer group administered by the ADA Department of Standards to review, comment and vote on whether revisions of SNODENT should be forwarded to ANSI for approval.

Proposed revisions are prepared by the SNODENT Maintenance Committee, a group of experts representing all dental specialty groups as well as academic, insurance and government organizations.



Participation in the SNODENT Canvass Committee is free and open to all interested parties. All canvass activities will be conducted electronically through the ADA's collaborative website for standards development; no in-person meetings are planned.

To learn more or join the committee, email standards@ada.org. The application deadline is July 15.

The ADA is accredited by ANSI as a standards-developing organization that adheres to a voluntary consensus process that is transparent and open to all interested parties and maintains a balance of interests. ■



# CDC releases new guidance on broader masking in health care settings

BY MARY BETH VERSACI

**W**ith the end of the COVID-19 Public Health Emergency in the U.S. on May 11, the Centers for Disease Control and Prevention is no longer receiving data to publish community transmission levels of SARS-CoV-2 — a metric the CDC used to inform its recommendations for broader masking in health care facilities.

Dentists and their team members are still required to follow standard and transmission-based precautions when treating patients, including wearing proper personal protective equipment, as well as Occupational Safety and Health Administration workplace safety rules and state and local requirements regarding masking. But the CDC is offering new guidance to help dentists determine when they should consider implementing broader masking in their offices, now that they can no longer base those decisions on community transmission levels provided by the agency.

The CDC suggests health care facilities consider the following factors when determining how and when to implement broader mask use:

- **The types of patients the facility treats.** Facilities might consider using a lower threshold for enacting broader masking if they care for patients at higher risk for severe COVID-19.
- **Input from stakeholders.** Reviewing plans with patients and personnel can help facilities determine support for broader mask use.
- **Plans from other facilities with which the**

**facility shares patients.** Some jurisdictions might consider implementing a coordinated approach at all the facilities they include.

- **Available data.** Facilities might have access to SARS-CoV-2 community incidence data at the local level to help guide their decision-making.

Even when masking is not required by a health

care facility, the CDC states individuals should continue wearing a mask based on their personal preferences. The agency advises some facilities might consider requiring masks during the typical respiratory virus season, from about October to April.

Visit the CDC website at [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus) for more information. ■



**Restoration color:** A highly translucent cement affected the final color of interim restorations less than opaque cements did in a study published in the June issue of *The Journal of the American Dental Association*. The cover story looked at the color interference associated with a new translucent cement and two conventional opaque cements and how the thickness and shade of the restorations impacted that interference as well. To read the full article online, visit [JADA.ADA.org](https://www.jada.ada.org).



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<sup>2</sup> Survey among 295 U.S. Clear Aligner Clinicians conducted by a third-party market research vendor, 2020. Reported treatment time for class I patients. Data on file.





## Organized dentistry thanks legislators for introducing noncovered services bills

BY STACIE CROZIER

A coalition of a dozen dental organizations led by the ADA thanked legislators June 3 for introducing bills in the Senate and House that would prohibit noncovered services provisions in dental and vision plans.

The Dental and Optometric Care (DOC) Access

Act, S 1424 and HR1385, would foster insurance competition, benefit consumers and bring balance to contract negotiations.

"It is unreasonable for dental plans to set fees for services in which the plans have no financial liability, and that is why 45 states have enacted laws that limit interference with the doctor-patient relationship when the doctor delivers services insurers do not cover. However, a federal effort

is needed as many dental plans are regulated on the federal rather than state level," the letters said.

The bipartisan legislation, the letters said, "will provide greater access to high-quality care by helping to curb anti-patient and anti-competitive practices of dental insurance plans. This legislation is crucial to bring needed balance to contract negotiations between providers, who are often small business owners, and large dental

insurance companies. Passage ... would balance the scales and bring equity to insurer/provider contracting at the federal level."

The letters were signed by the ADA, Academy of General Dentistry, American Academy of Oral and Maxillofacial Pathology, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American College of Prosthodontics, American Dental Education Association, American Society of Dentist Anesthesiologists and American Student Dental Association.

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



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## ADA encourages Congress to use oversight tools to pursue updates from Administration

BY STACIE CROZIER

The ADA thanked the House Committee on Ways and Means for holding a hearing titled "Why Health Care is Unaffordable: Anticompetitive and Consolidated Markets" and offered its support to Congress and the Administration in pursuing anticompetitive behavior in dental insurance markets.

In a May 19 letter to Rep. Vern Buchanan, R-Fla., chair, and Rep. Lloyd Doggett, D-Texas, ranking member of the Health Subcommittee of the House Committee on Ways and Means, ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., said that the enactment of the Competitive Health Insurance Reform Act, which was signed into law in January 2021 and removed the antitrust exemption for health care insurance, "makes the conduct of health insurers subject to more of the nation's antitrust laws ... and helps remove additional obstacles to investigation and enforcement.

"Since health insurers will now be subject to the same enforcement as other businesses, the ADA believes that both the Federal Trade Commission and the Department of Justice will be more likely to investigate alleged anticompetitive practices and activities of health care insurers. The DOJ's Antitrust Division welcomed this new law with its support by saying, removing this exemption 'will strengthen the Antitrust Division's ability to investigate and prosecute anti-competitive behavior.'

"The enactment of this law amending the McCarran-Ferguson Act remains a major achievement of Congress in pursuing anticompetitive behavior within health care. We further encourage the Ways and Means Committee to pursue this area by using its available oversight tools and encouraging DOJ to update Congress on its efforts to date in this area."

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



# ADA asks Senate to pass legislation that would improve dental workforce, care access in rural communities

BY STACIE CROZIER

In a written statement submitted May 17 to the Senate Finance Health Care Subcommittee's hearing, "Improving Health Care Access in Rural Communities: Obstacles and Opportunities," the ADA thanked the subcommittee for prioritizing rural access to care issues and shared the Association's priorities for addressing rural access to care and workforce issues.

"Addressing dental workforce shortages and maldistribution in rural areas so that everyone has optimal access to oral health care is one of the ADA's top priorities," the ADA said.

The ADA shared its priorities for addressing rural access to care and workforce issues and highlighted four pieces of legislation that reflect the ADA's support for solutions for student debt, public service, innovative programs and Medicaid expansion.

"Student loan debt presents a major impediment to attracting new dentists to underserved and rural communities," the ADA said. "Ensuring that loan forgiveness programs are well funded, easy to navigate and expanded to include shorter time commitments or fewer mandatory weekly hours worked could go far in attracting new dentists to these communities."

Legislation that would address student loan debt, the ADA said, includes:

- The Indian Health Service Health Professions Tax Fairness Act, which would allow dentists and other health care professionals participating in the IHS Loan Repayment Program to exclude interest and principal payments from their federal income taxes, as well as certain benefits received by those in the Indian Health Professions Scholarships Program. The bill would enhance IHS recruitment and retention efforts; help provide adequate access to care for IHS beneficiaries, especially in rural areas; save IHS nearly \$12 million a year in taxes assessed on its loan recipients; and fund more than 250 additional loan repayment awards.
- The Restoring America's Health Care Workforce and Readiness Act, which would double funding for the National Health Service Corps' scholarships and loan repayment programs for dentists, dental hygienists and other health care professionals who serve in federally designated shortage areas. Expanding NHSC programs would address problems with health workforce distribution and local shortages, while also providing an opportunity for dentists and others to reduce student loan debt through service. The bill also would establish an NHSC Emergency Service demonstration project to improve the national health care surge capacity to respond to public health emergencies like the COVID-19 pandemic.
- S 704, the Resident Education Deferred Interest Act, which would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program. The REDI Act would prevent physicians and dentists from being penalized during residency by preventing the government from charging interest on loans during a time when these resident health care professionals are unable to afford payments on the principal. Although the REDI Act does not provide any loan forgiveness or reduce a borrower's original loan balance, it would allow medical and dental residents to save thousands of dollars in interest on their loans, making opening practices in rural and underserved areas or pursuing an academic or research career in those areas more attractive and affordable to residents.

The ADA also said that reauthorizing Action for Dental Health grants for innovative programs would fund programs designed to address the dental health needs of underserved, often rural, populations, including programs that focus on dental disease prevention through improved oral health education, reduction of geographic and language barriers and improved access to care, among other initiatives. The ADA also asked that

Congress require the Secretary of Health & Human Services to submit a report to Congress on the extent to which the grants increased access to dental services in designated dental health professional shortage areas to ensure program accountability and transparency.

The ADA also said passing the Medicaid Dental Benefit Act, which would make comprehensive dental care a mandatory component of

Medicaid coverage for adults in every state, would expand access significantly in rural areas, where nearly 1 in 4 non-elderly people are covered by Medicaid.

"Less than half of the states provide 'extensive' dental coverage for adults in their Medicaid programs. The others offer limited benefits, emergency-only coverage, or nothing at all for adults," the ADA said. ■

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## ADA proposes solutions for dental workforce, access-to-care issues to Senate

In a May 9 letter to Sen. Sanders, I-Vt., and Sen. Bill Cassidy, R-La., the chair and ranking member of the Senate Committee on Health, Education, Labor and Pensions, the ADA proposed solutions to dental workforce problems that it believes will lead to a broadening of the workforce pipeline, better distribution of the health workforce, and better access to care for patients in areas of the country that need it most. It also requested that the Senate HELP Committee include these solutions in any legislative package addressing health workforce that the committee considers. The letter and the proposed solutions are part of an ongoing ADA oral health workforce advocacy effort.

"We are aware that the Senate Committee on Health, Education, Labor and Pensions (HELP) is currently exploring legislative options to address health-care workforce shortages," wrote President George R. Shepley, D.D.S. and Executive Director Raymond A. Cohlmiya, D.D.S. "Dentists' proposed solutions include

a focus on innovative programs, incentives to practice in underserved areas and addressing student debt for medical and dental students and graduates." The ADA leaders asked Congress to reauthorize Action for Dental Health grants for innovative programs until 2028. These grants have provided federal funding for the dental health needs of underserved populations, Drs. Shepley and Cohlmiya said, noting that programs supported by Action for Dental Health "advance the important goal of decreasing dental health disparities in communities where better access to care is most needed."

The letter also asked that Congress require the Secretary of Health & Human Services to submit a report to Congress on the extent to which Action for Dental Health grants increased access to dental services in designated dental health professional shortage areas.

The letter also called for passage of S 862, the Restoring America's Health Care Workforce and Readiness Act, a bipartisan bill that would reauthorize



and double funding for National Health Service Corps scholarships and loan repayment programs for dentists and other health care professionals who serve in federally designated shortage areas. NHSC programs would expire in September without reauthorization.

"The burden of paying off student loans for graduate dental education contributes to geographical gaps in availability of dental services and access to oral health care because indebted graduates must seek out less risky and more lucrative opportunities," the letter said. "The [legislation] would encourage dentists and promising dental

students to practice in underserved areas by providing loan repayment and scholarships in exchange for a service commitment."

The bill would also establish an NHSC Emergency Service demonstration project to improve the nation's capacity to respond to public health emergencies like the COVID-19 pandemic. Participants would be eligible to receive loan repayments of up to 50% of the amount of the highest new award made through the NHSC loan repayment program.

Drs. Shepley and Cohlmiya also requested that Congress support legislation that would allow student loan borrowers to modify the interest rate on student loans to the current applicable rate, with that interest rate fixed for the life of the loan unless the borrower elects to modify it again. They also asked Congress to pass S 704, the Resident Education Deferred Interest Act, a bipartisan bill that would allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program.

"The REDI Act prevents physicians and dentists from being penalized during residency by preventing the government from charging interest on loans during a time when physicians and dentists are unable to afford payments on the principal," they wrote. "The REDI Act does not provide any loan forgiveness or reduce a borrower's original loan balance ... [but] makes opening practices in underserved areas or pursuing an academic or research career in those areas, more attractive and affordable to residents."

The letter noted that dentists believe that the ADA's proposed solutions "will lead to a broadening of the workforce pipeline, better distribution of the health workforce, and most importantly, better access to care for patients in areas of the country that need it most."

Follow all of the ADA's advocacy efforts at [ADA.org/advocacy](http://ADA.org/advocacy). ■

## ADA proposes updates to ERISA to improve transparency in dental insurance markets

### Leadership also asks for subcommittee support of federal noncovered services bill

BY STACIE CROZIER

The ADA proposed updates to the Employee Retirement Income Security Act of 1974 to ensure that fiduciary responsibility is mandated to be disclosed to consumers and providers.

This would clear up confusion on a state regulatory level as to the extent of ERISA preemption of the consumer protections found under state insurance laws, according to a May 17 letter to the chair and ranking member of the Health Subcommittee of the Committee on Energy & Commerce from ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S.

In the letter to Rep. Brett Guthrie, R-Ky, and Rep. Anna Eshoo, D-Calif. Drs. Shepley and Cohlmiya proposed updates to ERISA that would require insurers and plans to state expressly who is a fiduciary and is exercising discretion for the plan, which would help the relationship between the beneficiaries and the companies who process their claims. It would also help the authority of the states to regulate the companies who provide such services and clarify for state regulators and beneficiaries which plans do and do not offer the consumer protections found under state insurance laws.

"Historically, companies that manage claims for the ERISA plans have sought to avoid declaring their fiduciary status because they want to enjoy the benefits of being considered part of the plan (such as for preemption purposes) without incurring a fiduciary's potential liability and restraints on profit-seeking behavior," the letter said. "We believe that if carriers must be made to declare their fiduciary role much like financial advisors must, then consumers will ultimately benefit by being able to differentiate who to seek assistance from regarding the

See ERISA, Page 21



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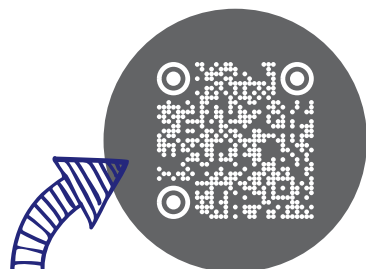
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**NEW MEXICO** — Practice for sale. Taos, historic resort town, world class ski area, great outdoor recreation and restaurants. 2019 \$850,000 collections, new 5 operatories, 2 EFDAs. **Email: vollfee@yahoo.com.**

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**OREGON** — South Tualatin. Highly visible practice in busy retail district. Collects \$600,000. Conservative dentist looking for the right doctor to take over the practice. **Contact Adam at: (541) 520-5507 or adam@mydentalbroker.com.**

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**WASHINGTON** — Gig Harbor Area. Beautiful modern 5 operatories practice. Strong patient base, double hygiene and great demographics. \$1.3M annual collections. Confidential inquiries to Dr. Dan Byrne: dan@mydentalbroker.com or (206) 992-0580.

**WASHINGTON** — San Juan Islands. Idyllic life opportunity. Excellent practice in new building. \$600,000 revenue. Real estate is also available. Major growth potential. **Contact Dr. Dan Byrne: dan@mydentalbroker.com or (206) 992-0580.**

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## ERISA *continued from Page 18*

regulation of their plan, whether at the state or federal level. There has been confusion on a state regulatory level as to the extent of ERISA preemption of the consumer protections found under state insurance laws.”

Drs. Shepley and Cohlma also asked the House subcommittee to support the Dental and Optometric Care Access Act, or DOC Access Act, that “would prohibit dental and vision plans from setting the fees network doctors may charge for services not covered by the insurers, from providing unreasonably minimal compensation for services rendered, and from forcing doctors into participating in contracts of excess of two years. This bill is narrowly drawn to apply only to the business of dental and vision insurance plans regulated by the federal government.”

“Dentists and their patients are negatively impacted by the non-covered service provisions among entities in the health insurance industry, stifling competition,” they wrote. “Noncovered services provisions in dental and vision plans disadvantage enrollees and providers because they interfere with the patient-doctor relationship, skew the pricing charged to non-subscribers, and encourage the consolidation of the dental and vision insurance industries, resulting in higher premiums overall. ... The ADA and the dentists we represent are not opposed to dental plans building strong networks and seeking discounts for their subscribers, but we seek less consolidation and greater competition.”

Drs. Shepley and Cohlma emphasized that the ADA continues to support Congress’ work to improve transparency and consolidation in health care.

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



## EDUCATION

BY MARY BETH VERSACI

The U.S. boasts more than 70 accredited dental schools, all charged with educating the next generation of dentists.

This series from the ADA News highlights facts about each to help paint a picture of the current dental education landscape.

From the year they were established to their total enrollment across all programs, learn more about the University of Pennsylvania School of Dental Medicine and University of California San Francisco School of Dentistry in the fact boxes below, and stay tuned for details about more schools in upcoming ADA News issues.



Photo courtesy of Mark Garvin Photography



**Location:** Philadelphia  
**Year established:** 1878  
**Dean:** Mark S. Wolff, D.D.S., Ph.D.  
**Total enrollment:** 858

*Congrats, grads: Members of the Penn Dental Medicine Class of 2023 celebrate their commencement.*

### FUN FACT:

The University of Pennsylvania School of Dental Medicine’s **earliest benefactor was Dr. Thomas Evans of Philadelphia, a confidant of Napoleon III and the dentist to the courts of Europe** during France’s Second Empire.



Photo courtesy of UCSF School of Dentistry



**Location:** San Francisco  
**Year established:** 1881  
**Dean:** Michael Reddy, D.M.D., D.M.Sc.  
**Total enrollment:** 434

*Community outreach: Students from the UCSF School of Dentistry’s Chinese Dental Health Club participate in the 2022 Sunset District Autumn Moon Festival in San Francisco.*

### FUN FACT:

The University of California San Francisco School of Dentistry was the **first U.S. dental school established west of the Mississippi River**.






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**SURVIVOR** continued from Page 9

Public Health Service to provide care to Native American communities throughout northern New Mexico — from San Felipe Pueblo in the south to Taos Pueblo in the north. He mostly treated children.

His clinic was a mobile bumper-pull Winnebago trailer, complete with a barber's chair, electric dental drill powered by an extension cord and water via a hose that Dr. Spier hooked up anywhere he could.

"Pueblo Indians gave me confidence and experience as a dentist and taught me so much about human relations, which has benefited me in my career and life so much," Dr. Spier said.

After completing his Public Health Service commitment in 1961, Dr. Spier went into private practice in Santa Fe, extending his commitment to underserved patients throughout his career, including becoming president of the New Mexico Dental Association in 1972.

**INSPIRATION**

"We hope the deserving students who receive these scholarships will continue building on the tradition of delivering world-class patient care, improve the quality of life in the region, and be inspired by our father to excel in a career of service and dentistry," said Peter A. Spier, one of Dr. Spier's children who initiated and shepherded the effort to create the scholarship fund that is now over \$110,000.



Photo courtesy of Hunt School of Dental Medicine

*Gratitude: Hendrika and Thomas Spier, D.D.S., attend a March ceremony in which a surgical wing was named for them in El Paso, Texas.*

Moved by their loved ones' generosity, Dr. Spier and Hendrika contributed an additional \$10,000 to the scholarship fund.

"The naming of the dental surgical wing pays homage to a remarkable couple," said Mr. Spier. "The scholarship fund recognizes my father's achievements forged by his disciplined work ethic, professionalism, love of the practice and the art of dentistry, which improved health care for communities in northern New Mexico throughout his 41-year career."

"Do I believe that my life will inspire young dental students?" Dr. Spier asked himself. "I hope my life will somehow, somewhere, sometime help a student or someone because all of us have or will have difficult periods in our lives. As you see, miracles happen, by luck, hard work and a little prayer."

For more information on how to make a contribution to the Spier Family Dental Scholarship Fund, contact Andrea Tawney, vice president of TTUHSC El Paso's Office of Institutional Advancement, at [andrea.tawney@ttuhsc.edu](mailto:andrea.tawney@ttuhsc.edu).

—burgerd@ada.org

## Humanitarian Award nominations due Sept. 1

BY DAVID BURGER

The deadline to nominate someone for the 2024 ADA Humanitarian Award is Sept. 1.

The recognition is open to member dentists who have distinguished themselves by giving a minimum of 10 years that improve the oral health of underserved populations stateside.

The award includes a \$10,000 gift to the dental charity or project

of the recipient's choice. The ADA typically recognizes the award recipient at the ADA's annual meeting.

Anyone may nominate any active, life or retired ADA member in good standing by submitting a nomination for consideration by the Board of Trustees.

The nomination page, an ADA Foundation site, requires the nominator to create an account first. For more information, contact the ADA Council on Advocacy for Access and Prevention at [CAAP@ada.org](mailto:CAAP@ada.org).

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