

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

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LIFESTYLE

BY ADA NEWS STAFF

Dental influencers have a way of grabbing their audience's attention and never looking back. The ADA News wanted to learn more about these content creators and ask them about their approach and what, ultimately, they hope their followers can learn from them.

ArNelle Wright, D.M.D.
@thedailydentist



Location: Orlando, Florida
Social media followers: 2,584
Describe the type of content you post:

The content I post on social media has both an educational and motivational message. Mentorship is a recurring theme found in the content that I post on Instagram. I share on this topic often because a professional goal of mine is to help current and future doctors enter and thrive in the career as I plan to do the same.

I typically prepare my original dental content in batches, after I've brainstormed themes of interest. I also enjoy repurposing dental content that I've learned and personally implemented from concepts taught in study club and/or CE meetings.

How do you approach your post/content: I began noticing common threads from the types of questions I received privately from people within my social network, and I use those themes to share what people want more of.

Why did you become a dentist: I didn't have consistent dental care during childhood. When I finally did, the experience was so smooth that I began envisioning myself providing the same level of care to others.

What does the term "influencer" mean to you: An influencer can easily be deemed as one who simply has a large following socially. To me an influencer aids in making others aware, through the information they share.

What do you hope your followers take away from your content: I want my followers to value growth professionally and personally. Through my content I want early-career dentists to grow in their appreciation for meaningful mentorship, continuing education, organized dentistry, personal growth, development, and well-being.



A glimpse inside the world of dental influencers

ADA NEWS PROFILES SOME OF THE INDUSTRY'S MOST POPULAR INFLUENCERS

Helen Mo, D.M.D.
@the.dentistmom



Location: San Francisco
Social media followers: 230K
Describe the type of content you post:

One of the most powerful things about being a dentist is that we treat a preventable disease. My content focuses on infant oral health to teach healthy habits (as early as birth), and to encourage parents to establish a dental home for their child as early as they can.

How do you approach your post/content: I started my account when I became a mom. I realized how challenging it was as a new parent, and how difficult it was to navigate

motherhood with so many conflicting messages of what the "right" thing is for your child. This led me to create evidence-based content that could be helpful for new parents, but structured in small steps that are realistic and achievable for a parent who may be overwhelmed. I also try to incorporate my own experiences with my daughter Olivia into my content. I want my page to be trustworthy, authentic, and relatable.

Why did you become a dentist: My mom is a dentist, and she influenced my perception of dentistry. I loved the flow of her office, the amount of different procedures she accomplished in a day, and how she was also a strong businesswoman. Mostly, it was powerful seeing the types of connections she had with her patients. I knew I wanted to be in a profession where I could have the

same experiences.

What does the term "influencer" mean to you: To be honest, I never imagined myself as an "influencer." But with the unexpected growth of my Instagram account, to me, being an "influencer" means creating change and inspiring others.

I think every child has the potential to have a lifetime of positive oral health, and I believe every parent has the ability to provide this foundation for their child — if given the right tools and education.

My platform is more than a social media account. It is a community for parents to come together, to feel motivated, and to support each other. With this collective unity, we can build a new mindset, highlighting the message that "baby teeth matter," and

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Lifestyle



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Dentists/yoga instructors discuss benefits of the ancient practice



05 Keeping dental history alive

Retired dental anatomy professor curates antiques for the University of Nebraska's dental museum



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Trio shares how and why they chose to focus on a specific area of dentistry



ACE Panel report finds half of dentists offer smoking cessation support to patients

BY MARY BETH VERSACI

About half of dentists offer smoking cessation counseling or treatment to their patients, according to an ADA Clinical Evaluators Panel report published in the October issue of The Journal of the American Dental Association.

The report, which includes the responses of 283 ACE Panel member dentists, found 41% of respondents offer counseling only, 8% offer

both counseling and treatment, 1% offer treatment only and 49% offer neither. Of the 49% who said they offer neither, a quarter indicated they were current or past smokers, vapers or smokeless tobacco product users.

"Historically, the incidence of smoking peaks during global crises — for example, the world wars, recession, etc. A similar trend was observed during the recent COVID-19 pandemic," said Purnima Kumar, D.D.S., Ph.D., one of the report's co-authors and a member of the ADA

Council on Scientific Affairs' ACE Panel Oversight Subcommittee. "Not just that, but early evidence suggested that smokers and vapers were at greater risk for COVID. This began a discussion within the ACE Panel about how dentists handle these habits and if they incorporate smoking/vaping cessation into their patient education protocols. Dentists have the opportunity to see patients much more frequently than our medical colleagues and therefore, are better positioned to counsel them."

Of the dentists who indicated they offer smoking cessation counseling or treatment, 90% said they were involved in those conversations with patients, either alone or with a dental team member, and 69% said they would be willing to prescribe pharmacologic agents to help with cessation.

"There is a high degree of enthusiasm among dentists for educating and counseling patients on the adverse effects of smoking and vaping," Dr. Kumar said. "In order for the profession to incorporate smoking cessation counseling and therapy into their practices more widely, there is a need for formal training on cessation strategies, access to cessation resources, and reimbursement for time and effort."

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

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ADA encourages development of best practices for managing patients under influence of marijuana

BY MARY BETH VERSACI

In response to the increased legalization and use of marijuana, the ADA House of Delegates passed a resolution in October to encourage the development of best practices for the management of patients and their caregivers, dentists and dental team members who are under the influence of marijuana.

Res. 96H-2021: The Practice of Dentistry and Cannabis calls for more research by external stakeholders, as currently available data on this topic to support the development of clinical guidance are limited.

"The oral health effects associated with smoking cannabis that include periodontal complications, xerostomia and leukoplakia have always been a concern to dentists," said Ana Karina Mascarenhas, B.D.S., Dr.P.H., chair of the ADA Council on Scientific Affairs. "However, the rapidly growing number of states where the use of marijuana and cannabis-containing products is legal will increase the recreational and medical use of these products. Thus, the development of best practices for the management of those under the influence of cannabis is timely and in the best interest of our profession."

Research from the 2021 ADA Council on Communications Trend Report confirms the increased use of marijuana among dental patients and the growing need for more clinical guidance. In the report's March survey of 760 ADA member dentists who are part of the Advisory Circle research panel, 61% of participants said they screen patients for marijuana use or vaping, 57% reported increased marijuana/CBD use among their patients, and 24% said they have seen more issues related to marijuana use or vaping. Generally representative of overall ADA membership, the Advisory Circle is made up of ADA members who participate in surveys typically focused on business-related topics.

Search "Oral Health Topics" on ADA.org for more information on the oral effects of marijuana use and recognizing signs a person could be under the influence of marijuana. ■

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December JADA assesses how pandemics affect oral health care

BY MARY BETH VERSACI

Because COVID-19 may become an endemic disease, the dental community should adopt modified infection control measures, teledentistry and point-of-care diagnostics, among other measures, according to the cover story of the December issue of The Journal of the American Dental Association.

"Pandemics Past, Present, and Future: Their Impact on Oral Health Care," which is JADA's first Oral Science Trends article, reviewed the

history of pandemics, the probable reasons for their emergence, and the COVID-19 pandemic and its possible impact on dentistry during the post-pandemic period.

"Oral Science Trends will feature invited reviews by leaders who can explain where our current biomedical and clinical sciences are leading to impactful changes in our ability to provide care and improve health," JADA Editor-in-Chief Tim Wright, D.D.S., said.

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

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CELEBRATING 40 YEARS

INFLUENCERS *continued from Page 1*

the value in establishing healthy habits early.

What do you hope your followers take away from your content: When Olivia got her teeth at 8 months old, my husband and I quickly discovered that toothbrushing was not an easy task — even for us two dentists! My daughter was also extremely attached to her pacifier and bottle, so it was a challenging weaning experience. I want my followers to see that having the title of “dentist” doesn’t make it any easier as a parent when it comes to oral health. I hope that seeing my personal experience and reading my tips on oral health can help make parents’ lives just a little easier.

Sully Sullivan, D.D.S.
@millennialdentist

(also host of *The Millennial Dentist* podcast)



Location: Nashville, Tennessee

Social media followers: 12,500

Describe the type of content you post:

I try to share day in and day out stuff. The good, the bad and the ugly. I’m not one of those people that posts a lot of photoshopped or super high-quality documentation or stuff on photos. I try to share what I am doing, what’s working and what’s not.

How do you approach your post/content: For me the best content has really been the stuff that doesn’t work. I think a lot of my followers relate to that and it connects us a lot more than just posting perfect before and after [examples] over and over.

Why did you become a dentist: I’m actually a fourth generation dentist but I have always felt like I was good in the sciences, so the medical field felt like a natural choice. When I saw the combination of being your own boss, getting to help people, and learning to fix things and use that artistic side I really fell in love with it. Honestly, it’s so hard to know if you really will enjoy it. I felt like it was the second half of dental school when we got into clinic that I knew this was going to be an awesome career.

What does the term “influencer” mean to you: I think it’s kind of a funny term. Honestly, I think it just equates to leadership. Previous generations have always had leaders that help push the profession and pave the way for technology, best practices, organized dentistry, etc. Social media has basically just rebranded leadership as an influencer it would seem. The negative to it of course is that you only see one side of it. Followers don’t necessarily see the behind the scenes of your practice, clinical ability, profitability, etc. I have really tried to be transparent with my failures and successes.

What do you hope your followers take away from your content: I hope that they see their potential. I hope that they start to believe that anything is really possible, that they can have the practice of their dreams, or practice the way they want them to. We have such an amazing profession and it’s easy to get bogged down in insurance, student loans, hard patients, etc. but at the end of the day there isn’t a better time to be in dentistry and I really do try to preach that narrative and showcase what the potential of our profession can be and is.

Brett Gilbert, D.D.S.
@drbrettgilbert

Location: Niles, Illinois

Social media followers: 19,200

Describe the type of content you post:

The content I post is what is on my mind on that day. Most often, I share about personal

growth, empowerment and positive perspectives on life. My content is intended to inspire and encourage other humans to live their very best life. If there is an endo case or other dental information that I feel is important to share, I will prepare a post, video or story to creatively share it with impact.

How do you approach your post/content: From a personal growth perspective, I approach creating content that shares my own journey to live a happy and healthy life. I have suffered, at times, under the pressure and self-judgment of being a clinician. Personal growth and broadening the big picture perspective on life has helped me tremendously and I am inspired to share the tools and concepts that I am learning and practicing each day. From a dental perspective, I like to share cases and information that allow dentists to understand the ever-growing range of healing that is possible with modern day endodontic treatment.

Why did you become a dentist: My father was a dentist and he inspired me to also pursue becoming a dentist. He passionately shared with me how great of a career it was and the autonomy it brought to the table both in a personal and professional manner. I bought in to the idea at a very young age and honestly never considered another career. I am very glad I followed in my dad’s footsteps as dentistry has allowed me to live a great life so far.

What does the term “influencer” mean to you: What the term influencer means to me is that my voice is heard by others. To truly influence others, you must show who you authentically are, so those that are looking for guidance, education and inspiration feel comfortable opening their mind to you as a trustworthy source of information and perspective. I take great pride and responsibility in the role of influencing others.

What do you hope your followers take away from your content: I hope that followers take away inspiration, encouragement and education from my content. I openly share my life experiences, emotions and heart to serve as an example that when we commit to constantly growing ourselves personally and professionally, we can actually make the world a more positive and healthier place.

Charlotte Drumi

@futuredr.drumi (fourth-year student at Loma Linda University School of Dentistry)



Location: Loma Linda, California

Social media followers: 18,400

Describe the type of content you post:

Most of my content is the everyday life of a dental student, along with tips or inspirational content because let’s be real, this journey is a grueling one.

How do you approach your post/content: Often, I approach writing posts based on my personal experience and the challenges I’ve faced, as well as answering questions I receive from other students on similar paths.

Why did you decide to study dentistry: Dentistry was never my initial plan. Originally from Russia, I was about 13 years old when I assisted and translated for a dentist who came to my hometown to provide dental care in an underserved community. I was inspired by his skills and dedication. This was a moment I knew — dentistry is my calling.

What does the term “influencer” mean to you: To be honest, I’m not a big fan of the word “influencer.” I see it as a way to connect, rather than influence. My Instagram account

Need an escape from the stresses of dentistry? Try yoga

BY KIMBER SOLANA

It didn’t take long after becoming a dentist when Alex Barrera, D.D.S., began to experience the starting stages of burnout.

Working at a community health center, while fulfilling, took a huge mental and emotional toll. Most of his patients often come from communities that are disenfranchised in health care.

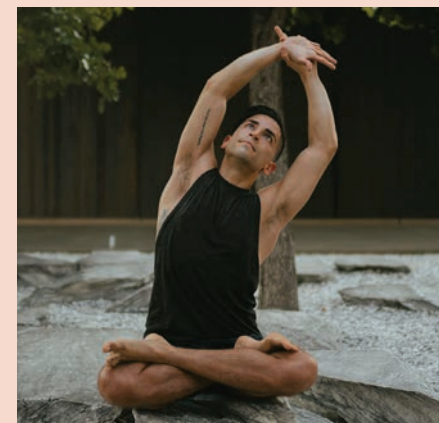
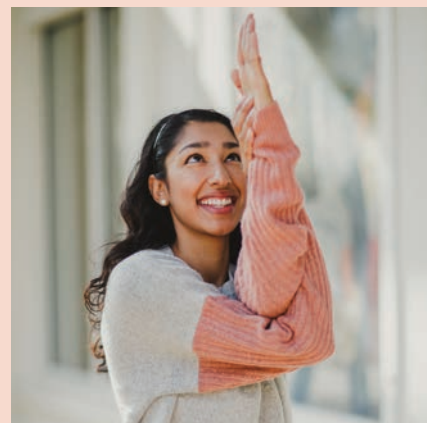
In search for some relief from the high-stress world of dentistry, Dr. Barrera found it in yoga — a practice rooted in Indian philosophy that has become a popular way to help foster physical and mental well-being.

Dr. Barrera said he discovered that yoga al-

took me a bit of trial and error before I found the right balance.”

For Dr. Barrera, he enrolled in a 200-hour yoga teacher program at Black Swan Yoga in Houston, completing the program in April 2021. He currently teaches weekly at Black Swan Yoga while applying aspects of yoga to his practice of dentistry.

Having a clearer mind allowed him to notice patterns when diagnosing and treating patients; he was having deeper conversations, and he started using pranayama (the practice of breath control in yoga) to help ease patients who were apprehensive or had a dental phobia.



Mindfulness: From left, Drs. Shivani Kamodia Barto and Alex Barrera have completed a 200-hour yoga teacher program that allows them to share the benefits of yoga with others.

lowed him to disconnect and focus on himself, helping him feel less stressed and become more mindful with each patient he treated.

For Shivani Kamodia Barto, D.D.S., she developed her passion for yoga after she started attending studio classes in college.

“From a young age, I was influenced by my parents to practice yoga,” she said. “My parents are both from India, and my mom has always had a strong meditation and pranayama (breathwork) practice, and my dad practiced yoga to stay mobile and pain free as a dentist.”

But it wasn’t until she was a stressed out college student when she became passionate about yoga, Dr. Barto said.

“I always felt better after yoga classes, mentally and physically,” she said.

For both Drs. Barrera and Barto, the mental and emotional benefits of yoga have been so evident that they’ve taken it one step further: becoming yoga instructors.

By the time Dr. Barto entered dental school in 2014, she was already a yoga teacher, having completed a 200-hour training program in 2012. During the weekends and in between dental courses, clinics and studying, Dr. Barto can be found teaching one to two classes a week.

“I was in a unique position in dental school; I was in an extremely high stress environment but I was also a trained yoga teacher with the tools to manage stress,” Dr. Barto said. “It

In addition to the mental and emotional benefits, yoga can help dentists with their physical health as well.

“Chronic back pain is a common ailment for dentists, but with a consistent yoga practice I believe this can be totally preventable,” Dr. Barto said.

Yoga combines strength, flexibility, mobility, breath control and meditation.

“Yoga is a 5,000-year-old philosophy that is proven to benefit your mind and body; it’s like a toolbox with everything you need to practice to prevent injury and mental and physical burnout,” she said. “And the science is starting to catch up.”

Dr. Barto has her sights on expanding her ability to teach wellness practices for dentists. She is hosting two to four wellness retreats a year focused on yoga and meditation for dentists and health care professionals. She is also building an online course and coaching program that will be available in the new year.

Drs. Barto and Barrera cite other dentists—who-are-also-yoga-instructors such as Cristian Pavel, D.D.S., and Danielle Cascioli, D.D.S. — known as the Dental Yogis — and Josie Dovidio, D.D.S., who began Yoga for Dentists, as inspiration in their journey to teaching yoga.

It doesn’t matter if you’re old or young or in

See YOGA, page 13

is a creative outlet, where I share my journey through dental school, the ups and downs of pursuing dentistry, with sprinkles of personal life and lifestyle posts.

What do you hope your followers take away from your content: I hope that when

someone visits my page and decides to follow me, they see a real and raw human behind the screen. My goal for my Instagram page is to inspire others to pursue their calling in life, despite all odds. ■

Retired University of Nebraska professor keeps dental history alive

BY MARY BETH VERSACI

For more than 40 years, retired dental anatomy professor Stanton D. Harn, Ph.D., has curated dental antiques for the dental museum at the University of Nebraska Medical Center College of Dentistry, and some of the items are now on permanent display in a gallery named for him at the university's new Wigton Heritage Center.

The Stanton D. Harn, Ph.D., Dental Gallery features a dental office from the 1870s-1880s, as well as information about the dental college and its museum. A ribbon cutting for the Wigton Heritage Center took place in June in Omaha, Nebraska.

Dr. Harn's interest in history led him to establish the UNMC College of Dentistry Dental Museum in the 1970s at a time when courses focusing on dental history were largely eliminated from dental school curricula. Now a professor emeritus and the curator of the museum and gallery, he taught anatomy at the college for 45 years.

"I started the dental museum in 1977 because of my appreciation of history and my love of antiques," he said. "Dental schools in general removed dental history courses from their curricula in the early 1970s, so I thought that through establishing a dental museum, we could teach some of that history visually."

The museum at the Lincoln, Nebraska, dental school features thousands of dental items, from cabinets and chairs to toothbrushes and surgical instruments. All the items in the collection are owned by the college, and they have been donated directly or purchased with money donated by alumni and friends of the university and college.

It is impossible to showcase the entire collection because of limited space, so the museum's two permanent displays include a window display showing five turn-of-the-20th-century dental cabinets and a series of seven display cabinets showing historical toothbrushes, toothpastes, tooth powder containers, articulators, gas burners, rubber dam instruments, bur blocks, porcelain and plastic teeth, and shade guides.

The rest of the collection is taken out for two weeks each year during the dental school's homecoming and displayed in hallways and a remodeled laboratory.

When deciding what to permanently feature in the new dental gallery at the Wigton Heritage Center, Dr. Harn wanted it to be different from other exhibits.

"The dental gallery represents the dental office time period of the 1870s-1880s," he said. "This time period was picked because I wanted an earlier office display than most exhibits show. When one travels around the U.S., the most common dental office display is from the 1900s."

Dr. Harn worked with Emily McElroy, dean of the McGoogan Health Sciences Library at the University of Nebraska Medical Center, to develop the dental gallery, and he occasionally gives tours. Ms. McElroy oversees the entire Wigton Heritage Center.

"We were obviously very excited to have the dental college included," Dr. Harn said. "The dental college is a college of UNMC, but we are different from most UNMC colleges in that we are located 50 miles away in Lincoln. Having the gallery named after me was wonderful and a great honor."

The Wigton Heritage Center includes exhibits that pertain to the history of the University of Nebraska Medical Center and the health professions in Nebraska.

"As we developed the exhibits for the Wigton Heritage Center, we knew the largest and most permanent exhibit of the center would be dedicated to the college of dentistry's dental

collection," Ms. McElroy said. "It provides visitors with a unique view of how dentistry has changed over the years."

Dr. Harn said he wants visitors to the gallery and museum to gain new appreciations for various aspects of dentistry.

"I hope visitors to both exhibits will come away appreciating the advancements in dentistry, appreciating the beauty of the antiques of dentistry and appreciating the history of dentistry," he said. ■



Window into the past: The Stanton D. Harn, Ph.D., Dental Gallery in the Wigton Heritage Center at the University of Nebraska Medical Center showcases a dental office from the 1870s-1880s.

Photo courtesy of Kent Sievers, University of Nebraska

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How did you choose your specialty?

BY JENNIFER GARVIN

Adental specialty is an area of dentistry that has been formally recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards as meeting the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists.

The ADA News talked to three dentists about why they chose their particular specialty. Their answers are below, edited for space and clarity.



Dr. Rebong

RAY REBONG, D.D.S.
Orthodontist
Oakland, California

ADA News: Why did you become a dentist?

Dr. Rebong: Growing up, many of my relatives from the Philippines were terrified of going to the dentist and suffered persistent dental pain. I saw the impact poor oral health can have on day-to-day activities, comfort and overall well-being.

ADA News: When did you start to think

about becoming an orthodontist?

Dr. Rebong: I found my true connection with orthodontics in dental school. Conversations with professors, participating in orthodontic study club events and shadowing practicing orthodontists convinced me that becoming an orthodontist was my perfect profession. I enjoyed the challenge and creativity in crafting a course of treatment to help the patient's dreams actualize into a beautiful, healthy smile.

ADA News: What do you want other dentists to know about your job?

Dr. Rebong: Prior to dental school, I had only known orthodontics as a way to straighten teeth. I learned about the importance of orthodontics in complex restorative cases, post-trauma rehabilitation and in the treatment of patients with

craniofacial abnormalities. Now, some of my most rewarding days are working with multiple medical and dental specialists. I get to help patients plan their care for years before they ever get a bracket placed. The anticipation and gratitude these families have for the result of orthodontia and dental care is truly heartwarming.



Dr. Rozdolski

RAQUEL ROZDOLSKI, D.M.D.
Dentist
anesthesiologist
Hawthorne, N.Y.

ADA News: Why did you become a dentist?

Dr. Rozdolski: I had both a wonderful dentist and orthodontist as a child, who spoke to me directly as the patient. By seventh grade, I had interviewed both my dentist and orthodontist asking them what it would take to get into dental school, and together, we mapped out my professional career path. I followed it nearly to a "T" and even went to the dream school, Tufts University School of Dental Medicine.

ADA News: When did you start to think about becoming a dentist anesthesiologist?

Dr. Rozdolski: I have a deep-rooted passion to increase access to oral health care for individuals with intellectual and developmental disabilities, and my goal is to bridge the gap between providing a medically necessary service in an ambulatory setting and to reserve the operating rooms for individuals who are medically complex, thereby reducing significant wait times, while also improving a patient's overall health.

ADA News: What do you want other dentists to know about your job?

Dr. Rozdolski: I believe organized dentistry still has a long way to go in terms of advocacy efforts to enhance operating room access and proper reimbursement for this very specialized service of anesthesiology within dentistry in an ambulatory setting by properly trained specialists in the field. My hope is that dentists will become more aware of our level of training and the safety dentist anesthesiologists provide when patients are appropriately selected and screened for office-based ambulatory anesthesia care. I love what I do because of the service it provides to individuals who would ordinarily go either without treatment, or wait years to be seen in an operating room.



protect
what matters most
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Dr. Velazquez

MARIANA VELAZQUEZ, D.D.S.
Oral surgeon
Miami, Florida

ADA News: Why did you become a dentist?

Dr. Velazquez: I decided to pursue the same career path as my mother, brother and 21 other family members at the Universidad Central de Venezuela before moving to Boston and completing my oral and maxillofacial surgery internships and residency at Boston University.

ADA News: When did you start to think about becoming an oral and maxillofacial surgeon?

Dr. Velazquez: I decided to be an oral surgeon during my first year of dental school when I saw my now-husband's wisdom teeth removal surgery. I instantly became fascinated by that specialty. I was discouraged multiple times from going into oral surgery, because "it was too hard, especially for a woman," but lots of perseverance and hard work paid off.

ADA News: What do you want other dentists to know about your job?

Dr. Velazquez: I love having the ability to help others in whatever way I can. As stressful as this specialty may be, it is also a very rewarding one. I wish I could inspire other female dentists to not be afraid to go into this specialty. Women only make up 10.6% of oral surgeons in the U.S. We definitely need more women oral surgeons out there. ■

ADA comments on OSHA rule requiring businesses with 100 or more employees to institute vaccine, testing policies

BY JENNIFER GARVIN

The ADA is concerned that the Occupational Safety and Health Administration's emergency temporary standard mandating employers with 100 or more employees to require their employees be vaccinated against COVID-19 or submit to regular masking and testing could potentially impede patients' access to oral health care.

In a Dec. 1 letter to Douglas L. Parker, assistant secretary of labor, Occupational Safety and Health Administration, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., said because of low COVID-19 infection rates in dentistry and high vaccination rates of dental personnel, requiring dental practice owners to institute a mandatory vaccination and testing policy will likely have "little impact" on the safety of dental personnel and patients. The Association is concerned, however, that such a mandate could have the unintended effect of exacerbating dental team shortages, which would limit dentists' ability to see more patients and impede access to essential health care.

In the letter, Drs. Sabates and Cohlma told OSHA that research indicates that infection rates among dentists and dental teams are "very low — far lower than for other health care workers, such as nurses and physicians, and even lower than in the general population" and noted the cumulative COVID-19 infection rate was just 2.6% for dentists and 3.9% for dental hygienists, in November 2020 and

October 2020, respectively. And while data collection ended last summer, the letter also pointed out that vaccination rates in dentistry have also been exceptionally high, and shared that as of June 2021, at least 89.8% of dentists had been fully vaccinated and at least 73.7% of dental hygienists were fully vaccinated as of August 2021.

"We strongly support the Centers for Disease Control and Prevention's recommendations for the public to be vaccinated against COVID-19, including every member of the dental team,"

Drs. Sabates and Cohlma wrote. "Our concern with a vaccination and testing mandate is that it could exacerbate dental team shortages and, as a result, impede access to essential health care — even in parts of the country where infection rates are decelerating."

"Compared to before the pandemic, dentists are facing major challenges in recruiting dental team members," they wrote. "The vast majority of [dentists who own their practices] who are recruiting team members report being

'extremely' or 'very' challenged to fill vacancies for dental hygienists, dental assistants and administrative staff. Over 40% of dentists report that staffing shortages are limiting their ability to see more patients."

"[R]equiring practice owners to institute a mandatory vaccination and testing policy will have little impact on the safety of dental office workers and the patients they serve," the letter concluded. "Infection rates in dentistry are already low and vaccination rates are already high. However, it could have the unintended effect of exacerbating dental team shortages and impeding access to essential health care."

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

—garvinj@ada.org

Medicare dental benefit not included in House-passed legislation

BY JENNIFER GARVIN

The U.S. House of Representatives passed the Build Back Better legislative package Nov. 19 without an expansion of dental benefits within the Medicare program. The legislation now moves to the Senate.

In an Issues Alert email, ADA President Cesar R. Sabates, D.D.S., reiterated that the ADA's policy calls for any proposed dental benefit legislation to be sufficiently funded and efficiently administered, and said the proposed Part B dental benefit did not meet those criteria.

"The ADA's advocacy — including nearly 60,000 grassroots emails sent to Congress by dentists — helped ensure that the proposed Part B benefit was not included in the Build Back Better package passed by the House," Dr. Sabates wrote.

As the Senate continues discussing this legislation, the ADA remains committed to advocating for the ADA policy that works to ensure access to oral health care for low-income seniors. The ADA will continue to update member dentists on this issue.

"Thank you for being an advocate," the alert concluded. ■





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Task force soliciting dental community input on enhancing CDT Code

Council on Dental Benefit Programs wants code set for evolving needs for robust patient records, accurate claim submissions

BY DAVID BURGER

A new task force is asking the dental community to weigh in on a project that could revamp and enhance the existing Code on Dental Procedures and Nomenclature — better known as the CDT Code.

The Enhanced CDT Code Task Force, formed by the Council on Dental Benefit Programs after the Enhanced CDT Code project was approved by the ADA Board of Trustees, has scheduled virtual listening sessions in early 2022 so the dental community can convey its thoughts on pain-points in the CDT Code, as well as the advantages and disadvantages of an enhanced code set.

The task force is also soliciting written comments on a number of questions, including:

- Is the CDT Code in its current form working for you or are there problems you have encountered when using the CDT Code? Please provide examples in either case.
- Would you rather have a more expanded CDT (i.e., vastly greater number of CDT codes) or would you rather see a CDT that is more granular through inclusion of new content, procedure code modifiers?
- What sorts of educational support would be



Dr. Markarian



Dr. Dens

required to ensure an efficient and effective implementation?

More information about the listening sessions and how to submit written comments is posted at ADA.org/publications/cdt.

“The ADA Council on Dental Benefit Programs is spearheading a project to globally review and enhance the CDT Code so that this ADA code set serves current and evolving needs for robust patient records and accurate claim submissions,” said Randall Markarian, D.M.D., immediate past chair of the council and current task force chair. “Effective and accurate planning for the enhanced CDT Code project requires a broad understanding of how various sectors of the dental community perceive current flaws in the code set and suggestions for improvement.”

The deadline for written comments, addressed to dentalcode@ada.org, is Jan. 14, 2022.

The Enhanced CDT Task Force will also conduct two virtual listening sessions on Jan. 27 and Feb. 22 for those interested in providing oral testimony. Each speaker will have a maximum of three minutes during the listening sessions. Register for the listening sessions via email to dentalcode@ada.org. Capacity is limited to first 25 registrants, and each session is from noon-1:30 p.m. Central time.

“We must enhance the CDT Code for several important reasons,” Dr. Markarian said. “Correct coding needs to be supported by practice software to intuitively and accurately document the treatments provided to patients with improved discrete codes for new technologies, new materials, different techniques and to specify the multiple distinct steps of a procedure. Workflows will be improved through communication of more specific information on dental procedures electronically to other practitioners, such as dental specialists. Finally, data analytics will be more efficient to support identification of best evidence-based treatment protocols.”

The proposed architecture could take the existing CDT Code structure and add something new: procedure code modifiers, which could add more details, such as what materials were used and steps taken during the procedure.

Kevin Dens, D.D.S., member of the task force and chair of the ADA Council on Dental Benefit Programs, said that the CDT code has not had a structural enhancement since it was first published in 1969.

“The goal is that, by adding modifiers, the ‘Dxxxx’ structure can continue unchanged with modifiers capturing more granular information,” Dr. Dens said. “Dentists should find it easier to find and use the correct code. More granular data will provide dentists and researchers insights into best-outcome measures.”

After receiving input, the task force will meet virtually monthly to work on a recommendations report to the council in November 2022 specifying guidelines for procedure inclusion; the proposed architecture; the required maintenance process; the mapping to the current CDT Code; and how to ensure industry-wide implementation. ■

—burgerd@ada.org

HPI: Dentists need more staff to see same number of patients compared to before pandemic

NOVEMBER'S COVID-19 ECONOMIC IMPACT ON DENTAL PRACTICE POLL RESULTS CONFIRM THAT PPE COSTS HAVE INCREASED DRAMATICALLY

BY DAVID BURGER

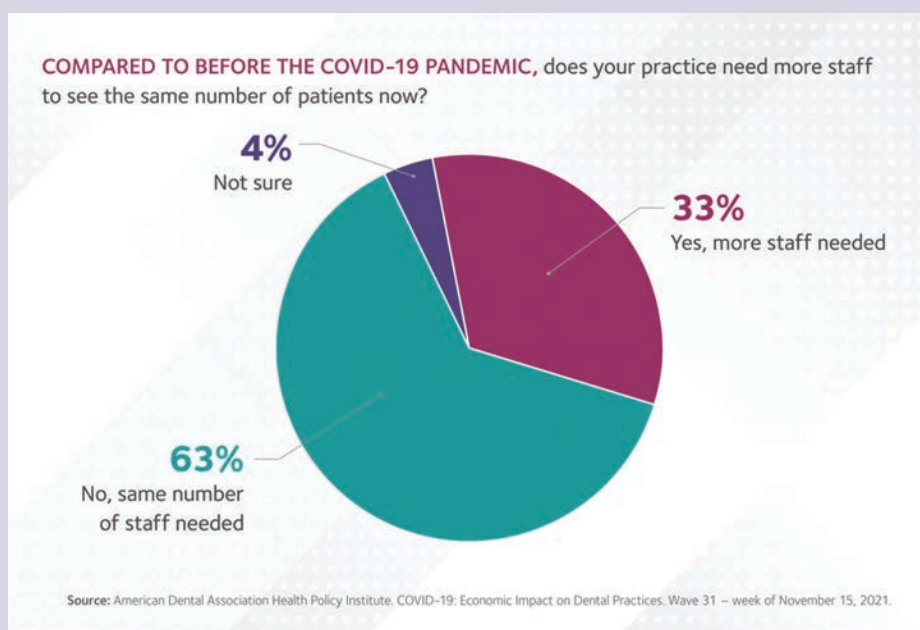
One in three owner dentists indicated they need more staff to see the same number of patients compared to before the pandemic, according to new data from November's COVID-19 Economic Impact on Dental Practice poll results conducted by the ADA Health Policy Institute.

Moreover, the results reveal that 35% of dentists have recently or are currently recruiting a dental hygienist. Forty percent have recruited a dental assistant. Among those, roughly 9 out of 10 hiring dentists indicate that it has been “extremely” or “very” challenging to recruit dental hygienists and dental assistants compared to before the COVID-19 pandemic.

“For almost all positions on the dental team, recruiting has become increasingly difficult,” said Marko Vujicic, Ph.D., HPI chief economist and vice president.

Other results from the poll include:

- Patient volume is 91% of pre-pandemic levels, the highest number since polling began in March 2020.
- The share of dentists hiring for dental hygienists and assistants increased again, as did the challenges associated with recruiting for these positions. Staffing shortages are the most common limiting factor for practices that want to see more patients, followed by low patient demand



and safety protocols.

- The majority of dentists indicated that the price of surgical masks has at least doubled, and 47% indicated gloves have at least tripled in cost since the onset of the pandemic.
- In general, younger dentists have greater confidence in the recovery and greater intent to hire and invest in new equipment and technology in the coming months.

Since March 2020, the ADA Health Policy Institute has measured the effects of COVID-19 on the U.S. dental economy with a regular poll of dentists on economic conditions during the pandemic. The poll quantifies how COVID-19 has shaped dentists' delivery of care, financial sustainability and overall attitude toward their profession.

Results for all waves of polling can be viewed online at ADA.org/HPI.

RESOURCES FOR MANAGING DENTAL STAFF

More information on recruiting, hiring and training dental team members can be found on the newly redesigned ADA website: ADA.org/resources/practice/practice-management/

managing-dental-staff.

In addition, ADA Member Advantage has endorsed Stynt to help ADA members simplify staffing for their practices.

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Visit Stynt.com/ADA for more information. ■

—burgerd@ada.org

End of year good time to review HIPAA compliance

BY DAVID BURGER

To comply with the Health Insurance Portability and Accountability Act's Security Rule, practices must continue to review, correct or modify and update security protections.

The end of the year is a good time to conduct a risk assessment of the practice to help keep patient information secure as well as to avoid the potential threat of costly investigations and fines, said Marc Haskelson, CEO and president of Compliancy Group, the ADA Member Advantage-endorsed company that specializes in helping practices and organizations comply with HIPAA.

“HIPAA requires providers to conduct risk assessments to identify what updates are needed,” Mr. Haskelson said. “The ideal time to perform this assessment is at the end of the calendar year. The end of the year is when strategic planning takes place for the following year. Strategic planning involves considerations: technology to adopt, new year personnel changes, and budgeting, among others, that trigger the obligation to complete a security risk assessment. By conducting a security risk assessment before the end of the calendar year, a practice will have an excellent idea of what its security posture is before the practice makes operational changes that take effect the following year.”

The HIPAA Security Rule requires that covered entities and its business associates conduct risk assessments of their organization.

The ADA Catalog offers Compliancy Group: HIPAA Compliance Software Solution on its website, catalog.ADA.org.

Compliancy Group offers a 15% discount to ADA members. ■

—burgerd@ada.org



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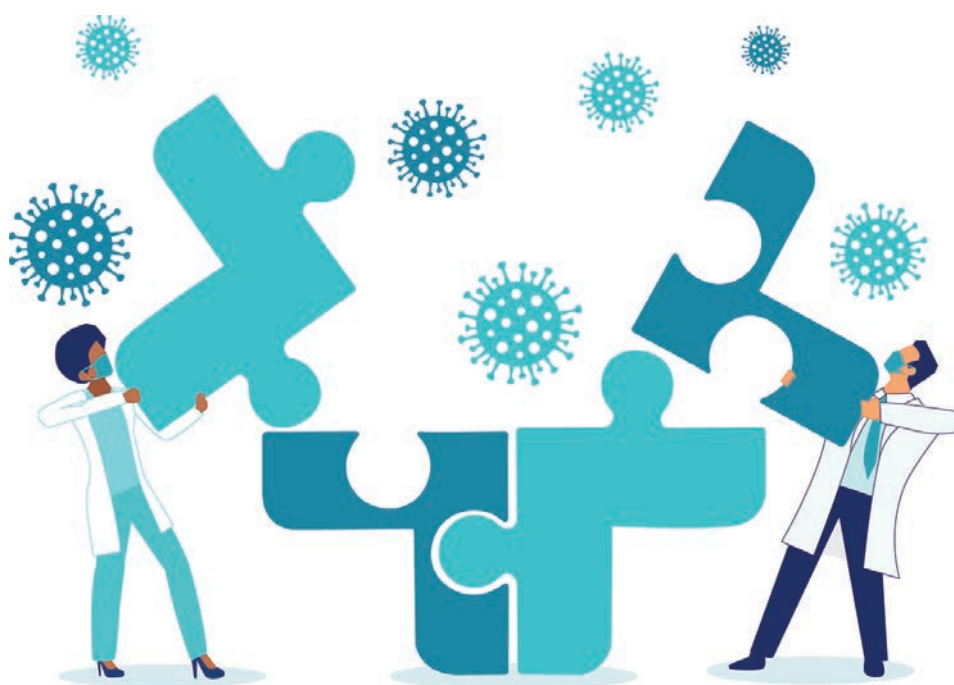


COVID perks

BY CHRIS SMILEY, D.D.S.

It is not my intent to dismiss the tragedy of the loss of over 600,000 U.S. lives from the pandemic or the devastation it has caused to our society and economy. Yet, even in the darkest clouds, it is possible to catch the faint glimmer of a silver lining. In this season of giving thanks, I pause to consider what I will call “COVID perks.”

My inspiration comes from remarks by Natasha Lee, D.D.S., president of the San Francisco Dental Society, published in the Journal of the California Dental Association this past September. In it, she shared how patients confide in us that isolation has taken an emotional toll. Although they are healthy and earning a living working from home, going to the dentist has become a social event and a welcome break from the stress of a



COVID-imposed quarantine. Patients have always trusted us to address their dental needs. Dr. Lee points out they have now demonstrated confidence in our infection control protocols as we mitigate the spread of the virus. They further trust us to empathetically listen as they share the struggles they face. As dentists, we are well-positioned to identify more than dental disease, and as compassionate listeners, we can help those in need find the assistance they need. The honor of our patients' trust is a perk that comes from being a member of our profession.

Importantly, we dentists are fortunate to have figured out how to safely interact with people up close, in person. We get to leave the house each day and interact with co-workers and patients.

We've maintained human connectivity as very few have — the ability to socialize with patients and team members has been an invaluable perk that has sustained us in the darkest of times.

The resilience and resourcefulness of our profession is a perk provided us through ADA and its return-to-work guidelines to comply with Occupational Safety and Health Administration and Centers for Disease Control and Prevention requirements. Guidance on navigating government financial assistance programs and countless webinars from state dental associations and the ADA are perks that emphasize the value of our association in preserving the very viability of dental practice, and they created a sense of community.

Many consider Zoom conferencing a curse, but it has been an essential conduit for disseminating information to many recipients. Zoom kept me connected with my daughters, family, and friends, who live far away. It is also a perk that overcame my hearing limitations. In regular times I struggle to hear and function effectively at many in-person gatherings. With Zoom, I put on my headphones, and I am fully engaged.

The pandemic further revealed what is best about our colleagues. Networking to cope with the latest regulation or simply checking in with each other built strong community bonds. My perk is a group of professional friends who text to commiserate about bad officiating during a televised Michigan game, discuss how to apply for PPP loan forgiveness, or share a joke. They have been more than a perk; they've been a lifeline.

The availability of vaccines has allowed us to emerge and connect in society cautiously. The promise of safe social gatherings is a perk that must be tempered with continued indoor masking. The threat of breakthrough infections and evolving variants requires us to lead by example.

Assembling the Journal of the Michigan Dental Association each month to introduce a broad range of topics with impressive contributors has been a perk for me. It's really about the importance of human connection threatened by the pandemic. Our ingenuity finds ways to persevere. Perhaps the greatest perk is having a heightened awareness of the most important things in our lives. ■

This editorial originally appeared in the November 2021 issue of the Journal of the Michigan Dental Association.

Dr. Smiley is the editor-in-chief of the Journal of the Michigan Dental Association.

Letters

VACCINE MANDATES

The ADA is considered America's leading advocate for oral health. My concern is that in setting standards for our profession based on politicized information, we will lose our autonomy.

Everyone has the right to decide, based on their age, health and other influences, whether or not they want to get the COVID-19 vaccine. The vaccine has inherent risks, as those that receive are made aware before signing off on it.

As a profession who has maintained its autonomy we should not be encouraging government interference in our profession through mandates.

To our members who feel safer by masking in public, wear masks! If a member feels safer to be vaccinated, they should get the vaccine and any boosters they feel necessary. I respect their view and their right to choose, as I expect them to respect my right to choose what is best for my wellbeing!

I encourage ADA leaders to use critical thinking and science before setting standards for our profession. Many places are getting back to normal and living life fully! I believe ADA leadership needs to be a voice against mandates and allow for individual freedom of choice.

Renee Commarato, D.D.S.
Warren, Ohio

Editor's note: The ADA worked closely with the CDC to develop recommendations for health care providers for the protection of themselves, their teams, and their patients. The ADA encourages dentists and their teams

to receive an FDA-approved COVID vaccine. To learn more, visit the ADA's resource page: ada.org/resources/coronavirus/covid-19-practice-resources; CDC resource page for health care providers: cdc.gov/coronavirus/2019-nCoV/hcp/index.html; and FDA updates on approved vaccines: fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines.

MEDICARE

This letter to the editor is in response to the Oct. 11 ADA News article “Expanding Medicare: What Every Dentist Needs to Know.” One thing you can say about our ADA is we are consistent. Fifty-six years later and we are still fighting the “good fight” against Medicare. We say dentistry is essential when it came to the pandemic but not when it comes to Medicare. So, which is it? Essential, but just sometimes? I think we pushed the can down road again. It was close this time. Seems more and more elderly want help with their teeth. So we had robust “just say no” campaign for membership while at the same time giving the appearance of accepting a few crumbs that I assume we really, really, didn't want to do. But let's keep telling ourselves that we still look good as a profession since we seem to be still getting away talking from both sides of our mouth. Don't get me wrong: dentistry will be part of Medicare. We will keep fighting, but it will happen. And when it does happen, we will say something that makes us appear on the right side of history, but don't kid yourself we are not. It is just a shame so many elderly people will continue to suffer because we are so stubborn and yes, selfish.

Paul Benjamin, D.M.D.
Miami Shores, Florida

LICENSURE REFORM

I am in full agreement with Jonathan Nash, D.D.S., and his Sept. 13 My View “Licensure Reform: The Case for Eliminating the Clinical Exam.”

I have been a practicing dentist for almost 40 years, a Colorado State Dental Board member for eight years (five as president) and a dental board examiner with the Central Regional Dental Testing Service during my State Dental Board tenure.

These are my observations:

Taking a single-episode/performance-based (SE/PB) does not protect the public. A dental candidate who fails a SE/PB exam can immediately sign up to take another exam with no remedial training. The dental candidate usually has three attempts to pass the exam. In most cases nearly 100% of dental candidates pass these exams within three attempts (with no remedial training).

SE/PB exams on live patients are inherently unfair to the dental candidates. If you have money and dental connections you have a big advantage over other dental candidates. Candidates with dental connections and money can find patients with the smallest carious lesions and afford to pay the patients to show up for the exam. Other candidates may end up having their unpaid patients not show up for the exam and the dental candidates may have much larger and more difficult carious lesions to restore. Plus, these exams are very expensive to take with examination costs, travel costs, etc. These are added expenses that indebted dental students do not need to incur.

Finally, SE/PB exams with live patients amount to unethical treatment of the patients. The ADA's Principles of Ethics and Code of Professional Conduct highlight the Principle of Nonmaleficence (“do no harm”) and Beneficence (“do good”). The restorative part of the live patient exam can take over three hours for one restoration. Having a patient wear a rubber dam unnecessarily for hours is traumatic to the

TMJ, having a tooth exposed and repeatedly air dried is potentially damaging to the pulp tissue, overtreating minimal carious lesions is questionable treatment and overexposure to X-rays is wrong. These things happen at every dental exam with almost every patient and all are violations of our Code of Ethics.

Alternative dental candidate testing, without live patients, is available and is objective and does not favor the richer students and does not unethically treat patients. Come on fellow dentists, let's move into the 21st century and adopt these alternative tests.

F. Robert Murphy, D.D.S.
Boulder, Colorado

CLINICAL EXAM

I am writing to wholeheartedly agree with the My View by Jonathan Nash, D.D.S., “Dental Licensure Reform: The Case for Eliminating the Clinical Exam,” article in the Sept. 13 ADA News. These antiquated exams serve no real purpose in my opinion. As an example, a fellow dentist and I took the Nevada state exam many years ago when the dentist shortage there was evident. It was a humiliating experience. We are from the East coast and it was obvious at the time that the examiners did not want us to pass the exam. I had to take a week off from my practice, fly to San Francisco, search for patients to treat and spend much money on hotel and meals costs. At the time, we were both clinical instructors at the University of Pennsylvania and I was a fellow of the Academy of General Dentistry. There were other dentists we met there that were taking the exam for the second, third and even fourth time. (Not sure why they would put themselves through that.) Needless to say, we both failed the exam.

I actually got a letter from a dentist in Reno begging me to take the exam again because she could not get any associate dentists to hire. Does this make sense? My experience and clean record should have been enough.

David E. Stall, D.M.D.
West Chester, Pennsylvania

CBCT RADIOLOGY

I have been blessed to have now practiced dentistry for about half a century and I have been a member of the ADA for almost 50 years. Next to my family, dentistry is the love of my life.

Needless to say, I have seen massive changes in technology during that time. One of the most positive developments has been that of digital dentistry, with a huge leap forward in the field of digital prosthetics and with the continuous improvement in digital radiography.

My acquisition of CBCT radiology is a game changer. As the development of the X-ray machine and film was to dentistry before such was possible, I equate the development of CBCT with the same importance when compared to two-dimensional radiography. I personally think it should become a "standard of practice." It is invaluable in the field of endodontics and oral surgery, especially implant surgery.

The use of digital scanning for prosthetics is equally a game changer. Sadly, the compatibility between systems, and often between mid-point and endpoint processes has not been to a level that it should be. Greater compatibility must be demanded by the dental profession of manufacturers.

With that said, we need to address some deficiencies associated with the use of CBCT.

First of all, dental insurance companies do not even allow for or allow enough for the use of the CBCT.

Secondly, I would like to see a more comprehensive educational process, expanding a general dentist's field of expertise with the use of CBCT. An equal knowledge base should be the property of the entire profession.

And with that said, software bridges must be more manageable between all the scanning systems and systems of manufacture. More importantly, some systems have been misrepresented to the dental consumer.

We can do better.

William A. Steiner D.D.S.
Omaha, Nebraska

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YOGA continued from page 4

any manner of physical shape — yoga is for everyone, she added.

For those interested in starting yoga, Dr. Barrera said, it's important to know that there are many styles that range from calm and comforting, to powerful and exhorting. He suggests doing research online to find a yoga studio nearby or starting with some online yoga classes.

"Yoga is something I know I will continue to practice for a lifetime and something that will constantly remind me to evolve and grow in my career and my passion of helping others," he said. ■

PROVIDER RATINGS

I couldn't help myself when I read the recent article in the Oct. 11 ADA News "Delta Dental of California Launches Provider Rating System." I had to respond.

I have been in practice for over 43 years and have watched as third-party payers have wedged themselves more and more into our practices' lives. I guess I never realized that we were unable to function without their approval.

Why are we allowing Delta, or any other insurer for that matter, to dictate or rate our abilities? We all had to undergo strict written and clinical tests in order to even get a license. We had to pass the scrutiny of our peers, and they certainly have a much

better idea about our abilities to practice than any third-party payer. I don't understand why our profession hasn't just told these companies to go take a hike when they tell us we have to be "credentialed" or rated for the "public's protection." I appreciate the ADA making an attempt to guide Delta into how to rate us, but I feel like the ADA should be telling them, instead, "We don't need you to do that."

Maybe what we should be doing is rating them (the insurers, that is, not the ADA). Let's rate them on their ability to pay in a timely manner, without harassing both us and our patients before they will pay a claim. Let's rate them on wedging themselves between our patients and us, while

they practice dentistry from their desks in some corporate office somewhere. Let's rate them for treating all of us like we are criminals that can't be trusted, when the actions of maybe a few create tons of extra and unnecessary work to prove that we are doing what we say we are doing.

And on top of that, they require that proof for free. All these issues and more, while they keep taking and taking from our patients and their member dentists, and their profits are sky rocketing. Not bad for a "nonprofit." No one ever said they were stupid.

Mark Troilo, D.D.S.
Rose Hill, Kansas

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ADA House of Delegates approves 2022 budget

Includes \$9 dues increase

BY KELLY GANSKI
Las Vegas

The ADA House of Delegates closed its 2021 session Oct. 16, approving a small dues increase and a nearly balanced budget.

The 2022 budget reflects \$143.9 million in revenues and \$144.3 million in expenses and income taxes, generating a net deficit of \$386,000.

The House of Delegates set annual membership dues at \$582 for 2022, which includes an increase of \$9 from 2021 for inflation in compliance with Resolution 14H-2019.

"The House of Delegates thoughtfully considered the 2022 budget on behalf of the ADA's membership, weighing the current realities against our financial strengths and opportunities," said ADA President Cesar R. Sabates, D.D.S.



Dr. Sabates

"The budget allows us to meet the membership's changing needs — as revealed by the pandemic — and it will support advancement on our strategic objectives. It provides us a sustainable means of moving forward."



Dr. Sherwin

Then-ADA president, Daniel J. Klemmedson, D.D.S., M.D., praised the House's actions, as it allows the Association to continue moving forward with a digital transformation, which involves delivering new ways to engage with the ADA, making it easier to join, engage, purchase, access information, network and get involved.

"The ADA's 2022 budget builds on our financial strength and helps us adapt to a new normal as we emerge from the pandemic," Dr. Klemmedson said.

"By passing the 2022 budget, the House has expressed its support of the ADA's wide-ranging efforts to meet the needs of this new normal, such as expanding capacity for state associations and investing in the digital member experience."

ADA Treasurer Ted Sherwin, D.D.S., said the 2022 budget represents a new normal for the Association and had praised the ADA for having the financial discipline to manage assets that have built up over the years.

"I am very pleased with the way the ADA is responding to the worldwide pandemic and financial crisis," Dr. Sherwin said.

"We were able to continue funding of our core activities that are unique to the ADA throughout 2020. Examples of these activities that members can't find anywhere else are: Advocacy, science, clinical guidance for COVID-19, standards, admission and board testing, digital communications and capacity building for state dental associations. This year the ADA is showing strong signs of recovery from the financial crisis of 2020. As we transition this year into 2022, we are continuing our recovery

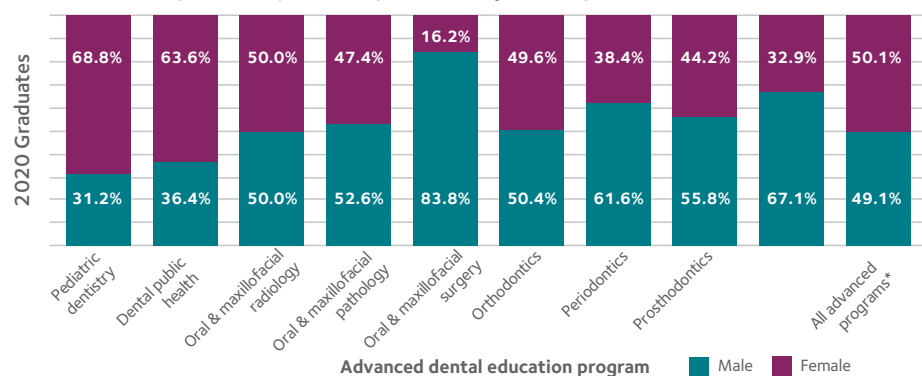
and looking at how the Association can serve our members as they adapt to a new post-Covid world that is vastly different than the old world of 2019."

A more detailed report of the 2022 budget is available in the members only section of the ADA website at ADA.org/about/governance/board-reports-and-resolutions.

—ganskik@ada.org

Advanced dental education graduates

In 2020, a slight majority of graduates from advanced dental education programs were female. Female graduates surpassed male residents in particular disciplines such as pediatric dentistry and dental public health.



*Combined program data also includes clinical fellowship and postdoctoral general dentistry programs. Source: ADA Health Policy Institute, 2020-21 Survey of Advanced Dental Education. Available at: ADA.org/resources/research/health-policy-institute/dental-education.

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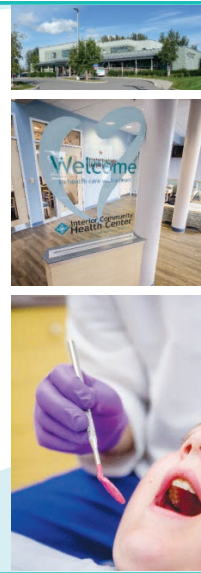
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New day for ADA.org

REVAMPED WEBSITE OFFERS STREAMLINED CONTENT, EASY ACCESS FOR DENTISTS

BY JENNIFER GARVIN

Visited ADA.org lately? Dentists taking a trip to the American Dental Association's website might notice a few changes. That's because it's a new day for ADA.org, which unveiled its new look on Nov. 9.

The new website is part of a multi-year, multimillion-dollar initiative to modernize the ADA's online presence to meet the needs of member dentists and the dental profession.

It also features the Association's most popular content in a streamlined, easy-to-use design thanks to the input of hundreds of dentists who generously donated their time to help the ADA get the new site just right.

Introducing the new ADA.org



"We are deeply committed to meeting the needs of our members," said ADA President Cesar R. Sabates, D.D.S. "Modernizing our technology to function seamlessly for the needs of today's dentists — who want relevant, evidence-based dental information on the go, no matter the device they're using — is part of delivering on this commitment."

Among the new offerings is an expanded live chat feature now available anywhere on the site. ADA representatives are available to chat Monday to Friday from 7 a.m. to 6 p.m. Central.

There is also an improved search function enhanced with artificial intelligence to deliver more precise results, with the content visitors use most frequently listed first.

"Dentistry has always been rooted in the advancement of science and technology, and we as an organization are no different," said ADA Executive Director Raymond Cohlma, D.D.S.

"The ADA chose to make significant technology investments — which debuts with ADA.org and includes more website and continuing education upgrades throughout 2022 — because we're listening to our members. More than 800 dentists have provided feedback to this endeavor since the process began in 2018."


The new ADA.org is only the beginning. The Association also has plans to revamp MouthHealthy.org and the ADA Member Advantage and Commission on Dental Education websites as well as offer redesigned templates for ADA state and local societies. ■

—garvinj@ada.org

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New toolkit offers strategies to deal with interrelated trio of oral health, mental health, substance use

BY DAVID BURGER

The interrelated connection of oral health, mental health and substance use presents challenges in the health care system — often with stark disparities in access to care — but there are opportunities and strategies to help the vulnerable, according to a new toolkit from the National Council for Mental Wellbeing.

Many ADA member dentists served as subject matter experts and participants in the development of the toolkit, titled Oral Health, Mental Health and Substance Use: A Framework for Increased Coordination and Integration.

“The National Council for Mental Wellbeing’s toolkit highlights that oral health is vital to mental health,” said Sean Boynes, D.M.D., vice president of health improvement at the Care-Quest Institute for Oral Health and participant in the development of the toolkit. “I was proud to work on this toolkit.”

INTEGRATING ORAL, BEHAVIORAL HEALTH

The toolkit was developed because no comprehensive set of resources currently exists to help health organizations that may be interested in more coordination or integration across oral, mental health and substance use treatment services, according to the toolkit’s authors.

More integrated oral and behavioral health services hold promise to improve outcomes, said Rear Adm. Timothy L. Ricks, D.M.D., assistant surgeon general and chief dental officer of the U.S. Public Health Service and participant in the toolkit’s development.

“Integration of oral health and overall health, including mental and behavioral health, is multi-directional,” he said. “Behavioral health directly impacts oral health and overall health, and vice versa.”

ORAL HEALTH, MENTAL HEALTH AND SUBSTANCE USE TREATMENT

A Framework for Increased Coordination and Integration



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The toolkit offers practical suggestions, resources, strategies and on-the-ground examples for implementation of new care models.

Individuals with mental health or substance use challenges have considerably greater oral health needs than the general population, the toolkit reported.

“These staggering statistics are only expected to worsen due to the COVID-19 pandemic due to, for example, increased rates of unemployment, depression, grief, anxiety, domestic violence and/or substance use,” according to the toolkit’s authors.

APPROACHES TO CONSIDER

One strategy to coordinate care, the toolkit suggested, is to embed a social worker within a dental school or dental practice to address

identified barriers to care and increase access to needed dental, mental health and substance use treatment services.

Another strategy is to have a behavioral health consultant on-site at a dental practice one or two days a week to offer consults about depression or anxiety, substance use challenges or help promote healthy lifestyles.

The toolkit also provides examples of coordination that have exhibited success, often in places where disparities in care exist.

For example, from September 2016 to April 2017, 12 Indian Health Service dental programs participated in a project to assess the viability of conducting depression screenings in a dental setting. Over this six-month project, the Indian Health Service increased depression screenings by 1,292% (from 1,046 to 14,563) and increased dental referrals to mental health and substance use treatment services by 382% (23 to 111) at the 12 pilot sites.

Irene Hilton, D.D.S., another participant in

the toolkit representing the National Network for Oral Health Access, said that the development of this framework was much-needed.

“Even if individual dental practices feel they can’t yet do some of the activities — for example performing depression screenings and referrals — simply considering the role that behavioral health issues could be having on the oral health of the patient in front of you is important,” she said.

To locate a link to the toolkit, search for the headline of this story at ADA.org. ■

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