ADA seeks legislative solutions for dental workforce issues

SUMMARY OF WHAT’S HAPPENING NATIONWIDE

BY STACIE CROZIER

Workforce issues affecting dentistry, including recruitment of dental assistants and dental hygienists, student loan debt, license portability, scope of practice, provider shortage areas and the lingering impact of the COVID-19 pandemic continue to pose challenges for the profession.

The ADA and many other partner organizations at the national and state levels are working to solve these issues in the legislative arena. Proactive strategies to address workforce challenges include modernizing education models, incentivizing providers with loan repayment programs, adding new providers or changing the scope of existing positions, and improving license portability.

Listed here are current and recent efforts that seek to address workforce issues affecting dentistry, including recruitment of dental assistants and dental hygienists, student loan debt, license portability, scope of practice, provider shortage areas and the lingering impact of the COVID-19 pandemic.

HAWAII: A new law adds community health centers, rural health clinics and mobile dental outreach programs to the list of eligible organizations at which persons with community service licenses may practice in Hawaii and allows the issuing of temporary community service licenses for professionals who have graduated from programs that have a reciprocal agreement with the Commission on Dental Accreditation.

MAINE: A new law expands the Maine Dental Education Loan Program to hygienists, therapists, expanded-function dental assistants and dental assistants.

ADA comments on proposed Medicaid rules

A new law allows dental assistants to apply for registered dental assistant status if they meet certain standards and expand dental assistant scope of practice.

CALIFORNIA: A new law creates definition of dental assistant status if they meet certain standards and expand dental assistant scope of practice.

MISSISSIPPI: A bill that died in committee in March would have doubled the number of dentists eligible for the Rural Dentists Scholarship Program.

ARIZONA: A new law creates definition of dental assistant status if they meet certain standards and expand dental assistant scope of practice.

NEW JERSEY: A bill introduced in May would reduce the age of eligibility for the Dental Assistant National Board radiology exam through the University of Connecticut, to be administered by the state dental association.

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Listed here are current and recent efforts that seek to address workforce issues for the benefit of providers and patients.

DENTIST AND DENTAL HYGIENIST COMPACT
The Council of State Governments and the ADA have partnered with the Department of Defense, the ADA and the American Dental Hygienists’ Association to support the mobility of licensed dentists and dental hygienists through the development of a new interstate compact that will create reciprocity among participating states and reduce the barriers to license portability.

A state must enact the Dentist and Dental Hygienist Compact legislation to join. The model legislative language became available in January and was written by a team made up of experts, state officials and stakeholders, including dental boards and dental schools.

The compact will go into effect once enacted into law by seven states. The compact has become law in Iowa, Tennessee and Washington, and there are active bills in New Jersey, Ohio and Pennsylvania. Wisconsin is expected to introduce a bill shortly. More than 10 additional states have expressed interest in introducing the compact in 2024. The CSG is hosting a summit in September in Washington, D.C., for state dental and dental hygiene associations, state dental boards and state legislators to plan to advance the compact in the coming year.

STATE LEGISLATION
As the authorities on oral health issues in their states, state dental associations are pursuing legislative solutions to specific workforce challenges. Many of these efforts are conducted with the support of the ADA Department of State Government Affairs’ state public affairs program.

ARIZONA: A new law creates definitions for dental hygiene assessment and dental hygiene treatment planning.

CALIFORNIA: A law, passed by the state assembly 78-0 and currently before the Senate, would streamline and shorten the in-office training process for dental assistants, allowing them to become registered dental assistants faster, allow out-of-state certified dental assistants to apply for registered dental assistant status if they meet certain standards and expand dental assistants’ scope of practice.

CONNECTICUT: A new law allows dental assistants to take radiographs under indirect supervision and develops an alternative to the Dental Assisting National Board radiology exam through the University of Connecticut, to be administered by the state dental association.

HAWAII: A new law adds community health centers, rural health clinics and mobile dental outreach programs to the list of eligible organizations at which persons with community service licenses may practice in Hawaii and allows the issuing of temporary community service licenses for professionals who have graduated from programs that have a reciprocal agreement with the Commission on Dental Accreditation.

MAINE: A new law expands the Maine Dental Education Loan Program to hygienists, therapists, expanded-function dental assistants, and dental assistants.

MINNESOTA: A bill that died without action would have allowed assistants to be licensed in Minnesota if they are Dental Assisting National Board-certified or have graduated from a CODA-accredited program (current law requires both).

MISSISSIPPI: A bill that died in conference in March would have doubled the number of dentists eligible for the Rural Dentists Scholarship Program from three to six.

NEVADA: A new law authorizes the practice of expanded-function dental assistants in Nevada.

NEW JERSEY: A bill introduced in May would reduce the age of eligibility for radiology technicians to 16, provided

See WORKFORCE, Page 4
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New Dentist News launches new website

BY MARY BETH VERSACI

The New Dentist News has a dynamic new website filled with the latest stories and resources geared toward younger dentists. Available at adanews.ada.org/new-dentist, the website is easily searchable by the following popular categories: finance, wellness, technology, careers and around the ADA. It also displays recommended content and indicates which stories are the most read by users.

Readers can search for past stories in the New Dentist News archive and view print issues from the last few years. The website also includes a link to the New Dentist blog, where new dentists can share their thoughts on the subjects that matter most to them and learn from others who are in the early stages of their career.

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Legislators applauded for introducing Main Street Tax Certainty Act of 2023

Legislation would make 20% deduction for small and individually owned businesses permanent

By David Burger

The ADA and a coalition of business groups thanked two federal lawmakers for introducing the Main Street Tax Certainty Act of 2023, legislation that would make permanent the 20% deduction for small and individually owned businesses.

In a July 6 letter addressed to Sen. Steve Daines (R-Mon.) and Rep. Lloyd Smucker (R-Penn.), the coalition said the legislation would provide certainty to the millions of S-corporations, partnerships and sole proprietorships that rely on the deduction to remain competitive both here and overseas.

"Individual- and family-owned businesses organized as pass-throughs are the backbone of the American economy," according to the letter. "They employ the majority of private-sector workers and account for 95 percent of all businesses. They also make up the economic and social foundation for countless communities nationwide. Without these businesses and the jobs they provide, many communities would face a more uncertain future of lower growth, fewer jobs and more boarded-up buildings."

The coalition noted that the deduction is scheduled to sunset at the end of 2025. "Making the deduction permanent will help Main Street during this very difficult time, leading to higher economic growth and more employment," wrote the coalition. "The more quickly Congress acts to make the deduction permanent, the sooner Main Street businesses will benefit. We appreciate your introduction of this important legislation and look forward to seeing it enacted."

Follow the ADA's advocacy efforts at ADA.org/advocacy.

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Health care organizations urge Congress to act on workforce issues

By Stacie Crozier

The ADA, in partnership with 19 other health care associations, urged Congress to take action to solve health workforce issues.

The letter said that "inadequate numbers and maldistribution of health care profession- als mean a lack of access to health care for many Americans, and legislative solutions are needed to broaden the health workforce pipeline and to get health workers where they are most needed."

The letter did not advocate for specific legislation, but noted several general policy areas that Congress should support. "All health care providers face financial challenges when practicing in underserved communities that could be alleviated by changes to tax policy," the letter said. "Student loan relief may encourage more young people interested in health professions to join the workforce, while also smoothing the path into underserved communities. Funding workforce grant programs and public service programs can also alleviate geographical and population access to care disparities."

The groups emphasized that "the COVID-19 public health emergency created massive shifts in the health workforce and exacerbated already existing workforce problems. Financial instability compounded the stress of paying off student loans for many providers, and burnout led others to leave the health care field altogether. These shifts have made geographical and population disparities more acute. At the same time, it has become more difficult for physicians, dentists, and allied health professional staff. Despite intense candidate searches and offers of new employ- ment inducements, staff vacancies remain that limit the number of patients who can receive care. Ultimately, if these health workforce challenges are not met, it means limited access to health care for Americans."


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The Council of State Governments has partnered with the Department of Defense, the ADA and the American Dental Hygienists’ Association to support the mobility of licensed dentists and dental hygienists through the development of a new interstate compact—a legal agreement among states—that will create reciprocity among participant states and reduce the barriers to license portability.

assisting certification and direct the Board of Dentistry to establish a workgroup to study the workforce shortage and provide recommenda- tions to the Board.

Texas: A new law allows hygienists to admin- ister local anesthesia under direct supervision to patients 18 or older.

Oregon: A new law eliminates the ini- tial limited license for hygienists and creates a three-year temporary license, and another new law eliminates the requirement that a hygienist be in active practice in another state in order to acquire a temporary license in Washington.

Wisconsin: A bill before the state assembly requires the Department of Safety and Profes- sional Services to issue preliminary credentials to a hygienist or expanded function dental as- sistant who has completed all educational re- quirements, and who has applied for/received full licensure from the department, a provision that already exists for dentists.

Legislation before Congress

Several pieces of legislation to address dental workforce issues are currently before Congress. Specifically, those bills/requests include:

- Reauthorizing the Action for Dental Health Act workforce grants directed towards pro- grams for dentists and other dental profes- sionals, the bill unanimously passed out of the House Energy and Commerce Committee July 19, indicating strong bipartisan support.
- S 862, the Restoring America's Health Care Workforce and Readiness Act, which would double funding for the National Health Ser- vice Corps’ scholarships and loan repayment programs for health care workers, including dentists and dental hygienists, who serve in federally designated shortage areas.
- Supporting S 704, the Resident Education Deferred Interest Act, which would address the difficulty, or inability, of those who must undertake several years of dental residency with very low pay to begin repaying student debt immediately.
- Allowing dental professional student loan bor- rowers to modify the interest rate on student loans to the current applicable rate.

As shared in an ADA Action Alert in June, ADA is asking members to contact their Sena- tors and ask them to support legislation that can help ensure there are enough dentists in underserved areas, members’ offices are fully staffed and more patients are able to receive dental care.

For the latest news on workforce advocacy, visit ADA.org/advocacy.

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Workforce continued from Page 1

the applicant is enrolled in a four-year second- ary education program or its equivalent.

Oregon: A bill passed by both houses of the Oregon legislature and awaiting the governor’s signature would update requirements for dental hygienists to practice in Oregon. A new law eliminates the ini- tial limited license for hygienists and creates a three-year temporary license, and another new law eliminates the requirement that a hygienist be in active practice in another state in order to acquire a temporary license in Washington.

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For the latest news on workforce advocacy, visit ADA.org/advocacy.
ADA asks for transparency, payment parity and improved access in comments to CMS on proposed Medicaid rules

BY STACIE CROZIER

The ADA sent comments to the Centers for Medicare & Medicaid Services June 29 on two proposed Medicaid rules, one on fee-for-service and one on managed care.

Both rules propose strengthening provider payment rate transparency, but ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., urged the agency to further improve transparency by requiring "more granular data within the dental category, such as utilization numbers, median fees, and service frequency" and to use "commercial data such as federal or state employee dental plan payment rates or FAIR Health data as benchmarks" for comparisons.

The ADA also addressed the need for states to take corrective action in the case of very low provider payment rates, especially when they impact network sufficiency and quality of care, asking CMS Administrator Chequita Brooks-Ladure to take corrective action in payments to maintain network adequacy and offer incentives to participating providers. The ADA also supported that dentists be allowed to claim a tax credit for the first $10,000 of services and be credited at a rate consistent with the dentists' full fees for that region or state.

The letters also asked that CMS establish payment parity between Medicaid and the Children's Health Insurance Program regardless of age, noting that in states that administer Medicaid programs separately from CHIP, provider payments are often substantially higher for services rendered to children covered by CHIP compared with those in the Medicaid program. The ADA noted that this practice is discriminatory and perpetuates oral health disparities for lower-income families.

The ADA told CMS it supports the agency's proposals to improve access to dental care, including increasing payment rates to providers, improving outreach and reducing barriers to provider credentialing and contracting, expanding use of telehealth, and improving timeliness and accuracy of claim payment and prior authorization. But they also noted that reducing administrative burdens, especially audits, for dentists will encourage them to enroll and remain providers. "The ADA also supports efforts to ensure that each managed care entity establishes a designated provider advocate position to conduct educational sessions for participating providers and provide ongoing technical and navigational support," the letters said.

The ADA also supports requiring states to have a more simplified single website with links to specific program and health plan information, explanations of assistance available to users and secret shopper survey results to assist enrollees.

In its comments on the proposed rule on Medicaid and CHIP managed care, the ADA said it supported efforts to increase accountability for dollars directed through state directed payments but noted that there should be exceptions for states that may make state directed payments to safety net providers like federally qualified health centers and dental schools, which provide care to disproportionately high numbers of Medicaid beneficiaries. The letter also noted ADA support of the president’s fiscal year 2024 budget that proposes requiring Medicaid managed care plans to meet an 85% minimum medical loss ratio and requiring states to collect remittances if plans fail to meet the minimum medical loss ratio but asked for more transparency with the process. The ADA also noted its support for mandatory Medicaid and CHIP Core Set Reporting.

These comments were also sent to CMS by the Organized Dentistry Coalition, a group that includes the ADA, Academy of General Dentistry, American Academy of Oral & Maxillofacial Radiology, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Oral and Maxillofacial Surgeons, American Society of Dentist Anesthesiologists, American Student Dental Association, Association of Dental Support Organizations and National Dental Association.

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ADA, AAPD want oral health to remain national priority

GROUPS URGE HRSA NOT TO TRANSITION ORAL HEALTH TO STATE MEASURE

BY ANNA FANELLI

The American Dental Association and the American Academy of Pediatric Dentistry are urging the Health Resources and Services Administration to retain a national performance measure for oral health, rather than transitioning to a state measure. The comments, sent July 5 to HRSA Administrator Carole Johnson, were in response to an information collection request about newly proposed guidance on HRSA’s Title V maternal and child health services block grants to states program. The proposed guidance would eliminate the oral health national performance measure for the grants and would replace it with state performance measures. “Title V programs have led the way in maternal and child health innovations, investment, and improvement, and oral health must remain a national priority to ensure that progress is not slowed or reversed,” ADA President George R. Shepley, D.D.S., and AAPD President Scott W. Cashon, D.D.S., wrote. Title V has been pivotal in addressing the challenges of oral health in pregnancy, postpartum, and early childhood stages in recent years by funding programs that:

• Promote dentist visits by the age of 1.
• Conduct oral health risk assessments.

Follow all of the ADA’s advocacy efforts at ADA.org/Advocacy.

ADA urges grassroots action to seek extension of Action for Dental Health Act

Act reauthorizes funding for the federal oral health workforce grant program

BY DAVID BURGER AND STACIE CROZIER

The ADA is asking dental professionals to write their congressional delegation urging them to support a reauthorization of the Action for Dental Health Act, which provides funding for the Health Resources and Services Administration’s oral health workforce grant program. The workforce grant program, which will expire at the end of this fiscal year, would be extended until 2028, according to an action alert sent out July 20. “The Action for Dental Health has supported many state-based efforts to reduce dental disease through oral health education, grow the oral health workforce and place it where it’s most needed, reduce emergency department visits through establishing dental homes, and many other important initiatives,” according to the alert.

Without reauthorization this year, those initiatives could lose their funding, according to the alert. A template to contact congressional representatives is available at ADA.org/advocacy/legislative-action-center/adh-action-alert.

The House Energy and Commerce Committee unanimously voted July 19 to advance HR 3843, the Action for Dental Health Act of 2023, in the final step before moving to the House floor for consideration. On July 18, the ADA and 13 other dental organizations sent a letter in support of ADH reauthorization to committee Chair Cathy McMorris Rodgers, R-Wash., and
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Collaboration: ADA Executive Director Raymond A. Cohlma, D.D.S., served on the panel “Industry Perspectives from Industry Leaders” during the Dykema Definitive Conference for DSOs July 19–21. From left are Brian Colao, director of the Dykema DSO Industry Group, who served as moderator; Guy Amini, president of dentalcorp; Stanley Bergman, chairman of the board and CEO of Henry Schein; Dr. Cohlma, and Steve Bilt, CEO of Smile Brands.
Dental membership plans, also known as in-office plans, can give dentists and dental support organizations a new way to help patients pay for dental care. ADA-endorsed Bento is a technology company that is a modern alternative to traditional insurance companies.

In-office dental membership plans powered by Bento provide everything needed to build, launch and grow revenue for individual or group practices. “Bento empowers dental practices to offer custom membership plans tailored to the needs of patients and generate recurring revenue,” said Ram Sudireddy, Bento CEO. “Membership plans powered by Bento enable patients to schedule appointments with confidence, boost case acceptance, ensure repeat visits and build patient loyalty.”

Henritze Dental Group, a DSO in Virginia with nine locations, has signed on to provide in-office membership plans crafted with the help of Bento and is happy with its success, said Kevin Pope, COO of Henritze Dental Group.

“We had a plan already and we transferred that over to Bento,” Mr. Pope said. “Bento’s platform streamlines all aspects of plan management from design to administration, delivers a superior member experience, and reduces the burden on office staff so dentists can focus on what matters most: the delivery of care,” Mr. Sudireddy said.

Bento allows dentists or DSOs to create, manage and sell multiple comprehensive membership plans customized to their patients’ needs in one place. The complete end-to-end solution covers all aspects of plan administration from enrollment to payment across all 50 states.

Visit bento.net/in-office-plan or ada.org/bento to learn more about in-office plans. Bento also provides administration for PPO plans, and dentists can sign up to be a Bento network provider for free at dentists.bento.net/#/sign-up.
CAQH calling for participation in 2023 Index

NATIONAL EFFORT TRACKS COSTS, AUTOMATION OF KEY ADMINISTRATIVE TRANSACTIONS FOR MEDICAL AND DENTAL INDUSTRIES

BY DAVID BURGER

The National Alliance for Healthcare Transparency (CAQH), an industry alliance better known as CAQH, is calling dental stakeholders to participate in the 2023 CAQH Index.

The CAQH Index is the only national effort tracking the costs and other trends of key administrative business transactions between medical and dental plans and providers.

In an effort to reduce administrative burdens on dentists, the ADA and CAQH formed an alliance in 2017 to help streamline how dentists exchange information with payers, hospitals and other organizations. This initiative enables all dentists, regardless of their ADA membership status, to enter their professional information once, at no cost, in CAQH’s centralized database.

April Todd, chief policy and research officer for CAQH, said that the CAQH index highlights that future efforts to automate processes could yield even greater returns.

"After an extraordinarily challenging period in health care, the dental industry’s continued progress toward automated and efficient administrative workflows highlighted in the index is encouraging," she said.

"The index is the authoritative source of information on the health care industry’s progress toward more automated and efficient business processes," said Kristine Burnska, Ph.D., director of insights at CAQH.

"It is the only national benchmarking survey available to the industry that tracks the adoption of electronic administrative processes and the cost and time savings opportunities associated with using these processes."

Dr. Burnaska said it is vital for dental plans and providers to participate in the CAQH Index.

"Dental plans and providers can advance the effort by contributing data," she said. "Every data contribution enriches the overall quality of the index. With richer data, CAQH can deliver increasingly useful insights, more precise measures of progress and more accurate estimates of cost savings and spend. All dental plans and providers, irrespective of size or adoption status, are encouraged to participate."

Dr. Burnaska said that over the last half decade, the number of people and organizations who use and cite the index has increased.

"Government agencies such as the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services and Office of the National Coordinator for Health Information Technology cite the index in proposed rules related to administrative simplification."

2023 index data collection is underway until Aug. 31. All participants receive a customized benchmark report that compares their data to national estimates. This information can assist financial and strategy discussions. Dental providers also receive a monetary incentive for participating.

The 2023 CAQH Index Dental Plan Survey is available at bit.ly/3rIne4q. For help completing the index, refer to the 2023 CAQH Dental Plan Index instructions at bit.ly/44VrMo9.

The 2022 index is available at bit.ly/3Obsbdh.

Toothflix playlists help dentists educate patients chairside or at home

Videos walk patients through topics ranging from brushing and flossing to implants and root canals

BY DAVID BURGER

The ADA’s new Toothflix patient education videos, available through the ADA Store, are designed to help patients make informed decisions about their treatment options, understand upcoming procedures and learn how to care for their teeth.

In 34 two- to four-minute videos, live actors, clear animations and informative voiceovers walk patients through topics ranging from brushing and flossing to implants and root canals.

Toothflix videos can be shown to patients chairside, embedded on practice websites or emailed to patients before procedures.

"The hope is that we can improve patient outcomes by offering descriptive explanations of procedures and tips for aftercare," said Diane Metrick, D.D.S., senior manager in the ADA’s Center for Dental Practice Policy. "Toothflix can be an essential, entertaining patient communication tool for case acceptance and oral health awareness."

Toothflix features:

- Thirty-four topics to choose from, including “Smiling and Sleep Apnea,” “Your Child’s Teeth: Ages 6 to 12,” “Root Canal” and “Wisdom Teeth Removal."
- Up-to-date content that reflects the ADA standards of clinical excellence.
- Code for embedding on practice websites.
- Email links for patients to view at home or on their mobile device.
- Videos can be played on any device with a web browser. The one-time purchase has no costly updates or support fees and requires no special equipment.
- The complete series is available in English and Spanish.
- There are eight specialty bundles available. See the full topic list and sample video clips at ADA.org/Toothflix.

The ADA Store Toothflix Complete Series offering is valid for one dental office. For two to 25 offices, contact the ADA Member Service Center at 1-800-947-4746. For 25 or more offices, email SpecialOrdersPDS@ada.org.

To redeem code 23110 by Sept. 15 to save 15% on ADAstore.org products.

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Electronic dental records not just wave of future but wave of present

EDRS CAN MEET CLINICAL, BUSINESS NEEDS

BY DAVID BURGER

The ability to share and receive information with other dentists, dental specialists and medical providers electronically—charting, treatment planning, imaging and accounting all digitized—provides the opportunity to potentially improve patient engagement and outcomes.

And the opportunity to potentially improve patient engagement and outcomes. That is why the ADA is actively advocating for technology solutions and regulations that meet the needs of ADA member dentists and the larger dental industry.

"Truly is the current state of the profession," Hal S. Jeter, D.M.D., senior executive director of the Ohio Dental Society and part of a collaborative on medical-dental integration called MORE Care Ohio.

"If you are not already utilizing electronic practice management software you need to seriously consider it," Dr. Jeter said. "It truly is the current state of the profession with regard to imaging and patient record management. As our methods of communication in any realm are largely digitized, the ability to communicate with other health care providers toward a goal of providing a more collaborative and comprehensive mode of patient care is essential. Electronic dental records and electronic communication would allow sharing of imaging, patient lab results, progress notes, treatment plans and other information between providers."

"Decreasing administrative burdens and paperwork through the streamlining of the prior authorization and claims transaction processes would allow dentists and other health care providers to spend more time and resources taking care of patients," said Manny Chopra, D.M.D., chair of the ADA Council on Dental Practice.
New HHS resource offers a primer on AI and cyberthreats in health care

The U.S. Department of Health and Human Services Office of Information Security and Health Sector Cybersecurity Coordination Center has released a new resource that discusses artificial intelligence and how health care entities help protect against AI-enhanced cyberthreats. Artificial Intelligence, Cybersecurity and the Health Sector provides general strategic, high-level managerial information on AI and cybersecurity, including an introduction to the definition and history of AI, how AI affects cybersecurity — especially with regard to phishing, malware development and supply chain compromise; and offensive and defensive cybersecurity considerations for health care entities. Visit the HHS website to view and download the 60-page slideshow resource.

Warnings on online tracking technology privacy, security risks

The U.S. Department of Health and Human Services Office for Civil Rights and the Federal Trade Commission sent an alert July 20 cautioning some 130 hospital systems and telehealth providers that using online tracking technologies on their websites or mobile apps may pose privacy and security risks by impermissibly disclosing consumers’ sensitive personal health data to third parties.

Third-party–developed tracking technologies, such as Meta/Facebook Pixel and Google Analytics, which collect and analyze information about how users interact with websites or mobile apps, may send information directly to their third-party developers and may continue to track users and gather information about them even after they navigate away from the original website to other websites, the alert said, which can violate the Health Insurance Portability and Accountability Act rule.

“Although online tracking technologies can be used for beneficial purposes, patients and others should not have to sacrifice the privacy of their health information when using a hospital’s website,” said Melanie Fontes Rainer, OCR director.

“When consumers visit a hospital’s website or seek telehealth services, they should not have to worry that their most private and sensitive health information may be disclosed to advertisers and other unnamed, hidden third parties,” said Samuel Levine, director of the FTC’s Bureau of Consumer Protection. “The FTC is again serving notice that companies need to exercise extreme caution when using online tracking technologies and that we will continue doing everything in our powers to protect consumers’ health information from potential misuse and exploitation.”

OCR highlighted these concerns in a bulletin it issued late last year that reminded entities covered by HIPAA of their responsibilities to protect health data from unauthorized disclosure under the law. Since that time, OCR has confirmed its active investigations nationwide to ensure compliance with HIPAA.

“Companies not covered by HIPAA still have a responsibility to protect against the unauthorized disclosure of personal health information — even when a third party developed their website or mobile app,” the alert said. “Through its recent enforcement actions … the FTC has put companies on notice that they must monitor the flow of health information to third parties that use tracking technologies integrated into websites and apps. The unauthorized disclosure of such information may violate the FTC Act and could constitute a breach of security under the FTC’s Health Breach Notification Rule.”

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ADASRI launches survey to understand barriers to following waterline guidance

CDC RECOMMENDS DENTAL UNIT WATERLINES BE TREATED REGULARLY WITH DISINFECTANTS

BY MARY BETH VERSACI

Researeachers at the ADA Science and Research Institute are embarked on a multidisciplinary survey project aimed at better understanding challenges and barriers to following dental unit waterline infection control guidance.

According to the Centers for Disease Control and Prevention, dental unit waterlines promote bacterial growth and development of biofilm because of their long, narrow tubing, inconsistent flow rates and potential for retracting oral fluids. The agency recommends waterlines be treated regularly with disinfectants to meet the Environmental Protection Agency’s regulatory standards for drinking water.

The ADA highlights additional infection control guidance and resources on its Oral Health Topics webpage on dental unit waterlines at ADA.org.

The ADASRI survey is open to dentists, dental hygienists and dental assistants. Dentists and team members who would like to participate in the project should email research@ada.org.

August JADA explores saliva-based testing

Research breakthroughs could lead to increased clinical applications

BY MARY BETH VERSACI

Breakthroughs in saliva research will help facilitate clinical uses of saliva-based testing, according to the cover story of the August issue of The Journal of the American Dental Association.

In “Saliva Diagnostics: Salivomics, Saliva Exomics, and Saliva Liquid Biopsy,” the authors discuss salivomics, the integrative study of saliva and its constituents and functions using omics technologies, salivaxomics, an emerging subfield of salivomics research, and the mechanisms on which saliva diagnostics are based.

“Each day, humans produce approximately 0.5 through 1.5 liters of saliva, a biofluid that is rich in biological omic constituents,” authors Taichiro Nonaka, D.D.S., Ph.D., and David T.W. Wong, D.M.D., D.M.Sc., said in the article. “Our lack of understanding how omic biomarkers migrate from diseased tissue to the saliva has impeded the clinical translation of saliva testing. Although COVID-19 highlighted the need for rapid and reliable testing for infectious diseases, it represents only one of the many health conditions that potentially can be diagnosed using a saliva sample.”

The cover story is JADA’s latest addition to its Oral Science Trends series, made up of invited reviews that explain where current biomedical and clinical sciences are leading to impactful changes in dentists’ ability to provide care and improve health.

In the article, the authors introduce a novel electrochemical sensing technology that may be used for saliva liquid biopsy in early cancer detection. They also highlight the landscapes of saliva-based SARS-CoV-2 testing and ultrashort cell-free DNA and outline how these fields are likely to evolve in the near future.

“The utility of saliva for screening for lung cancer is under investigation,” Drs. Nonaka and Wong said. “Saliva testing may be used to stratify patients, monitor treatment response, and detect disease recurrence.”

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

Other articles in the August issue of JADA discuss using amalgam or composite restorations in pediatric dentistry, corticosteroids for postsurgical pain management and hemostatic agents after dental extractions.

Every month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ADA members can access JADA content with their ADA username and password.
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new dental schools will battle it out for bragging rights when the Dental Olympics return to SmileCon.

The competing schools include the University of Florida College of Dentistry, Lake Erie College of Osteopathic Medicine School of Dental Medicine, Nova Southeastern University and University of Puerto Rico School of Dental Medicine. Teams of students from each will go head-to-head in a variety of contests.

ArNelle Wright, D.M.D., one of the hosts of the ADA’s Dental Sound Bites podcast, will deliver the opening remarks to kick off the competition, which is sponsored by Pacific Dental Services. The two-day event will take place Oct. 6 and 7 in Dental Central, SmileCon’s exhibit hall.

“I’m super excited that Pacific Dental Services is once again sponsoring the Dental Olympics, which the University of Texas Health Science Center at San Antonio School of Dentistry. This year’s winning team will be announced Oct. 7.

The Dental Olympics will include a social media competition, scanning battle in the Dental Team Hub and multiple rounds of dental trivia, covering everything from fun questions about dentistry to queries that test students’ clinical knowledge.

The 2022 winner was the University of Texas Health Science Center at San Antonio School of Dentistry. This year’s winning team will be announced Oct. 7.

Dr. Frank Pallone, D.N.J., noting that a recent survey of ADA dentists showed that one-third of practice owners were actively recruiting dental hygienists and dental assistants and 87% of them said recruiting for these positions is “extremely challenging.”

“These challenges came despite new incentives offered to prospective dental team members,” the letter said. “Dental practice staffing difficulties limit the number of patients dentists can see, thus posing an obstacle to access to dental care. These closely linked problems of workforce deficiencies and difficulty accessing dental care are magnified in the underserved areas that are the focus of ADH programs.”

The dental organizations also said, “America’s dental professionals have long championed the ADH program, which provides federal grants for the dental health needs of underserved populations. ADH funding is directed towards dental disease prevention through oral health workforce training, improved oral health education, reduction of geographic and language barriers, and improved access to care, among other initiatives. Programs supported by ADH advance the important goal of decreasing dental health disparities in communities where better access to care is most needed.”

Follow all of the ADA’s advocacy efforts at ADA.org/Advocacy.

— burgerd@ada.org
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- Tony Johnson, MD, DMD
ADA Member App fosters mentorship opportunities

NEW FEATURES ENABLE MEMBERS TO CONNECT WITH MEMBERS IN THEIR STATE AND/OR LOCAL SOCIETIES, USERS CURRENTLY ONLINE, MENTORS

BY DAVID BURGER

The right mentoring relationship can be a vital tool for professional growth. But one of the trickiest things about mentoring is that it can be difficult to find an entry point.

That is where a new feature in the ADA Member App comes in.

New chat enhancement enables members to filter by user to connect with members in their state and/or local societies, users currently online, as well as mentors who have opted in to be available for real-time answers and knowledge sharing.

Chat users can also create groups to further opportunities for connection, networking and knowledge sharing.

The dentist-designed, reimagined ADA Member App provides ADA members with quick access to:

• A personalized newsfeed to stay current on what matters most.
• ADA CE transcripts, completed and in-progress CE courses and ADA CE Online subscriptions.
• Career resources, including a career path quiz to help members find the right fit based on their interests.
• A digital wallet to help organize and keep important documents handy.
• Initiating or updating credentials with the ADA credentialing service, powered by CAQH ProView.
• Updating member and ADA Find-a-Dentist profiles to help patients find you.

To opt in to be available as a mentor in the app, members should log into the app using their member login, navigate to their profile, tap on Communication Preferences, and check the box indicating “Activate designation as a mentor in chat.”

For more information on the new features and how to download the app, visit ADA.org/app.

— burgerd@ada.org

SMILECON continued from Page 14

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Christine Cashen, Presenter
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Business humorist and author Christine Cashen will reveal the secret to achieving your goals using the resources and capabilities you already possess to make a positive impact in both your workplace and your life.

Hazel Glasper, DDS, Presenter
Anne Duffy, Moderator
Being Your Own Change Agent: Success on Your Terms

Join Hazel Glasper, DDS, and Anne Duffy as they delve into the secrets of focusing on your passions and dedicating the necessary energy and mindset to create the fulfilling and abundant life we all yearn for.

Register today at SmileCon.org or scan the QR code to learn more.

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Candidates seeking ADA-elected offices prepared platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications. Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA or other staff of the ADA or its subsidiaries. These statements and profiles are presented as information for Association members. The candidates included are those who—as of Aug. 1—had decided to seek office through the upcoming Association elections being held concurrently with the Oct. 7-10 House of Delegates in Orlando. The candidates’ profiles and statements are also available on ADA.org for Association members only.

Craig Armstrong, D.D.S.

Our next president must lead us to into a future we create for ourselves, not a future determined by others. I am optimistic that together we can act, advocate for our profession, communicate our concerns to the each other and the world at large, and transform into the best ADA yet.

As chairman of our Budget & Finance Committee, our Foundation and as liaison to ADPAC, among other service to dentistry, I believe the ADA is our voice and the source of our professional power. The proof is the recent medical loss ratio victory against insurance greed, where we advocated for controlled costs, communicated in real-time and transformed our practice environment. Our patients and providers were protected. Dentistry won. This is the power of our ADA. Now is a time to be bold fearless leaders. We must be a bridge from a proud past to an even stronger future. This is the collaborative, effective leadership I have always practiced and now offer as candidate for ADA president-elect. With your support, we will meet the challenges ahead and make manifest our chosen future. It would be an honor to continue to serve and work with all of you. I humbly ask for your vote.

Susan Becker Doroshow, D.D.S.

Eroding membership market share is merely a symptom of the ADA’s two most urgent problems: An archaic dues-based business model and the lack of significant new dentist engagement at the highest levels of leadership. Every critical issue ahead — from how we engage with large group practices, whether or not we support even limited dental benefits under Medicare, what technology and AI will bring to the practice of dentistry — will polarize the profession and put the ADA at risk for steeper membership and revenue decline. We must pivot away from dues dependency. Only the ADA has the resources and commitment to deliver advocacy, accreditation, testing, science and standards. Our new business model must generate enough revenue to sustain these critical activities. Our No. 1 priority must be the ADA’s survival — without the ADA, dentistry ceases to be a profession. We must amplify the voices of our newest professionals to elevate the ADA for the future. I dream of an ADA Board with three new dentists at the table within the next five years, without carve-outs or bylaws changes. Former New Dentist Committee chairs are well-qualified to serve as vice presidents; let’s inspire them to pursue the position — and elect them.

Brett H. Kessler, D.D.S.

“The world is changing very fast. Big will not beat small anymore. It will be the fast beating the slow.” (Rupert Murdoch)

The American Dental Association needs to “move fast” if we are to remain relevant. Our organization has never been more challenged. Happily, we are finally taking a proactive approach to address our most important issues. This is the start of the new collective mindset at the ADA. It is critical that we stay unified and focused as we navigate these uncertainties.

I am a catalyst of positive change in the world. I live in the realm where anything is possible. Creative solutions are found in this “growth mindset.” I’ve orchestrated successful growth everywhere I have served. A clear voice of leadership among our members can improve the health of our communities.

Today, the American Dental Association needs visionary and transformative leadership so it can become a successful change agent. It is time for us to be the disruptor, or we will continue to be disrupted.

President-elect candidate profile

Current residence: Denver, Colorado
Dental school attended: University of Illinois at Chicago College of Dentistry
Year received dental degree: 1995
Postgraduate education/specialty: General practice residency, Northeast Memorial Hospital, Chicago, 1995-97

Years of ADA membership: 30
Other professional memberships:
• American College of Dentists.
• Academy of General Dentistry.
• P. Fauquard Academy.

Volunteer posts/elective offices held in organized dentistry:
• Chair, Colorado Dental Association (2012-2017, 2019-present)
• Chair, Dental Benefits Programs (2018)
• Chair, American Dental Association Science and Research Institute (2021-present)

What are your main qualifications for the office you seek?
• Drive — Early in my career, I quickly recognized how important leadership development and membership engagement were to the long-term success of our profession. It has been the highest honor to serve as a leader in dentistry. I feel I am the best qualified to serve as an ADA officer through my experience, my drive and my passion for life.

Why do you want to be an ADA officer?
It has been the highest honor to serve as a leader in dentistry. I feel I am the best qualified to serve as an ADA officer through my experience, my drive and my passion for life. Experience — I have practiced in a wide variety of practice modalities. I started in a hospital setting during my GPR. Once finished, practiced as an employee dentist, then a practice owner in a fee-for-service startup. After sailing my practice, I served as chief dental officer for a small dental support organization and currently practice in a PPO-focused restorative practice. I have also been an educator both at two dental schools, and as a national wellness and leadership speaker.

Drive — Early in my career, I quickly recognized how important leadership growth would be to my success. I embarked on a dedicated leadership course through articles/books, classes, study clubs and coaching. The passion for growth continues today. I learned to lead through the lens of the vision, mission and core values. We must clearly articulate our values to remain relevant to the world.

Passion — I am passionate about living my best life and inspire others to follow. The ADA is the most impactful venue supporting our members so they live their best lives while serving their communities. I humbly ask for your vote.
Second vice president candidate profile

Robert E. Butler, D.D.S.

Last year, the House of Delegates recognized that our organization’s steady declining membership is a crisis which threatens the position of the American Dental Association as the universally recognized voice of dentistry.

In response, the HOD adopted resolutions 205 and 206, which established the Strategic Forecasting Committee as a new component of ADA governance. The strategic forecasting committee is intended to give ADA decision-making — typically a slow and reactionary process — a more proactive and more creative posture. However, we should recognize that strategic forecasting committee will not provide the solutions to our membership crisis on its own. The committee will only be an innovative and powerful tool if it receives adequate support from ADA leadership. To adapt to the trends which are currently reshaping dentistry, the Board must prioritize strategic forecasting in our governance process. Implementing these changes will reestablish the ADA’s status as a must-join professional network for practitioners of all ages, backgrounds and practice types.

As second vice president and a member of the Board of Trustees, I will give my all in our collective effort to reverse the ADA’s decline in membership and restore its ability to champion the interests of all its members and our patients. If elected, I will assist Dr. Linda Edgar, D.D.S., to ensure the prompt implementation of strategic forecasting, that it is used in diligent governance process. Implementing these changes will reestablish the ADA’s status as a must-join professional network for practitioners of all ages, backgrounds and practice types.

Second vice president candidate profile

Edwin A. del Valle-Sepúlveda, D.M.D., J.D.

I have been a proud and loyal ADA member dentist for over 40 years. I love and respect this association for its glorious past and promising future.

I have been fortunate to enjoy the private practice of the profession, to work as a federal services dentist, to serve as a board examiner, to teach students and residents, to treat the underserved and to serve in the organized profession.

I am an attentive and empathetic listener. I always try my best to see everyone else’s point of view. I am not afraid to go across the aisle seeking consensus for the common good. I pride myself on being a successful mediator and having worked with leaders of all types.

I am committed to helping the ADA reach new heights, to continue to evolve with the times to better serve members and become the “must have” association for all dentists across the spectrum. I am committed to helping the ADA lead globally.

Second vice president candidate profile

Jay Freedman, D.D.S.

Beginning the day after the election, my primary responsibility will be to get up to speed on the issues confronting the Board of Trustees and be ready to fully engage and be an effective voice at its next meeting.

As the ADA and dentistry are pushed toward relative value units for reimbursement, I would campaign for an independent study conducted by a Wall Street financial consultant for an evidence-based conclusion as to which model favors our profession’s well-being (RVUs vs. procedure-based).

If elected, I will offer valuable experience to the ADA Board in three areas:

1. I have substantial knowledge of the budgeting process, having served on my district’s budget subcommittee for 20+ years and as two-time chair of ADA Reference Committee A (Budget, Business, Membership and Administrative Matters).
2. I have been professionally trained in development (fundraising) and have used these skills to provide significant non-dues reimbursement issues, which remains an important part of the Board’s work.
3. My tenures as chairman of the board for Delta Dental of Missouri, as well as my work as an attorney for the Missouri Dental Association, provide me with the experience and commitment to help guide the Board and Association to success. I humbly ask for your support and your vote in the House election.
EDR continued from Page 10

There is a caveat, though, Dr. Jeter said. “The challenge to all of that, however, is that there does not yet exist a widely available centralized electronic health record mechanism usable by both medical and dental providers,” he said.

Dr. Chopra echoed the sentiment. “Ultimately, patient satisfaction and the potential savings for the dental industry will not be actualized unless electronic dental record and practice management systems are required to adopt standards to facilitate electronic data interchange,” he said. “We hope the Centers for Medicare & Medicaid Services will continue to promote interoperability to facilitate the exchange of information between providers, patients and payers, and support a CMS focus on educating, engaging and incentivizing business partners to facilitate the move.”

The marketplace is developing, and decision support tool development needs to have much better data, particularly when looking at medical-dental interrelationships, said Mark Jurkovich, D.D.S., who currently leads the International Health Terminology Standards and Development Organization’s Dentistry Clinical Reference Group. “Dental EHRs may need to change compared to EHRs used by our medical colleagues,” he said. The ADA is leading the conversation on electronic dental records through the efforts of the ADA Standards Committee on Dental Informatics, whose 400 volunteers from the profession, industry, academia and government contribute to electronic dental records impact on practices. The providers who participated shared critical information as the ADA navigates its interactions with federal regulators and promotes policies that support dental practices.

“IT’s critically important that we understand from practicing dentists how dental practice management software and electronic dental records impact [their] business operations and clinical care in their practices and how the ADA can best advocate for dentistry,” said Michael Saba, D.M.D., chair of the Digital Dentistry, Technology and Innovation Subcommittee of the ADA Council on Dental Practice.

ADA ADVOCACY CONTINUES

The ADA has communicated as recently as late June with the federal government about interoperability and adoption of standards for health IT that would make it more amenable to dentists.

See EDR, Page 23

**...patient satisfaction and the potential savings for the dental industry will not be actualized unless electronic dental record and practice management systems are required to adopt standards to facilitate electronic data interchange.**

– Manny Chopra, D.M.D.
Lessons in life and leadership

BY AMRITA PATEL, D.D.S.

After a decade of work in my chosen profession — both in the office, and out — I can confidently say that all the highlights have involved taking as many opportunities as I can to pay my blessings forward. We can change the lives of our patients, but also pave the way for future generations of dentists to grow into the many leadership positions that are available to them. I always say that no act of charity is too small; some of the best volunteer experiences I’ve had have been community based, in the towns that our offices were in or the city that my dental school was in. There are many programs available on a larger scale — both here in the U.S. and abroad, and I’ve been fortunate to be involved in these as well. The Mission of Mercy events that I’ve witnessed firsthand and read about on social media are always impressive to me, not just because of the massive amount of planning that goes into them, but because so many of us selflessly take time out of our schedules to attend, work at and staff them.

I completed the ADA Institute for Diversity in Leadership program in December 2021, and the information that we received during the sessions are some of the most valuable pieces of knowledge that I’ve gained on my journey. The first one is this: Leaders empower others to achieve a common goal. As a private-practice owner, this really resonated with me. Once your team is on board with your vision, anything is possible. This includes being able to create the time to give back to your community, in whatever way that you choose.

My passion projects in organized dentistry have always related to student, resident and new dentist engagement. Despite having the support of my family and mentors who helped to guide me, I’ve always had questions about my future and where I would ultimately end up. Looking back on the early part of my career now, I think of what lessons I would have liked to learn sooner — and what I might have done differently. The first thing I tell all students and new dentists is to try to take as many opportunities as possible that come their way and really get out of their comfort zones. What do I mean by this? If you think you know where you’d like to — or must — settle down eventually and build your life, apply for your postgraduate training in an area that you might have always wanted to experience and explore. This might be your only chance to do it, and you never know what connections you might make. New opportunities can also lead to new connections, and this might also mean the chance of finding mentors outside of dentistry. This is a piece of advice I wish I had taken myself, all those years ago. A mentor isn’t necessarily someone exactly like you. Rather, a mentor could be someone who lives their life in a way that you admire or has goals and knows how to work towards them in a manner that you wish to learn. Although I am lucky to have an amazing set of mentors who are also leaders in dentistry and their communities, some of the greatest and most insightful lessons I’ve learned have been from individuals on other career paths at different stages in their lives.

The best piece of advice I can give from where I am now is to find your people: your team, your cheerleaders, your mentors, your circle. Strong women (and men) are some of your best supporters. Remember that the guidance you receive from those who have come before you, comes with the wisdom of many successes, and many failures too. Be teachable, and you will continue to grow and learn. Celebrate the view from the mountaintop but know that with the valleys come lessons and growth, too. Enjoy the ride and get out there and live.

Dr. Patel practices in Westchester County, New York, and Sioux Falls, South Dakota.
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Educaton on 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 Howard University College of Dentistry, University of Minnesota School of Dentistry and University at Buffalo School of Dental Medicine in the fact boxes below, and stay tuned for details about more schools in upcoming ADA News issues.
ideal world.”

In an ideal world, dental offices would request and receive information in real-time regarding a patient’s dental plan and eligibility under a dental plan and information in real-time regarding a patient’s benefits, i.e., coverage and cost on specific dates of service down to the individual procedure/tooth level. This information would then be provided to the patient, thus avoiding unanticipated charges following treatment.

In the last two decades, there has been a significant transition in the dentist workforce. In 2002, there were many dentists in their mid-40s; dentists in the youngest and oldest cohorts were a minority. That picture has changed in 2022, with larger numbers of early career dentists and of dentists nearing retirement age.

In March 13 comments, Chiquita Brooks-LaSure, Centers for Medicare & Medicaid Services administrator, Dr. Shepley and Amr M. Moursi, D.D.S., Ph.D., American Academy of Pediatric Dentistry president, thanked CMS for continuing to promote interoperability to facilitate the exchange of information among providers, patients and payers in its proposed rule. The proposals would implement changes intended to improve patient and provider access to health information and streamline processes related to prior authorization for medical items and services.

However, to both improve the prior authorization process and promote interoperability, CMS must take the different needs of dental practices and medical practices into account,” Drs. Shepley and Moursi wrote. “Further, this proposal will be much more effective for dental data exchange if CMS focuses on educating, engaging, and incentivizing business partners to facilitate the move toward adoption of the standards discussed in this rule. Administrative efficiency can only be achieved if we have robust standards which are inclusive of specialties and small practices, and if all business partners use these standards to communicate information.”

In March 20 comments to Administrator Brooks–LaSure on a proposed rule implementing standards for electronic attachments sent between health IT systems, Drs. Shepley and Cohlmia wrote in response to a proposal about explanation of benefits calculations, “As CMS helpfully notes, technology that can facilitate fully electronic transactions has not been widely adopted in the world of dentistry. In an ideal world, dental offices would request and receive information in real-time regarding a patient’s eligibility under a dental plan and information on the availability of benefits, i.e., coverage and cost on specific procedures on specific dates of service down to the individual procedure/tooth level. This information would then be provided to the patient, thus avoiding unanticipated charges following treatment.”

Drs. Shepley and Cohlmia said that according to a 2020 CAQH report, the potential savings from properly implemented fully electronic transactions would be more than $760 million. But, “unfortunately, we are far from this ideal world.”

“The ADA commends CMS for its focus on adoption of standards that would streamline the prior authorization process, as well as other transactions involving attachments,” said Drs. Shepley and Cohlmia, who added, “The ADA strongly supports incentives and significant investment in dental-specific electronic transaction pilots and technology to move the dental industry towards real-time exchange and burden reduction.” Implementation, over the long run, is well worth the initial fears, said Dr. Jeter.

“Once the ‘newness’ has passed it, truly becomes an asset that you wonder how you ever lived without,” he said. — burgerd@ada.org
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