

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

08.07.23

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GOVERNMENT

ADA seeks legislative solutions for dental workforce issues

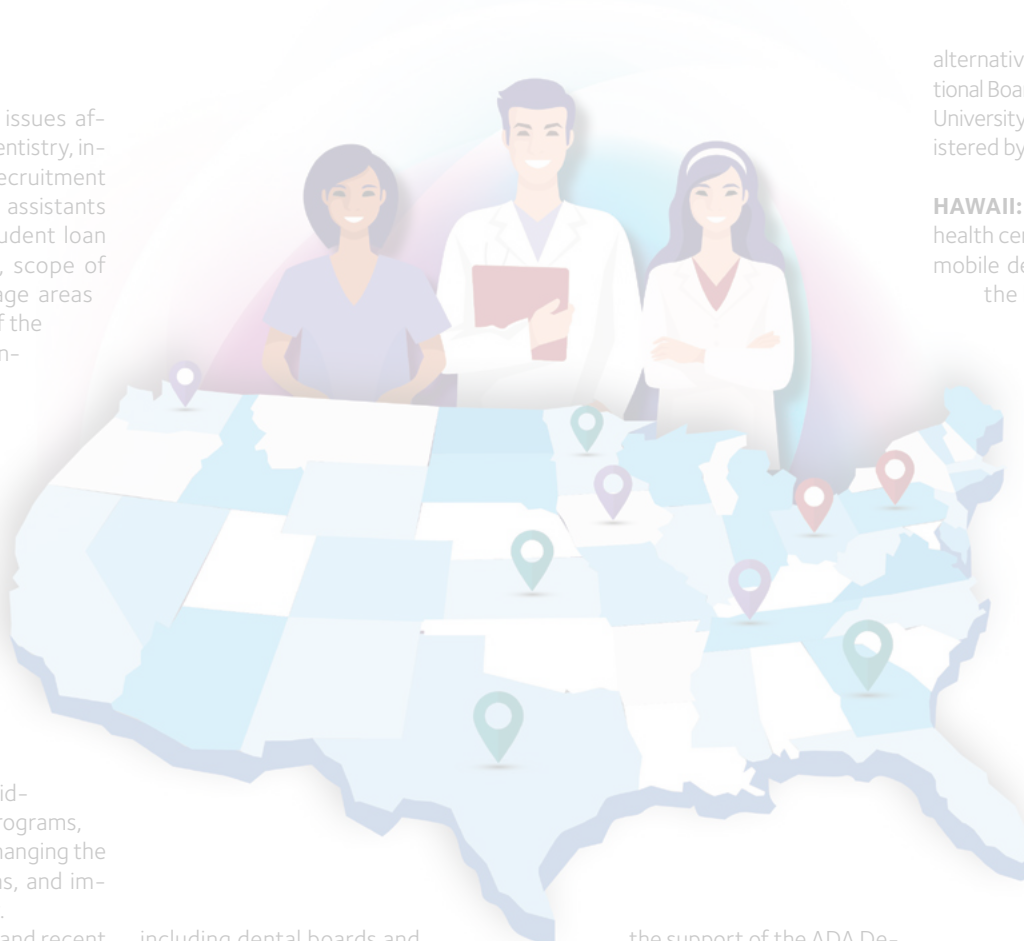
SUMMARY OF WHAT'S HAPPENING NATIONWIDE

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 legislative actions, including dental boards and the support of the ADA De-



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.



5 ADA comments on proposed Medicaid rules

Asks for transparency, payment parity, improved access



14 SmileCon to kick off with 'America's Got Talent' cellists

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17 ADA elections

President-elect, second vice president candidates ask for vote

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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 for the benefit of providers and patients.

DENTIST AND DENTAL HYGIENIST COMPACT

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.

A state must enact the Dentist and Dental Hygienist Compact model 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.

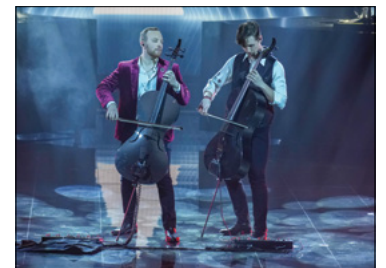
NEVADA: A new law authorizes the practice of expanded-function dental assistants in Nevada.

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



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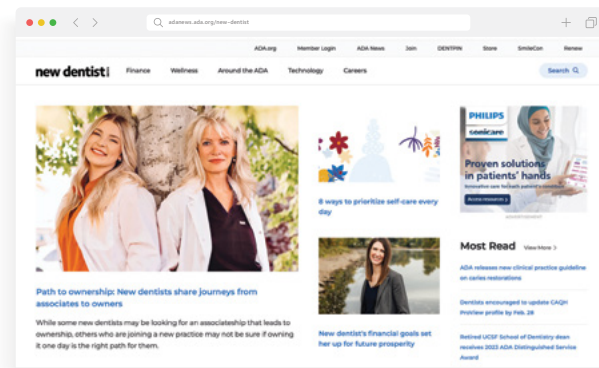
New Dentist News launches new website

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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WORKFORCE *continued from Page 1*

the applicant is enrolled in a four-year secondary 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

66

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 recommendations to the Board.

TEXAS: A new law allows hygienists to administer local anesthesia under direct supervision to patients 18 or older.

VERMONT: This year's state budget included \$100,000 for the Dental Hygienist Forgivable Loan Program for hygienists who practice in Vermont for the same number of years for which

they receive forgiveness and maintain enrollment at an eligible program and \$3.8 million for Critical Occupations Scholarships, which includes dental hygienists, and provides funding for retraining and relocation incentives.

WASHINGTON: A new law eliminates the initial 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 Professional Services to issue preliminary credentials to a hygienist or expanded function dental assistant who has completed all educational requirements, and who has applied for/is awaiting 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 programs for dentists and other dental professionals; 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 Service 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 borrowers 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 Senators 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](https://ada.org/advocacy). ■

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 in a June 29 letter sent to all members of Congress.

The letter said that "inadequate numbers and maldistribution of health care professionals 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, hospitals, and other health care facilities to find allied health professional staff. Despite intensive candidate searches and offers of new employment 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."

The letter was sent by the ADA, American Academy of Ophthalmology, American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Periodontology, American Association of Endodontists, American Association for Dental, Oral, and Craniofacial Research, American Association of Neurological Surgeons, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American College of Prosthodontics, American College of Rheumatology, American Osteopathic Association, American Society for Radiation Oncology, American Society of Dentist Anesthesiologists, American Student Dental Association, American Urological Association, Congress of Neurological Surgeons, Society for Cardiovascular Angiography & Interventions and The Society of Thoracic Surgeons. ■



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.

"Individually- 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](https://ada.org/advocacy). ■
— burger@ada.org

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. Cohlmiä, 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 Chiquita Brooks-LaSure 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.

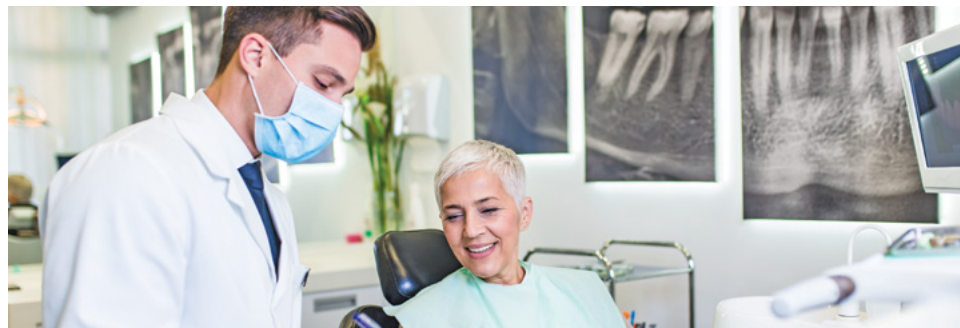
The ADA told CMS it supports the agency’s proposals to improve access to dental care, including increasing payment rates to providers, improving outreach and reducing barriers to provider credentialing and contracting, expanding use of telehealth, and improving timeliness and accuracy of claim payment 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 Pathology, 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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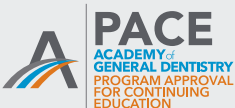


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ADA, AAPD want oral health to remain national priority

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. Cashion, 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.

- Expand the use of dental sealants and fluoride varnish.
- Integrate oral health care into medical (primary) care.
- Improve Medicaid dental coverage.

Programs funded by Title V block grants are crucially important because maintaining optimal oral health for mothers in the pregnant and postpartum stages helps prevent adverse birth outcomes and maternal morbidity and mortality, and because, according to the CDC, caries are the most prevalent infectious disease among our nation's children and caries begin soon after tooth eruption, according to the comments.

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

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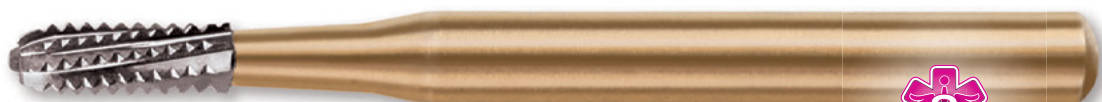
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ADA urges grassroots action to seek extension of Action for Dental Health Act

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](https://www.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

See ACTION, Page 13

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DSO conference draws Association leaders

ADA EXECUTIVE DIRECTOR DISCUSSES NEED FOR COLLABORATION



Collaboration: ADA Executive Director Raymond A. Cohlmia, 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. Cohlmia; and Steve Bilt, CEO of Smile Brands.

BY KELLY GANSKI
Aurora, Colorado

The ADA is here for all dentists. That's the message ADA Executive Director Raymond A. Cohlmia, D.D.S., conveyed to the attendees at the Dykema Definitive Conference for DSOs July 19-21. For the first time in the event's 10-year history, the ADA had a strong presence at the conference.

Dr. Cohlmia served on a panel titled "Industry Perspectives from Industry Leaders," where he discussed how the Association and dental support organizations can work together to support the profession. Other panelists included Guy

Amini, president of dentalcorp; Stanley Bergman, chairman of the board and CEO of Henry Schein; and Steve Bilt, CEO of Smile Brands. Brian Colao, director of the Dykema DSO Industry Group, served as moderator.



"When you look at the DSOs and where they're going ... it's going to continue to grow," Dr. Cohlmia said. "Where does the ADA fit in there? The ADA becomes the voice that helps each and every

one of us behind the scenes. The ADA is behind the scenes doing the evidence-based (dentistry), the policies, making sure that your practice is not interfered with or there's anything that interferes with that doctor/patient relationship."

Dr. Cohlmia discussed the importance of partnerships between the ADA and the DSO community. He cited a partnership with the Association of Dental Support Organizations to get legislation passed on lowering the medical loss ratio and working together to streamline credentialing and portability.

One of the main topics during the panel conversation was the dental workforce shortage. The ADA has been working on the Dentist and Dental Hygienist Compact, something Dr.

Cohlmia said DSOs need to deliver more care to patients. The compact will 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.

This type of work, panelists said, is what the ADA can do for the DSO community and the profession. Mr. Bergman encouraged the DSOs to support the ADA in getting its message out and to make sure the elected officials understand the importance of oral care.

“

Where does the ADA fit in there? The ADA becomes the voice that helps each and every one of us behind the scenes.

– Raymond A. Cohlmia, D.D.S.

"The ADA over a lot of years has built a brand that the public actually recognizes, that congressmen actually recognize and to partner that with DSOs ... to bring those brands together to advance the profession is really powerful," Mr. Bilt said.

"When I talk about bridging the gap between all of the different organizations ... we all have something in common: to improve people's lives. We make people healthy," Dr. Cohlmia said. "I certainly can't change the past, but we can certainly change the future." ■

Recruiting hygienists, assistants still challenging for practice owners

MOST HYGIENISTS AND ASSISTANTS RECEIVED WAGE INCREASES IN THE PAST YEAR

BY STACIE CROZIER

Dentists still face challenges in recruiting dental hygienists and dental assistants, despite the majority of responding owner dentists reporting that they have given hygienists and assistants a pay raise in the past year, according to the latest ADA Health Policy Institute emerging issues poll.

The poll of some 1,100 dentists conducted June 13-19 found that, among the approximately 1 in 3 dentists who have recently or are currently recruiting, 94.5% of respondents reported that recruiting dental hygienists remains very challenging or extremely challenging. Filling dental assistant positions also remains a challenge, with 83.7% reporting that they found it very challenging or extremely challenging to recruit dental assistants — about the same level as reported in last year's polling.

About 4 in 5 responding owner dentists reported giving their dental hygienists and dental assistants a wage increase in the last year. When owner dentists were asked about the last wage increase offered to staff, the majority of wage increases for dental hygienists were in the range

of 4-6% (34.6%); 14.8% reported giving wage increases of 7-9% and 22.8% reported a wage increase of 10% or more, while 27.7% reported a wage increase in the 1-3% range. For dental assistants, 41.3% of owner dentists gave wage increases of 4-6%; 15.7% reported giving wage increases of 7-9% and 21.4% reported raising wages for assistants 10% or more, while 21.6% offered a raise between 1-3%.

One in five respondents reported offering paid leave to hygienists and assistants. And the top three benefits they provided to their hygienists and assistants were dental benefits (92.6%), paid vacation (91.5%) and paid holidays (88.8%).

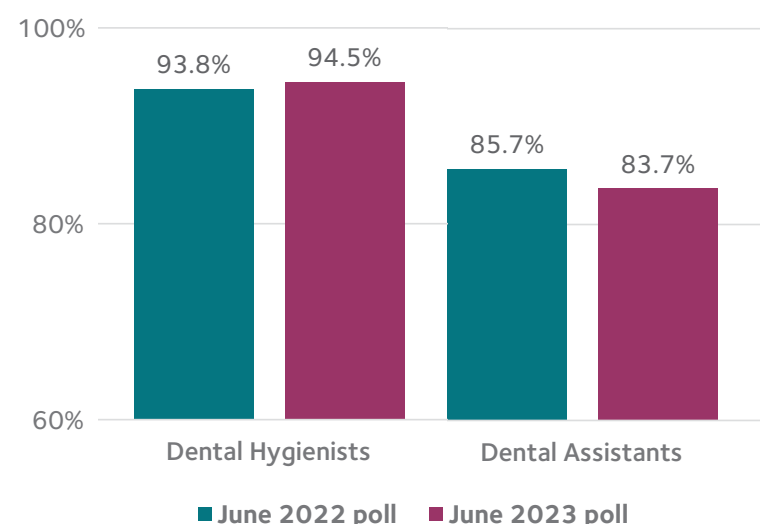
Other poll results found that:

- Dentists' confidence in their practice, the dental care sector and the U.S. economy rose slightly.
- Appointment schedules were 88% full in June 2023 — the highest point since March 2022.
- Patient no-shows and late cancellations remain the most common factor for unfilled practices schedules.

To join the panel and read the full monthly reports, visit ADA.org/HPIpoll. ■

How challenging has it been to recruit the position(s) below? (Percentage indicating "Extremely Challenging" and "Very Challenging")
June 2022 vs. June 2023

More dentists report that recruitment of dental hygienists is very or extremely challenging in June 2023 compared to one year ago.



In-office membership plans give dentists, DSOs way to provide care through unique business model



ADA-ENDORSED BENTO A MODERN ALTERNATIVE TO TRADITIONAL DENTAL INSURANCE

BY DAVID BURGER

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

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.

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

— burgerd@ada.org

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

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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 Council for Affordable Quality Healthcare, the health care 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 in 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 Burnaska, 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 vitally important 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 na-



tional 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.

The 2023 CAQH Index Dental Provider Survey is available at bit.ly/3OclH2.

For help completing the index, refer to the 2023 CAQH Dental Plan Index instructions at bit.ly/44yVMo9.

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

— burgerd@ada.org

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.

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.D.S., is vice president 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 dental 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.

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 "Snoring 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.

Use promo code 23110 by Sept. 15 to save 15% on ADAstore.org products. ■

— burgerd@ada.org



ADA American Dental Association®

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." ■

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. ■



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² Survey among 295 U.S. Clear Aligner Clinicians conducted by a third-party market research vendor, 2020. Reported treatment time for class 1 patients. Data on file.

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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

Researchers at the ADA Science and Research Institute are embarking 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 researchagenda@ada.org. ■

ADA
Science & Research Institute

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: Salivaomics, Saliva Exosomics, and Saliva Liquid Biopsy," the authors discuss salivaomics, the integrative study of saliva and its constituents and functions using omics technologies; saliva exosomics, an emerging subfield of salivaomics 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. ■



Which school will reign supreme at SmileCon?

BY MARY BETH VERSACI

Four 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

at SmileCon this year," said Gary J. Pickard, senior director of government and industry affairs for Pacific Dental Services. "The inaugural event in 2022 was so much fun, but I expect 2023 to be even more so. It really is an honor to support this incredible new concept. I'd like to see it continue to grow, getting bigger every year with more dental schools and students participating. They are the future of our industry; we need them to feel welcome and be engaged as soon and as much as possible."

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.



SmileCon will take place Oct. 5-7 at the Orange County Convention Center in Orlando, Florida. For more information, including how to register for the meeting, visit SmileCon.org. ■



Photo by EZ Event Photography

Bragging rights: Flanked by ADA Executive Director Raymond A. Cohlma, D.D.S., and Christina Rosenthal, D.D.S., the team from the UT Health San Antonio School of Dentistry celebrates winning the first Dental Olympics at SmileCon 2022 in Houston.

 GOVERNMENT

ACTION *continued from Page 6*

ranking member 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."

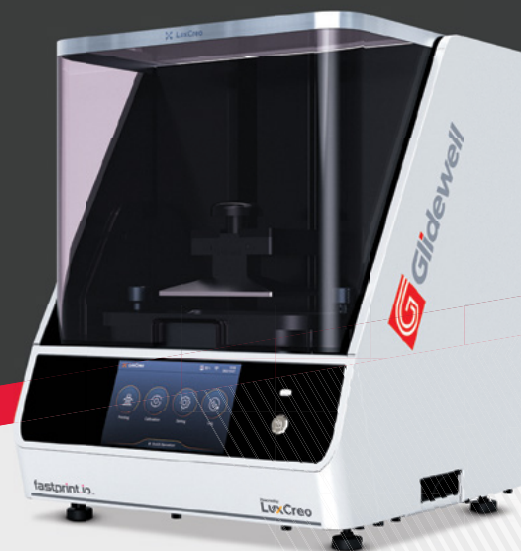
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Photo courtesy of Mr. Scharenbroich



Photo courtesy of Emil and Dariel Liakhovetski

Connect: Emmy Award-winning writer/producer Mark Scharenbroich will deliver the Saturday Keynote during SmileCon, showing attendees how to make meaningful connections in both their professional and personal lives.

Rock out: Brothers and cellists Emil (left) and Dariel Liakhovetski, known for competing on "America's Got Talent," will share their talents with the dental community during the SmileCon Opening Session.

ADA voices power SmileCon Opening Session, Saturday Keynote

BY MARY BETH VERSACI

With an Opening Session and Saturday Keynote powered by the voices of ADA members, SmileCon will leave dentists feeling connected and inspired when they meet

this October in Orlando, Florida.

The Opening Session will kick off SmileCon on Oct. 5 and set the tone for the meeting. Golden Globe-nominated actor Constance Wu, star of "Crazy Rich Asians" and "Fresh Off the Boat," will share her journey to wellness, one of the key themes of SmileCon, during her keynote address.

Attendees won't just hear from a famous actor at the meeting, however. They'll also hear from their fellow ADA members.

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

"We are beyond excited to represent ADA members as their hosts for SmileCon," Dr. McNeill said. "This is not the ADA of the past."

"This annual meeting has become super charged, and we want people to see what the excitement is all about," Dr. Ganter added.

Brothers and cellists Emil and Dariel Liakhovetski, known for competing on "America's Got Talent," will share their talents with the dental community as they rock out on the SmileCon stage. Emil Liakhovetski, D.M.D., is a periodontology resident at the University of Kentucky College of Dentistry, and Dariel Liakhovetski is a dental student at the University of North Carolina at Chapel Hill Adams School of Dentistry.

"We are honored beyond words to kick off SmileCon 2023," the brothers said. "It is humbling to stand among leaders in our profession who remind us of the value of speaking up for what we believe in, and what better venue is there than with the largest family in organized dentistry? Our performance is a tribute to all those who embody what makes this the greatest profession on Earth."

The Opening Session will also recognize the winners of the ADA 10 Under 10 Awards, which honor 10 new dentists who have demonstrated excellence in the dental profession, and include remarks from ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S. A continental breakfast will be served before the session, beginning at 7:30 a.m.

Emmy Award-winning writer/producer Mark Scharenbroich will deliver the Saturday Keynote on Oct. 7, taking attendees for a fun ride as he shows them how to make meaningful connections in both their professional and personal lives. His "Nice Bike" message is supported by three actions: acknowledge, honor and connect.

"The world becomes a kinder and more caring place when we share a sweet smile with others," Mr. Scharenbroich said. "I am thrilled to share my 'Nice Bike' message about making meaningful connections at SmileCon. See you in Orlando!"

The Saturday Keynote will also honor 2023 ADA award winners Bill Milner, D.D.S., recipient of the Humanitarian Award, and John D.B. Featherstone, Ph.D., recipient of the Distinguished Service Award.

Dr. Milner is the founder of Access Dental Care, a nonprofit that provides dental services to seniors, people with disabilities and others who have trouble accessing care. Dr. Featherstone is the retired dean of the University of California San Francisco School of Dentistry and a renowned dental researcher.

The Saturday Keynote will also look to the future of the ADA, as President-Elect Linda J. Edgar, D.D.S., shares her vision for 2024.

See SMILECON, Page 15

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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.
- Plus, app users can read the latest from ADA News, register for events, listen to exclusive content from ADA's newest podcast "Dental Sound Bites" and more.

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



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SMILECON *continued from Page 14*



Photo courtesy of Drs. McNeill and Ganter

Guides: Robert G. McNeill, D.D.S., M.D., and Stephanie R. Ganter, D.D.S., hosts of the *Between Two Teeth* YouTube channel, will host the Opening Session and Saturday Keynote at SmileCon.

SmileCon will take place Oct. 5-7 at the Orange County Convention Center. Learn more and register at SmileCon.org. All pass options include access to the Opening Session and Saturday Keynote. ■

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ADA Election Campaign Statements

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 News 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 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 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 declines. 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. Disruption to practice models, benefits, workforce, educational costs, access, science, technology and well-being are all moving at warp speed. It is time for definitive action from the nation's most influential dental organization.

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 that we stay unified and focused as we navigate these uncertain waters.

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 have orchestrated successful growth everywhere I have served. A clear value focus for our members will improve the health of our communities.

Today, the American Dental Association needs visionary and transformational 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: Houston, Texas
Dental school attended: The University of Texas School of Dentistry at Houston
Year received dental degree: 1989
Postgraduate education/specialty: Master of Academy of General Dentistry
Years of ADA membership: 38

Other professional memberships:

- Academy of General Dentistry, Omicron Kappa Upsilon.
- International College of Dentists.
- American College of Dentists.
- Pierre Fauchard Academy.

Volunteer posts/elective offices held in organized dentistry:

- Texas Dental Association, president.
- Texas Academy of General Dentistry, president.
- Greater Houston Dental Society, president.
- ADA Council on Government Affairs, chair.
- ADA Council on Dental Practice, member.

What are your main qualifications for the office you seek?

- Hands-on knowledge — informed, engaged member of the tripartite with in-depth understanding of every aspect of organized dentistry that is focused on making ADA valuable to all dentists.
- Active listener — dedicated to ensuring all voices are heard so the ADA is representative of our diverse membership.
- Pragmatic optimist — together we can be the bridge to an even brighter future for our profession built on our strong and proud past.
- Organizational catalyst — core commitment to empowering others to be a part of the solution.
- Experienced leader — proven track record of successful, collaborative outcomes at every level of organized dentistry.

Why do you want to be an ADA officer?

Our tripartite is at risk requiring visionary, inclusive leadership. My life's work has prepared me for this moment. I believe the ADA was built on our ability to successfully confront our professional challenges. Today, our ADA needs us to once again come together in a way bigger than any of us individually for the future of our profession. I am running for ADA president-elect because I believe that with just a little nudge from all of us, the best years for dentistry lie ahead. It would be an honor to continue to serve and work with all of you. I humbly ask for your vote for president-elect.

President-elect candidate profile

Current residence: Skokie, Illinois
Dental school attended: University of Illinois at Chicago College of Dentistry
Year received dental degree: 1983
Years of ADA membership: 43

Other professional memberships:

- National Dental Association.
- American College of Dentists.
- International College of Dentists.
- Odontographic Society of Chicago.
- Independent Dental Organization.

Volunteer posts/elective offices held in organized dentistry:

- Illinois State Dental Society, trustee (2004-07).
- Chicago Dental Society, president (2015).
- ADA Council on Membership, chair (2008-09).
- ADA Business Enterprises, Inc., director (2020-22).
- ADA Board of Trustees, 8th District trustee (2018-22).

What are your main qualifications for the office you seek?

- Chaired Illinois State Dental Society Finance and Planning Committee.
- Served as membership chair or liaison at all levels of the tripartite.
- Chaired ADA Board Audit and Diversity and Inclusion Committees.
- Experienced with nondues revenue and member benefits as a director on ADABEI, ADA's for-profit subsidiary.
- Depth of dental meeting experience (exhibitor recruitment and retention, scientific program scouting, general arrangements, special event planning) for the Chicago Dental Society Midwinter Meeting.

Why do you want to be an ADA officer?

From the very first steps of my leadership journey in 1999, I have asked the tough questions, debated with passion and kept dental politics out of my service. I have built a leadership reputation for hard work, thorough preparation and thoughtful candor.

The ADA cannot survive and thrive in the 21st Century and beyond without drastic changes. We must stop denying the crisis that is right in front of our eyes. In the story, "The Emperor's New Clothes," a vain and stupid ruler is duped into wearing invisible finery. Only a young child is bold enough to declare the truth — the emperor is naked. With my ADA trustee term behind me, I now sound the alarm about the dumpster fire that lies ahead.

In an ever-changing world, we blindly ignore societal trends and futilely struggle to preserve our profession and the ADA as we know them, instead of elevating both for the future. Leaders differ in their tolerance for change — some maintain a virtual death grip on the status quo, others are willing to embrace evolution. What the ADA needs now are leaders who are driven to create a reimagined association. I seek the office of president-elect out of a passion to steer that transformation.

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, Northwestern Memorial Hospital, Chicago, 1995-97
Years of ADA membership: 30

Other professional memberships:

- American College of Dentists.
- International College of Dentists.
- Pierre Fauchard Academy.

Volunteer posts/elective offices held in organized dentistry:

- President,** Colorado Dental Association (2013-14).
- Founding chair,** Colorado Dental Association Foundation (2015-17).
- Vice-chair,** Council on Dental Benefit Programs (2018).
- Chair,** American Dental Association Science and Research Institute (2021-present).
- President,** Colorado Prosthodontic Society (2017-18).

What are your main qualifications for the office you seek?

- Trustee, 14th District (2019-present).
- Chair, Diversity and Inclusion Committee.
- Chair, Audit Committee.
- Chair, American Dental Association Science and Research Institute (two terms).
- Golden Apple Award, Mentoring in Leadership (2010).

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 selling my practice, I served as chief dental officer for a small dental support organization, and I 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 continuum through articles/books, classes, study clubs and coaching. This 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.

ELECTIONS *continued from Page 17*

Robert E. Butler, D.D.S.



Last year, the House of Delegates recognized that our organization's steadily 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 the strategic forecasting committee will not provide the solution 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 both 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 and effective manner and consider all proposed solutions to our membership crisis with an open mind.

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.

After more than 30 years of extremely proud, enjoyable service as a volunteer (more than 20 of these as a member of the ADA House of Delegates), having held numerous leadership positions across the ADA tripartite and in other national dental associations, I am ready to serve the ADA, its HOD and every ADA member dentist as one of its vice presidents.

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.

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.

And as the House has instituted the strategic forecasting committee governance, I intend to work towards a smooth and efficient workflow with measurable results.

The ADA and our members helped to finally get the McCarran-Ferguson Act repealed nearly three years ago, and yet, there have been no noticeable changes.

I would be a voice on the Board advocating for definitive action to address the number one concern of our members — insurance reform.

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).

Finally, I would champion a formal mechanism within membership to engage, recruit and retain general practice residency and specialty students; continue to work toward a welcoming and inclusive association and create better solutions for managing student debt and the enormous cost of dental education.

Second vice president candidate profile

Current residence: St. Louis, Missouri
Dental school attended: University of Missouri- Kansas City
Year received dental degree: 1984
Postgraduate education/specialty: General practice residency, Jewish Hospital St. Louis 1985
Years of ADA membership: 44

Other professional memberships:

- Academy of General Dentistry.
- American College of Dentists.
- International College of Dentists.
- Pierre Fauchard Academy.
- American Association of Dental Insultants.

Volunteer posts/elective offices held in organized dentistry:

- ADPAC board member.
- Missouri Dental Association speaker of the House.
- Missouri Dental Association trustee.
- ADA Council on Government Affairs board member.
- Two-time chair of ADA Reference Committee A (Budget, Business, Membership and Administrative Matters).

What are your main qualifications for the office you seek?

If elected, I will offer valuable experience to the ADA Board in three key 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 Reference Committee A. My record of fiscal responsibility would be an asset to the Board as it takes on its new budgeting powers.
2. I have seen firsthand the value and challenges of successful advocacy during my four years as an APDAC board member. Year after year, polling shows that advocacy is highest priority of ADA members and non-members alike. I would be the only Board member who has previously served on the ADPAC board and Council on Governmental Affairs, bringing concrete insight to Board discussions about how the ADA's message is presented to lawmakers in Washington.
3. My tenure as chairman of the board for Delta Dental of Missouri equips me with an insider's perspective on third party reimbursement issues, which remain an important part of the Board's work.

Why do you want to be an ADA officer?

Our Association is in crisis, and I want to do everything I can to support it at this critical time.

The bylaws of our Association state that the first duty of the second vice president is "to assist the president as requested." The roles that I have previously outlined have provided me with the experience and competence to help our president and Association be successful.

I humbly ask for your support and your vote in the House election.

Second vice president candidate profile

Current residence: San Juan, Puerto Rico
Dental school attended: University of Puerto Rico School of Dental Medicine, San Juan, Puerto Rico
Year received dental degree: 1986
Postgraduate education/specialty: Oral and maxillofacial surgery
Years of ADA membership: 41

Other professional memberships:

- HDA.
- AAOMS.
- CDS.
- ADSA.
- NHMA.

Volunteer posts/elective offices held in organized dentistry:

- President, Colegio de Cirujanos Dentistas de Puerto Rico (1997, 2010).
- ADA HOD (for over 20 yrs).
- National president, HDA (2020).
- Chair, ACD Puerto Rico Section (since 2011).
- Member, PR Board of Dentistry (2006-2009).

What are your main qualifications for the office you seek?

- More than 25 years experience in the leadership of the ADA tripartite.
- Team player that knows how to lead.
- Attentive and empathetic listener; "can do'er."
- Juris doctor, good mediator, consensus builder.
- Have lived to its fullest and, have enjoyed studying and actively practiced dental medicine without regrets.
- Knows the ADA's past and future challenges: Have been a private practitioner, government employed dentist, humanitarian.
- HCW and academician.

Why do you want to be an ADA officer?

Want to be directly involved in the evolution and makeup of the future organized profession.

Second vice president candidate profile

Current residence: Dresher, Pennsylvania
Dental school attended: Temple University Kornberg School of Dentistry
Year received dental degree: 1978
Postgraduate education/specialty: None
Years of ADA membership: 32

Other professional memberships:

- American College of Dentistry.
- International College of Dentistry.
- Pierre Fauchard Academy.
- Senior Attending Surgeon Abington-Jefferson Health System-Dental Division.
- American Academy of Implant Dentistry.

Volunteer posts/elective offices held in organized dentistry:

- Chair, ADA Council on Membership.
- President, Valley Forge Dental Association.
- Montgomery Bucks Dental Society radiology lead.
- Pennsylvania Mission of Mercy.
- Conference chair, Greater Philadelphia Valley Forge Dental Conference.

What are your main qualifications for the office you seek?

1. I have successfully held numerous positions in different facets of organized dentistry, each requiring their own unique skill sets.
2. I have been an educator/mentor in a general practice residency for over 30 years, which deeply connects me through the generational layers. This has granted me a unique perspective.
3. I have been professionally trained in development (fundraising) and have used these skills to provide significant nondues revenues to both my district and regional dental conferences.
4. I am an innovative thinker who has the ability to examine and often solve a problem effectively through nontraditional techniques.
5. I am a team player who is always ready to listen to others, am fully committed to my teammates and play my heart out.

Why do you want to be an ADA officer?

Foremost of reasons I want to be an ADA officer is because I want to continue to serve my profession with particular attention to member success, and, isn't that the first line of the ADA's mission? We live in an unpredictable and fast moving world. Today's leaders must be able to identify change as it begins and pivot decisively ensuring their members' best interests. The ADA needs leadership that can listen to all points of view and truly understand, be prepared to think outside the lines, envision a future where all members can flourish and all are welcomed. I check all these boxes and more. I believe that my energy, commitment and transformational thinking will put our profession in a better position.

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."

and medical are uniformly applied while accommodating in the shared standards those unique elements pertinent to either area."

ADA EFFORTS TO EASE TECHNOLOGY BURDENS

There are barriers to the successful adoption and use of electronic records. Often the costs for new technology, the effort of switching from paper records to digital, or the time and resources needed to train staff on new systems can be daunting for many practices.

The ADA recently conducted a nationwide survey of U.S. dental offices in order to understand the use of electronic health/dental records and

associated issues, such as the ability to transfer data between systems and the ability to share information with other dental and medical providers electronically.

The survey, "Provider Perspectives on Health Information Technology in the Dental Office," is providing the ADA with information that will aid in the development of policies and advocacy efforts to improve the impact of health information technology 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.

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 their expertise to the development of ADA SCDI dental standards through a consensus-based process fully accredited by the American National Standards Institute.

The SCDI has developed standards under four general subjects: information exchange, clinical informatics, knowledge management and forensic odontology informatics. Additionally, the SCDI is reviewing the data exchanged and processes used by electronic administrative transactions.

"The ADA SCDI produces standards which form the foundation for uniform data that allows interoperability among dental and medical systems," said Gregory Zeller, D.D.S., chair of the SCDI Subcommittee on Clinical Informatics. "The SCDI also forms partnerships with medical Standards Development Organizations, such as HL7 and DICOM, to help ensure that elements of standards that are common both to dental



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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 mountaintops 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.

Letters

EPA AND FLUORIDE

I was made aware that the Environmental Protection Agency has proposed that certain dangerous chemicals can be removed through filtration equipment in water treatment facilities (July ADA News).

While this may be a good idea, one possible side effect or action would be the removal of fluoride, which is added to municipal and other water-delivery systems.

The addition of fluoride should be preserved and not be removed as part of this action. Fluoride is added to water and placed in toothpaste and incorporated in many dental restorative products because fluoride protects teeth from the corrosive effects of acidity, which causes dental decay.

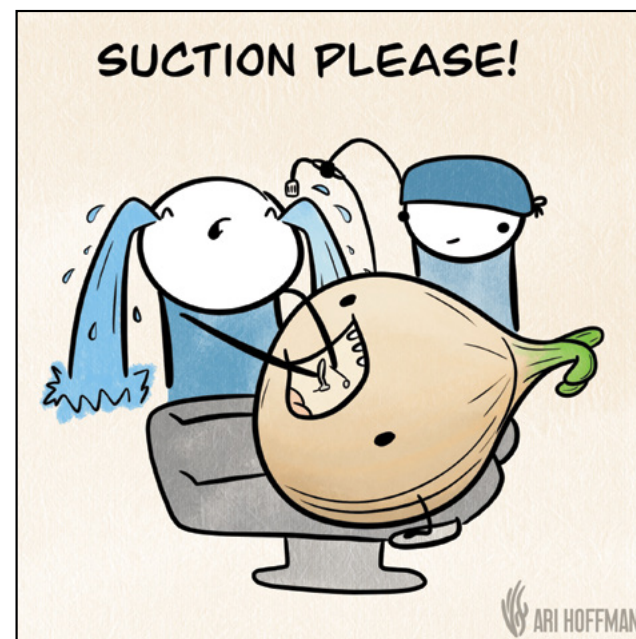
Additionally, the amount has no ill health effects on humans and has been used for many years without any side effects. If a problem existed, it would certainly have been noticed after such a long time.

As is often the case, those who propose such rules may not be aware of unintended consequences that may arise. This is why we need to be vigilant or not allow legislation to cause problems, hence the need to alert those in charge not to allow other damage to occur in the name of preventing other problems.

I call on my fellow dentists to please communicate this concern and make sure your representatives in both chambers alert the EPA and other powers that be that fluoride should not be removed from water sources as part of the efforts to remove known harmful chemicals.

*James P. Economos, D.D.S.,
Bartlett, Illinois*

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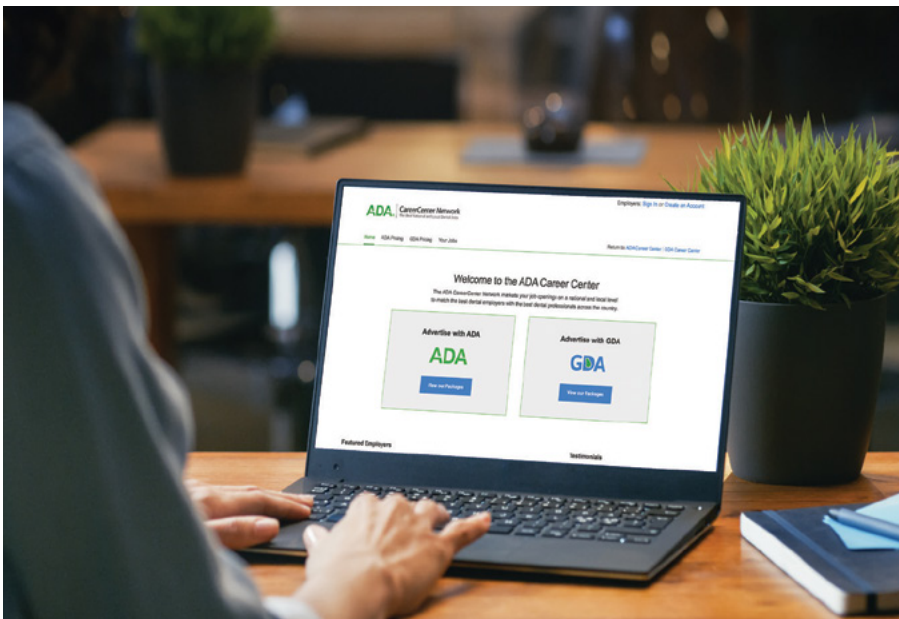
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Educating on education

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.





Location: Washington, D.C.
Year established: 1881
Dean: Andrea D. Jackson, D.D.S.
Total enrollment: 330

FUN FACT:
Howard University College of Dentistry alumni have gone on to practice in more than 40 states and over 50 countries.



Access to care: Howard University College of Dentistry Dean Andrea D. Jackson, D.D.S. (second from right), looks on as dental students perform clinical procedures for migrant school children seeking asylum in the U.S.

Photo courtesy of Howard University



Location: Minneapolis
Year established: 1888
Dean: Keith A. Mays, D.D.S., Ph.D.
Total enrollment: 622

FUN FACT:
As the only dental school in Minnesota, the University of Minnesota School of Dentistry educates about 73% of the state's dentists.



Big smiles: University of Minnesota School of Dentistry students participate in a Give Kids A Smile event.

Photo courtesy of University of Minnesota School of Dentistry



Location: Buffalo, New York
Year established: 1892
Dean: Marcelo W.B. Araujo, D.D.S., Ph.D.
Total enrollment: 528

FUN FACT:
The University at Buffalo School of Dental Medicine was the first U.S. dental school to offer a Ph.D. program in oral biology.



Hard at work: Students from the University at Buffalo School of Dental Medicine International Dentist Program work in the school's simulation lab.

Photo courtesy of Meredith Forrest Kulwicki

EDR continued from Page 19

ADA President George R. Shepley, D.D.S., and ADA Executive Director Raymond A. Cohlma, D.D.S., in June 20 comments on a proposed rule to Secretary Xavier Becerra of the U.S. Department of Health and Human Services, commended the department and its Office of the National Coordinator for Health Information Technology for continuing to promote interoperability, and for adopting new standards that take the needs of dentistry into account. However, they also pointed out that Office of the National Coordinator for Health Information Technology would need to do more to take the differences between medical and dental practice into account, including ensuring there is dental representation on the Health Information Technology Advisory Committee.

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 Cohlma 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 Cohlma 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 Cohlma, 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.

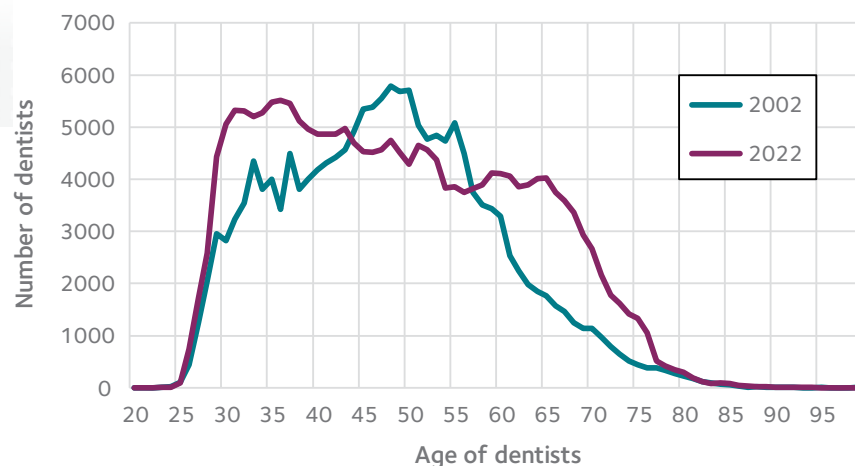
“Once the ‘newness’ has passed it, truly becomes an asset that you wonder how you ever lived without,” he said. ■

— burgerd@ada.org

AGE DISTRIBUTION OF U.S. DENTISTS

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.

Source: ADA Health Policy Institute. Analysis of ADA masterfile.



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