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BPA WORLDWIDE

# National Children's Dental Health Month turns 80

ACCESS TO CARE

BY JENNIFER GARVIN

*"The health of our children is of supreme importance to the future of the nation."*

As the ADA again celebrates children's dental health this February, these words, from the nation's 33rd president, Harry S. Truman, still resonate.

Mr. Truman's remarks were part of a Feb. 6, 1950, presidential proclamation declaring the country's first national Children's Dental Health Day. But organized dentistry began embracing the sentiment nine years earlier, thanks to Ohio dentists.

The Ohio dentists were passionate about making sure everyone, from members of the public to educators to their fellow dentists, understood children's dental health mattered and the first Children's Dental Health Day took place on Feb. 3, 1941, in Cleveland.

It didn't stop there. The idea soon became a mainstay across Ohio and later, nationally, when the ADA held the first observance in 1949. In 1955, the Association expanded it to a week and in 1981, a month. Today, National Children's Dental Health Month (NCDHM) is celebrated each February.

## 80 YEARS

This year, National Children's Dental Health Month turns 80 and is still going strong.

With its theme, "Water: Nature's Drink," celebrations include poster displays, coloring and essay contests, health fairs, free dental screenings, museum exhibits, classroom presentations and dental office tours. For 2021, most events will be virtual, but enthusiasm for the event remains.

"We are thrilled to be celebrating 80 years of children's dental health," said Jessica Meeske, D.D.S., a pediatric dentist and chair of the ADA Council on Advocacy for Access and Prevention. "It's so important to highlight children's dental health and NCDHM does just that. The ADA and CAAP hope that by encouraging parents to give their children water instead of sugary beverages, we can improve their overall well-being."

ADA President Daniel J. Klemmedson, D.D.S., M.D., agreed.

"NCDHM is proof of what can happen when dental professionals and educators come together to help bring awareness to the importance of oral health care," Dr. Klemmedson said. "Tooth decay remains the most common chronic childhood disease, and it's through educational programs and prevention that we can eliminate the needless pain and suffering of so many children."

Mr. Truman wasn't the only leader in the oval office to recognize children's dental health. In 1960, President Dwight D. Eisenhower sent a telegram to the ADA in support of National Children's Dental Health Week, and in 1964, President Lyndon B. Johnson sent a letter on White House stationery. In the years that followed, many U.S. presidents have singled out the importance of dental health in various platforms, including Presidents Ronald Reagan, Bill Clinton and Barack Obama.

## MORE THAN JUST A DAY

Following the ADA's first national observance in 1949, it soon became clear that recognizing children's dental health warranted more than a single day. In 1954, the ADA House of Delegates approved a resolution to formally change the observance to National Children's Dental Health Week to be celebrated the first week in February.

"It is not to be expected that one week's observance each year — no matter how intensive — will bring about the ultimate in dental health

*See CHILDREN, Page 17*


GOVERNMENT

## Receiving COVID-19 vaccine: State advocacy efforts see wins, challenges

BY MARY BETH VERSACI

With demand for the COVID-19 vaccine high and much of the U.S. experiencing a confusing rollout, state dental associations are advocating for dental teams in their states to be prioritized to receive the vaccine.

"The American Dental Association has deployed a three-fold strategy to support dentists — as essential health care providers — and patients: helping dentists get the vaccine; helping dentists navigate the ability to administer the vaccine; and helping dentists encourage their patients and communities to get vaccinated," said ADA President Daniel J. Klemmedson, D.D.S., M.D. "Because final authority on vaccine allocation rests with each state, we continue to work alongside state and local dental societies to advocate for dentistry before lawmakers and health departments. I understand the frustration that many dentists feel about their state's vaccine

*Dr. Klemmedson*

*See VACCINE, Page 4*

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**PUBLISHER:** Michelle Hoffman
**ASSOCIATE PUBLISHER:** Jeremy Nielsen
**NEWS EDITOR:** Kelly Ganski
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**Classifieds** - Russell Johns & Associates, Kim Ridgeway, Senior Media Sales Associate, 17110 Gunn Highway, Odessa, FL 33556, 1-877-394-1388 phone, kridgeway@russelljohns.com

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GOVERNMENT

# CDC: Dental teams, students in first phase of COVID-19 vaccinations


**BY JENNIFER GARVIN**

The Centers for Disease Control and Prevention has confirmed that dentists, dental teams and dental students are included in its initial recommendation for health care personnel to be among those offered the first doses of COVID-19 vaccines.

The CDC highlighted the recommendation on its website last December following a report from the agency's Advisory Committee on Immunization Practices, an independent panel of medical and public health experts. The agency later confirmed this in a Jan. 20 letter to the ADA.

The CDC Advisory Committee on Immunization Practices recommended Dec. 1, 2020, that the COVID-19 vaccines be offered first to health care personnel and residents of long-term care facilities. In a Dec. 16, 2020, letter, the ADA and 27 other health care organizations expressed concern that the panel's definition of health care personnel could lead states and localities to inadvertently overlook dental office workers.

"ACIP's definition of 'health care personnel' appears to be based, in part, on the term health care personnel in CDC's 2019 Guideline for Infection Control in Healthcare Personnel," the groups wrote. The coalition noted that the 2019 document did not expressly apply to dentistry because the CDC had developed separate and distinct infection control guidance for dental settings.

"We are convinced that ACIP did not intend

*See CDC, page 7*

# Competitive Health Insurance Reform Act becomes law

## ADA-SUPPORTED BILL REPEALS MCCARRAN-FERGUSON ANTITRUST EXEMPTION FOR HEALTH INSURANCE COMPANIES

**BY JENNIFER GARVIN**
*Washington*

The Competitive Health Insurance Reform Act, legislation that repeals the McCarran-Ferguson antitrust exemption for health insurance companies, became law on Jan. 13.

The law is the "culmination of a multi-year effort by several organizations, including the American Dental Association, to persuade Congress that health care insurance, including dental plans, should no longer be protected from some of the federal antitrust laws," according to an ADA news release.

The new law is aimed at improving transparency and competition in the health, dental and vision insurance marketplaces. The ADA hopes this will lead the Federal Trade Commission and the Department of Justice to investigate alleged anticompetitive practices and activities of health care insurers, the release said.

"Over time, we will expect to see some changes in the dental plan marketplace that would benefit all," said ADA President Daniel J. Klemmedson, D.D.S., M.D. "If dental plan companies are compelled to compete fairly and transparently, we should begin to see increased innovation and choice for consumers and providers as the dental plan market place changes over time."

Dr. Klemmedson said that the law could lead dental plan companies to "look for ways to distinguish themselves by offering better levels of coverage, with lower premiums and reductions in copayments with expanded provider networks and services, and other improved features." Letters posted on the Consumer Reports website show that "experts believe that the antitrust exemption [has] suppressed the health insurance market dynamic," he noted.

The new law should also open up more opportunities for new insurance companies to enter the market to compete in offering better and more affordable coverage to consumers and better terms to doctors, hospitals and providers, Dr. Klemmedson said.

"Ultimately, expanding choices under health and dental insurance plans will mean better plans for consumers, and improvements for health care professionals who seek to provide health care to patients within a more consumer-friendly framework," Dr. Klemmedson concluded.

The ADA has developed resources for ADA dentists with questions about how this law will affect dentists and dental practices. Visit ADA.org/McF and look under "Congress" for links to the resources. For more information on the ADA's advocacy efforts, visit ADA.org/Advocacy. ■

**VACCINE** *continued from page 1*

rollout, and our tripartite is working hard to advocate on their behalf."

In late December 2020, the Centers for Disease Control and Prevention confirmed dental teams should be included in the first phase of the vaccine rollout with other health care personnel. Most states include dentists and their teams in Phase 1a.

"The ADA's established relationship with the CDC, and the respect that federal officials have for the dental profession, has resulted in the CDC recognizing dentists as essential health care personnel and recommending dental professionals be included in the initial phase of COVID-19 vaccine distribution," said Mark Vitale, D.M.D., vice chair of the ADA Council on Government Affairs. "State dental associations have taken the lead of the ADA and have been advocating for dentists and their teams to be included in Phase 1a."

The state associations are running into roadblocks on their way to getting dental professionals vaccinated, however, including limited vaccine supplies and a lack of communication from government agencies.

### EARLY ADVOCACY

In South Carolina, the state dental association played a key role in moving dentists and their clinical staff into Phase 1a of the state's COVID-19 vaccine rollout.

"Dentists were not originally included in Phase 1a. The South Carolina Dental Association had numerous meetings and sent several letters to the governor's office and other government agencies who were making the decisions, stressing the point that the dental team needed to be included in 1a," said Executive Director Phil Latham and President Julia Mikell, D.D.S. "When the CDC Advisory Committee on Immunization Practices guidelines were updated, the SCDA immediately sent that information to South Carolina's Vaccine Advisory Committee, and within 24 hours, they moved all dental team members with direct patient contact into 1a."

While dentists have been included in Phase 1a in New York, because of limited vaccine supplies, distribution was initially restricted to frontline hospital workers and those in long-term care facilities.

"The New York State Dental Association worked with the New York State Department of Health and the governor's office to be sure the broad term 'health care personnel' included dentists and their staff," said Mark Feldman, D.M.D., executive director of the state dental association. "Vaccinations started during the last three weeks of December and, due to limited supply, were limited to those in group 1a who were frontline hospital workers and nursing home patients and staff. By week four, Jan. 4, dentists started receiving vaccination as part of group 1a due to our work with the governor's office."


*Vaccine rollout: This map, available from the ADA Center for Professional Success at ADA.org/virus, shows the status of COVID-19 vaccine allocation and administration for dentists in each state.*

In Florida, the use of the general term "health care personnel with direct patient contact" in the first phase of the rollout also caused confusion, but the state dental association helped to spread the word that dental teams were eligible for the vaccine.

"As you can imagine, there is a very large number of people included in the first phase," Florida Dental Association Executive Director Drew Eason said. "Additionally, there was a great deal of confusion county to county on who was considered 'health care personnel with direct patient contact.' We had several hospitals tell dentists, incorrectly, that they weren't eligible. We worked with the Florida Hospital Association to get the word out that dental teams are eligible."

The Idaho State Dental Association has continued to advocate to ensure its state dentists remain eligible as part of Phase 1a. Its executive director is a voting member of the Idaho COVID-19 Vaccine Advisory Committee.

"This has given us direct input into the prioritization process, enabling dentists to remain in Phase 1a of the rollout," Executive Director Linda Swanstrom said. "Getting and keeping dentists in Phase 1a was a big win, as the placement was challenged and voted on multiple times."

Dentists are included in Phase 1a in Maryland, but getting the vaccine to them was an issue when public health departments did not have their contact information. The Maryland State Dental Association helped to connect health departments and dentists.

"While the hospitals were tasked with vaccinating their own staff, in Maryland's vaccination plan, each local health department was charged with developing its own distribution plan and system. While dentistry was included in Phase 1a, access by the local health departments to contact information for dental practices was very hard to get," Executive Director Greg Buckler said. "The MSDA played a significant role in connecting the health departments to the local dental practices. Dentists' access to the vaccine exponentially increased after the MSDA was able to serve as this conduit."

As of late January, the Texas Department of State Health Services and the state's Expert Vaccine Allocation Panel had not specifically defined when the vaccine would be available for the majority of dental health care personnel in Texas, but the Texas Dental Association has been working with state officials to get dental teams vaccinated. Some dentists have been able to receive the vaccine based on local interpretations of guidelines or hospital affiliations, and the state dental association's local component societies have kept members updated on the availability of the vaccine in their areas.

"Texas officials continue to tell the Texas Dental Association and other stakeholders that their priority is focused on those delivering direct care to COVID-19 patients and those most negatively impacted by the virus: those


*Mr. Buckler*


*Dr. Feldman*


*Mr. Eason*


*Mr. Latham*

65 and older and those with conditions that impact immunities," said Matt Roberts, D.D.S., chair of the Texas Dental Association's Council on Legislative, Regulatory and Governmental Affairs. "Regardless, the TDA continues to aggressively advocate for dentists and dental health care personnel."

### FACING CHALLENGES

Overall, state dental associations have reported messy vaccine rollouts.

"Texas, like most of the nation, continues struggling to deliver COVID-19 vaccines to its identified priority groups," Dr. Roberts said. "Supply shortages, conflicting state messaging, technical errors and logistical delays all contribute to the uncertainty we are facing. Texas' vaccine supply from the federal government, distribution strategy and technical support at the state and local levels all directly impact how quickly Texas will finish vaccinating its high-risk groups."

With limited vaccine supplies and many people eligible to be vaccinated during the first phase, appointments are filling up quickly across the nation, including in New York.

"The problem is a lack of supply of vaccines with overwhelming demand," Dr. Feldman said. "Registration openings, largely done online, keep crashing, and when a site opens up, it fills up immediately. Dentists and the rest of the 1a and 1b priorities report long waits to register, and often appointments are weeks or months away. This varies, and many dentists were able

*See VACCINE, page 5*



**VACCINE** *continued from page 4*

to register and obtain an appointment prior to the categories expanding."

Florida has also reported long waits and crashing computer systems. While dentists and their teams have begun to receive the vaccine, appointments in some areas, particularly in the southern part of the state, are being claimed very quickly, Mr. Eason said.

"The overall rollout has been full of confusion and misinformation," he said.

While the Florida Dental Association and its local dental societies have been doing all they can to gather information for dentists, there has been minimal communication from government agencies to dentists about how to sign up for the vaccine, Mr. Eason said. With hospitals and county health departments overwhelmed, it has been difficult to reach officials there. The state dental association has let the governor's office know of the challenges dentists are experiencing in parts of the state.


*Dr. Mikell*


*Dr. Roberts*


*Ms. Swanstrom*


*Dr. Vitale*

Dentists in Maryland are experiencing similar issues with a lack of communication.

"The greatest challenge dentistry in Maryland has faced with the COVID-19 vaccine is the lack of information provided throughout the process to dentists by their local health departments," Mr. Buckler said. "This was compounded by a seemingly inability of various government agencies to proactively communicate among each other as the rollout transpired."

In Idaho, there was no statewide process for implementing the rollout, which led to confusion.

"We did not have a statewide centralized or consistent process for identifying the individuals in each phase, contacting them or scheduling them for vaccination," Ms. Swanstrom said. "This led to a lot of confusion early in the rollout regarding how to sign up for vaccinations and how dentists will be notified when it is time."

Dentists in South Carolina also experienced a lack of consistency, with the rollout going better in some areas than others.

"Working with numerous groups across the state has been a challenge because locations providing the vaccine operate on their own terms, and what occurs in one location may not occur in another," Mr. Latham and Dr. Mikell said.

### GAINING MOMENTUM

Even with the challenges state dental associations and their dentists have experienced, things are slowly looking up, as advocacy continues and more dentists have access to the vaccine.

In Idaho, Ms. Swanstrom said the rollout is "slow, but gaining momentum."

"As supply has increased and regional health districts have gotten clear on their processes, things have improved," she said. "Across the state, dentists in Idaho now have access to and are definitely getting vaccinated, with some already receiving their second doses."

Mr. Eason also reports the rollout in Florida has "steadily improved," as dental teams in some parts of the state have been vaccinated.

But state dental associations understand the frustration dentists in their states are experiencing if they have not been vaccinated yet.

"The Texas Dental Association and our local component societies have responded to many individual questions from members," Dr. Roberts said. "We understand our members' anxiety to know when dentists can receive the vaccine, and we stand with them. That is why we are fighting for them."

> **We understand our members' anxiety to know when dentists can receive the vaccine, and we stand with them. That is why we are fighting for them.**

State dental associations have taken pains to regularly communicate with their members about the vaccine, as well as other aspects of the pandemic.

"Our success was in keeping members updated in real time on their priority status and providing local links to register as soon as they became available," Dr. Feldman said. "Members received timely information that was not

*See VACCINE, page 7*

# Dentists administering vaccines gains acceptance in states

BY DAVID BURGER

The ADA and state dental societies are advocating giving dentists the ability to be an integral part of stopping the spread of the COVID-19 pandemic, with at least 20 states allowing dentists to administer the vaccine.

"As part of its ongoing COVID-19 vaccine strategy, the ADA supports recognizing dentists as vaccine providers," said ADA President Daniel J. Klemmedson, D.D.S., M.D.

"Having dentists administer vaccines in their communities helps improve the public vaccination rate, and it relieves some of the burden on the current vaccine provider network."

The ADA House of Delegates passed Resolution 91H-2020 in October, which acknowledged that dentists have the requisite knowledge and skills to administer critical vaccines that prevent life- or health-threatening conditions.

"Because most of the states have recognized dentistry as essential, it is only fitting that we join frontline workers in the ability to administer the vaccine," said David M. White, D.D.S., ADA Council on Government Affairs chair. "We are just very proud to be recognized as essential."

States and territories are continuing to refine their COVID-19 vaccination plans following the Food and Drug Administration's Dec. 11, 2020, authorization of the first COVID-19 vaccine, with efforts possibly including the use of dentists to assist with vaccination efforts. Final authority rests with each state in prioritizing the population to receive the vaccine and in administering it.

Working with state dental societies, the ADA has developed an interactive map that details dentists' ability to administer the COVID-19 vaccination by state, as well as the phase of the state vaccination plan in which dentists will receive the COVID-19 vaccination.

Dr. White said advocacy occurred at two levels.

"We have advocated on the federal level through ADA Government Affairs to ask the Department of Health and Human Services to allow dentists to administer the COVID-19 vaccine," he said. "More recently advocacy has occurred on the state level to change laws for dentists to administer all vaccines."

To help states in introducing legislation to allow dentists to administer vaccines, the ADA has developed principles to aid state associations in advocating for this expansion of the scope of practice.

> **This is the time for dentists to rise to the challenge and show our medical colleagues and the legislatures how dentists can contribute to the community's health.**

"The state Government Affairs department at the ADA provides assistance to the states on model legislation and strategy for successfully passing laws," Dr. White said.

The ADA vaccine principles include participating in an online vaccination administration course, establishing patient relationships, complying with record-keeping requirements and falling under immunity statutes within the state. They are available at ADA.org/principles.

Karin Irani, D.D.S., California Dental Association trustee, volunteered on a day off to administer vaccines at a Los Angeles "Mega POD," large-scale points of vaccination distribution chosen for their regional accessibility and ability to process thousands of people daily.

"This is the time for dentists to rise to the challenge and show our medical colleagues and the legislatures how dentists can contribute to the community's health," Dr. Irani said. "State dental societies and the ADA should continue their advocacy efforts so dentists are recognized as an essential health care provider. The general population and the local authorities are starting to recognize dentists' importance in providing overall health care."

Dr. Irani joked, "If we can make teenagers floss, we can get people vaccinated."

The ADA will continue to monitor developments related to COVID-19 vaccine approval and administration on behalf of the profession and public. The Centers for Disease Control and Prevention offers training on its website on how to give the vaccine, and dental professionals can visit ADA.org/virus for more information. ■





**VACCINE** *continued from page 5*

available anywhere else but from the New York State Dental Association."

For the Maryland State Dental Association, communicating with members has meant sharing updates through email and social media, presenting a webinar series about issues related to COVID-19 and creating a page on its website that serves as a one-stop shop for what dentists need to know during the pandemic, including information about getting vaccinated, Mr. Buckler said.

The advocacy provided by state dental associations has helped to positively position the associations and their dentists during the pandemic.

Because of the South Carolina Dental Association's advocacy efforts, the state's hospital association and major hospital systems were aware it was a point of contact for most dentists in South Carolina. Once the state health department moved dental personnel into Phase 1a, two of those systems reached out to the dental association to get contact information for its members.

"This provided a huge member benefit as dentists and their offices were able to register for the vaccine before our health department was able to send out communications," Mr. Latham and Dr. Mikell said. "The reputation of our association within the network we have established among other associations and agencies over the course of this pandemic paid off big time."

For the latest information on COVID-19, including a map showing the status of vaccine allocation and administration for dentists in each state, visit ADA.org/virus. The map will be updated as new information becomes available. ■

*—versacim@ada.org*

**CDC** *continued from page 3*

to exclude any health care workers from its recommendation," the groups wrote. "However, we would hate for jurisdictions to overlook dental, autopsy, and laboratory personnel because of a minor footnote in guidance that was developed for an entirely different purpose (i.e., infection control)."

The groups had been pressing CDC to issue the clarification.

In a November 2020 letter to the advisory committee, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., noted that the National Academies of Sciences, Engineering and Medicine recommended that dentists and their teams be given priority access to a COVID-19 vaccine.

"There is nothing routine about dental care," wrote Drs. Klemmedson and O'Loughlin. "Delaying treatment for months, weeks, or even days can make the difference between dying early, having a life-changing abnormality and living a normal, healthy life."

For more information about the ADA's advocacy efforts during COVID-19, visit ADA.org/COVID19Advocacy.

The ADA has created a fact sheet for dentists about the COVID-19 vaccines and has also posted a map with hyperlinks to state and local jurisdictions that contains population vaccination prioritization details, as well as the most current information about where dentists are authorized to administer the vaccine.

The ADA will continue to monitor developments related to COVID-19 vaccine approval and administration on behalf of the profession and public. Visit ADA.org/virus for the latest information.

To download the fact sheet, visit ADA.org/virus and look under "vaccination resources." ■

## ADA to FCC: Include dental practices in telehealth program

The ADA is again asking the Federal Communications Commission to extend the agency's COVID-19 Telehealth Program to include dental practices so that they may be eligible for additional funding from the relief bill passed at the end of 2020.

In comments filed Jan. 19 on the FCC's COVID-19 Telehealth Program, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., said "throughout the pandemic, dentists have screened patients by phone, text and video to help determine the need for treatment" and noted the video conferences are "an especially effective way" to evaluate potential dental emergencies.

Drs. Klemmedson and O'Loughlin also stressed that "dentists, many of whom are facing significant economic challenges due to the pandemic, need access to FCC funds in order to afford teledentistry costs."

"Such costs could include software to electronically message and screen patients, upgrades to the office computer system, upgrades to the office internet, extra-oral X-ray imaging equipment, digital sensors and X-ray units, and digital cameras and intra-oral cameras," Drs. Klemmedson and O'Loughlin said.

These sentiments reiterated the Association's April 27, 2020, letter that urged FCC to reconsider its decision to limit participation in the COVID-19 Telehealth Program.

"The ADA is disappointed that the FCC did not follow the ADA's recommendations" and "we hope that, given the additional $249.95 million allocated to the program in the Consolidated Appropriations Act, the FCC will award funding to dentists, including for-profit providers," the January letter concluded. ■

SCIENCE & TECH

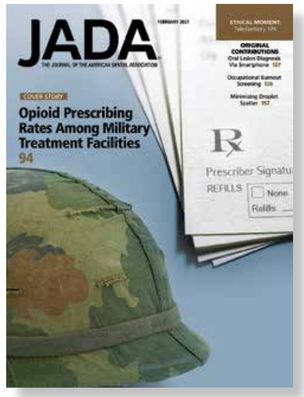
# February JADA finds opioid prescribing differences among US military dental clinics

BY MARY BETH VERSACI

A study published in the February issue of The Journal of the American Dental Association found statistically significant differences in opioid prescribing among U.S. Military Health System dental clinics.

The cover story, "Opioid Prescribing for Surgical Dental Procedures in Dental Clinics of Military Treatment Facilities," examined 743,459 dental surgical encounters that took place from 2008 through 2017, finding opioid prescriptions were filled for 36.7% of them. Some variance in opioid prescribing among the dental clinics could be explained by facility characteristics, including region, type and percentage of surgeries that were for patients younger than 26, and practice variables, including percentage of surgeries that were for extractions, percentage of surgeries for periodontic procedures and percentage of dentists who were specialists.

Dentists at 11 of the 30 largest military treatment facilities prescribed opioids at a rate 4 percentage points higher than expected while dentists at the other nine had a prescription rate that was 4 percentage points lower than expected. The study suggests additional research into the factors that allowed some facilities to achieve lower prescription rates may lead to an overall decrease in opioid prescribing.




"There is no 'right' decision when weighing the benefits and risks to patients from opioid medication, but the amount of variability we have found among dental clinics suggests that there are opportunities to change practices," said corresponding author Patrick Richard, Ph.D., with the department of preventive medicine and biostatistics at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. "Ideally, a realization of significant variability in rates of prescribing opioids will lead to open discussion among dental clinicians regarding the reasons for prescribing opioids and clinicians' experiences in following American Dental Association and American Association of Oral and Maxillofacial Surgeons guidelines that nonsteroidal anti-inflammatory drugs are often more effective than opioids for surgical procedures, particularly for tooth extractions."

Building on earlier policy indicating that dentists should consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain, the ADA adopted a policy on opioids in 2018 that supports prescription limits and mandatory continuing education for dentists. The policy is believed to be one of the first of its kind from a major professional health organization.

For more information on how the ADA is working to combat opioid abuse, visit ADA.org/opioids.

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

Other articles in the February issue of JADA discuss oral lesion diagnosis via smartphone, occupational burnout screening and droplet spatter minimization.

Every month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ■

## ADA standards committee to hold virtual meeting

All interested parties are invited to participate virtually in the next American Dental Association Standards Committee on Dental Informatics meeting at 8:30 a.m. CST Feb. 24 on Zoom.

Committee working groups will also meet virtually throughout February.

To obtain the meeting schedule with links to join the sessions, email standards@ada.org. ■

PRACTICE

# ‘Light at the end of the tunnel’

## OREGON DENTAL RESIDENT BECOMES FIRST DENTIST TO ADMINISTER COVID-19 VACCINE, HIGHLIGHTS ANOTHER ROLE IN PANDEMIC

**BY KIMBER SOLANA**
*Portland, Ore.*

Photo by Fritz Liedtke/OHSU

*History: Dental resident Ryan Thrower, D.M.D., of Oregon Health & Science University, administers the COVID-19 vaccine on Dec. 16, 2020. Cardiovascular intensive care nurse Ansu Drammeh received the Pfizer-BioNTech vaccine.*

Ryan Thrower, D.M.D., is no stranger to administering vaccines.

As a fourth-year Oregon Health & Science University dental student in 2019, she gave then-OHSU School of Dentistry Dean Phillip Marucha, D.M.D., a flu shot after Oregon became the first state to allow dental students and dentists to administer any vaccine to patients of any age.

But on Dec. 16, 2020, while waiting to administer a COVID-19 vaccine to cardiovascular intensive care nurse Ansu Drammeh, Dr. Thrower said she felt differently.

It wasn’t nerves, said Dr. Thrower, now a first-year orthodontic resident at OHSU. It wasn’t the cameras or the fact that her colleagues, classmates and Oregon Gov. Kate Brown were virtually rooting her on.

“It was because of the weight it carried,” she said. “The light at the end of the tunnel that it indicated.”

On Dec. 16, during a virtual press conference by Ms. Brown, Dr. Thrower became the first dentist in the U.S. — and possibly the world — to administer a COVID-19 vaccine, according to OHSU Chief Medical Officer Renee Edwards, M.D.

In addition, being a black, female dentist administering a vaccine to Mr. Drammeh, also a person of color, was not lost on her.

“Black and brown communities have been disproportionately affected by this pandemic,” Dr. Thrower said. “It was important for our communities to see people who look like them who trust the vaccine. We set a tone as health care providers.”

Administration of vaccines by dentists in Oregon became possible on May 6, 2019, when Ms. Brown signed into law Oregon House Bill 2220, which added the prescription and administration of all vaccines into a dentist’s scope of practice.

The Oregon Dental Association, which helped draft the bill, worked with OHSU, the Oregon Health Authority and the Oregon Board of Dentistry to create a training program for dentists who wished to provide vaccinations in their practice. As of December 2020, about 100 Oregon community dentists and 200 OHSU dental faculty and students had completed the training.

Dr. Thrower said the training program, which included a self-directed online module and in-person and hands-on training, only took her about three days to complete.

The Oregon law sought to help the state reach specific health goals, including increasing the number of Oregon adults receiving the annual flu shot; increasing the number of school-age children receiving vaccines; and, of particular interest to some dentists, administering the HPV vaccine to prevent oral and throat cancers.

In addition, the ADA House of Delegates passed a resolution in 2020, offering its support to dentists who are seeking to administer vaccines. Resolution 91H-2020 states that dentists have the requisite knowledge and skills to administer critical vaccines that prevent life- or health-threatening conditions and protect the life and health of patients and staff at the point of care.

Dr. Thrower said dentists are not trying to replace other health care professionals who typically administer vaccines. However, dentists can play a role, especially amid the COVID-19 pandemic, to ensure their communities are safe.

> **It was important for our communities to see people who look like them who trust the vaccine. We set a tone as health care providers.**
> – Ryan Thrower, D.M.D.

For now, the state of Oregon remains in Phase 1 in its vaccine allocation plan, which is focused on those who work in health care.

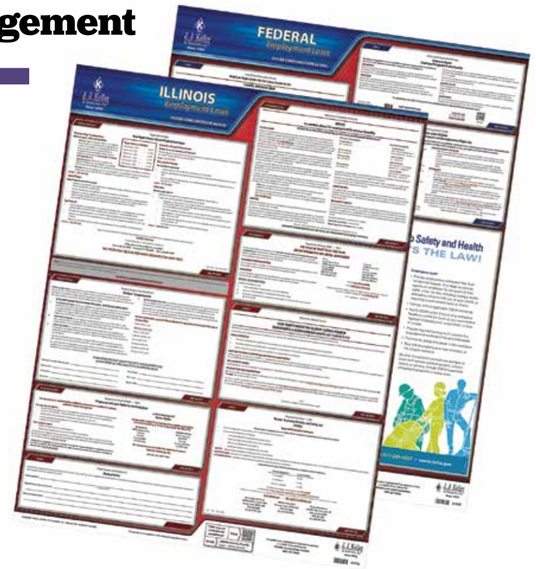
Dr. Thrower received her first COVID-19 vaccine injection by mid-January. When the COVID-19 vaccination becomes available to the general public, she’ll be ready to do her part.

“We are equipped to handle medical emergencies,” she said. “We also see our patients more regularly than other doctors, so this has opened another pathway for people to get vaccinated.”

During the December press conference, it took Dr. Thrower less than two minutes to sanitize her hands, clean the injection site, administer the shot and place the Band-Aid on Mr. Drammeh.

“He was the real MVP,” Dr. Thrower said. ■

# Labor law posters, dental communication book keys to practice management




*Handy: Labor law posters for the state and federal level are available through the ADA Catalog.*

The ADA's labor law poster subscriptions and an updated dental communication book seek to make interaction with staff and patients hassle-free, so dentists can focus on doing what they do best.

Each labor law subscription includes one federal poster and one state poster, and subscribers will automatically receive revised posters — at no additional charge — whenever a mandatory state or federal change occurs.

Subscribers can sign up for one year or three years of automatic updates delivered to their offices.

The posters are available in English and Spanish for all 50 states, plus Washington, D.C., and Puerto Rico; ensure federal and state compliance; and if there are state or federal changes, posters ship within 30 days.

• Also offered on the ADA Catalog is the revised book "Dental Communication: Letters, Templates and Forms," which includes more than 150 templates that can be used for many methods of communication, including letters, press releases, newsletter items and social media posts.

This book has been reorganized and updated to reflect the situations dental practices may encounter during closures for catastrophes such as global pandemics.

It includes new communications for important issues such as:

- The closing and opening of dental practices due to pandemic events.
- An overview of a practice's infection control protocols and assurance of the measures that have been taken.
- "Welcome back" messages so patients know dentists are open for appointments and ready to help get their oral health back on track.

Save 15% on ADA Catalog products by using promo code 21103 by April 9. The Labor Law Posters don't qualify for discounts because of their introductory pricing.

Search for the products by entering the name into the Catalog's search engine. ■

# Coding for implants webinar available on demand

## ADA OFFERS RESOURCES TO SUPPORT, INFORM DENTAL TEAMS ON PROPER CODING

**BY DAVID BURGER**

There is a common misperception that all the CDT codes one needs to document services delivered are always in one category of service.

However, for example, documenting and reporting implant case procedures from initial diagnosis and treatment planning through placement of the definitive prosthesis requires CDT Codes from several different categories of service — including Diagnostic, Oral and Maxillofacial Surgery and Adjunctive, as well as Implant Services.

Fortunately, the ADA has a free ready-to-watch educational webinar for dentists and their staff on implant case coding that features various real-life clinical scenarios and proper coding for patient records and claim submissions.

*Dr. Stilley-Mallah*

The webinar is available at Success.ADA.org/en/dental-benefits/implant-case-procedure-coding-webinar.

"The webinar is a great way to learn how the unique aspects of an implant case determine which procedures are necessary to regain and maintain clinical and aesthetic form and function," said Jessica Stilley-Mallah, D.M.D., a Florida-based periodontist on the ADA Council on Dental Benefit Programs. "The webinar also includes recent Implant Services CDT Code additions and other revisions. It's a nice guide to help coding and claim submission run smoother."

Dr. Stilley-Mallah is among the webinar's presenters, along with James E. Mercer, D.D.S., a South Carolina-based oral and maxillofacial surgeon who is a past chair of the council and has been active in code maintenance nationally for nearly two decades. Linda Vidone, D.M.D., a Massachusetts-based periodontist and author of the CDT 2021 Coding Companion "Implant Services" chapter, also contributed to this program's content.

All additions, deletions and revisions of the CDT codes went into effect Jan. 1.

Staff from the Center for Dental Benefits, Coding and Quality can also help dentists with CDT coding questions and concerns. Call the ADA at 1-800-621-8099, visit ADA.org/cdt or email dentalcode@ada.org for assistance. Other online resources on CDT coding are available on the ADA's Coding Education webpage, available at ADA.org/en/publications/cdt/coding-education.

The CDT 2021 and Coding Companion with the CDT 2021 app is on sale through the ADA Catalog. In the Coding Companion, the educational publication that illustrates how the CDT Code is used to document and report services, dental team members can find the latest additions and changes to the CDT Code and information that is critical for patient record-keeping.

The portable ADA CDT 2021 app includes the most up-to-date 2021 CDT codes as well as coding scenarios and questions and answers from the Coding Companion, as well as the ICD-10-CM diagnostic codes specific to dentistry. To order the CDT 2021 book, app or the CDT Coding Companion, visit ADAcatalog.org or email msc@ada.org.

Have other questions about dealing with dental insurance? The ADA has information and resources to help dentists address and resolve even their most vexing dental insurance questions at ADA.org/dentalinsurance. ■

*—burgerd@ada.org*

# PRODUCT NEWS

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## ADA Member Advantage endorses Office Depot as office supply provider

ADA Member Advantage announced Jan. 21 that it has selected Office Depot as its exclusively endorsed office supply provider for Association members.

The endorsement allows ADA members to save up to 75% on a range of products from the Office Depot Best Value list, which includes items such as coffee, paper, cleaning supplies, office chairs, ink, batteries and trash liners. Members will also receive free next business-day delivery, according to ADA Member Advantage.

"Dental offices often don't order the kind of supplies carried by Office Depot in great enough quantities to take advantage of bulk discounts," said Deborah Doherty, chief executive officer of ADA Member Advantage. "Through this program, our members, as well as their staff and family, have access to preferred pricing and can realize real cost savings."

In addition, Ms. Doherty said, Office Depot will be offering members dedicated customer service representatives who can work with them to provide guidance and help uncover additional cost savings for their practices.

Through its banner brands Office Depot and OfficeMax, as well as others, the company offers its customers the tools and resources to help run their businesses through approximately 1,200 retails stores, an online presence and thousands of dedicated sales professionals.

"We believe that dental offices will find us easy to work with and benefit from the peace of mind our program flexibility offers," said Sarah Glazier, Healthcare Buying Groups program manager of Office Depot.

ADA members, Ms. Glazier said, have the option of shopping online with various delivery options or shopping in any Office Depot or OfficeMax store with their store purchasing card to receive negotiated contract pricing on a range of supplies.

"We really believe that we can help ADA dentists save time and money while offering access to a wide variety of quality products," Ms. Glazier said

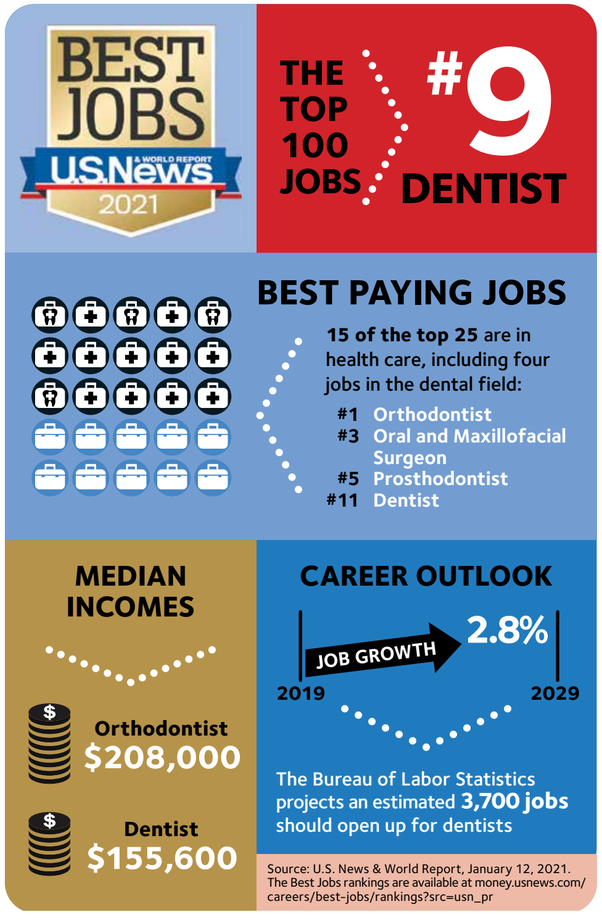
Association members can also take advantage of Office Depot's convenient payment options, including single account billing or consolidated billing for practices with multiple locations.

To register an account and start receiving member savings, visit ADA.org/officedepot. From their account, members can download the Office Depot store purchasing card and use it during checkout when making a purchase. For specific questions, ADA members can contact Office Depot at 1-855-337-6811, ext. 12654 or email latoya.hughes@officedepot.com. ■



## U.S. News & World Report: Dentists continue to have one of top 10 best jobs

PROFESSION NO. 9 IN RANKINGS AS HEALTH CARE JOBS DOMINATE LIST




**BY DAVID BURGER**

Dentistry remains among the top 10 jobs in America, according to rankings published Jan. 12 by U.S. News & World Report.

Dentists are No. 9 on the list of the publication's 2021 Best Jobs, with health care jobs dominating the overall list.

The global pandemic has reinforced the need and value of health care professionals, said Antonio Barbera, consumer advice editor at U.S. News & World Report.

"With health care being more critical than ever, the job outlook for the sector is positive, with 42 of the 100 Best Jobs in health care or health care support roles," Mr. Barbera said. "Dentists rank ninth in the 2021 Best Jobs rankings due to a high median salary, low unemployment rate and excellent work-life balance."

After ranking No. 3 since 2017, physician assistant captured the No. 1 spot, while software developer landed at No. 2 after topping the list for three consecutive years. Nurse practitioner followed at No. 3, with medical and health services manager debuting in the top 10 at No. 4.

To calculate its list of Best Jobs every year, U.S. News & World Report identifies jobs with the greatest hiring demand. Jobs are then scored using seven component measures: 10-year growth volume, 10-year growth percentage, median salary, employment rate, future job prospects, stress level and work-life balance.

The listings largely draw from data from the U.S. Bureau of Labor Statistics. The most recent data available is from 2019, and was released in March 2020, so it pre-dates the coronavirus pandemic. The Best Jobs rankings are available at money.usnews.com/careers/best-jobs/rankings?src=usn_pr. ■

*—burgerd@ada.org*



## New series seeks to share guidance on how to relieve dental insurance headaches

DENTAL INSURANCE HUB WILL POINT MEMBERS TO READY-TO-USE RESOURCES

**BY DAVID BURGER**

ADA News is launching a new series called Dental Insurance Hub to help dentists and their dental teams overcome dental insurance obstacles so they can focus on patient care.

The series of articles, kicking off in March, will provide members ready-to-use dental insurance solutions and share advocacy that helps the profession hold dental insurance companies accountable so dentists can concentrate on what they do best.

"Most dentists are burdened on a daily basis by dental insurance issues," said Randall Markarian, D.M.D., chair of the ADA Council on Dental Benefit Programs. "Understanding the landscape and trends in the dental insurance industry helps us manage our practices better, as well as advocate strongly for our patients."

Expanding the focus of the recently retired Decoding Dental Benefits series of ADA News articles, the Dental Insurance Hub series will demonstrate the impact of ADA efforts on dental insurance issues, which members often cite as one of their biggest headaches. The series provides guidance and resources to help dentists and their staff solve the challenges that have become an unfortunate part of doing business with dental insurance carriers.

> **Understanding the landscape and trends in the dental insurance industry helps us manage our practices better.**
> – Randall Markarian, D.M.D.

Dentists are burdened by multiple administrative tasks related to dental insurance coverage. Dental practices are encumbered by coordination of benefits, verification of eligibility and coverage, credentialing, audits, claim submissions, and electronic claims payment, all of which increase interference in the doctor-patient relationship and create administrative burdens — the primary causes for dentist dissatisfaction with dental insurance.

Future topics of the series include:

- New efforts in state-based advocacy related to dental benefits by the FIIST (Fight Insurance Interference Strategic Taskforce) and other advocates at the local, state and federal level.
- The ADA credentialing service, powered by CAQH ProView, which makes it easier to submit and maintain credentials in one central place.
- The ADA-endorsed Bento, a start-up technology company with features that include guaranteed digital payments, instant pre-treatment estimates, real-time patient eligibility and in-office membership plans
- The Competitive Health Insurance Reform Act, legislation that repeals the McCarran-Ferguson antitrust exemption for health insurance companies, became law earlier this year. The law is the "culmination of a multi-year effort by several organizations, including the American Dental Association, to persuade Congress that health care insurance, including dental plans, should no longer be protected from some of the federal antitrust laws," according to a statement from ADA President Daniel J. Klemmedson, D.D.S., M.D.

The ADA has a new online web spot for dental insurance information that can help dentists address and resolve even their most vexing questions. Vist the website at ADA.org/dentalinsurance.

Staff from the ADA can help dentists with CDT coding questions and concerns. Call the ADA at 1-800-621-8099, visit ADA.org/cdt or email dentalcode@ada.org for assistance. ■

*—burgerd@ada.org*

ACCESS TO CARE

# Green Bay scores touchdown for community water fluoridation

## WIDESPREAD SUPPORT FROM ACROSS COUNTRY SPURS POSITIVE VOTE FROM CITY COUNCIL

**BY DAVID BURGER**
*Green Bay, Wis.*

Community water fluoridation can sometimes be a strictly local issue, but the nature of virtual meetings has allowed that issue to be debated — and fought for — by those who live thousands of miles away.

The Green Bay, Wisconsin, City Council, after several hours of virtual testimony and scores of letters over the past few months, voted 9-3 to reaffirm community water fluoridation on Dec. 1, 2020, after members of the dental and oral health community stepped up across the nation to share the best science about the practice.

Green Bay, home of the Packers, is the third-largest city in the Badger State, with more than 100,000 people residing within city limits. The water utility also serves villages in the greater metropolitan area.

John Dane, D.D.S., Missouri state dental director, wrote a letter to the council before the vote. After the vote, Dr. Dane said he was glad he pitched in.

"Green Bay opened the discussions to people from outside their service area," Dr. Dane said. "I was alerted to this and that anti-fluoridationists were planning on stacking the speakers list. While I wasn't able to get on the speakers list, I could write a letter. I encouraged my staff to do the same and they all wrote letters. So we sent six."

California State Dental Director Jayanth Kumar, D.D.S., member of the ADA's National Fluoridation Advisory Committee, applauded the council's vote.

> **Oral health disparities are profound within the U.S. population, and advancing equity to eliminate these disparities is central to the overall goal of improving population health.**
>
> – Jayanth Kumar, D.D.S.

"Oral health disparities are profound within the U.S. population, and advancing equity to eliminate these disparities is central to the overall goal of improving population health," he said. "Community water fluoridation is one of the best population-based interventions that is safe, reaches a large proportion of the population and is cost-saving."

### WIDESPREAD SUPPORT

On top of support from around the country was advocacy from those at home. The Wisconsin Dental Association, with support from the ADA, lobbied for the continuation of community water fluoridation in Green Bay.

"This is an issue that will directly impact the oral health in Green Bay," said Mark S. Paget, executive director of the Wisconsin Dental Association, in a letter to the council.

Erika Valadez, dental practice and government relations associate with the Wisconsin Dental Association, credited an interprofessional response to turning the tide.

"The WDA is part of a Fluoride Response Team that works together to battle anti-fluoride efforts throughout Wisconsin. Members of this team include Department of Health Services/Oral Health Program staff, Wisconsin Oral Health Coalition, American Fluoridation Society, local health departments, the Department of Natural Resources, Oral Health Partnership and other local professionals who work together on educating council and committee members on the benefits of fluoridation for their community."

The Wisconsin Oral Health Coalition urged the council to continue fluoridation, using not only public health benefits but also budgetary reasons to buttress their cause.

"Green Bay spends $30,505.12, or 22 cents per resident, to provide this proven public health benefit to 140,000 individuals," according to a letter sent to the council from the Wisconsin Oral Health Coalition. "Delta Dental of Wisconsin ... compared claims data from Delta Dental of Wisconsin members residing in communities with and without community water fluoridation. They estimate fluoridation saved Wisconsin residents more than $6.1 million in 2011 by reducing the need for fillings, crowns or other costly procedures."

### 'LOW-COST, HIGH-IMPACT'

According to the Centers for Disease Control and Prevention, Mr. Paget said, communities of 1,000 or more see an average estimated return on investment of $20 for every $1 spent on water fluoridation. Communities served by fluoridated water save an average of $32 per person a year by avoiding treatment for carries, he added.

"Community water fluoridation is the best low-cost, high-impact way for [municipalities] to maintain optimal oral health in our communities," Mr. Paget said.

Nearly 90% of the population in Wisconsin on public water supplies has access to the benefits of optimal levels of fluoride, said the Wisconsin Oral Health Coalition.

Russell Dunkel, D.D.S, Wisconsin state dental director, cautioned that while the vote was a win for pro-fluoridation advocates, it does not mean that at a later date a move to terminate fluoridation could possibly resurface.

"Even pre-COVID we were already dealing with a vast number of social and health inequities and with access to dental care being no exception," he said. "Now post-COVID, dental offices have to change their way of practicing and scheduling and as a result the Medicaid and uninsured population will now suffer even greater barriers to accessing dental care. With all these barriers to health care, especially for the under-resourced and vulnerable populations, now is definitely not the time to remove a proven safe and cost-effective method for reducing decay. To emphasize the magnitude of this problem, community water fluoridation may be the only dental treatment many of these individuals receive for the near future."

*Dr. Dane*

*Dr. Kumar*

*Dr. Dunkel*

### SCIENCE-BASED DECISION

Green Bay City Council Alder Lynn Gerlach said during the council meeting that she had received more than 140 emails from both sides prior to the vote and used studies presented to her by anti-fluoridation advocates and fluoridation advocates to make her decision.

"I'm trying to make a decision on the basis of science, not politics or philosophy," she said.

She continued: "All of my grandparents wore full dentures — none had any teeth left. I was raised in Grand Chute [in Wisconsin] with a private well, with no fluoride — and by the end of my college years, I had a cavity in every tooth. My children were raised on military installations in the continental U.S. and in Green Bay, where we always had community water fluoridation. Each one had only one cavity by college graduation."

As for the largely discredited studies presented by anti-fluoridation activists, Ms. Gerlach said, "I think perhaps we have been snookered."

For more information on fluoride and ADA advocacy of community water fluoride, visit ADA.org/fluoride. ■

*—burgerd@ada.org*

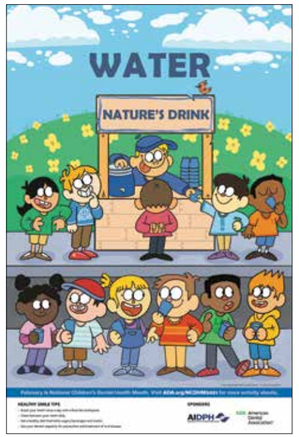


**CHILDREN** *continued from page 1*

for American youth," wrote Lon W. Morrey, D.D.S, in a 1955 editorial for The Journal of the American Dental Association. "But it may be expected that such observance in more communities will motivate more parents, and other adults, to recognize the seriousness of dental disease to children and motivate greater demand for more and better methods of preventing such disorders."

National Dental Health Day "made a definite impact on America's consciousness," Dr. Morrey continued, "and National Children's Dental Health Week is a natural vehicle for carrying the message of preventive dentistry into every home, school and institution in the community. It is a vehicle which may carry information regarding the causes of dental caries, the harmful effects of sweets, the beneficial effects of fluoridation, early and regular dental care, proper home care and diet."

"The House of Delegates, acting on the recommendations of the national, and several state councils on dental health, is to be commended for its promptness in providing this vehicle. May each dental society load it to capacity, drive it wisely and use it efficiently," the article concluded.




> **Educating the public that scheduling regular dental visits helps children to get a good start on a lifetime of healthy teeth and gums never gets old.**
>
> – Jessica Meeske, D.D.S.

In 1964 and 1965, the ADA gained a huge boost in national exposure, when the Association cosponsored episodes of "The Dick Van Dyke Show" as part of National Children's Dental Health Week, according to the ADA book, "150 Years of the American Dental Association: A Pictorial History, 1859-2009." The 1975 observance featured Casper the Friendly Ghost, and the 1985 observance featured Kermit the Frog, who was charged with recruiting Tooth S.L.E.U.T.H. Inspectors, which stood for Start Learning to End Unhealthy Tooth Habits.

When the event again expanded in 1981, this time to a month-long celebration, ADA reported "unprecedented activity at state and local levels."

Since then, the event has continued to grow, and NCDHM messages and materials have now reached millions of people in communities across the country.

"Educating the public that scheduling regular dental visits helps children to get a good start on a lifetime of healthy teeth and gums never gets old," Dr. Meeske said. "Whether you're a member of the dental team, a teacher or a parent, the ADA has free online resources that can help you with oral health presentations, ideas for the classroom, and activity sheets that can be used as handouts."

For more information, visit ADA.org/NCDHM or email ncdhm@ada.org. ■

*—garvinj@ada.org*

VIEWPOINT

My View

# The disease of microaggressions

BY BRIAN SHUE, D.D.S.

A person of color walks down a quiet street in a suburb. A passing car slows down to a crawl. The driver glares, shouts something unintelligible, then drives off. Was it a racial slur?

Or how about this? A person reads an article about COVID-19 in a respected journal which begins with the words: "The Chinese Coronavirus COVID-19..." Was that appropriate?

Those are true stories. Unfortunately, examples like those are becoming more common in the U.S. because of heightened racial tensions. After a white police officer killed a Black man named George Floyd, our country's beliefs and actions have been challenged.

Yet some types of racism are subtle. As the impact of the coronavirus is felt by our country, there are increased incidences of anger blaming Americans of Asian descent for causing COVID-19.[1]

The World Health Organization created best practices on naming new diseases to avoid stigma and any possible negative impact to any groups or areas of society. Disease names such as swine flu or even Legionnaires' Disease would not be permitted today.

So it is inexcusable when a news commentator or public figures refer to the COVID-19 disease as "Kung Flu." Additionally, COVID-19 is caused by the coronavirus SARS-CoV-2, not "China virus" or "Chinese coronavirus." That is racially insensitive. And it personally insults me.

The use of racially insensitive words is a form of "racial microaggression." Microaggressions have been defined as commonplace verbal indignities. They are intentional or unintentional, hostile, derogatory insults that target a person.[2]

Microaggressions reduce inclusion. They increase divisiveness. They reinforce bias and prejudices. They decrease empathy. And they are deceptive and insidious. Exposure to microaggressions leads to more than just feeling slighted. It has been shown to lead to exhaustion and decreased mental, emotional and physical well-being. Microaggression can be directed at any marginalized group, based on color, sex, religion or other characteristics. It's not just about race. It's about all of us.

Microaggressions are detrimental to providing health care. And they are pervasive. One study found microaggressions were seen or experienced by a majority of first-year medical and dental students. Picture this scenario: a female dentist walks into an operatory. The patient declares, "You're too young to be a doctor. I want a real doctor who knows what they're doing. I want a doctor — who can speak English." These are examples of an intentional microaggression.

Microaggressions can affect our dental practices. A study showed patients who experienced microaggressions from their medical provider had poorer compliance, more missed appointments and poorer health outcomes.

We must do our best to send the right messages in our practices and in our professional lives to our patients. And to our peers. It is our responsibility to treat all our patients respectfully. We must communicate with our patients without judgment or our own negative personal bias. Sue, et al, states it is important to first understand one's own racial identity in our society. Then look at one's opinions about other racial groups. That can lead to recognizing one's own prejudices and biases. One needs to recognize microaggressions exist. Then look at how these can impact patients. And then do what is possible to correct one's own actions.[2]

Full disclosure: I am Chinese American. And the true stories mentioned above? Those involved me. I was that person walking in my neighborhood. Did I confront that driver? No. And the person that read the offensive editorial? That was also me. I contacted the writer who used the racially insensitive wording. We had an open and honest discussion. The writer said there was no intention to offend and would have removed it if the writer knew it was hurtful.

That is a signature characteristic of a microaggression. The organization immediately retracted the article from the publication. Writing about this subject even made me recall events that I have not thought about for decades.

Microaggressions, especially noticeable during this pandemic, can have negative effects. We need to be self-aware of our personal biases. They should not be allowed to affect our ability to provide the best dental care possible to vulnerable populations. This can greatly affect our standing in our communities and the success of our practices. Understanding microaggressions and recognizing they exist in our everyday interactions is a first step.

**Dr. Shue is the associate editor for the Journal of the California Dental Association and the president of the American Association of Dental Editors and Journalists.**

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*1 Castaneda L. Hundreds of anti-Asian American hate incidents reported in California during pandemic. The Mercury News. July 2, 2020; https://www.mercurynews.com/2020/07/01/hundreds-of-anti-asian-american-hate-incidents-reported-in-california-during-pandemic.*

*2 Sue DW, Capodilupo CM, Torino GC, et al. Racial microaggressions in everyday life: implications for clinical practice. Am Psychol. 2007;62(4):271-286.*

**LETTERS POLICY:** ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to ADANews@ada.org.

## Letters

### HHS APPOINTMENT

The story "ADA Supports Becerra for HHS Secretary," (ADA News Jan. 14, ADA.org/adanews) is disturbing on several levels. ADA President Daniel Klemmedson maintains that "he (Mr. Becerra) knows that dentistry is essential health care for Americans." I have been unable to find any statement by the HHS nominee that supports that statement.

The rationale for Drs. Klemmedson and O'Loughlin's pronouncement that Mr. Becerra possesses an "in-depth understanding" of the country's health care system ignores one fact: Mr. Becerra has no direct health care experience — he is a lawyer/politician.

The New York Times reports that in 2017, Becerra reiterated that he "absolutely supports a policy that would move all Americans to one government-run health plan."

That admonishment, combined with Becerra's long history of being President Obama's point man on implementation of the Patient Protection and Affordable Care Act of 2010 (a.k.a. "Obamacare") as well as a co-sponsor of H.R. 676, the Medicare for All Act, is a clear indicator that he would not consider dentistry as an essential service for all Americans.

It's been 10 years since the Patient Protection and Affordable Care Act of 2010 was passed and what have we learned? We now know that government intervention is no panacea for the problems of delivering health care to Americans, particularly in the current COVID-19 world in which we find ourselves. Obamacare has resulted in higher deductibles, increased costs, limited plan options (some states have only one plan available) and a reduced choice of practitioners for citizens. Why would the ADA aid and abet dentistry suffering a similar fate?

President Biden presents Becerra as a "moderate" and nothing could be further from the truth. ADA leaders need to understand that Medicare for All is designed to end private health/dental insurance, an event that would destroy dentistry as we know it.

***Gary E. Herbeck, D.M.D.***
*Merritt Island, Florida*



EDUCATION

# Dr. Charles A. McCallum, 2006 ADA Distinguished Service Award recipient, dies at 95

## LONGTIME EDUCATOR: 'I'VE BEEN SO FORTUNATE TO HAVE CHOSEN DENTISTRY AS A CAREER'

BY KIMBER SOLANA
*Vestavia Hills, Ala.*

Charles A. "Scotty" McCallum, D.M.D., M.D., the 2006 recipient of the ADA Distinguished Service Award, died Jan. 16. He was 95.

For more than 60 years, Dr. McCallum dedicated his professional life to dental education and organized dentistry, serving as former president of the University of Alabama at Birmingham and as the first ADA commissioner on what is now The Joint Commission, the oldest and largest standards-setting and accrediting body in health care.

For his achievements as an educator and in leadership and service, he received the Association's highest individual award established the ADA Board of Trustees.

"I've been so fortunate to have chosen dentistry as a career," Dr. McCallum told ADA News in 2006 after receiving the ADA Distinguished Service Award. "The people who have won this award — Dr. Harold Hillenbrand, Dr. Bob Shira, Dr. George Paffenbarger and more — I am flattered to be among them."

Photo provided by UAB Archives

*Dr. McCallum: "We're here because God put us here to make this a better world and a better place and to be kind to other human beings. It's a beautiful, beautiful challenge."*

A native of North Adams, Massachusetts, who considered himself an adopted southerner, Dr. McCallum earned his dental degree from Tufts College Dental School in 1951 and his M.D. from the University of Alabama Medical College in 1957.

At the University of Alabama, he taught both medicine and dentistry, eventually rising to dental school dean and chief of oral and maxillofacial surgery at the schools of dentistry and medicine.

At the University of Alabama at Birmingham, which became part of the University of Alabama system in 1969, Dr. McCallum served as vice president for health affairs and director of the UAB Medical Center. He would later serve as president of the university from 1987-93. In 1996, the university would name the McCallum Basic Health Sciences Building in his honor.

"Our university family and the Birmingham community have lost a fierce advocate and wonderful friend," said UAB President Ray L. Watts, in a news release. "Scotty believed in the people of this university, their work and their mission to provide a quality education [to] all and to build a medical facility that could care for people of our state and beyond."

In 1979, Dr. McCallum became the first ADA commissioner of the Joint Commission on the Accreditation of Healthcare Organization Board — now called The Joint Commission. He spent 12 years on the commission, including two years as chair of the board.

Although Dr. McCallum stopped accepting private patients in 1995, he continued to teach and remained busy. He served as president of the American Association of Oral and Maxillofacial Surgeons, the American Association of Dental Schools (now the American Dental Education Association) and the Southern Conference of Dental Deans and Examiners. He also served as chairman of the Association of Academic Health Centers and was elected twice as mayor of Vestavia Hills, Alabama.

UAB, in a news release, shared what Dr. McCallum once said on what brings him joy as he accepted a lifetime achievement award from Birmingham's Vulcan Park and Museum in 2018.

"What I love doing is working with the people in this community who are so wonderful," he said. "I'm lucky that I came to Birmingham back in 1951. When you're making other people happy, I think that's so important. We're here because God put us here to make this a better world and a better place and to be kind to other human beings. It's a beautiful, beautiful challenge."

Dr. McCallum was preceded in death by his wife, Alice; his parents, sister and brother. He is survived by his four sons and their families, including eight grandchildren and three great-grandchildren. Due to COVID-19, the family held a private service Jan. 25 at Vestavia Hills United Methodist Church. ■

## Dental Office Shopper

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# Increasing diversity: University at Buffalo launches pipeline program

In an effort to increase enrollment of underrepresented students, the University at Buffalo School of Dental Medicine announced Jan. 8 it launched an initiative that aims to remove barriers to careers in dentistry for students of color.

Aptly called Destination Dental School, the pipeline program is open nationwide to undergraduate students interested in a career in dentistry. It will provide participants with hands-on simulation activities and research projects, access to mentorship from University at Buffalo dental students and faculty, dental school application assistance, and networking opportunities with local dentistry leaders.

The free program, which will run on Saturdays from June 4–July 31, will also sponsor eligible participating students for their dental admission test. Destination Dental School is accepting applications through Feb. 28 at dental.buffalo.edu.

The program was conceived by UB dental student and Buffalo native Arian Johnson, who encountered difficulties applying to dental school.

"I realized there was a lack of resources for students like myself," said Mr. Johnson, now a fourth-year dental student. "As an undergraduate student, I had some advisement but I needed more guidance. I didn't know the right classes to take, my timeline was off, I didn't take the right test prep, and my professors wouldn't give me a recommendation."

Latino, African American and Native American people make up around 5%, 4% and 1% of dentists, respectively, despite representing a larger percentage of the U.S. population, according to the ADA Health Policy Institute.

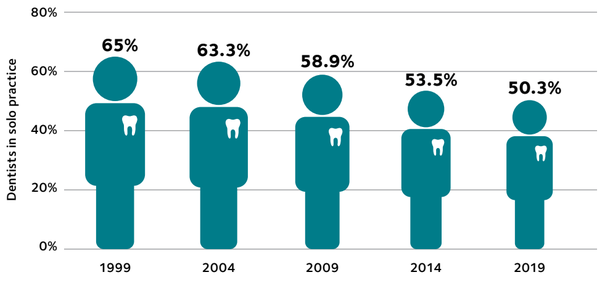
To make Destination Dental School a reality, Mr. Johnson gathered support from Shanna Crump-Owens, director of the UB Collegiate Science and Technology Entry Program, and joined the School of Dental Medicine's Equity, Diversity and Inclusion Committee — a group of faculty, staff and students collaborating to foster an environment of inclusive excellence and achieve the school's diversity and inclusion strategic goals.

"Disparities in oral health and health care are realities that were only highlighted during the COVID-19 pandemic. By increasing diversity in our student body and, eventually, in dental practitioners, we can better serve our diverse community," said Dana M. Keblawi, D.D.S., associate dean for diversity and inclusion in the UB School of Dental Medicine. "Increasing the number of underrepresented students in dentistry will improve access to oral health care in underserved communities." ■

HPI CORNER

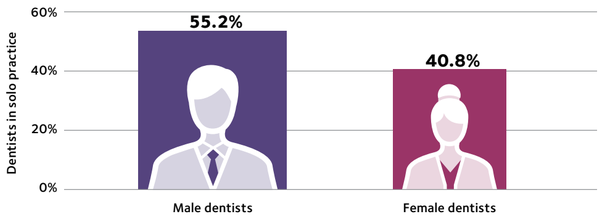
## Dentists in solo practice

The number of U.S. dentists in solo practice has been declining steadily over the past two decades. As of 2019, only half of dentists were in solo practice.




*Source: ADA Health Policy Institute Infographic, "How Many Dentists Are in Solo Practice?" Available from: ADA.org/en/science-research/health-policy-institute/publications/infographics.*

In 2019, more than half of male dentists in the U.S. were in solo practice compared to two-fifths of female dentists.




*Source: ADA Health Policy Institute, ADA.org/hpi, hpi@ada.org, ext. 2568*

AROUND THE ADA

# SmileCon to feature streamlined course schedule, reinvented exhibit hall

BY MARY BETH VERSACI

SmileCon, the American Dental Association's reimagined annual meeting, will give dentists more time to do what makes them smile.

During the meeting, scheduled for Oct. 10-13 at Mandalay Bay Resort and Casino in Las Vegas, dentists will be able to see what's new in dentistry, hear from top experts and connect with their dental community as they experience a streamlined course schedule, reinvented exhibit hall, new learning formats and fun activities to help them unwind.

SmileCon's simplified continuing education course list will allow attendees more time to network and visit the exhibit hall, now called Dental Central. The CE program will explore four main themes: science and technology, the business of dentistry, art and design, and the common good. Attendees can choose to focus on one aspect of dentistry or journey across the full spectrum of themed offerings.

CE topics not offered this year will be featured in subsequent years, ensuring a unique learning experience each year. The meeting will also focus on peer-to-peer learning and mentorship in order to nurture connections among attendees and take advantage of shared knowledge.

Dental Central will serve as a hub where attendees can network in a relaxed atmosphere featuring lounges and cafes. It will also include more one-on-one contact with exhibitors, as well as smaller stages to deliver CE content, industry updates and dental trends in a more intimate environment.

The ADA House of Delegates is scheduled to meet Oct. 13-16 at Mandalay Bay. The House's first meeting will be Oct. 13, followed by the second and third meetings on Oct. 16.

The ADA announced its revamped annual meeting during the opening session of the ADA FDC Virtual Connect Conference in October 2020.

More details about SmileCon will be available this spring. For the latest information, visit SmileCon.org. ■

*—versacim@ada.org*

# Dental Quality Alliance Virtual Conference will explore disruption to dental health care system

BY DAVID BURGER

This year's Dental Quality Alliance Virtual Conference will be a digital live event, offering an opportunity for participants to learn about the disruptive forces within the health care system, especially in the scale of sweeping changes in the past year and their impacts on health outcomes.

The fifth biannual conference, titled Disruption for Change: The Impact on Oral Healthcare, is designed to address different ways that disruption has affected the oral health care system and how the changes can guide dentists to continue providing optimal oral care in today's environment, according to Marie Schweinebraten, D.M.D., chair of the DQA's education committee.

*Dr. Levin*

*Dr. Schweinebraten*

"Many factors, COVID-19 primary among them, created crises that affected dentistry at all levels," said Dr. Schweinebraten. "The DQA's mission and goals have not changed. If anything, the pandemic has only clarified the urgency of our mission. Improving outcomes, whether it addresses the number of tests done, to the vaccine being distributed, all involve measurement and quality improvement, which is especially important during a pandemic to improve health outcomes. "

Registration is open for the conference, which will be held May 19-21 between 9 a.m. and noon Central each day. For participants who cannot view the live sessions live, they will be recorded and available to those who have registered.

The keynote speakers include Tom Price, M.D., former U.S. Secretary of Health and Human Services; Roger Levin, D.D.S., founder and CEO of the Levin Group, a leading dental management consulting firm; and Marko Vujicic, Ph.D., chief economist and vice president of the ADA's Health Policy Institute.

"Conference participants will be able to recognize the emerging disruptive forces impacting the health care system and describe the impact of economic disruption on practices," Dr. Levin said.

CE credit is available for attendees and early-bird pricing is available through March 31.

More information about the conference is available at ADA.org/DQAConference.

The Dental Quality Alliance, convened by the ADA on behalf of the Centers for Medicare & Medicaid Services, is an organization of major stakeholders in oral health care delivery that uses a collaborative approach to develop oral health care measures.

To learn more about the Dental Quality Alliance and its work, visit ADA.org/dqa. ■

*—burgerd@ada.org*

# New addition to Code of Conduct in response to pandemic

BY DAVID BURGER

Dentists have ethical obligations not only to provide care for patients but also serve the public at large, especially during a public health crisis like the COVID-19 pandemic, according to a new advisory opinion approved by the ADA Council on Ethics, Bylaws and Judicial Affairs in late November 2020.

The advisory opinion is included in the updated ADA Principles of Ethics and Code of Professional Conduct.

Titled "Elective and Non-Emergent Procedures during a Public Health Emergency," the advisory opinion provides guidance on the analysis that needs to be performed during a widespread health emergency that is aimed at balancing the ethical obligations a dentist owes an individual patient and the public at large.

As was experienced during the early days of the pandemic last spring, those obligations may be in conflict, said Robert Wilson, D.D.S., chair of the council.

"The early stages of the COVID-19 pandemic presented public health risks that were readily apparent to the dental profession and the ADA," Dr. Wilson said. "It was clear that our ethical obligations to the public at large gained greater importance than perhaps any time in the modern history of our profession. The pandemic forced dentists to shift their attention from the patient in our operatory to the entire community while never neglecting the best interest of our patients."

Dr. Wilson continued to emphasize that while the profession's response to the pandemic may have temporarily shifted the balance towards the public at large, it does not mean that dentists should ever abandon the interest of their patients.

"The objectives of reducing the risk of transmission by promoting social distancing, conserving scarce PPE resources and reducing pressure on hospital emergency departments became the main strategy of the response of our profession to the pandemic," Dr. Wilson said. "With regard to the pandemic, prioritizing the public at large was also for the benefit of the patient ... by promoting social distancing to reduce the risk of transmission. Further, this allowed an opportunity for dental practices and the profession to refine infection control measures and institute engineering modifications to enhance the safety measures we apply to the delivery of care to the individual patients."

During the pandemic, the profession was asked to temporarily defer elective procedures while continuing to provide emergency care, Dr. Wilson said, and it was up to the dentist, in consultation with the patient, to determine what care could be deferred without undue risk of harm to the individual patient compared to the risk to the patient and the community at large.

"Any attempt to provide guidance on what constitutes a dental emergency should always include the reality that it is the dentist's responsibility to weigh all of the pertinent factors and provide the appropriate response to each situation," Dr. Wilson said. "In this case, the demands of an appropriate response to a pandemic that has touched the life of every person in our country and the entire world has required our profession to evaluate our ethical obligations in a novel manner."

Advisory opinions allow the Code to be an evolving document, Dr. Wilson said, while still remaining true to its bedrock principles.

"The agility provided by advisory opinions allows the core principles of the Code to remain relevant and steadfast," he said. ■

**THE FULL TEXT OF THE NEW ADVISORY OPINION FOLLOWS:**

*3.A.1. ELECTIVE AND NON-EMERGENT PROCEDURES DURING A PUBLIC HEALTH EMERGENCY.*

*Dentists have ethical obligations to provide care for patients and also serve the public at large. Typically, these obligations are interrelated. Dentists are able to provide oral health care for patients according to the patient's desires and wishes, so long as the treatment is within the scope of what is deemed acceptable care without causing the patient harm or impacting the public. During public health crises or emergencies, however, the dentist's ethical obligation to the public may supersede the dentist's ethical obligations to individual patients. This may occur, for example, when a communicable disease causes individual patients who undergo treatment and/or the public to be exposed to elevated health risks. During the time of a public health emergency, therefore, dentists should balance the competing ethical obligations to individual patients and the public. If, for example, a patient requests an elective or non-emergent procedure during a public health crisis, the dentist should weigh the risk to the patient and the public from performing that procedure during the public health emergency, postponing such treatment if, in the dentist's judgment, the risk of harm to the patient and/or the public is elevated and cannot be suitably mitigated. If, however, the patient presents with an urgent or emergent condition necessitating treatment to prevent or eliminate infection or to preserve the structure and function of teeth or orofacial hard and soft tissues, the weighing of the dentist's competing ethical obligations may result in moving forward with the treatment of the patient.*



# Association moves to develop unified system to verify coverage, obtain cost estimates in real time

REQUESTS FOR PROPOSALS SENT TO VENDORS WEEK OF JAN. 4

BY DAVID BURGER

The Association wants to identify a solution to the problems dentists currently face regarding eligibility and benefits verification by assessing the feasibility of implementing a system to allow dental insurance companies to provide dentists with accurate information regarding a patient's dental benefits through an online portal or app.

As a result, the ADA Council on Dental Benefit Programs is acting upon a directive from the 2020 House of Delegates to assess the development of a simplified system to verify coverage and obtain patient cost estimates in real time before treatment begins.

*Dr. Markarian: The chair of the ADA Council on Dental Benefit Programs said that if there is a unified system for benefit verification, a dentist will be able to better inform their patients about what the third-party payer will cover.*

The resolution, Res. 102H-2020, directs the appropriate agencies within the ADA to investigate the feasibility of developing a platform to allow third-party payers to provide dentists with accurate and timely information regarding a patient's current dental benefits through a single unified system. The resolution also requires a report with recommendations be prepared for the 2021 House of Delegates.

The ADA Practice Institute's Center for Dental Benefits, Coding and Quality sent a request for proposals (RFP) to vendors the week of Jan. 4 to find a company that understands the root causes of the problems dental offices face in not receiving complete, current and accurate eligibility and benefits information, as well as to determine the feasibility of establishing a system that would resolve these underlying issues.

According to the RFP, "in an ideal state, if there were no problems with verifying eligibility and benefits, 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 down to the individual procedure/tooth level.

"This would then provide such information upfront to the patient and avoid unanticipated charges following treatment. The interface between the dental office and the payer would be consistent. The manner and format for requesting information is always the same, and information in the response is always the same."

Randall Markarian, D.M.D., chair of the ADA Council on Dental Benefit Programs, said that if there is a unified system for benefit verification, a dentist will be able to better inform their patients about what the third-party payer will cover. It will also prevent retroactive denials for times when the dental benefit company mistakenly pays for a service that should not have been covered.

Dr. Markarian said that while the solution won't be immediate, members should know that the process is in motion.

"I would love to see the ADA either develop a system or partner with a company to provide this service to members," he said. "It may take three to five years to get a fully functional system, but the benefit to dentists will be worth the wait."

Organizations interested in responding to the RFP may request a copy by emailing dentalbenefits@ada.org.

For more information on dental benefits, visit ADA.org/dentalinsurance. ■

*—burgerd@ada.org*

**IMAGE CREDITS:** melitos/iStock/Getty Images Plus/Getty Images, rbiedermann/iStock/Getty Images Plus/Getty Images

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