

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

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ADA.ORG/ADANEWS



GOVERNMENT

BY JENNIFER GARVIN

As Congress looks at expanding the Medicare program to include dental care, the ADA News interviewed ADA President Daniel J. Klemmedson, D.D.S., M.D., to discuss what this could potentially mean for dentists and their patients.

Question: What's going on?

Answer: Congress is currently considering a budget bill that includes a provision to expand the Medicare program to include dental benefits in Medicare Part B. As of Oct. 5, the Medicare Part B dental expansion had passed three key House committees but still needs to pass the House Rules Committee before heading to the House floor for a vote. The Senate is working on its own version of the bill. This is not anything new. Over the past 30 years there have been more than 30 bills introduced. The difference this year is that control of the White House, House of Representatives and Senate are aligned at a time when advocacy on the issue is at an all-time high.

Q: Why does the ADA need to be involved?

A: When Congress intends to act on adding dental benefits to Medicare, the ADA has a duty to respond. The ADA believes that if the Association does not advocate on this issue, Congress will act without the ADA's input, thereby creating a Medicare dental program that will not benefit patients or practitioners. Our involvement is also responsive to our constitutional duty, mission and vision, which calls on us to advance the health of the public and help our members succeed.

Q: Does the ADA support the current House bill to put dental benefits in Medicare?

A: No. Not as currently proposed. The ADA believes that any expansion of Medicare to include dental benefits should provide the range of services necessary for seniors to attain and maintain optimal oral health. The concern with the House bill is two-fold:

- The House bill does not remove the cost barriers that prevent seniors, particularly low-income seniors, from meaningfully accessing dental care. For example, even after the dental benefit is fully phased in by 2032, major services are only covered at 50%.



A Q&A WITH ADA PRESIDENT DANIEL J. KLEMMEDSON, D.D.S., M.D.

- Because the House bill places the dental benefit into Part B, the bill could limit the ability of dental practices to successfully participate, thus limiting access to care for patients. Part B would not work for dentistry due to the many differences between medicine and dentistry in areas such as electronic health record requirements, coding and payment parameters, claim submission requirements, audit and reporting requirements, and reimbursement levels.

Q: What is the ADA's proposal?

A: Based on the ADA's policy, the ADA's alternative proposal would create a distinct and separate part within Medicare (not within the Medicare Part B program) targeting low-income seniors 300% and below of the federal poverty level that would provide coverage for a range of services to help seniors achieve and maintain oral health. This alternative proposal would be based on the Medicare Advantage program and use private carriers with current administrative systems for claims processing, coding and payment to administer this new Medicare part. The ADA feels that if provision of oral health care is the goal, it is most effectively delivered and administered in systems and processes well understood by both patients and dentists. Medicare Part B is not that system.

Q: If a bill passes, will this affect dentists or dental practices?

A: Yes. Whether dentists support

or oppose adding a dental benefit to Medicare, and whether or not they choose to enroll, an expansion of the program to include this benefit will have an effect on dentists and dental practices — from commercial insurance reimbursement rates to disruptions in their patient bases.

Q: What if dentists aren't in favor of adding a dental benefit within Medicare Part B? What should they do?

A: Participating in ADA grassroots advocacy is key. The dentists' voices must be heard. We cannot ignore the process happening in Washington, D.C. if we want to effect change.

MEDICARE EXPLAINER

Q: What is Medicare?

A: Medicare is the nation's health insurance program for people aged 65 and over or with certain disabilities. The program is administered by the Centers for Medicare & Medicaid Services, also known as CMS.

Q: How does it work?

A: Medicare is one program but comprises four parts. Basic Medicare includes Part A (in-patient hospital services) and Part B (out-patient hospital services). There is also privatized administration including supplemental coverage through Part C (commonly known as Medicare Advantage) that about one-third of all seniors are enrolled in, and Part D, which covers prescription drugs.

Q: How is Medicare funded?

A: According to CMS, Medicare is paid for through two trust fund

accounts held by the U.S. Treasury: the Hospital Insurance Trust Fund and the Supplementary Medical Insurance Trust Fund. These accounts are funded by payroll taxes as well as income taxes paid on Social Security benefits and interest earned on the trust fund investments. The funds are authorized by Congress.

See MEDICARE, Page 18

Explore an interactive digital feature on Medicare

ADA.org/medicarenews



4 Trailblazing tenure

ADA Executive Director Kathleen T. O'Loughlin, D.M.D., is set to retire at end of 2021. She looks back at her career, time at the Association in an interview with the ADA News.



22 ADA Gold Medal Award for Excellence in Dental Research

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See page 7



Webinar: Scientific solutions can tackle the opioid public health crisis

DEPUTY DIRECTOR OF THE NATIONAL INSTITUTE ON DRUG ABUSE TO OUTLINE TOOLS AVAILABLE TO DENTISTS WHEN ADDRESSING SUBSTANCE USE ISSUES

BY DAVID BURGER

The deputy director of the National Institute on Drug Abuse will present a free ADA webinar on Nov. 10 on scientific solutions to curb the opioid

public health crisis as well as the tools available to dentists as they are addressing substance use issues in their clinical practices.

COVID-19 Impact on the Addiction Field: A

Call to Dentists will live stream on Nov. 10 from noon-1 p.m. Central time. Participants who view the live webinar will be eligible to earn one credit hour of continuing education.



Dr. Compton

Wilson Compton, M.D., deputy director of the National Institute on Drug Abuse of the U.S. Department of Health and Human Services' National Institutes of Health, is scheduled to present a comprehensive overview of the state of the opioid crisis amid the

COVID-19 pandemic and the various initiatives of the National Institutes of Health to combat that crisis as well as COVID-19. His presentation will include a review of multiple NIH collaborative efforts to address interdisciplinary challenges associated with the pandemic and a trans-agency effort to curtail the opioid epidemic.

Dr. Compton also plans on educating dentists on the science and tools available to them as they address substance use with their patients.

"Structural and social challenges borne from the COVID-19 pandemic — like added stress, stigma, social distancing and limited access to treatment — appear to have exacerbated the opioid epidemic," Dr. Compton said. "Dentists and hygienists play a very important role in addressing addiction and working toward the end-goal of helping patients with substance use disorder stay healthy. Specifically for dentists, [the National Institute on Drug Abuse] has developed and compiled resources to help screen for substance use disorder, counsel patients and refer them for treatment."

“

Structural and social challenges borne from the COVID-19 pandemic ... appear to have exacerbated the opioid epidemic.

– Wilson Compton, M.D.,
National Institute on Drug Abuse deputy director

At the end of the webinar, attendees will be able to identify novel treatments for substance use disorders and drug-involved overdose; learn about implementation science to improve the uptake and delivery of evidence-based care; discuss ways to talk to patients appropriately about substance use while avoiding stigma; and utilize tools developed by the Institute on Drug Abuse that offer science-based resources for health professionals and those in training about screening, addressing and treating addiction.

Before joining the National Institute on Drug Abuse in 2002, Dr. Compton was a tenured faculty member in the department of psychiatry and director of the master's in psychiatric epidemiology program at Washington University as well as medical director of addiction services at the Barnes-Jewish Hospital, both in St. Louis. He has authored over 200 publications, including widely cited papers on the U.S. opioid crisis, and has been an invited speaker at multiple high-impact venues.

More information about opioid use in dentistry is available at ADA.org/opioids. ■

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Former ADA Vice President Jonathan Shenkin dies

BY JENNIFER GARVIN

Jonathan Shenkin, D.D.S., who served as vice president of the American Dental Association from 2013-15, died Aug. 23.

In addition, Dr. Shenkin, 50, was a past president of the Maine Dental Association, a past chair of the ADA Council on Communications and also served as an ADA media spokesperson on pediatric dental issues.

He was the owner of Augusta Pediatric Dentistry and also was a clinical associate professor

of health policy, health services research and pediatric dentistry at the Boston University Henry M. Goldman School of Dental Medicine.

Dr. Shenkin received his dental degree from the Columbia University College of Dental Medicine and a Master of Public Health degree from Johns Hopkins University.

In 2015, Dr. Shenkin was selected for a Fulbright Specialist Program grant in public/global health at Belarussian State Medical University



Dr. Shenkin

where he helped the dental faculty there train pediatricians about the oral health of young children. He was also a fellow of the American College of Dentists, International College of Dentists and Pierre Fauchard Academy.

In a Q&A on his practice website, Dr. Shenkin was

asked about what being a dentist meant to him.

"Life, for me, is not just about going to work and treating children," he said. "It's about taking care of the community and taking care of the future of health, the public, and even taking care of people that don't come to my office at all." ■

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'What the ADA needed at the time'

DR. KATHLEEN T. O'LOUGHLIN LOOKS BACK ON TRAILBLAZING CAREER, TIME AS ASSOCIATION EXECUTIVE DIRECTOR

BY KIMBER SOLANA

When Kathleen T. O'Loughlin, D.M.D., arrived on her first day at the ADA as the Association's newly hired executive director in 2009, she was celebrating her birthday.

Cake was served at the auditorium, but as she looked out at the audience, she noticed they all seemed uncomfortable in their business suits and dresses.

"It was like 'Mad Men,'" Dr. O'Loughlin said with a smile. "I felt like I had just stepped back in time."

So one of her first actions was to address the dress code.

"I said, 'All right, my first decision is that we'll all be in business casual,'" she said. "That got a standing ovation."

It would be one of her easiest decisions, Dr. O'Loughlin said. In her 12 years as the organization's first female executive director, there would be many more difficult ones as the Association faced old and new challenges.

From governance and employee engagement to public opinion and finances, there was a lot to address. Employee and volunteer morale needed a boost. Debates were often heated on topics such as dental benefits and dental therapy. There was a recession. And the profession was still reeling from the 2007 death of Deamonte Driver, a 12-year-old Maryland boy who succumbed to a severe brain infection after his dental problems went untreated.

"The ADA was in the midst of some very troubled times prior to Dr. O'Loughlin's hire," said ADA Practice Institute Senior Vice President David M. Preble, D.D.S., J.D., who joined the ADA in 2006. "Her leadership was exactly what the ADA needed at the time she was hired. We needed a team leader that had a high level of business acumen but was able to bring about the positive change without ruffling too

many feathers."

While challenges remain, especially during the COVID-19 pandemic, Dr. O'Loughlin said she's confident she's leaving the Association in better shape than when she first arrived: councils and commissions are running more smoothly; finances are stable; and workplace engagement is at an all-time high.

In 2020, Dr. O'Loughlin announced she would be retiring at the end of 2021. In May, the ADA named Raymond A. Cohlma, D.D.S., dean of the University of Oklahoma College of Dentistry and former ADA Board of Trustees member, to take over the role Nov. 15.

"I think knowing when to go is just as important as knowing when to join," Dr. O'Loughlin said. "I don't think I'm the right person to take the Association to the next 10 years because you run out of ideas, to be honest with you. It's been a good run."

AN ODDITY

Born in the suburb of Medford, Massachusetts — just north of Boston — Dr. O'Loughlin's pathway to dentistry wasn't a straight line.

If you look out at Tufts University School of Dental Medicine's dental students in 1981, you'd see about 165 men and fewer than 20 women, including Dr. O'Loughlin.

"You were considered an oddity," she said. "Women in the '60s and '70s didn't have a lot of choices. You can be a teacher, a secretary or a nurse. That was how I grew up."

Of those three choices, Dr. O'Loughlin pursued nursing.

"I really enjoyed being a nurse," she said. "But it was really hard work."

Dr. O'Loughlin worked at Massachusetts General Hospital, often taking the night shifts from 11 p.m. to 7 a.m.

"And my husband would work 7 a.m. to 3 p.m., like a lot of contractors do," said Dr. O'Loughlin, who married Stephen O'Loughlin the year after graduating college. "It was an odd way to live. So I started thinking about going to either medical or dental school."

Dr. O'Loughlin sought advice from the then-rare female mentor, one of whom connected her to a sister who was a dentist.

"I told my husband that I thought dental school might be a good fit," she said. "He was very supportive."

When she informed her father, John Treanor, D.M.D., the reception was a little different.

"He was like, 'Why don't you just marry a dentist?'" Dr. O'Loughlin said, laughing. "I told him, 'I've been married for five years. You were there!' and he goes, 'Oh yeah, that's right.'"

Dr. O'Loughlin was accepted to all three dental schools in the Boston area, ultimately choosing Tufts, where her father had also received his dental degree.

"It ended up being a great choice," she said. "I love that school."

About seven years older than her classmates, Dr. O'Loughlin was a diligent student.

"I treated it like a job," she said. "I studied hard, always did my homework and took very good class notes."

She would sell those notes for \$2 a piece,



Highest honor: ADA Executive Director Kathleen T. O'Loughlin, D.M.D., speaks during the Association Forum Foundation's Honors Gala after accepting the Samuel B. Shapiro Award for Chief Staff Executive Achievement. The award is the highest honor the foundation bestows on an association professional and is presented for outstanding service and accomplishments in association/nonprofit management.



Support: ADA Executive Director Kathleen T. O'Loughlin, D.M.D., and her husband, Stephen O'Loughlin, are introduced during the 2012 ADA House of Delegates, along with the Board of Trustees and their spouses. Mr. O'Loughlin was very supportive when Dr. O'Loughlin informed him she decided to go to dental school.

making about \$300 a week, she said. "That was more than I made as a nurse. It paid my rent and paid some of my tuition."

After the freshman class president resigned, Dr. O'Loughlin heard her name being nominated and readily took on the role.

"I became the class mom," she said. "Anytime someone was in trouble or when the dean was mad or when the faculty was upset, they would come to me."

At Tufts, Dr. O'Loughlin also became involved with the American Student Dental Association, attending her first ADA annual meeting in Los Angeles.

"That was my first exposure to organized dentistry," she said.

FINDING A JOB

When someone graduates as the No. 1 student in a class, that person usually gets a lot of job offers.

"I got none," said Dr. O'Loughlin, who was the Class of 1981 valedictorian.

Dr. O'Loughlin had just had her first child; the Boston Globe ran a feel-good story of the class president/class valedictorian having a baby during graduation.

"It was one of those warm and fuzzy stories," she said. "But I think it also scared a lot of people and nobody offered me a job."

Dr. O'Loughlin ultimately took a position at an early version of a dental service organization, OmniDentix. After about a year, she

became part of the dental team at a public health hospital where she stayed for six years.

It was around this time when she learned that her father's former patients began asking her mother a question: When will your daughter have her own practice? Dr. O'Loughlin's father had unexpectedly died during her junior year in dental school.

"My mother sold the practice to someone who was not a good match," said Dr. O'Loughlin. "So my mother kept calling me every week, and I finally relented. I said, 'OK, I'll rent an operatory two nights a week from this friend of my dad's.'"

Soon, her father's former patients started going to her until she was ready to open her own practice.

But there was another problem.

"Nobody would lend me money unless my husband signed for it," she said. "But I was not going to put him at risk in case I failed."

Instead, they cashed in her husband's life insurance to get the capital needed to open a practice and buy necessary equipment.

"So seven years after I get out of dental school, I was in practice," she said. "About 15 years later, I was busy enough to bring an associate, then a partner, and then two partners."

THE FIRST

After about 20 years in private practice, Dr. O'Loughlin said she needed a new challenge.

"I got a little bored because it was getting really easy," she said. "I loved the autonomy.



Family and fun: Dr. O'Loughlin's grandson Stephen and his cousin Leila Watkins play on the beach near Dr. O'Loughlin's home in Saco, Maine, where she will be retiring.

I loved the people I worked with. We became a great team. But I was on autopilot.”

So in 1996, Dr. O’Loughlin enrolled at Harvard University. She earned her master of public health degree in health care administration and management in 1998.

In 2001, Delta Dental of Massachusetts offered her a job as CEO. In 2008, United Health Group recruited her to serve as chief dental officer.

But within a year at United, it was clear that the job wasn’t a good fit.

“It was an interesting job, but I was not happy,” she said.

Dr. O’Loughlin’s husband was reading the ADA News one day in 2008 when he learned the Association was looking for a new executive director.

“He said, ‘I’m reading this description, and you can do all this stuff. You should apply,’” Dr. O’Loughlin said. “And I thought, well, sure, why not?”

Despite her experience, Dr. O’Loughlin said it still came as a shock when then-ADA President John S. Findley, D.D.S., called to offer her the job.

“I was in an airport heading to another United client,” Dr. O’Loughlin said. “To be honest, I just thought they’d never want to hire a woman, an insurance executive and a public health person. I was sort of the antithesis of what came before. I was floored.”

In the ADA’s 163-year history, there have only been four women elected president — two of whom were elected during Dr. O’Loughlin’s tenure — and zero women hired as executive director.

“And then I got to the ADA, and I found out it was a disruptive time for the Association,” Dr. O’Loughlin said.

GETTING THINGS DONE

Dr. O’Loughlin’s first few years at the ADA were largely dedicated to strengthening the finances of the Association, ensuring all audits came out spotless; cultivating the relationship between the Board of Trustees and the House of Delegates; improving the communication between state dental associations; and increasing workplace engagement.

Dr. Preble said that when dealing with volunteer leadership, Dr. O’Loughlin was able to put before them choices about what was the best for the ADA and helping cut through some of the unnecessary politics.

“Kathy has brought a real business mindset to the important work of the ADA,” he said.

ADA President Daniel J. Klemmedson, D.D.S., M.D., added that working with Dr. O’Loughlin this past year helped solidify opinions he had on her when he served on a strategic planning committee in the first year of her tenure.

“She leads with knowledge, focused dedication to outcomes, volunteer and staff engagement and persistence,” he said. “Those attributes have established a culture of success at the ADA.”



Embrace: Dr. O’Loughlin shares a laugh with her daughter-in-law, Jill Mulligan, and her sister-in-law, Janice Treanor.

One of the things Dr. O’Loughlin said she’s most proud of is making people enjoy coming in to work every day. In 2019, the ADA was named a top workplace by the Chicago Tribune based on employee surveys. The ADA employees, she said, have simply been her favorite part of the job.

“I’m not making that up,” she said. “The employees here are funny, smart and passionate. They produce such great

work that is not always recognized and valued by the volunteers. But I see it.”

Under Dr. O’Loughlin, the ADA revamped its employee advisory committee.

“They used to have meetings where no one would say a word,” she said. “Now, we basically meet once a month and they tell me how to run the place.”

Suggested by Megan Anshutz, who worked at the ADA from 2005 to 2011, Dr. O’Loughlin also created the ADA’s social responsibility committee and asked Ms. Anshutz to lead the group.

“I was always looking for additional projects and Kathy was immediately supportive of my desire to grow and learn,” said Ms. Anshutz. “It was a great

See DR. O’LOUGHLIN, Page 6

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Family: Dr. O’Loughlin holds her grandson Ethan as they pose for a photo with her daughter-in-law, Jill Mulligan, and son, Stephen, who was born on the day Dr. O’Loughlin graduated from Tufts University.

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ADA names exclusive agent for advertising, sponsorship sales

HARBORSIDE TO HANDLE AD SALES FOR PRODUCT PORTFOLIO INCLUDING ADA NEWS, JADA

BY DAVID BURGER

The ADA selected Harborside of Huntington, New York, as its exclusive agent for advertising and sponsorship sales, effective immediately for advertising and sponsorship programs that deploy on or after Jan. 1, 2022.

Harborside will be responsible for advertising and sponsorship sales for a product portfolio that includes various publications, database licensing, SmileCon and other meetings, coding resources, custom surveys, continuing education, customized patient education and more.

"We selected Harborside after a rigorous review process," said Jim Goodman, senior vice president of the ADA's Business Group, in an ADA news release. "They use sophisticated techniques to communicate sponsors' messages in ways that provide engagement leading to sales — what advertisers and sponsors really want. In addition, Harborside's deep understanding of the health care space, proven success with scholarly, scientific publications, as well as business and news publications, made them the ideal partner to support the ADA's efforts to use its multiple channels to match sponsorship messaging with audience in data-driven and effective campaigns."

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- JADA Foundational Science, a new cross-disciplinary, open access journal that bridges basic and clinical sciences in oral health research.
- PracticeUpdate Clinical Dentistry, which provides dental professionals with curated, cross-disciplinary research in dentistry and medicine.
- Dental Practice Success, the ADA's leading business publication.
- New Dentist News and the New Dentist Now blog, publications to support dental students and dentists in the early stages of their careers.
- SmileCon advertising and sponsorships to help connect ADA members with industry innovation.
- Health Policy Institute services and consulting, including customized surveys.
- Database licensing.
- ADA Custom Publishing, offering a full suite of sponsored multimedia programs, including e-books, whitepapers, video, audio programming and webinars through focused campaigns to help connect members and mar-

HARBORSIDE
The nexus of knowledge

Anthony Cutrone, Harborside president, said, "Harborside is delighted to partner with the ADA on their magnificent product portfolio, which includes the premier sources of information for the dental profession. We thank our colleagues at the ADA for their selection and look forward to working with the many companies who help support the ADA's important work as strong advocates for public health while growing their own businesses."

The sales agreement includes advertising and sponsorships for these ADA resources:

- ADA Morning Huddle, a family of daily and weekly e-newsletters, including weekly editions for Finance & Operations, Weekend Edition and New Dentist Weekly.

eters. Custom programs also include the Association's very successful Vendor Showcase and Lead Generation programs.

- Sponsored books and brochures customized and based on company goals and objectives.

JADA, JADA Foundational Science and PracticeUpdate Clinical Dentistry are published in partnership with Elsevier.

"We are thrilled to announce this strategic partnership to support our advertisers' objectives, using the ADA's market-leading positions with the best-read publications in the industry and world-class events [that] expand their connection with our members," Mr. Goodman said. ■

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Stronger together: ADA President-Elect Cesar R. Sabates, D.D.S., listens to speaker Dean A. West, president of Association Laboratory Inc., on Aug. 17 during the ADA Presidents-Elect Conference. Dr. Sabates hosted the conference Aug. 15-17 at the ADA Headquarters in Chicago, during which presidents-elect from around the country convened for interactive sessions and candid discussions about what lies ahead in dentistry's year of renewal. The theme of the conference was the Power of Three: Remaining Relevant Together.

DR. O'LOUGHLIN *continued from Page 5*

opportunity for me to gain some management experience while also focusing on projects to help the ADA staff contribute to the Chicago community."

The committee has organized volunteers for Habitat for Humanity, created tutoring programs and donated to the food bank.

"The first time I heard the term 'servant leadership' was when I overheard her describe her leadership style," Ms. Anshutz said. "I came to understand that this approach to leading meant focusing on her staff's needs and removing barriers they encounter, when possible."

The ADA as a well-oiled machine was never clearer than when the COVID-19 pandemic struck, Dr. O'Loughlin said.

"We immediately put things in place to make sure dentists, their dental team and patients were safe," she said. On March 16, 2020, the ADA recommended that dentists postpone all but emergency and urgent care.

When dental practices reopened two months later, the ADA helped make sure dentists were eligible for all the federal loan programs to help dentists with the loss revenue.

"The last 18 months of COVID, I think, have been emotionally draining and intellectually exhausting," Dr. O'Loughlin said. "But everyone here has worked hard and gotten things done."

MAINE IS CALLING

When Dr. Cohlmiya takes over the role this year, he'll have a few challenges of his own, including finding better ways for the Association to engage with a diverse group of younger dentists, completing the ADA's digital transformation,

and of course, navigating the ongoing pandemic.

"But I can say that I've never met a person more compassionate and with more passion for the profession [than Dr. Cohlmiya]," said Dr. O'Loughlin. The two have been friends since Dr. Cohlmiya served on the ADA Board of Trustees. "When people get to know him, I know they'll just adore him. And when he does well, we all do well."

Dr. O'Loughlin said she'll make sure the transition is smooth.

And after that? Well, Maine is calling.

Dr. O'Loughlin and her husband, who retired 10 years ago, plan to fully enjoy living in Saco, Maine, a small town about 20 minutes south of Portland, Maine. It's named after the Saco River, which starts in the mountains of New England and runs all the way to the rocky shoreline of the Atlantic coast.

"We used to canoe down that river," she said. "We vacationed there with our kids for 20 years and decided that when we were ready to retire, that's where we wanted to live."

In addition, many of Dr. O'Loughlin's very large family live in the region, while others continue to visit every summer and winter.

Retirement plans are mainly filled with spending time with her children, two grandsons and six siblings, and over 20 nephews and nieces, she said. Dr. O'Loughlin added she would like to volunteer or serve in some capacity in organized dentistry.

"I might work a little. I love the organization, and I'd be happy to do it," she said. "But plans right now are all about fun and family." ■

—solanak@ada.org



Achievement: ADA Executive Director Kathleen T. O'Loughlin, D.M.D., (third from right) receives the Samuel B. Shapiro Award for Chief Staff Executive Achievement from the Association Forum Foundation during the group's annual Honors Gala, held on Aug. 5. Dr. O'Loughlin poses for a photo with (from left), Michael Cunningham, awards committee immediate past chair; Anna Williams, sales manager, Atlanta Convention and Visitors Bureau; Lynne Thomas Gordon, honors gala co-chair; Melvin Tennant, honors gala co-chair; Michelle Mason, past president and CEO, Association Forum; and Paul Pomerantz, Association Forum chair.

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Nominations sought for the ADA 10 Under 10 Awards

WINNERS TO RECEIVE \$1,000 CASH PRIZE,
RECOGNIZED IN ASSOCIATION PUBLICATIONS

BY KIMBER SOLANA

The American Dental Association is seeking nominations through Dec. 31 to recognize 10 new dentists who are demonstrating excellence in their work and inspiring others.

Winners of the annual ADA 10 Under 10 Awards will receive a \$1,000 cash prize and be recognized at SmileCon and in various ADA publications and channels, including the ADA News and the New Dentist News. The ADA New Dentist Committee will choose and announce the winners in spring of 2022.

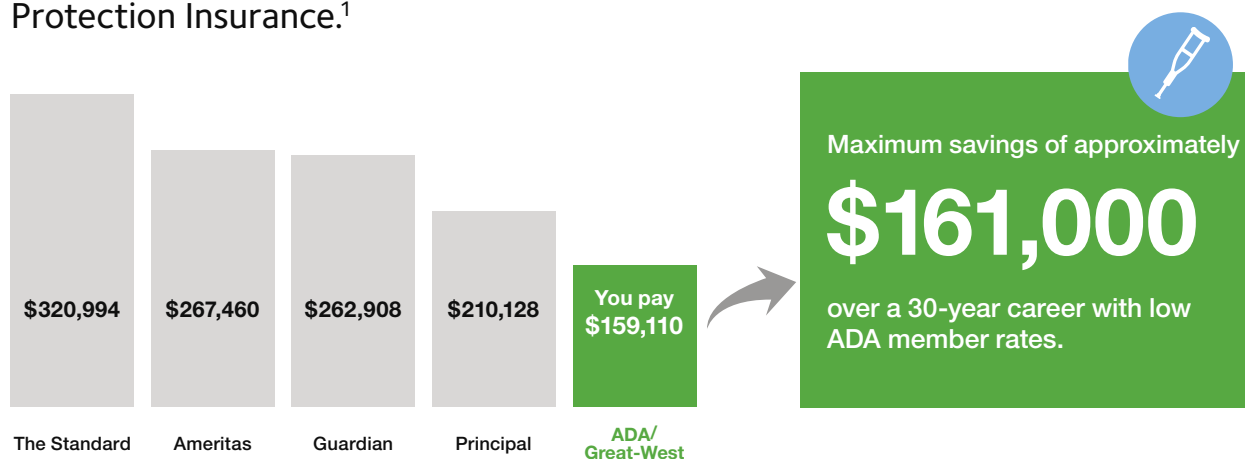


Future: Nominations for the 2022 ADA 10 Under 10 Awards are open through Dec. 31. The 2021 10 Under 10 Award recipients are: (top, from left) Drs. Amber Ather, Carsen Bentley, Sampada Deshpande, Eleanor Fleming and Emily Hahn; (Bottom, from left) Drs. Erinne Kennedy, Megan Lenahan, Amrita Rohit Patel, Katie Stuchlik and Caroline Zeller.

ADA Members Insurance Plans

WHAT WOULD YOU DO WITH AN EXTRA \$161,000?

That's how much you could potentially save with ADA Disability Income Protection Insurance.¹

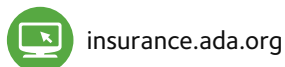
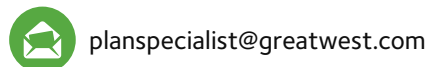
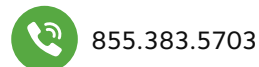


What a 35-year-old male dentist typically pays for:¹

- 30 years of coverage (up to age 65)
- \$10,000/monthly benefit
- Own Occupation + Residual Plus + COLA coverage²

We compared the rates for ADA Disability Income Protection Insurance with the disability insurance rates of other providers. With potential **savings of up to 50%**, the value of group ADA Disability Income Protection Insurance is undeniable.¹

► Three easy ways to see how much you could potentially save:



Eligible ADA members under age 60 can apply for this insurance plan.

¹ Lifetime costs for all carriers are based on the standard rate class for a \$10,000/month benefit with Own Occupation, Residual Plus benefits, and Cost of Living Adjustment coverage for a 35-year-old male to age 65. Competitor rates for Principal, Ameritas, Guardian, and The Standard were obtained from publicly available state department of insurance rate filing information required for individual disability income insurance policy forms typically sold to dentists by these companies along with any riders necessary to ensure a comparable definition of disability, monthly benefit amount, and other policy benefits. These competitor rates, benefits and comparisons were validated by a nationally recognized independent third-party actuarial consulting firm. The competitor rates may differ from those shown depending on the final agent commission charged. The ADA Disability Income Protection Plan insurance lifetime premium shown is the sum of all filed gender-distinct rates in effect at 5/1/21 starting at the issue age until age 65; including rate increases with age and a 34% Premium Credit, which can go up or down annually, and does not include agent commissions, which are not paid under the ADA insurance plans. Visit insurance.ada.org to see rates for other classes and options, or call an Insurance Plan Specialist for a comparison.

² Adjustments are made based on increases in the Consumer Price Index.

Effective June 1, 2019, certain insurance company members of the Protective Life group assumed administrative responsibilities for the ADA Members Insurance Plans issued by Great-West Financial®.

This material is not a contract. Benefits are provided through a group policy (No.1105GDH-IPP Disability Income Protection) filed in the State of Illinois in accordance with and governed by Illinois law, issued to the American Dental Association by Great-West Financial®. The ADA is entitled to receive royalties from the group policies issued to the ADA by Great-West Financial®. Coverage is available to all eligible ADA members in all fifty states and US territories under the aforementioned group policy. Each Plan participant will receive a Certificate of Insurance explaining the terms and conditions of the policy. Great-West Financial® is a marketing name of Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY, and their subsidiaries and affiliates. GWL&A is not licensed in New York, but eligible members residing in New York may apply for coverage under the aforementioned group policy. ©2021 Great-West Life & Annuity Insurance Company. All Rights Reserved. RO1586648-0421

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Last year, the ADA New Dentist Committee received more than 100 submitted nominations recognizing new dentists for a wide range of accomplishments, including for their leadership with the Indian Health Service's Native American Health Center in San Francisco, efforts to raise over \$10,000 for the Alzheimer's Association, and work at the Centers for Disease Control and Prevention.

Nominations are sought of new dentists who are making a difference in:

- Science/research/education: A dentist who has made substantial contributions to advancing clinical topics by leading, organizing or participating in clinical research or scientifically focused efforts or who significantly impacts students through education and mentorship.
- Practice excellence: A dentist who doesn't settle for the status quo and has implemented an innovative or more effective way to improve patients' experience, market or grow their practice or manage their dental team. Their practice methods serve as an inspiration to other dentists.
- Philanthropy: A dentist who has made a difference in the lives of others (in dentistry or otherwise), either by volunteering, leading a philanthropic effort or using their skills to help those in need.
- Leadership: A dentist who serves in leadership, either within or outside dentistry, and has used that position to improve a dental association, another organization or their community at large.
- Advocacy: A dentist who takes a leadership role in advocacy initiatives or legislative activity on behalf of dentists and oral health initiatives.

Nominees have to be active ADA members who graduated from a Commission on Dental Accreditation-accredited dental school between the years 2012 and 2021. Self-nominations are not permitted.

This past year's winners were: Amber Ather, D.D.S., of San Antonio; Carsen Bentley, D.D.S., of San Francisco; Sampada Deshpande, D.D.S., of Seattle; Eleanor Fleming, D.D.S., Ph.D., of Nashville, Tennessee; Emily Hahn, D.D.S., of St. Louis; Erinne Kennedy, D.M.D., of Joplin, Missouri; Megan Lenahan, D.D.S., of Rock Hill, Missouri; Amrita Rohit Patel, D.D.S., of Chappaqua, New York; Katie Stuchlik, D.D.S., of Houston; and Caroline Zeller, D.D.S., of Portland, Oregon.

For more information or to nominate a new dentist, visit [ADA.org/10under10](https://ada.org/10under10). ■

—solanak@ada.org

Delta Dental of California launches provider rating system

BY DAVID BURGER

The ADA Council on Dental Benefit Programs has been informed about a new program launched by Delta Dental of California that allows consumers to see a rating on each network dentist in its provider directories.

These ratings are derived from P & R Dental Strategies' DentaQual program.

On its website, P & R Dental Strategies notes that more employers are asking for ratings to help employees make better decisions about their oral health care. A white paper available from P & R Dental strategies outlines the different metrics used by the company to derive provider ratings based on claims data gathered from payers.

The company notes on its website that "DentaQual uses statistical analysis of insurance claims data, sourced from DentaBase, P&R Dental Strategies' multi-payer claims database. Dentists are compared to their geographic and specialty peers. No subjective reviews, surveys or testimonials are included."

In a letter to Delta Dental, Randall Markarian, D.M.D., chair of the Council on Dental Benefit Programs, said, "It is essential that the metrics that are used to profile providers be transparent, as well as supported by strong scientific evidence. Such metrics should be tested for validity, feasibility, reliability and usability."

Dr. Markarian noted that in 2007 the New

York State Attorney General's office signed agreements with major medical carriers requiring the carriers to follow specific guidelines when rating physicians.

"We believe these actions established guidelines that are foundational to any quality rating program," Dr. Markarian wrote. "The ADA requests Delta Dental to provide explanation as to how its provider rating program complies with principles such as:

- Use of established national standards to measure quality and cost efficiency.
- Risk adjustment to account for difference in populations treated in different practices.
- Disclosures to consumers on how the program is designed with explicit notifications regarding any data limitations.

• Disclosures to dentists on what measures are used and how ratings are designed prior to publication of such ratings.

• Disclosures to dentists on their quality scores prior to publication with an opportunity to appeal their rating.

• Independent review of scientific methodology to derive quality scores.

"I think it is important that we make sure that such programs are designed and implemented in a transparent manner. The ADA must evaluate each program to ensure it meets the highest scientific standards and does not negatively impact patient care," he said.

Dr. Markarian said that other dental insurers may be waiting to see how this system works for Delta before rolling out their own programs. ■

ADA director of standards wins award from IADR Dental Materials Group

BY MARY BETH VERSACI

The American Dental Association's director of standards has won the Peyton-Skinner Award from the International Association for Dental Research's Dental Materials Group, recognizing the outstanding contributions she has made to dental material innovation throughout her career.

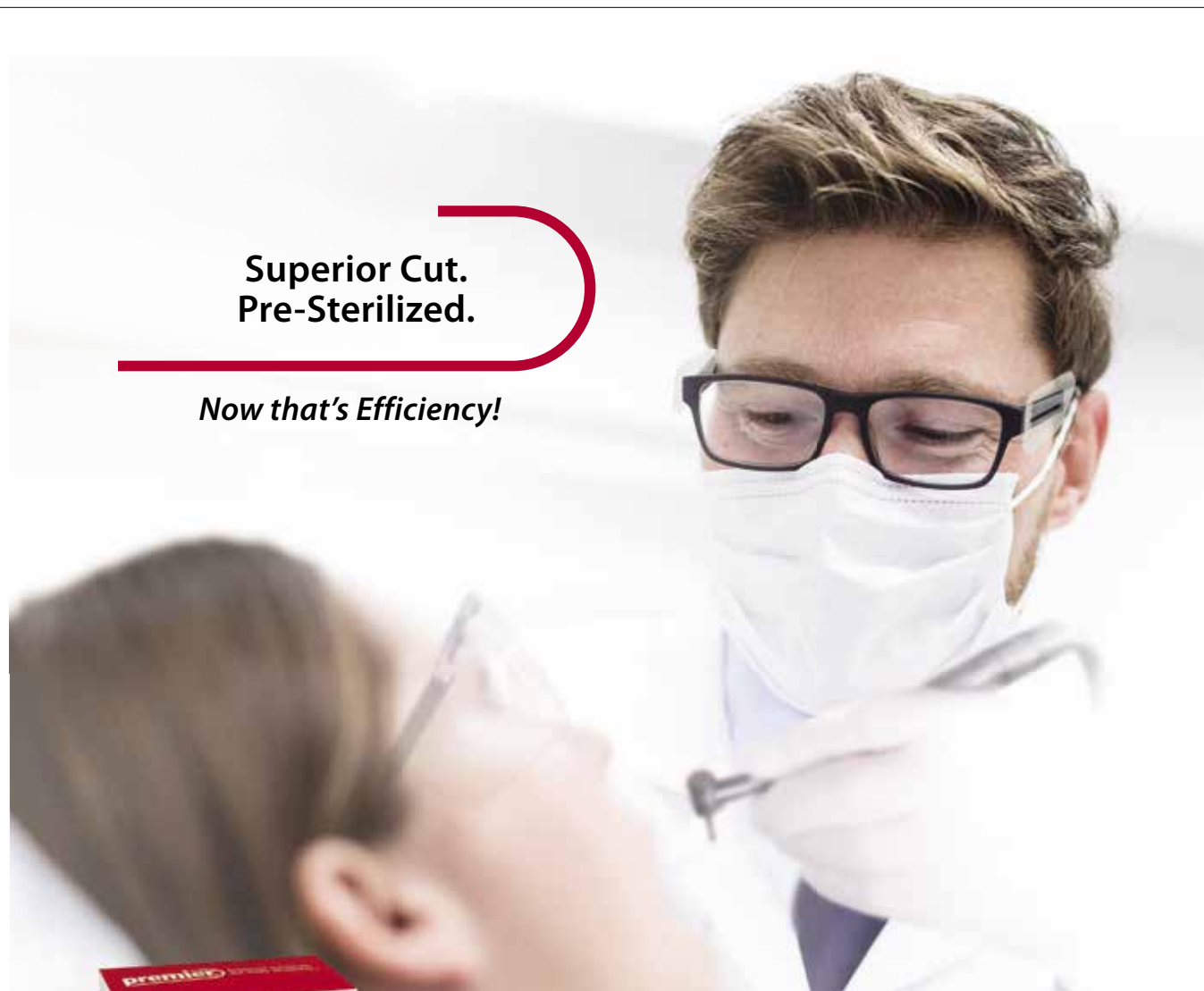
"When learning of my selection for this prestigious award, I was honored and humbled as this was possible because of the many material scientists and dental professionals who have contributed thousands of hours to the ADA standards program for dental products," said Sharon Stanford, who manages the development and maintenance of standards for dental materials and devices for the ADA.

The award includes \$2,000 and a commemorative plaque. It is named for Drs. Floyd Peyton and Eugene Skinner, two of the founders of the Dental Materials Group.

The ADA standards program establishes baseline standards and technical recommendations for almost every tool used in modern dentistry. Its mission is to ensure the highest level of patient safety and professional satisfaction through the publication of clear industry standards for both dental products and dental informatics.

The ADA is an accredited dental standards body of the American National Standards Institute, as well as the official U.S. representative for the International Organization for Standardization Technical Committee 106 on Dentistry.

To learn more about the ADA standards program, visit ADA.org/standards. ■



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Quartet of honorary members demonstrate commitment to organized dentistry

FRED LEVITON, STEPHEN O'LOUGHLIN, JERRY BOWMAN,
RICHARD STEVENS RECOGNIZED FOR CONTRIBUTIONS TO ADA, PUBLIC

BY DAVID BURGER

The Board of Trustees awarded honorary ADA memberships to four individuals who have made outstanding contributions to the advancement of the art and science of dentistry.

Fred Leviton, president and CEO of Dental Lifeline Network; Stephen O'Loughlin, ADA ambassador; Jerry Bowman, J.D., ADA chief of governance and strategy management; and Richard Stevens, executive director of the West Virginia Dental Association; were approved by the Board of Trustees for honorary membership in the Association.

Honorary membership can be awarded to dentists who are not eligible for active, life or retired membership in the Association or to individuals from outside the dental profession. Current tripartite employees who have at least 20 years of service and have made outstanding contributions above and beyond expectations to the profession are eligible for nomination at a time that coincides with their retirement.

FRED LEVITON

Mr. Leviton will retire at the end of 2021 after spending 45 years with Dental Lifeline Network, which provides free, comprehensive dental treatment to people with disabilities or who are elderly or medically fragile through its Donated Dental Services program.

“

This honorary membership recognizing my service is so humbling, and I so appreciate the friendship of so many dental leaders for whom I have the utmost respect.

– Fred Leviton

Mr. Leviton said that the network's signature program will celebrate a milestone later this year along with the 15,000 dentists and 3,500 volunteer laboratories that volunteer.

“Since we launched the first Donated Dental Services program in 1985, the organization — through thousands of amazing volunteer dentists and labs — will exceed \$500 million in treatment,” he said. “That's half a billion dollars' worth of essential care for 175,000 people with special needs.”

As for retirement, Mr. Leviton said that, simply, it was time. He thought about ending his tenure last year but perished at the thought that his successor would face a “hornet's nest” due to the challenges of the pandemic.

“This honorary membership recognizing my service is so humbling, and I so appreciate the friendship of so many dental leaders for whom I have the utmost respect,” Mr. Leviton said.

Frank Maggio, D.D.S., a former ADA trustee, lauded Mr. Leviton in his nomination letter and praised the many ADA members that are part of the network.

“As you can see from what Dental Lifeline

Network has done, there is little doubt that Fred's commitment to care for folks in need is amazing,” Dr. Maggio said. “He has been able to bring many different groups in our profession to join forces to accomplish much for many. At

the end of the day I can't think of one more deserving of honorary membership in the ADA than Fred J. Leviton.”

STEPHEN O'LOUGHLIN

Mr. O'Loughlin, a retired mechanical engineer, has served as an ambassador for the ADA to leaders and their families during the 12-year tenure of his wife, ADA Executive Director Kathleen O'Loughlin, D.M.D. She will retire later this year.

By participating in many of the board activities and being a welcoming, constant presence for trustees and their spouses as they cycled on and off the Board, Mr. O'Loughlin has publicly supported the Association in all its endeavors, from advocacy



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32. How to Give Local Anesthesia for Dental Professionals
33. *Chairside*® Magazine V10-1: CSL Case of the Week, Ditolla
34. Case of the Week: What Happened to PFMs?
35. 'Chairside Live' Episode 209: Crossbite Correction for a 3-Unit Bridge

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36. 'Chairside Live' Episode 247: Perfect Pontics for a 3-Unit Bridge
37. 'Chairside Live' Episode 243: The Perfect Temporary Milled In-Office
38. 'Chairside Live' Episode 241: Shaping Bold Embrasures
39. 'Chairside Live' Episode 222: Selecting the Right Provisional Cement
40. 'Chairside Live' Episode 220: Avoiding Common Bite Registration Errors
41. 'Chairside Live' Episode 207: BioTemps® Provisionals in the Anterior
42. 'Chairside Live' Episode 225: Quality Provisionals for Esthetic Success

43. Case of the Week: Dealing with Path-of-Insertion Troubles
44. Case of the Week: Temporizing with BioTemps CAD Provisionals
45. Case of the Week: The Esthetic Zone — BioTemps CAD in the Anterior
46. Case of the Week: Restoring the Posterior with a BioTemps CAD Bridge
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48. Case of the Week: Simple Solutions to Seating Large BioTemps Cases
49. Case of the Week: BioTemps Provisionals and Ovate Pontic Receptor Sites
50. Case of the Week: Highlighting BioTemps Implant Provisionals

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51. Tips for Submitting Digital Impressions of an Implant Scan Body to the Laboratory
52. How to Take Full-Arch Open-Tray Impression for Implant Restoration
53. 'Chairside Live' Episode 261: How to Duplicate a Denture
54. 'Chairside Live' Episode 262: How to Fabricate an Implant Verification Jig
55. 'Chairside Live' Episode 263: Achieving Wax Rim Try-In Success
56. 'Chairside Live' Episode 264: Tips for a Successful Wax Try-In
57. 'Chairside Live' Episode 265: Why Use a Provisional for Full-Arch Implant Cases?
58. 'Chairside Live' Episode 266: Tips and Tricks — Seating a BruxZir Implant Prosthesis
59. 'Chairside Live' Episode 275: Dealing with Failed Implant Restorations
60. The Practitioner's Path to Implant Placement
61. 'Chairside Live' Episode 221: Common Clinical Indications for Bone Grafting
62. Case of the Week: Bone Grafting and Immediate Implant Placement
63. Case of the Week: Immediate Extraction and Implant Placement
64. Bone Grafting: Essential Indications and Techniques in Implant Dentistry
65. Atraumatic Extraction of a Non-Restorable Maxillary Lateral Incisor
66. Immediate, Esthetic Tooth Replacement
67. Case of the Week: Immediate Implant Placement with the Hahn™ Implant
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71. When Are Multi-Unit Abutments Needed?
72. 'Chairside Live' Episode 246: Perfecting the Open-Tray Impression Technique
73. Benefits of Immediate Temporization
74. The Half-Arch Restoration with Timothy F. Kosinski, DDS, MAGD
75. Optimizing Lateral Incisor Function and Esthetics
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77. First Look: The Hahn Tapered Implant System
78. Case of the Week: Why Custom Abutments Are Preferred Over Stock Abutments
79. Case of the Week: The Fabrication and Delivery of BruxZir Full-Arch Implant Prosthesis

ESTHETIC DENTISTRY

80. Anterior Crown Preparation | Step by Step
81. Esthetic Dental Veneers Before and After
82. 'Chairside Live' Episode 259: How to Maximize Results in the Esthetic Zone
83. 'Chairside Live' Episode 251: A Completely Digital Veneer Case

to the Alliance of the ADA, said Judith M. Fisch, D.D.S., former ADA trustee in her nomination letter.

Mr. O’Loughlin was modest when asked about the honor.

“I tried not to embarrass anyone,” he joked about his role.

G. Lewis (Lew) Mitchell Jr., D.M.D., past ADA vice president, said in his nomination letter that Mr. O’Loughlin’s commitment to the ADA ran deep and was worth recognizing, emblematic of the support that family members provide dentists.

“Spouses of the members of the ADA Board of Trustees contribute so very much to the work and accomplishments of an ADA board,” Dr. Mitchell said. “Their role is



Mr. Bowman



Mr. Leviton



Mr. O’Loughlin



Mr. Stevens

that of selfless servants who [from] behind the scenes support and accompany their spouses. Mr. Steve O’Loughlin is the perfect role model and example of spousal support. Whereas most ADA spouses selflessly serve

in this role for four years, Steve has been ever-present for our ADA executive director for 12 years.”

Mr. O’Loughlin said he and his wife are planning on moving to Maine when she officially

retires, as well as taking a pandemic-postponed trip to Europe with friends next year.

RICHARD D. STEVENS

Mr. Stevens is in his 47th and final year as executive director of the West Virginia Dental Association, and honorary membership is the latest accolade bestowed on him.

“I was very pleasantly surprised and humbled,” said Mr. Stevens, who turns 79 in November. “The ADA has meant a great deal to me over the years.”

As executive director, chief lobbyist, operations officer, continuing education leader and lecturer, recruiter and mentor, Mr. Stevens has been the only executive director many dentists in West Virginia have ever known. He, along with the 47 association presidents he has served, has long been the face of the organization.

The West Virginia University School of Dentistry Alumni Association bestowed Mr. Stevens the Award of Commendation for his outstanding contributions to dentistry, dental education and his numerous accomplishments in the state in 1998. He was elected an honorary fellow in the International College of Dentists in recognition of distinguished achievements and contributions to the dental profession and in appreciation of outstanding services rendered to the cause of oral science, and is an honorary member of West Virginia University’s Alpha Beta chapter of Omicron Kappa Upsilon, the national dental honor society.

David Whiston, D.D.S., former ADA and ADA Foundation president, wrote in his nomination letter that Mr. Stevens’ greatest contributions to the profession and the public are driven by his extensive mentoring activities.

“He has been respected and consistently recognized for these activities in his state capital, and at every level of organized dentistry,” Dr. Whiston wrote. “And, as he’s been officially celebrated over the years, he’s also remembered for kindly and quietly supporting and encouraging those interacting with him along the way.”

JERRY BOWMAN

Being worthy of honorary membership is something that he treasures, Mr. Bowman said.

“I certainly appreciate the trust the Board of Trustees has put in me,” he said.

Mr. Bowman’s most recent work focuses on the operations of the Board of Trustees and the House of Delegates, in addition to special assignments.

Prior to that position, Mr. Bowman was public affairs counsel within the ADA Department of State Government Affairs, where his work focused on the state public affairs program as well as regulatory matters. Previously, Mr. Bowman was associate general counsel in the ADA’s Division of Legal Affairs and counsel to the divisions of scientific affairs and government affairs as well as the ADA Council on Dental Practice.

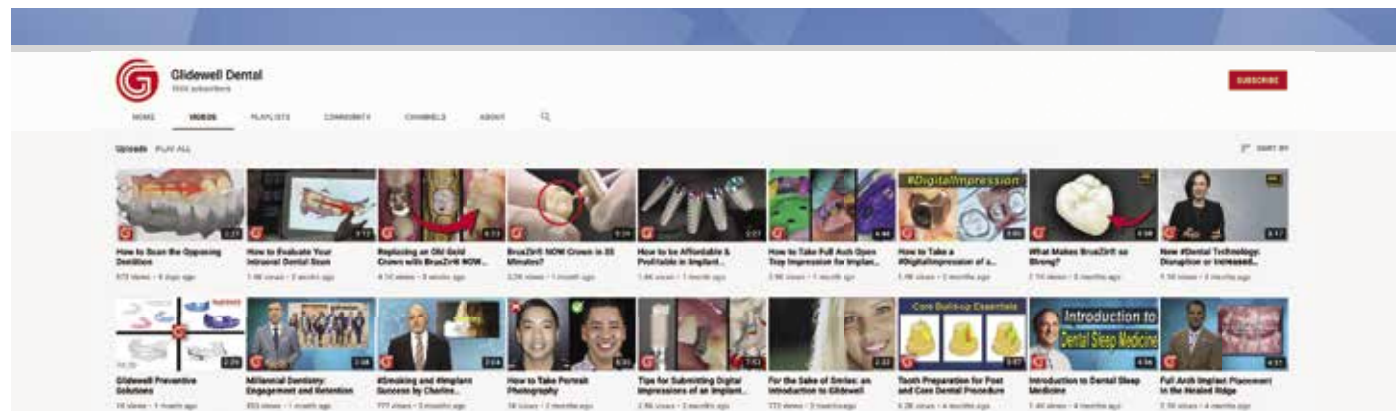
Before joining the ADA, Mr. Bowman was a partner in a large Chicago law firm.

Cesar Sabates, D.D.S., ADA president-elect, wrote in his nomination letter that he has known Mr. Bowman for six years.

“I was told before coming onto the board, if you want to know how to successfully move a resolution from beginning to end, reach out to Jerry Bowman,” Dr. Sabates said.

Daniel Klemmedson, D.D.S., M.D., ADA president, echoed Dr. Sabates’ praise.

“Mr. Bowman has been an integral part of what has made the ADA so effective,” Dr. Klemmedson said. “He understands the needs for process in a complex organization but has recognized and also enabled the unique culture of a member-driven organization to flourish.”



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- 91. Case of the Week: Dark Disaster — Dark Stump Shade and a Translucent Crown
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- 98. Case of the Week: Veneers Two Ways — Obsidian® and Solid Gold

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- 99. Clinical Success with CAD/CAM Restorations by Justin Chi, DDS, CDT | CDA 2019
- 100. ‘Chairside Live’ Episode 267: Inspecting Key Features of the Evaluation Scan
- 101. ‘Chairside Live’ Episode 268: Acquire Accurate Scans on Every Case
- 102. ‘Chairside Live’ Episode 269: Picture This — Capturing Interproximal Contacts
- 103. ‘Chairside Live’ Episode 270: Reduce Digital Noise for a Clear Scan
- 104. ‘Chairside Live’ Episode 271: The Perfect Bite — Ensuring a Proper Bite Relationship
- 105. How to Take a Digital Impression of a Custom Abutment
- 106. Tips for Submitting Digital Impressions of an Implant Scan Body to the Laboratory
- 107. ‘Chairside Live’ Episode 260: Learn How to Scan a Posterior Combination Case
- 108. ‘Chairside Live’ Episode 254: Scanning a Single-Unit Crown Prep
- 109. ‘Chairside Live’ EP 258: Scan School — Scanning Large Cases
- 110. ‘Chairside Live’ Episode 257: The Most Efficient Dentistry of Your Career
- 111. ‘Chairside Live’ Episode 255: BruxZir NOW Crown in a Day
- 112. ‘Chairside Live’ Episode 253: A Pre-Treatment Scan of the Upper Arch
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- 116. Single-Appointment Restorations Using the iTero Element® Scanner
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- 118. ‘Chairside Live’ Episode 235: Replacing a Gold Crown with a Zirconia Crown
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- 120. Case of the Week: CAD/CAM — Time to Use It or Lose It
- 121. Case of the Week: CAD/CAM Could Have Helped This Case
- 122. Case of the Week: Detailing the Reverse Prep Technique
- 123. Case of the Week: A Case with Obsidian Veneers

FULL AND PARTIAL DENTURES

- 124. ‘Chairside Live’ Episode 234: Temporize and Restore Under Existing Removable Appliances
- 125. Case of the Week: Creating a Crown Underneath a Partial Denture
- 126. Case of the Week: The Right Tools for Taking a Good Impression
- 127. Case of the Week: Using Composite Facing Teeth When Space Is Compromised Between Arches
- 128. Case of the Week: Achieving Retention and Support in a ‘Slippery Slope’ Partial Denture Case
- 129. Case of the Week: Highlighting the Distal Extension Hinge
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- 132. Case of the Week: Various Occlusal Splint Possibilities and a Highly Retentive Crown Prep
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- 134. Case of the Week: Highlighting Resilient Attachment Systems
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- 137. Case of the Week: A Close Look at Daytime Splints
- 138. Case of the Week: An Effective Solution for a Difficult Overbite Case
- 139. Case of the Week: A Glidewell Design Service Assists Dentists in Making Partial Dentures
- 140. Case of the Week: Solving the Case of a Repeatedly Broken Upper Denture
- 141. Case of the Week: Handling Combination Cases Without Full-Arch Impressions
- 142. Case of the Week: Effective Ways to Take Pick-Up Impressions
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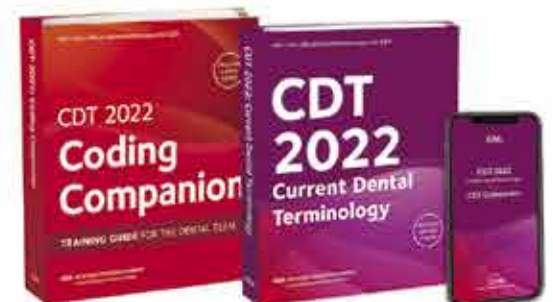
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Dentist-fitted mouthguards necessary for athletes of all ages

ACADEMY FOR SPORTS DENTISTRY RECOMMENDS DENTISTS TALK TO THEIR PATIENTS ABOUT WAYS TO PREVENT INJURIES

BY DAVID BURGER

As fall outdoor sports heat up, it is the responsibility of dentists to ask their patients if they play any sports and if so, if they wear a mouthguard, said Hans Stasiuk, D.M.D., past president of the Academy for Sports Dentistry. "Dentists should not only encourage their patients to wear mouthguards when playing most sports, but they should also be able to explain to them the difference between different mouthguards," Dr. Stasiuk said. "There is a big difference in quality and protection between dentist-fitted, custom-fabricated, dual-laminate mouthguards and store-bought mouthguards."

Jack Winters, D.D.S., past president of the Academy for Sports Dentistry and retired NCAA Division I football referee, echoed Dr. Stasiuk's recommendations.

"The acknowledgement that having a properly fitted and properly worn mouthguard is having an effect on the prevention of concussion injuries to the athletes participating in high-contact physical athletic activities and is gaining the public's attention," said Dr. Winters.

The Academy for Sports Dentistry advises that athletes have their dentist make them a dual-pressure laminated custom mouthguard and then have it professionally fitted by the dentist.

Dentist-fitted mouthguards are superior to store-bought ones, Dr. Stasiuk said.

"Stock mouthguards generally come in three sizes — small, medium and large," he said. "They don't fit very well, and provide very little, if any, protection. Custom-fabricated mouthguards are designed on an exact model of the athlete's teeth. The current gold standard in mouthguards is the custom-fabricated dual-laminate mouthguard made on a pressure-laminating machine. This mouthguard results in a far superior fit to all the other types of mouthguards. This mouthguard provides the best fit, the best comfort, and, ultimately, the best protection."

Dr. Stasiuk said that the academy has seen dental and facial injuries in football decrease from 50% of all injuries to less than 2% of all injuries after mouthguards and facemasks were mandated.

"Potential orofacial damage, treatment time, treatment cost and the long-term implications should be presented to the patient-athletes," Dr. Stasiuk recommended.

"Remind patients and athletes that their smile should last a lifetime. Wearing a custom mouthguard when participating in sports will help to reduce the possibility of dental trauma



Dr. Stasiuk

and protect that winning smile."

Dr. Winters emphasized that all mouthguards are not equal.

"Concussion issues are a major concern for all athletes at all levels of competition," he

said. "The dental profession is in the best possible position to make a difference."

"While it is hoped and believed that custom mouthguards may reduce the incidence of concussions, more conclusive research needs to be carried out," added Dr. Stasiuk.

Dr. Stasiuk also emphasized the need for dentists to perform an oral screening on patients requesting mouthguards during the impression or scanning phase. It's a good opportunity, he said, to make sure there

aren't any other issues that may need to be attended to.

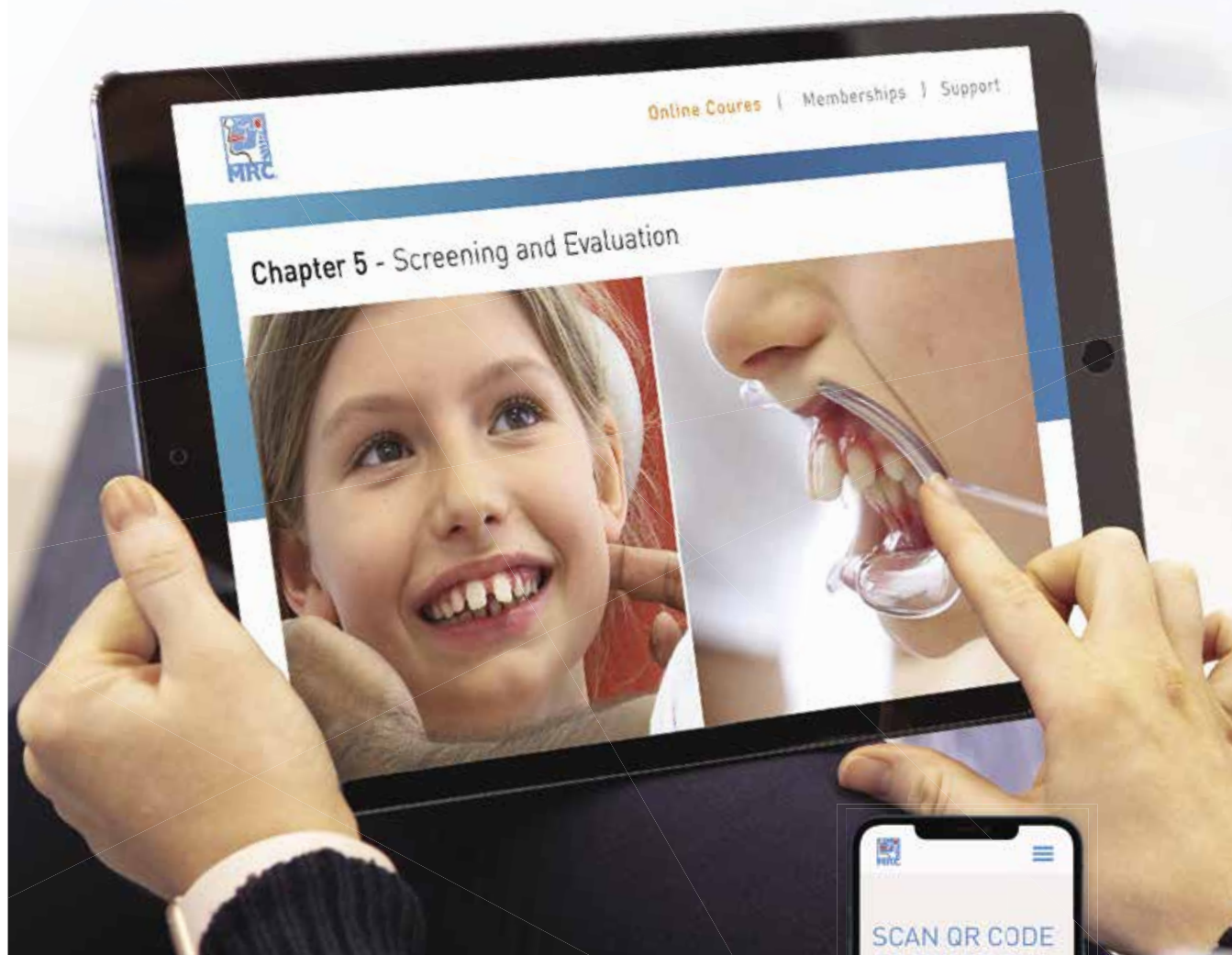
MouthHealthy.org contains educational resources on mouthguards, including:

- Mouthguards.
- Quiz: Test Your Knowledge About Mouthguards.
- 3 Things All Athletes Should Do for Their Teeth. ■

—burgerd@ada.org

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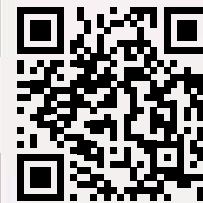
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Dentists should not only encourage their patients to wear mouthguards when playing most sports, but they should also be able to explain to them the difference between different mouthguards.”

– Hans Stasiuk, D.M.D.

ADA, National Council of Insurance Legislators push for transparency in dental insurance bills

BY DAVID BURGER

Supported by the ADA, the National Council of Insurance Legislators adopted its Transparency in Dental Benefits Contracting Model Act at the end of 2020. It ended up serving as the impetus for myriad state bills in the 2020-21 legislative session that underscore the need for transparency when it comes to dental insurance.

In all, 15 states pursued a version of the NCOIL model legislation during the 2020-21 legislative session. Out of that effort, so far, 13 new laws were enacted in 11 states.

During the drafting discussions of the model legislation, NCOIL heard from a wide array of interested parties, including the ADA, about the bipartisan dental benefits model being used as a template for introducing similar legislation

around the country.

The approved model legislation was circulating among the states throughout the 2021 legislative session, with the ADA investing a lot of time — over a year — and energy getting NCOIL to adopt the model, according to David White, D.D.S., chair of the ADA Council on Government Affairs.

Dr. White added that a little over a decade

ago, the National Council of Insurance Legislators adopted a model law on noncovered services for dental plans, and as of today, over 40 states have a noncovered services law enacted, with many of these adhering closely to the organization's legislative language.

The more recent model legislation addresses three critical reform issues trending in state legislatures nationwide.

The legislation:

- Requires fair and transparent network contracts.
- Prohibits dental benefit plans from denying any claim subsequently submitted by a dentist for procedures specifically included in a prior authorization



Dr. White

unless an exception applies for each procedure denied.

- Prohibits dental benefit plans from restricting the methods of payment from the dental benefit plans or its vendor or the health maintenance organization to the dentist in which the only acceptable payment method is a credit card payment.

"The model language on these three issues offers a balanced approach, empowering all three stakeholders in the dental transaction — patients, dentists and insurance carriers — in a way that supports access to care and needed clarity in how dental benefits are paid," according to a letter the ADA and other dental groups sent the National Council of Insurance Legislators ahead of its December 2020 meeting.

"These issues are very important to me as I have seen how if left unchecked, the practices that the model addresses can harm both patients and dentists," said Deborah Ferguson, D.D.S., vice chair of the NCOIL Health Insurance & Long Term Care Issues Committee, in a news release issued by NCOIL. "I am confident that this model provides for the ultimate level of transparency. Transparency in dental insurance and dental care is of the utmost importance for the dentist, but more so for the patient, as they end up absorbing unnecessary costs."

The National Council of Insurance Legislators is an organization of state legislators whose main area of public policy concern is insurance legislation and regulation.

Many legislators active in NCOIL either chair or are members of the committees responsible for insurance legislation in their respective state houses across the country.

NCOIL CEO Tom Considine, J.D., said in the news release that the model came a long way from when it was first introduced, due in large part to the leadership of former NCOIL President George Keiser and Dr. Ferguson.

"As sponsors, they were able to guide the conversations to a point where sufficient consensus could be reached so the model could be adopted and presented to states for consideration," Mr. Considine said. "Everyone had the same goal of ensuring that people have access to affordable and quality dental care, and this model highlights the importance of that."

The model can be viewed at: ncoil.org/wp-content/uploads/2020/12/Dental-Model-Adopted-12-12-20.pdf.

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ADA, state dental society advocacy results in nearly 100 dental insurance reform proposals

IN ALL, 26 SIGNIFICANT BILLS BECAME LAW IN 16 STATES

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.

Working closely with the ADA, state dental society advocacy efforts have resulted in nearly 100 dental insurance reform proposals in state legislatures during the 2020-21 season.

In all, 26 significant dental insurance reform bills became law in 16 states.

"As America's leading oral health advocate, the ADA works tirelessly to influence public policies affecting the practice of dentistry and the oral health of the American public," said David White, D.D.S., chair of the ADA Council on Government Affairs. "In Washington, D.C., the ADA lobbies Congress and the administration, fighting for things that matter to dentists and the patients they serve. The ADA also provides advocacy advice and technical support to help state dental societies advance their respective policy agendas."

The following is just a small sample of legislative wins the ADA and state societies advocated for in 2020 and 2021.

UTAH

In the Beehive State, dental insurance reform law HB 359 requires full transparency of dental insurers' policies, which must include a summary of any material changes to the plan since the last policy update and a description of their downcoding and bundling policies.

Insurers are prohibited from downcoding in a manner that prevents a dentist from collecting, from either the plan or the patient, a fee for the actual service performed.

It also prohibits insurers from bundling so that a procedure code for a service is labeled as nonbillable to the patient. Bundling is allowed, however, if the procedure code is for a service that may be provided in conjunction with another service.

Explanations of benefits must include the reason for any downcoding or bundling.



NORTH DAKOTA

In March, the state governor signed into law HB 1154, related to prior authorization of dental services, provider network leasing and retroactive denial of claim payments.

The new law:

- Prohibits dental benefit plans from denying a claim subsequently submitted by a dentist for procedures specifically included in a prior authorization, unless the denial is based on specified reasonable situations such as change in the patient's condition.
- Prohibits insurers from leasing any dentist in their network to another insurer without the dentist's knowledge and permission, and the dentist may not be dismissed from the original insurer's network for refusing the lease. Dental insurance plans also are required to announce third parties to which they lease under the new law.
- Prohibits dental insurers from initiating overpayment recovery efforts more than 12 months after the original payment for the claim was made.

ARIZONA

In Arizona, two new laws regarding dental insurance went into effect in 2021.

In June, the Arizona governor signed SB 1824 into law, directing the Arizona Department of Insurance and Financial Institutions to prepare an annual report on the medical loss ratio for each dental insurer doing business in the state. In calculating the medical loss ratio, the department is to use data submitted by dental insurers in compliance with currently required regulatory filings.

The medical loss ratio shows the percentage of revenue dental insurers spend on actual care, as compared to administrative costs.

The second bill signed relates to assignment of benefits.

Assignment of benefit laws give patients the ability to have their insurance payments go directly to their dentist regardless of whether their dentist is in the insurer's network.

In February, Arizona enacted HB 2119, which added dental insurers to the state's existing assignment of benefit law. Now, when a patient in Arizona executes an assignment, insurance payments may be made only to that patient's dentist.

DELTA DENTAL LAWSUIT

The ADA also advocates for insurance reform in the legal arena.

The ADA has filed a class action lawsuit against Delta Dental Plans and the Delta Dental Plans Association.

The complaint alleges that Delta has engaged in anticompetitive conduct and violated federal antitrust laws by allocating territories of operation and dividing the national market in order to restrict competition and reduce reimbursement rates to dentists. The complaint goes on to allege that Delta's anticompetitive acts hurt both dentists and their patients by limiting the choices of dental care available to patients and making it more difficult for dentists to deliver the care that patients need and want.

In addition to the ADA's complaint, individual dentists have filed several class action complaints against Delta, also alleging antitrust violations. In these complaints, the ADA and the individual dentists are requesting that the court certify the proceedings as a class action.

"The ADA exists to power the profession of dentistry and to assist our members in advancing the overall oral health of their patients," Dr. White said. "We are strong advocates for our members, promoting the art and science of dentistry. Our mission is to ensure all member dentists have what they need to provide the best possible patient care."

The ADA has a new 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

What is the ADA's policy on Medicare?

The ADA supports the development of policy at the federal, state and local levels that supports the fair, equitable, choice-driven provision of dental care to promote improved health and well-being in elderly patients.

The Association also believes that any potential legislation that includes dental benefits for adults aged 65 and over in a taxpayer-funded public program should:

- Cover individuals under 300% of the federal poverty level.
- Cover the range of services necessary to achieve and maintain oral health.
- Be primarily funded by the federal government and not fully dependent upon state budgets.
- Be adequately funded to support an annually reviewed reimbursement rate such that at least 50% of dentists within each geographic area receive their full fee to support access to care.
- Include minimal and reasonable administrative requirements.
- Allow freedom of choice for patients to seek care from any dentist while continuing to receive the full program benefit. ■

MEDICARE continued from Page 1

Q: I've heard that Medicare is going bankrupt. Is that true?

A: According to the Medicare Board of Trustees' 2021 annual report, the Hospital Insurance Trust Fund, which funds Medicare Part A, will be depleted by 2026, unless Congress intervenes. The other fund, the Supplementary Medical Insurance Trust Fund, is well-supported. It pays for Part B benefits (both those administered by CMS directly as well as those administered by private companies through Part C) and Part D. Congress is proposing to use prescription drug pricing reforms to pay for an expansion of Medicare Part B to include dental.

Q: If Congress does vote to expand Medicare to include a dental benefit, will all dentists have to participate? Can I opt out?

A: Dentists will not be required to participate in Medicare. However, if there is a dental benefit in Part B, then the current rules regarding enrollment and opting out will apply. If a dentist opts out of Medicare, they are permitted to contract privately with Medicare patients to provide covered services.

The beneficiary must agree to pay fully out of pocket for a Medicare-covered service after signing a private contract with the provider. The patient then agrees not to submit a claim to Medicare and the provider also cannot submit a claim to Medicare. Note that this would apply to all the patients in that dentist's practice who have a Medicare benefit, including any who have a Medicare Advantage plan. That's because Medicare Advantage cannot pay claims to providers who have opted out of Medicare once there is a core dental benefit in Part B. Therefore, each dental office must carefully consider whether all their Medicare-covered patients will be amenable to forgoing their Medicare benefit and signing a private contract with the provider to pay out of pocket.

The ADA continues to urge all dentists to contact their members of Congress to oppose the proposed legislation and urge Congress to support a Medicare dental benefit targeted to low-income seniors. To do so, visit ActionCenter.ADA.org. For more information, visit ADA.org/Medicare. ■

ADA, AAOMS ask CMS to fix 'ongoing issue' with oral pathology claims

BY JENNIFER GARVIN

The ADA and American Association of Oral and Maxillofacial Surgeons sent a joint letter Sept. 17 to the Centers for Medicare & Medicaid Services regarding an ongoing issue related to oral pathology claims.

In the letter to CMS Administrator Chiquita

Brooks-LaSure, ADA President Daniel J. Klemmedson, D.D.S., M.D., and AAOMS President B.D. Tiner, D.D.S., M.D., said claims for samples removed from the mouth or jaws have encountered frequent denials even though such procedures are considered covered services by CMS in other sites.

They said this is especially true for cases submitted with ICD-10 diagnosis codes related to the teeth or tissues that support the teeth and noted that while the basis for claims denials has not always been clear, "it appears that a major factor may lie with the Medicare Benefit Policy Manual."

They pointed to the manual's Dental Services Exclusion chapter that begins with the statement: "Items and services in connection

with the care, treatment, filling, removal, or replacement of teeth, or structures directly supporting the teeth are not covered."

"We believe that there is a distinction between dental care and a diagnosis as a step that precedes the care of patients with oral lesions," Drs. Klemmedson and Tiner wrote. "Biopsy or sample collection is not a form of dental treatment. Such procedures are performed to obtain a diagnosis. Only after a definitive diagnosis is established can the most appropriate, cost-effective care or treatment be applied."

The groups concluded the letter by asking CMS for a meeting to discuss the issue.

For more information on the ADA's advocacy efforts, visit ADA.org/Advocacy. ■



Dr. Natalia Chalmers named first CMS chief dental officer

BRINGS 20-PLUS YEARS OF CLINICAL, RESEARCH, INDUSTRY, REGULATORY EXPERIENCE TO AGENCY

BY JENNIFER GARVIN

The Centers for Medicare and Medicaid Services has named Natalia Chalmers, D.D.S., Ph.D., the agency's first chief dental officer.

Dr. Chalmers, a pediatric dentist, brings more than 20 years of clinical, research, industry and regulatory experience to CMS, according to a news release.

The ADA, which has long advocated for CMS to install a chief dental officer, sent a Sept. 8 letter congratulating Dr. Chalmers.

"Leveraging your leadership in the dental profession and past experience as dental officer at the U.S. Food and Drug Administration, the Centers for Medicare and Medicaid Services is well-positioned to tackle the most serious issues in oral health care today," wrote ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D.

Drs. Klemmedson and O'Loughlin added that the Association looks forward to working with CMS and Dr. Chalmers on a number of key oral health issues, including expanding the participation of dentists in Medicaid, addressing

dentist access to operating rooms in hospitals and ambulatory surgical centers and increasing oral health equity. They also said they would like to discuss the potential expansion of Medicare to include dental benefits.



Dr. Chalmers

According to CMS, Dr. Chalmers' passion for

pediatric dentistry began early when she saw the "devastating effects of poor oral health in her elderly patients, and decided to devote her energy to understanding the disease process and the most efficient and effective prevention strategies."

Her educational background includes coursework at the Medical University Sofia, a residency in pediatric dentistry at the University of Maryland School of Dentistry, and a doctorate in oral microbiology from the University of Maryland School of Dentistry. She

has also conducted research with the National Institute for Dental and Craniofacial Research and worked to transform health care data and information into "actionable insights to address equity, improve care, and better inform policy and funding."

"That research has translated into action improving oral care and advocating for the role health policy can play across the lifespan — particularly when it embraces dental well-being as a facet of care for the whole person," CMS said. ■

ADA asks CMS to identify 'coding solutions' for dental surgeries

BY JENNIFER GARVIN

The ADA, American Academy of Pediatric Dentistry and American Association of Oral and Maxillofacial Surgeons are asking the Centers for Medicare & Medicaid Services to improve patient access to dental procedures in hospitals and surgery centers.

In comments filed Sept. 17 with CMS, ADA President Daniel J. Klemmedson, D.D.S., M.D., AAPD President K. Jean Beauchamp, D.D.S., and AAOMS President B.D. Tiner, D.D.S., M.D., are requesting that the agency work with the organizations to identify a coding solution to current hospital and ambulatory surgical center billing limitations, which have significantly restricted Medicare and Medicaid patient access to covered dental outpatient surgeries.

The three organizations shared the following in response to the hospital outpatient prospective payment system proposed rule for calendar year 2022 and future years:

Oral health disparities and access to dental surgeries. Despite advances in preventive care and an overall reduction in untreated tooth decay, "significant oral health disparities exist, including racial and ethnic disparities and geographic disparities." ADA, AAPD and AAOMS noted that Medicare and Medicaid beneficiaries

See CODING, Page 20

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Oct. 26 is deadline to apply for Phase 4 of Provider Relief Fund

BY JENNIFER GARVIN

The deadline to apply for the fourth phase of the Health Resources and Services Administration's Provider Relief Fund is Oct. 26.

The application process is now open and all applications must be submitted online in the Provider Relief Fund Application and Attestation Portal at cares.linkhealth.com.

The Provider Relief Fund was established by the Coronavirus Aid, Relief and Economic Security Act and allows eligible dental service providers to apply for payments, not loans, made for health care-related expenses or lost revenue attributable to COVID-19.

According to HRSA, Provider Relief Fund Phase 4 payments will be based on providers' changes in operating revenues and expenses from July 1, 2020, to March 31, 2021. The fourth phase also includes new elements "specifically focused on equity, including reimbursing smaller providers for their changes in operating revenues and expenses at a higher rate compared to larger providers, and bonus payments based on the amount of services providers furnish to Medicaid/Children's Health Insurance Program and Medicare patients," the agency said.

Payments can be used for lost revenues or eligible expenses incurred from Jan. 1, 2020, through Dec. 31, 2022.

HRSA also noted:

- Seventy-five percent of the Phase 4 allocation will be calculated based on changes in operating revenues and expenses.
- Large providers will receive a minimum payment amount that is based on a percentage of their changes in operating revenues and expenses.
- Medium and small providers will receive a base payment plus a supplement, with small providers receiving the highest supplement, as smaller providers tend to operate on thin margins and often serve vulnerable or isolated communities.
- Health and Human Services will determine the exact amount of the base payments and supplements after analyzing data from all the applications received to ensure the agency stays within budget and funds are

distributed equitably.

- No provider will receive a Phase 4 payment that exceeds 100% of their losses and expenses. HHS will continue to use risk mitigation and cost containment measures in Phase 4 to protect program integrity and preserve taxpayer dollars.
- Twenty-five percent of the Phase 4 allocation will be put towards bonus payments that are based on the amount and type of services provided to Medicaid, CHIP and Medicare patients.

“

Payments will be based on providers' changes in operating revenues and expenses from July 1, 2020, to March 31, 2021.

- HHS will price Medicaid and CHIP claims data at Medicare rates, with some limited exceptions for some services provided predominantly in Medicaid and CHIP.

Providers who have previously created an account in the Provider Relief Fund portal but have not logged in for more than 90 days will need to first reset their password before starting a new application.

For more information about eligibility requirements, documents and information needed, and application process, visit the HRSA website at hrsa.gov/provider-relief/future-payments.

HRSA also is assisting providers with a Provider Support Line at 1-866-569-3522 from 9 a.m. to 11 p.m. ET, Monday through Friday.

For more information about the ADA's advocacy efforts during the COVID-19 pandemic, visit [ADA.org/COVID19Advocacy](https://www.ada.org/COVID19Advocacy). ■

CODING *continued from Page 19*

with special needs and disabilities, and the frail elderly "disproportionately suffer" from dental caries and if those patients aren't treated through dental surgical intervention, this disease can result in emergency department visits and life-threatening infection and hospital admission.

"Given the time involved for restorative dental surgical procedures, the often-complex equipment and anesthesia required, and the complexity of the services required for high-risk patients, many times dentists need to provide these services in a facility operating room to ensure safe, quality care," they wrote.

Medicare coding limitations. Dental rehabilitation surgical services for complex dental patient cases that require operating room access need specific Current Procedural Terminology (CPT) codes. Presently, coding for these covered dental surgical procedures is limited to an unlisted/miscellaneous code (CPT 41899), and for hospital outpatient payment purposes, has been placed with other miscellaneous codes in an APC (5161) with a national average 2020 Ambulatory Payment Classification rate of \$203.64.

"This reimbursement level is grossly under the appropriate cost for complex dental surgery cases, and significantly less than national average geometric mean cost of the procedure

being billed to Medicare," the groups wrote, and "the current Ambulatory Payment Classification rate does not recognize or cover a facility's time, expense, professional surgical services, anesthesia services or equipment costs."

They noted that most state Medicaid programs look to Medicare payment policy and rates "as a benchmark for determining Medicaid policies for dental surgical services, increasing the magnitude of this access problem, particularly for children with special needs."

ADA, AAPD and AAOMS concluded the letter by urging CMS to help solve these issues by establishing a Healthcare Common Procedure Coding System Level II code.

"We would like to work with CMS to explore this coding option further in an effort to improve beneficiary access to covered dental surgical services and in a manner that allows dentists the ability to choose to perform these procedures in hospital outpatient departments or ambulatory surgical centers," they wrote.

On Sept. 21, the groups also sent a letter to the CMS Hospital and Ambulatory Policy group regarding a coding descriptor for a new Healthcare Common Procedure Coding System Level II code.

For more information on the ADA's advocacy efforts, visit [ADA.org/Advocacy](https://www.ada.org/Advocacy). ■

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PART OF A



Former NIDCR director wins ADA Gold Medal Award for Excellence in Dental Research

MARTHA SOMERMAN, D.D.S., PH.D., IS FIRST WOMAN TO RECEIVE HONOR

BY MARY BETH VERSACI

Martha Somerman, D.D.S., Ph.D., is used to being a trailblazer.

When she graduated from the New York University College of Dentistry in 1975, she was one of only a few women in her class of 200.

In 2011, she became the first woman to lead the National Institute of Dental and Craniofacial Research at the National Institutes of Health.

And now, she is the first woman to win the American Dental Association's Gold Medal Award for Excellence in Dental Research.

"This was a beautiful surprise for me," Dr. Somerman said. "I am humbled and honored that I have been selected as the recipient of the 2021 Gold Medal Award for Excellence in Dental Research. I was told I am the first woman to win this award, a true 'wow' moment and one of so much significance to me. It was almost 50 years ago that I graduated from dental school, class of 1975, a class of 200, with four women, 2% of the class. We've come a long way."

The Gold Medal Award honors individuals who have helped advance the profession of dentistry or improve the oral health of the public through basic or clinical research.

Established in 1985, the award is presented every three years, and it is sponsored by the ADA and Colgate.

In a letter announcing the honor, ADA President Daniel J. Klemmedson, D.D.S., M.D., applauded Dr. Somerman for her commitment to professionally developing and motivating those around her.

"Your generous mentorship has produced a talented and diverse cadre of scientists who are transforming the workforce and future of dental science," Dr. Klemmedson said.

Now retired as NIDCR director and as principal investigator for the Laboratory of Oral Connective Tissue Biology at the National Institute of Arthritis and Musculoskeletal and Skin Diseases, Dr. Somerman has enjoyed a long career in dental research and education. She continues to stay active, including as field chief editor for the journal *Frontiers in Dental Medicine*.

While Dr. Somerman always liked math and science, she was unsure where her career would take her after completing her



Dr. Somerman

undergraduate studies at New York University.

She took a variety of odd jobs, including working for the U.S. Census Bureau, earned a master's degree in environmental sciences from Hunter College in New York City and taught science to junior high school students.

Having been exposed to dentistry at a young age by her father who was a dentist, she realized dentistry offered her a stable career that blended science and health care. She soon found she was drawn to the research side of dentistry, wanting to find evidence to support methods of care.

"As a dental student, I enjoyed the artistic side of dentistry and patient interactions but found much of what we did lacked evidence," Dr. Somerman said. "The only area at the time that had some scientific basis for preventing, controlling and treating the disease was periodontology."

She decided to apply to periodontology residency programs, with the plan of becoming a practicing periodontist, but focused on her interest in periodontal research in her application letters and ultimately completed a program for both her periodontology certificate and Ph.D.

"The rest is history," she said. "It proved to be the perfect match for me."

Along with her dental degree from NYU, Dr.

Somerman earned her certificate in periodontology from the University of Rochester Eastman Institute for Oral Health in Rochester, New York, and her Ph.D. in pharmacology from the University of Rochester School of Medicine and Dentistry.

She has published more than 180 peer-reviewed articles, served on several journal editorial boards and won global recognition for her research. As director of NIDCR, she was able to guide dental, oral and craniofacial research at a national level.

In 2016, Dr. Somerman launched NIDCR 2030, a national initiative to advance dental, oral and craniofacial research. As a part of that, she spearheaded a new research focus on autotherapies, which are prevention and treatment tactics that take advantage of the body's innate ability to repair and regenerate damaged or diseased tissues.

She also established the multidisciplinary Dental, Oral, and Craniofacial Tissue Regenerative Consortium.

Dr. Somerman is internationally recognized for her expertise on the regulators that control dental, oral and craniofacial tissue development, and her research has identified genes and associated factors that promote periodontal regeneration.

“

I was told I am the first woman to win this award, a true 'wow' moment and one of so much significance to me.

— Martha Somerman, D.D.S., Ph.D.

She also established the NIDCR Director's Postdoctoral Fellowship to Enhance Diversity in Dental, Oral, and Craniofacial Research. In her career, Dr. Somerman has sought to have a diverse laboratory team and to advance

research to improve the quality of health care for all communities, she said.

"I am an advocate for research on understanding dental, oral and craniofacial health and disease in the context of the whole body and where research transforms how to promote health, treat disease and overcome health disparities, thus offering all people an opportunity to lead healthy lives," Dr. Somerman said.

Before becoming NIDCR director, Dr. Somerman was dean of the University of Washington School of Dentistry. She has also served in other academic positions over the years, and she said watching her students continue as researchers, educators, mentors and clinicians themselves has made her proud.

"Dr. Somerman has led a career with the highest caliber of dental science including focused excellence in basic and translational mechanisms of periodontal development and regeneration, dedicated mentoring of the next generation of dentist scientists, and astute administration of the largest and most prestigious dental research organization in the world," said Laurie K. McCauley, D.D.S., Ph.D., dean of the University of Michigan School of Dentistry and Dr. Somerman's nominator for the Gold Medal Award.

Dr. Somerman is a fellow of the American Association for the Advancement of Science, American College of Dentists and International College of Dentists.

In addition to the Gold Medal Award, she has received the International Association for Dental Research/Straumann Award in Regenerative Periodontal Medicine, the Distinguished Scientist Award from the American Academy of Periodontology and the IADR Distinguished Scientist Award for Basic Research in Biological Mineralization.

As winner of the Gold Medal Award, Dr. Somerman will receive \$25,000, a gold medallion and the opportunity to select a fellowship recipient who will be awarded \$20,000 to support their own research.

"To be a recipient of the Gold Medal Award, a major prestigious award for an academician, means acknowledgement by the larger community for one's achievements," Dr. Somerman said. "Being the recipient of this award makes me acutely aware of my wonderful career and how much I owe to so many people." ■

—versacim@ada.org

NIDCR launches new dental public health research training program

The National Institute of Dental and Craniofacial Research is launching a dental public health research training program for dentists.

The full-time, three-year fellowship will be located on the National Institutes of Health campus in Bethesda, Maryland, and "will equip dental professionals with the skills and knowledge necessary to initiate and conduct impactful population-level oral health research

that improves the well-being of individuals and communities," according to an NIDCR news release.

"To achieve NIDCR's goal of improving oral health for all, it is critical to develop and retain experts with the appropriate skills to conduct relevant oral health research in an increasingly complex environment," said NIDCR Director Rena D'Souza, D.D.S., Ph.D. "By drawing from the unparalleled resources at NIH,

this program will continue this institute's rich history of supporting a diverse pipeline of critical thinkers and thought leaders for years to come."

The fellowship includes a one-year residency in dental public health, followed by two years of mentored postdoctoral-level training.

NIDCR said fellows will be able to choose from several important research areas related to oral health and will receive mentorship from NIDCR and non-NIDCR staff.

Training is "designed to fulfill the advanced dental education requirements for the specialty of dental public health, helping fellows

to become eligible to challenge the American Board of Dental Public Health examination process for specialty certification in dental public health," the agency said.

The deadline to submit application materials is Nov. 17 and the tentative start date for individuals selected is July 5, 2022.

A stipend is available for eligible fellows and there is no tuition.

For more information about the program, including admissions requirements, application instructions and answers to frequently asked questions, visit the NIDCR Dental Public Health Research Fellowship webpage at nidcr.nih.gov. ■

ADASRI scientists present research at virtual International Association for Dental Research meeting

BY MARY BETH VERSACI

American Dental Association Science & Research Institute scientists shared their research at the 99th General Session and Exhibition of the International Association for Dental Research.

The virtual session took place July 21-24 in conjunction with the 50th Annual Meeting of the American Association for Dental Research and the 45th Annual Meeting of the Canadian Association for Dental Research.

Research presented by ADASRI scientists included the following 21 posters:

- "3D Biomimetic Platform to Dissect Connexin 43-Mediated Osteoblast-Endothelial Function," presented by Eun-Jin Lee, Ph.D., postdoc researcher.
- "Antimicrobial Activity of Novel Hybrid Materials against Periodontal Pathogens," presented by Theresa Biddinger, research assistant.
- "Appraisal of Patients' Values and Preferences Inclusion in Dental Guidelines," presented by Sarah Pahlke, research assistant, clinical practice guidelines, Center for Evidence-Based Dentistry.
- "Biomanufacturing of Bioceramic Scaffolds for Bone Regeneration," presented by Yoon-tae Kim, Ph.D., postdoc researcher.
- "Comparison and Assessment of Viability Assays for Oral Multispecies Biofilms," presented by Prerna Gopal, Ph.D., manager of microbiology and chemistry.

Assessment," presented by Taejun Ko, Ph.D., postdoctoral research assistant.

- "Minimal Important Difference for Patient-Reported Outcome Measures in Dental Guidelines," presented by Malavika Tampi, manager, clinical practice guidelines, Center for Evidence-Based Dentistry.
- "Physiochemical, Mechanical, and Antimicrobial Properties of Experimental Dental Composites," presented by Stanislav Frukhtbeyn, senior research associate.
- "Reduced Sugar Consumption and Caries Prevention: Overview of Practice Guidelines," presented by Lauren Pilcher, research assistant, clinical practice guidelines, Center for Evidence-Based Dentistry.
- "Shrinkage Stress and Thermo-mechanical Properties of Quaternary Ammonium-Based Composites," presented by Han Byul Song, Ph.D., postdoc research assistant.
- "Strategies for Disseminating Guidance to Dentists during the COVID-19 Pandemic,"

presented by Ruth Lipman, Ph.D., director of scientific information.

- "Synchrotron X-ray Diffraction Analysis of 3Y-TZP Degradation via Accelerated Hydrothermal Aging," presented by Yifeng Liao, Ph.D., manager of research and standards.
- "US Dentists' Personal Protective Equipment Use during the COVID-19 Pandemic," presented by Cameron Estrich, Ph.D., health research analyst.

In addition, ADASRI researchers gave the following oral presentations:

- "3D Printed Microfluidic Platforms for Oral and Craniofacial Diseases," presented by Stella (Styliani) Alimperti, Ph.D., project leader.

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- "Comparison of Stiffness Determination for Powered and Other Non-standard Brush Heads by Varying the Vertical Load," presented by Ashley Bowers, research assistant of chemistry.
- "COVID-19 Pandemic Related Dental Practice Trends on Teledentistry," presented by Marcelo Araujo, D.D.S., Ph.D., CEO of the ADASRI.
- "Development of EPR Dosimetry Based on Carbonated Hydroxyapatite Cement," presented by Eaman Karim, Ph.D., research associate.
- "Electrochemical Sensors for Detecting Inflammation in Cell Culture Samples," presented by Anna Kalmykov, postdoc researcher.
- "Evaluation of Physical and Chemical Properties of Aerosols According to the Temperature Control of Electronic Cigarettes," presented by Shinae Kim, Ph.D., project leader.
- "Fluoride Deposition by Complex Fluoride Rinses at Different F Concentrations," presented by Shozo Takagi, Ph.D., chief research scientist emeritus.
- "Intraoral Scanners: Results from an ADA Clinical Evaluators Panel Survey," presented by Olivia Urquhart, health research analyst.
- "Labile Fluoride Reservoirs Produced by Complex Fluoride Rinses," presented by Laurence Chow, Ph.D., chief research scientist emeritus.
- "A Microsensor-Embedded Periodontal Probing Device for Periodontal Disease

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October JADA finds oral health care workers less able, willing to work during COVID-19 pandemic

BY MARY BETH VERSACI

The COVID-19 pandemic decreased oral health care workers' ability and willingness to work, but dentists were more able and willing to work than their team members, according to a study published in the October issue of The Journal of the American Dental Association.

The cover story, "Willingness and Ability of Oral Health Care Workers to Work During the COVID-19 Pandemic," looked at 459 responses to a survey distributed to dental-specific Facebook groups from May 1-June 30, 2020. Of the respondents, 30% were dentists, 49% were dental hygienists, 14% were dental assistants and 7% were non-clinical staff members.

Regarding their ability to work a usual shift, 53% of dentists said they could, compared with 33% of dental hygienists, 29% of dental assistants and 48% of nonclinical staff members. Fewer said they would be willing to work a usual shift, with 50% of dentists, 18% of dental hygienists, 17% of dental assistants and 38% of nonclinical staff members reporting their willingness.

The most frequently reported barrier to work was the obligation to care for a family member, which was cited more frequently by dental hygienists, assistants and nonclinical staff members than by dentists. Other barriers included having a second job, health problem or other personal obligations.

The survey also found dentists were more likely than dental team members to receive a COVID-19 vaccine.

"Our study found that there was a decreased ability and willingness of oral health care workers to report to work during the COVID-19 pandemic," said Allison C. Scully, D.D.S., corresponding author and clinical assistant professor at the Indiana University School of Dentistry. "The findings can help inform future initiatives of dental workforce readiness during a pandemic or other crises. Dentists should be prepared to discuss alterations to standard operating procedures to allay staff members' fears and improve retention rates during

pandemics, allowing for improved access to oral health care."

Although Facebook offered a unique opportunity to gather data quickly during the pandemic, this study was limited by a low response rate and disproportionate demographics. Most respondents were from the Great Lakes and Midwest region. In a follow-up study, the authors plan to assess whether more information, access to personal protective equipment and actual vaccine availability have changed the

attitudes of oral health care workers.

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

Other articles in the October issue of JADA discuss Medicaid reform's impact on dental support organizations, primary molar pit-and-fissure sealant cost savings, and adjuvant ozone therapy in third-molar extractions.

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





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IADR *continued from Page 23*

- "Combinatorial Dental Copolymer Matrix for Minimizing Protein Adsorption and Bacterial Presence," presented by Diane Bienek, Ph.D., director of research operations.
- "Fluorescence Microscopy Reveals Structure-Property Relationships and Polymer Dynamics in Biocomposites," presented by Quinn Easter, Ph.D., postdoc researcher.
- "Miniature pH Sensors for Detecting Inflammation at Specific Gum Sites," presented by Nicole Ritzert, Ph.D., project leader.
- "Modeling the Pulp-Dentin Complex: Predicting the Regenerative Effect of Hydroxyapatite-Based Materials," presented by Gili Kaufman, Ph.D., project leader.
- "New Dental Primer and Adhesives Using Hydrolytically Stable Ether-Based Monomers," presented by Xiaohong Wang, Ph.D., research associate.

For more information on the IADR meeting, visit IADR.org. ■

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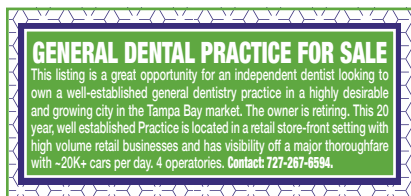
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ADASRI researcher wins award for excellence in evidence-based dentistry

BY MARY BETH VERSACI

In recognition of her efforts to better integrate the patient experience into dentistry's clinical practice guidelines, a researcher from the ADA Science & Research Institute has won the IADR University of Manchester Evidence-Based Dentistry Award.

Malavika Tampi, manager of the ADASRI Center for Evidence-Based Dentistry, received the award for her research poster titled "Minimal Important Difference for Patient-Reported



Ms. Tampi

Outcome Measures in Dental Guidelines" after the general session of the International Association for Dental Research in July.

The award, which is supported by the IADR Evidence-Based Dentistry Network and the University of Manchester, honors excellence in evidence-based dentistry and is given to the IADR general session poster or oral presentation that best promotes the use of evidence to inform clinical practice and teaching.

In patient-reported outcome measures, patients communicate how they feel about subjective measures associated with their disease or condition — for example, their perceived quality of life or symptom severity.

"These measures, however, are often difficult to interpret and determine the extent to which an improvement or deterioration in a patient-reported outcome measure corresponds to a trivial, small, moderate or large effect," said Alonso Carrasco-Labra, D.D.S., Ph.D., senior director of ADASRI Evidence Synthesis & Translation Research and co-author of the IADR poster. "Minimal important difference offers a solution to this problem by providing a threshold or an estimate that represents the smallest change in a patient-reported outcome measure — that is, an improvement or deterioration — that a patient would consider important."

Because guidelines contain evidence-based recommendations on how clinicians should approach particular patient scenarios, guidelines can benefit greatly from the consideration of minimal important difference, Ms. Tampi said.

"Guideline developers and guideline panels can use minimal important difference as a threshold to inform how certain they are about the evidence used to formulate recommendations," she said. "As you can imagine, this facilitates the development of optimally evidence-based and patient-centric guidelines."

While attending the IADR conference, Ms. Tampi also chaired poster sessions of the Evidence-Based Dentistry Network. In addition, she and Dr. Carrasco-Labra participated in the symposium "Conducting Network Meta-analysis to Inform Clinical Practice Guidelines and Policy." ■

—versacim@ada.org



Dentists' voices must be heard when it comes to Medicare expansion

BY DANIEL J. KLEMMEDSON, D.D.S., M.D.

Oral health is integral to general health, and we must always seek opportunities to improve utilization of that care for all Americans — including older Americans.

Therefore, as Congress intends to act on adding dental benefits to Medicare Part B, our profession has a duty to respond.

As of Oct. 5, the Medicare Part B dental expansion had passed three key House committees but still needs to pass the House Rules Committee before heading to the House floor for a vote.

The Senate is working on its own version of the bill.

Considering the speed at which the Medicare proposal is moving through Congress, I am writing to my colleagues to underscore the importance of our profession's involvement on the issue.

Whether you support or oppose it, an expansion of Medicare to include a dental benefit in Part B will have an effect on you and your practice — from commercial insurance reimbursement rates to disruptions in your patient base.

Therefore, the ADA is advocating for a benefit to not be included in Part B, as the Part B fee schedule and administrative requirements are designed for physicians, and would likely not work for dentists.

Instead, we want to make sure that a new Medicare dental benefit aligns with ADA policy and will be a financially sustainable program that offers a meaningful and affordable benefit that is designed to ensure access to care for low-income seniors, whose income is up to 300% of the federal poverty level.

This would provide coverage for a range of services to help seniors achieve and maintain oral health.

If we do not advocate on this issue, Congress will act without our input, thereby creating a Medicare dental program that will not benefit patients or practitioners.

Our involvement is also responsive to our organization's duty, mission and vision, which call on us to advance the health of the public and help our members succeed.

Our profession cannot ignore the process happening in Washington, D.C., if we want to effect change.

We must continue to implement an advocacy strategy that represents ADA policy and supports our dentists and our patients, especially where the need for care is most critical — low-income seniors.

Dr. Daniel J. Klemmedson is the president of the American Dental Association.



Letters

MEDICARE

As a retired dentist who practiced over 50 years, I would like to add this thought: Not all seniors are in the same financial situation. Many seniors are in the bottom of financial wealth, but many are at the top of financial wealth. Medicare dental coverage should only apply to those who need financial help. I will leave it to the politicians to determine what percentage of the poverty level, but it should not include those who can afford to pay for their own dental care.

I agree with the comments regarding lack of participation due to administrative burdens. I never participated with Medicaid for that reason. I gave considerable free and reduced fee dental care during my career, but never through Medicaid or Medicare.

Donald A. Stoner, D.M.D.
Oakmont, Pennsylvania

LICENSURE REFORM

The Sept. 13 My View "Licensure Reform: The Case for Eliminating the Clinical Exam" by Jonathan Nash, D.D.S., strikes me as a bridge to nowhere good. It is not embarrassing to me that the dental profession remains the only health care profession that "subjects" its candidates to licensure to this mode of testing. Rather, it is a source of professional pride (it is OK to be different and arguably better at licensure than other professions). I think this form of testing is an excellent service to the public, and by comparison with the alternatives it is also good for students. This single-episode/performance-based (SE/PB) test motivates students to become good clinicians, and it provides a yardstick for measuring the performance of dental schools in educating the students who seek licensure. Performance of neither students nor the institutions they attend should be taken for granted based on "time served" in school. Testing has evolved and will rightfully continue to evolve as times change, but

the idea that everyone gets a trophy just for showing up is a nonstarter for me and for many other experienced clinicians. I have no problem with the "Ohio Model"; any SE/PB test is better than nothing. Thank you to the many outstanding clinicians who have served as dental board examiners over the last 100 years. I hope that future generations (of all concerned stakeholders) will be mindful of your success and find the means to carry on in the same spirit of public service.

George T. Felt, D.D.S.
Moultonborough, New Hampshire

COVID-19 VACCINE

Just finished the Sept. 13 issue of the ADA News and the letters by Robert G. Csillag, D.M.D., and George D. Mason, D.D.S., about vaccinations. I also think dentists should have the COVID-19 vaccine. However, I respect those dentists who have thoughtfully declined the vaccine. Rather than legislating mandatory vaccination for dentists, I would rather see legislation requiring posting vaccination status in a conspicuous place in the dental office. Let's not hide behind the right to privacy. Let's be proud of our vaccination status. Let's let consumers decide which office they wish to patronize.

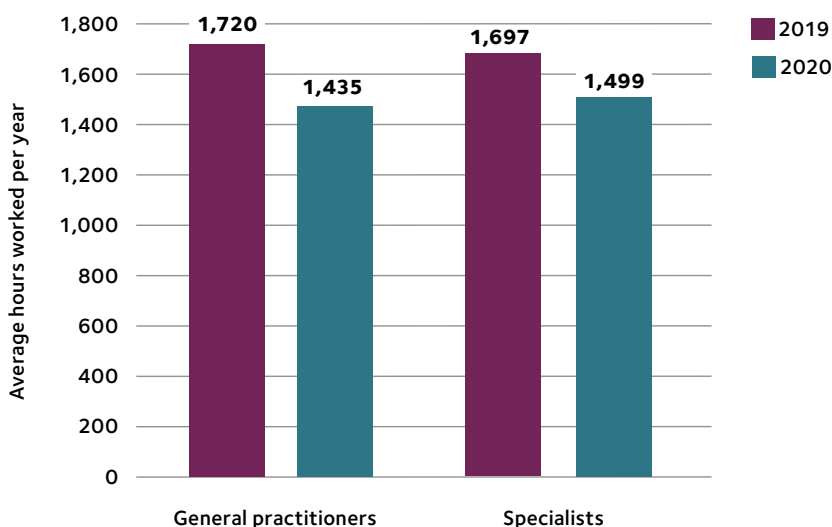
Clifford O. Marks, D.D.S.
Campbell, California

Editor's note: The ADA has resources for dental professionals about COVID-19 vaccines, including "COVID-19 Vaccines in the Dental Workplace: FAQs," available on ADA.org. There have been other guidance materials made available by the U.S. Department of Health and Human Services Office for Civil Rights, including "HIPAA, COVID-19 Vaccination, and the Workplace." Considerations to application of state and federal law, including rules from the Equal Employment Opportunity Commission, should be included.

HPI CORNER

HOURS SPENT IN DENTAL PRACTICE, 2019 VS. 2020

U.S. dentists in private practice worked fewer hours in 2020 compared to 2019 due to the COVID-19 shutdown of non-emergency procedures beginning in March 2020. General practitioners worked 285 fewer hours on average in 2020 while specialists worked 198 fewer hours.



Source: ADA Health Policy Institute Research Brief, "How Did the COVID-19 Pandemic Affect Dentist Earnings?" Available at ADA.org/en/science-research/health-policy-institute/publications/research-briefs.

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Case study: Expanding Medicaid coverage to include dental benefits improves patient outcomes

UNIVERSITY OF COLORADO SCHOOL OF DENTAL MEDICINE, CAREQUEST INSTITUTE FOR ORAL HEALTH LOOK AT COLORADO'S EXPERIENCE

BY DAVID BURGER
Boulder, Colo.

Expanding Medicaid coverage to include dental benefits has ultimately improved patient outcomes in Colorado, according to a new case study authored by the University of Colorado School of Dental Medicine and the CareQuest Institute for Oral Health.

The study, "Expanding Dental Benefits Is Good for States. Just Ask Colorado," arrives as the infrastructure bill is making its way through Congress, putting a renewed focus on expanding adult dental benefits under Medicaid.

The lead author, Tamanna Tiwari, assistant professor in the Department of Community Dentistry and Population Health at the University of Colorado School of Dental Medicine, and Julie Frantsve-Hawley, Ph.D., director, Analytics and Evaluation for the CareQuest Institute for Oral Health, stressed the importance of expanding public programs, such as Medicaid, based on Colorado's experience.

A comprehensive Medicaid dental benefit offers the opportunity for low-income adults to retain their teeth and have an overall better quality of life, said Dr. Tiwari.

"The remaining states who currently choose

not to offer dental benefits should look to the initial successes in Colorado," she said.

Colorado was one of the states that chose to expand Medicaid adult dental benefits under the Affordable Care Act, Dr. Frantsve-Hawley said. As of 2014, adult Medicaid-eligible members could receive up to \$1,000 annually toward the cost of dental services, and in 2019, the cap was raised to \$1,500. The benefit covers procedures such as dental exams, crowns, partial dentures, and root canals.

"Unfortunately, there are states, like Alabama or Tennessee, that do not have any Medicaid adult dental benefits," Dr. Frantsve-Hawley said.

The case study describes the impact of Medicaid expansion in Colorado, focused on key findings from the experiences of the University of Colorado School of Dental Medicine:

- After expansion, the total number of adult Medicaid patients seen at the dental school increased by almost 350%.
- The clinic saw a 51% increase in tooth-saving procedures (e.g., restoration, endodontic and periodontal treatments) and a 22% decrease in extractions.
- Tooth-saving procedures increased in all ethnicities and all ages above 21 years.

The researchers not only studied the improved health of low-income patients, but also



the benefits that providers could reap from expanded Medicaid coverage.

The study's authors wrote, "Although the Medicaid reimbursement rates are lower, adding the benefits enabled additional preventive and restorative care for their patients, which not only helped increase revenue, but led to higher satisfaction for the team as they were

able to improve quality of life for their patients. One of the aspects that the dentists discussed from a business perspective was that adding the adult Medicaid benefit would likely increase the number of patients seen in their practice."

In a show of support, Colorado dentists have taken measures to preserve the adult dental Medicaid benefit.

During the pandemic, the Colorado joint budget committee proposed several budget cuts, and one of the options was the elimination of the adult dental Medicaid benefit. The Colorado Dental Association and several dentists came together to save the Medicaid adult dental benefit.

"In Colorado, the dental community has embraced the adult Medicaid benefit, which has improved the oral health of those who often lack adequate access to care," said Dr. Frantsve-Hawley.

"The expense of strengthening Medicaid to include dental care has been widely debated, with people disputing whether or not the cost outweighs the benefits," Dr. Tiwari said. "But the initial impact we have seen in Colorado is a testament that the Medicaid adult benefit has the capacity to improve oral health outcomes, which is something every state should be aiming for." ■

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I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

All dental health professionals invited to be part of GKAS movement

BY KIMBER SOLANA

The ADA is inviting all dental professionals, including dental associations and dental schools, to sign up, beginning Oct. 1, to participate in its Give Kids A Smile program and join its efforts in improving the oral health of millions of children in the U.S.

More than 6 million children have already been served. With the program's 20th anniversary in 2022, the message to all is clear: be part of the movement.

"GKAS opens the door to a dental home by offering free access to the most vulnerable among us: the children," said Cavan Brunsten, D.M.D., GKAS chair of the New Jersey Dental Association. "The dental profession is based on giving and serving those in need, and the NJDA GKAS effort does just that by helping to engage the entire dental community, within our state, to work together for the common good. Every child deserves a healthy smile, and GKAS delivers."

Program coordinators can visit ADA.org/GKAS to register events for 2022 and to access resources. Available resources include the GKAS data collection system, program planning guides, sample forms, letters and other helpful materials to help organize a GKAS event.

The Give Kids A Smile program first began in St. Louis in 2002 before launching nationally in 2003. It is the ADA's signature access to oral health care program for underserved children, with thousands of dentists and volunteers giving their time annually to provide free oral health education, screenings and treatment in their communities.

"Give Kids A Smile is a wonderful program

for dental schools [because] it allows us to give back to our community with a special focus on kids and their families," said Carol Anne Murdoch-Kinch, D.D.S., Ph.D., Indiana University School of Dentistry dean.

"Through the program, we are able to provide a good 'first dental experience' for many of these children, and connect with their families," Dr. Murdoch-Kinch added.

"It provides our students the opportunity to learn the true meaning of professional service to the community and something they can continue throughout their careers," she said. "It is also a lot of fun for everyone."

In 2021, despite the continuing COVID-19 pandemic, about 8,000 dentists and 15,700 volunteers provided more than \$15.5 million in oral health services to nearly 300,000 children. GKAS would not be possible without the continued generosity and support from national sponsors Henry Schein Inc. and Colgate. The ADA Foundation is also a generous supporter of this national effort.

Although GKAS will be celebrated nationally in February during National Children's Dental Health Month, many events and activities will take place throughout the year.

For more information and to sign up to be part of the movement, visit ADA.org/GKAS. ■



Pacific Dental Services-supported practices celebrate donated care

BY DAVID BURGERI

One Saturday each August, Pacific Dental Services-supported offices come together and serve their local communities by offering a day of free dentistry and community service during Smile Generation Serve Day.

This year, Smile Generation Serve Day took place on Saturday, Aug. 21.

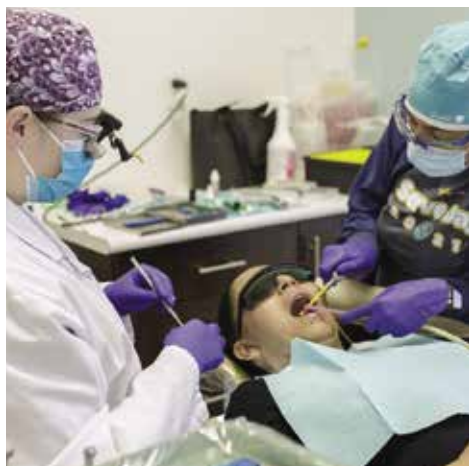
Since its inception in 2011, PDS-supported practices have served over 21,000 patients and provided \$39 million in donated dentistry on Smile Generation Serve Day.

Pacific Dental Services officially started in 1994, supporting its first office in Costa Mesa, California, and today, PDS has more than 800 supported offices in 24 states. ■

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Service: From left, operations manager MaryJo Abney, Kelley Ryals, D.D.S., and Pacific Dental Services regional partner Stephanie Wootan, who have all served in the U.S. Army, pose together at Santa Fe Modern Dentistry in Santa Fe, New Mexico, on Smile Generation Serve Day.



Giving: Katelyn Bobbit, D.M.D., left, and dental assistant Gisell Rodriguez treat a patient at Santa Fe Modern Dentistry in Santa Fe, New Mexico, during the 11th annual Smile Generation Serve Day. One Saturday each August, Pacific Dental Services-supported offices come together and serve their local communities by offering a day of free dentistry and community service.

New CDC resource outlines infection prevention, control

The Centers for Disease Control and Prevention Division of Oral Health released a free, online training on safe care in the dental office and the principles of infection prevention and control.

Foundations: Building the Safest Dental Visit is a self-paced training designed for dental health care personnel, infection prevention coordinators, educators, consultants and others to ensure safe access to care.

The CDC partnered with the Organization for Safety, Asepsis and Prevention for this training, and OSAP will provide three hours of continuing education credit for completing the training.

The training also includes reference materials and other resources to help users explore topics in more detail. In addition, the training presents in-depth audio case studies and videos that illustrate the topics in real-life settings.

For issues with functionality of the training, including issues with video and audio, images or incorrect or non-working hyperlinks, contact the CDC Division of Oral Health at oralhealth@cdc.gov and write "Foundations Training" in the subject line. For issues about CE credits, contact OSAP at office@osap.org and write "Foundations Training" in the subject line.

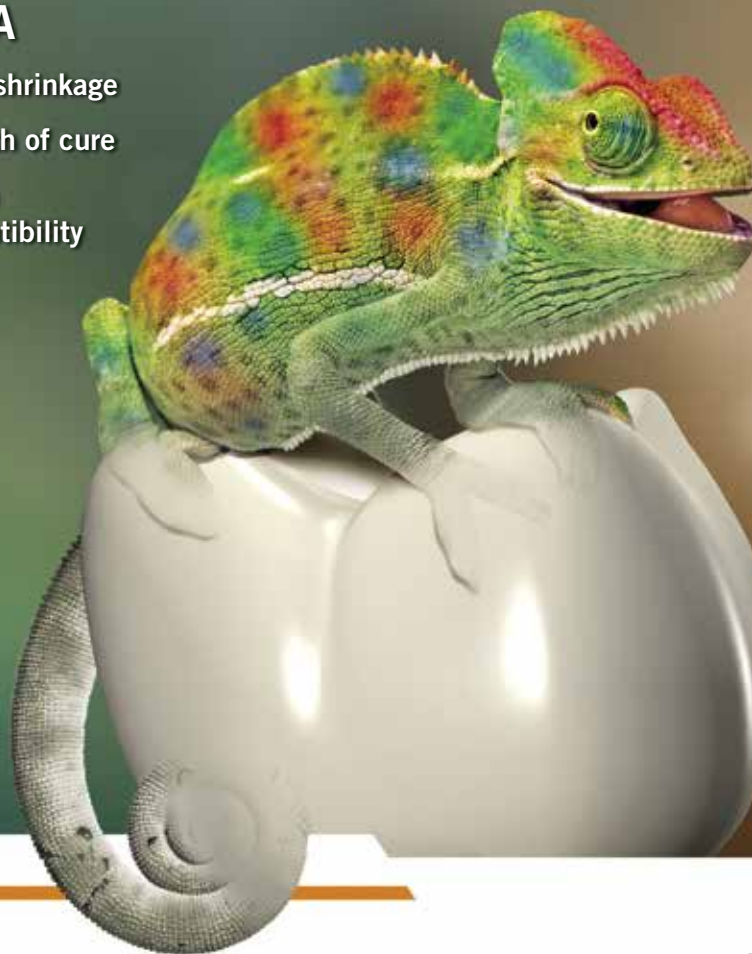
The course is available at cdc.gov/oralhealth/infectioncontrol/foundations-building-the-safest-dental-visit.html.

For information on the ADA's stance on infection prevention and control, visit [ADA.org/en/member-center/oral-health-topics/infection-control-and-sterilization](https://ada.org/en/member-center/oral-health-topics/infection-control-and-sterilization). ■

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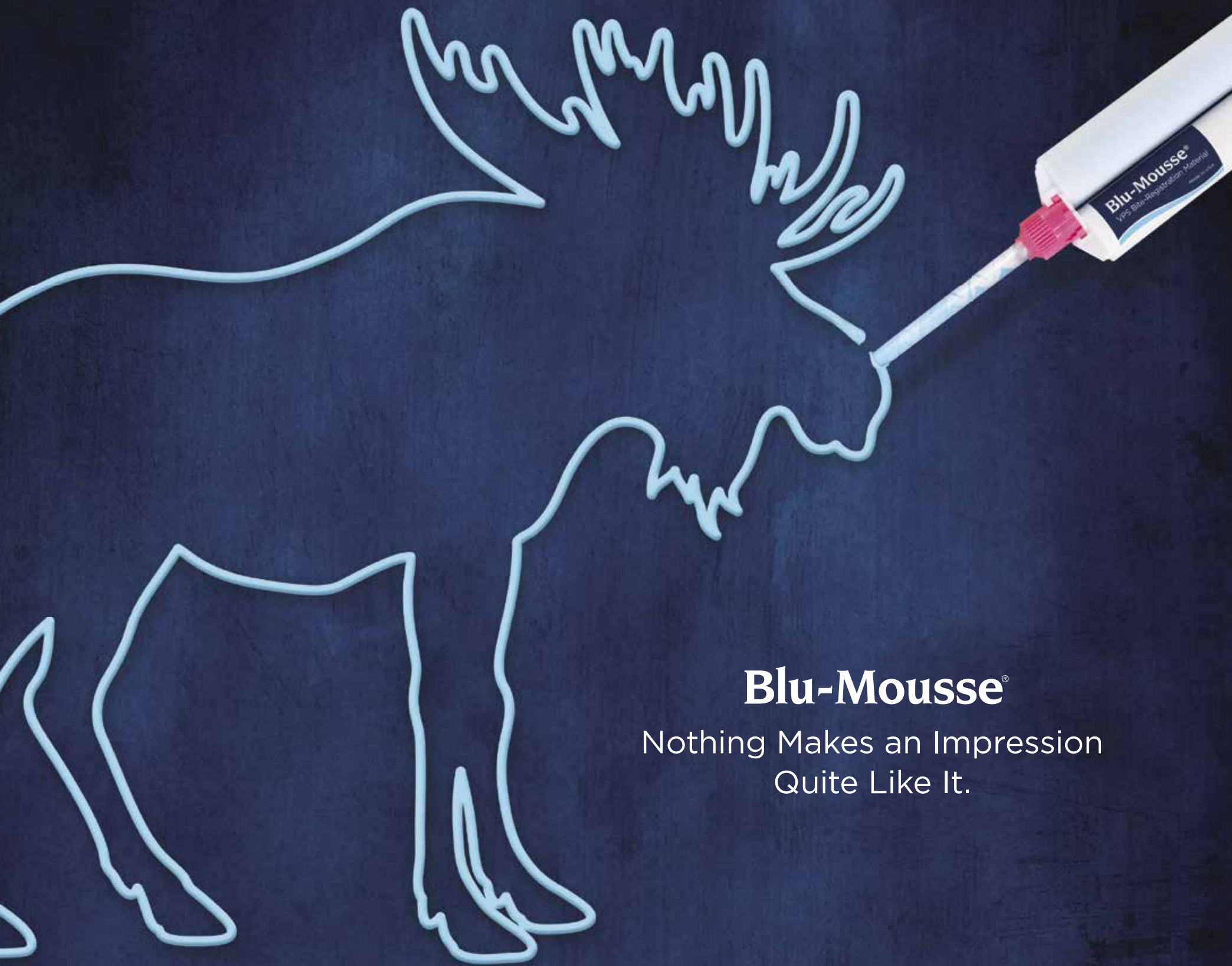
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