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BPA WORLDWIDE

ACCESS TO CARE

Health equity and dentistry

REMOVING BARRIERS ESSENTIAL IN HELPING ALL PATIENTS ACHIEVE OPTIMAL ORAL HEALTH

BY JENNIFER GARVIN

It's more than just seeing patients.

It's helping them understand what dental care is.

It's giving easily understood explanations about dental procedures and making patients feel valued.

Health equity means everyone has a fair and just opportunity to be as healthy as possible. But before a patient ever gets to the dental chair, there are many factors to consider that may be going on behind the scenes.

"The COVID-19 pandemic has underscored the systemic inequalities in our health care system that severely impact populations along racial and geographic lines," ADA President Daniel J. Klemmedson, D.D.S., M.D., said. "Removing barriers to care is essential in ensuring that every community receives access to the quality and affordable health care they deserve."

BARRIERS TO CARE

In April, the ADA Health Policy Institute published data looking into racial disparities in oral health. The data also highlighted the dental care utilization among the U.S. population, finding that for all age groups, Hispanics and Blacks are most likely to face cost barriers to dental care. (See HPI, Page 16)

Patients often face multiple barriers, especially when they are looking for dental care. These barriers can range from struggles with oral health literacy, child care and transportation to problems finding a dentist taking new patients or annual cap limits in Medicaid. Patients who didn't grow up seeing a dentist regularly may be afraid. Some may have lost their insurance after retiring or losing a job.

Dr. Klemmedson

Dr. Meeske

Nearly 80 million adults and children were enrolled in Medicaid and the Children's Health Insurance Program as of November 2020, according to the Centers for Medicare & Medicaid. That number includes more than 6 million who signed up during the pandemic.

"It's difficult to value oral health and making a dental appointment if you are struggling with food, shelter and housing insecurities," said Jessica Meeske, D.D.S., chair of the ADA Council on Advocacy for Access and Prevention.

Tooth decay remains the most chronic condition for children and adults, and nearly half of all adults over 30 have some form of periodontal disease, according to the Centers for Disease Control and Prevention.

Dr. Kessler

Growing up in rural Nebraska, Dr. Meeske didn't have to look very far to see the importance of health equity. Her mom was a school nurse who always made sure the children in her charge had eyeglasses or dental care regardless of their family income.

"She just found a way without complaint so these kids could see the chalkboard and not be sitting in school with a toothache," she said. "In addition, both my dental school education at the University of Missouri-Kansas City School of Dentistry and pediatric residency training at the University of Iowa College of Dentistry provided me with opportunities to care for patients with Medicaid and instilled in me the importance of dentistry's social contract with society."

In her own dental practice, Dr. Meeske, a pediatric dentist, said she works hard to meet the needs of the Medicaid population in her community, including providing her staff with the education and tools to address every patient's unique problems and concerns by adopting a mindset of compassion and helpfulness.

"I also limit my Medicaid by age or referral by general dentists," she said. "Much of the success is in learning how to listen to parents' concerns and accept the fact that I can only provide the best care I can with the available resources that the family has and that my Medicaid program pays for. I've adopted an attitude that none of the problems and barriers we face in our choice to care for the Medicaid population are unsolvable. It just takes commitment."

OUTSIDE THE BOX

In some cases, helping patients get the dental care they need might mean diverting from business as usual.

"So many dentists, we take our time with our patients and that's a great thing," said Brett Kessler, D.D.S., ADA 14th District trustee and liaison to the Council on Advocacy for Access and Prevention. "We'll do a full, comprehensive exam with X-rays and maybe a cleaning on that first appointment but no treatment. If the patient does require follow-up treatment, it means they're going to have to come back. But for some patients, taking time off from work isn't easy."

Sometimes the best gift a dentist can give a patient is to get them out of pain.

"A lot of times people in pain aren't

See EQUITY, Page 19

Dental Insurance HUB

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BPA WORLDWIDE

GOVERNMENT

ADA outlines priorities for oral health to new HHS secretary

BY JENNIFER GARVIN

The ADA is asking the U.S. Department of Health and Human Services to prioritize several issues during the Biden administration.

In an April 15 letter to Sec. Xavier Becerra, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., said that they looked forward to working with the secretary on the following:

- Allowing dentists continued access to the Provider Relief Fund if future application periods are opened. The ADA would also like HHS to create a dispute/appeals process for errors made on previous PRF applications.
- Opening of the Affordable Care Act's special enrollment period where stand-alone dental plans are also allowed to be selected as a way to expand dental coverage as part of overall essential health care.
- Appointing a permanent chief dental officer at the Centers for Medicare & Medicaid Services to ensure oral health is prioritized.
- Improving the Medicaid program. This includes expanding the participation of dentists through increased reimbursement and reduced administrative burdens. The ADA is also asking HHS to enhance adult dental benefits across all Medicaid programs.
- Increasing oral health equity by incentivizing dentists to practice in underserved communities across the United States and strengthening support for Action for Dental Health Initiatives within the Health Resources and Services Administration and Centers for Disease Control and Prevention.

Follow all of the ADA's advocacy efforts at ADA.org/advocacy. ■

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ADA supports two student loan reform bills

BILLS CALL FOR LOWERING FEDERAL STUDENT LOAN INTEREST RATES, ALLOWING NEW DENTISTS TO REFINANCE FEDERAL STUDENT LOANS MORE THAN ONCE

BY JENNIFER GARVIN

The ADA is supporting two student loan reform bills to help offset the financial challenges facing dentists after they graduate.

HR 1918, the Student Loan Refinancing and Recalculation Act, would shift federal student loan interest rates downward, delay interest accrual and allow loan payments to be deferred until after the completion of a medical or dental residency.

"Graduate student debt has been rising for decades, even after adjusting for inflation. It has risen to the point that today new dentists with debt are starting their careers owing nearly $305,000 in educational debt," wrote ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., in an April 13 letter thanking Rep. John Garamendi, D-Fla., for introducing HR 1918.

HR 1918 would also provide economic relief to the next generation of health care providers by:

- Offering borrowers a chance to refinance their federal student loans when the interest rate on the 10-year Treasury note is lower.
- Eliminating origination fees and instead setting future student loan interest rates at the 10-year Treasury note rate, plus 1%.
- Delaying student loan interest rate accrual for many low- and middle-income borrowers while they are in school.
- Allowing medical and dental residents to defer payments until after completing their residency programs.

HR 2160, the Student Loan Refinancing Act, was introduced by Rep. Mark Pocan, D-Wis. If enacted, this bill would allow new dentists to refinance their federal student loans more than once to take advantage of lower interest rates and better economic conditions. It would also provide multiple opportunities for federal Direct Loan, Direct PLUS Loan and Direct Consolidation Loan borrowers to refinance their loans when the interest rates on the 10-year Treasury note are lower. The refinanced rates would also be fixed, protecting dentists from interest rate hikes when economic conditions are less favorable.

"[These bills] won't solve the student debt crisis, but they will help offset the unprecedented

financial challenges that dentists face" and "may also inspire more highly indebted young dentists to practice in underserved areas," Drs. Klemmedson and O'Loughlin stressed to both lawmakers.

Follow all of the ADA's advocacy efforts at ADA.org/advocacy. ■

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What to do if someone fraudulently applies for an Economic Injury Disaster Loan in your name

The Small Business Administration and Federal Trade Commission are offering tips for individuals who received a bill for a loan from the administration when they did not apply for one.

The FTC warns identity thieves could have applied for Economic Injury Disaster Loans using others' personal or business information.

If dentists or their practices are billed for an Economic Injury Disaster Loan they do not owe, the FTC urges them to report the problem right away to the Small Business Administration's Office of Disaster Assistance and follow its guidance on what to do, including providing the following documents to the administration: a copy of an identity theft report filed with the FTC or a law enforcement agency, a copy of their photo ID issued by a federal or state agency, and a completed and signed declaration of identity theft form.

While the Small Business Administration processes the identity theft report, dentists may still receive monthly invoices, which they are advised to keep until it has finished reviewing their report.

If dentists run into other problems caused by the misuse of their personal information, the FTC suggests they visit IdentityTheft.gov/steps, which will guide them through placing a free, one-year fraud alert on their credit, checking their free credit reports for other accounts they did not open, closing fraudulent accounts opened in their name, and adding a free extended fraud alert or credit freeze to their credit report.

The FTC recommends dentists report all instances of fraudulent accounts they find, including the Small Business Administration loan, at IdentityTheft.gov and use the identity theft report they receive to clear fraudulent information from their credit reports. Identity theft could affect their personal credit, so they should keep an eye on what's in their credit report by checking it regularly, according to the FTC. They can visit annualcreditreport.com to get a free credit report every year from each of the three national credit agencies. ■

ADA supports legislation to incentivize dentists to enter HIV workforce

HELP Act would offer up to $250,000 in loan repayment

BY JENNIFER GARVIN

The ADA and more than 80 organizations are supporting legislation to incentivize dentists and other qualified health professionals to help eliminate barriers to HIV treatment and oral health care.

In an April 14 letter to Rep. Lisa Blunt Rochester, D-Del., the groups, led by the HIV Medicine Association, thanked the lawmaker for introducing legislation to ensure there are clinicians to care for patients with HIV.

HR 2295, the HIV Epidemic Loan-Repayment Program Act, or HELP Act, would offer up to $250,000 in educational loan repayment to physicians, nurse practitioners, physician assistants, clinical pharmacists and dentists in exchange for up to five years of service at Ryan White-funded clinical sites and in health profession shortage areas.

The Health Resources and Services Administration's Ryan White HIV/AIDS Program funds grants to states, cities, counties and local community-based organizations to provide care and treatment services, including dental, to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. More than half of people with diagnosed HIV in the United States receive services through the Ryan White HIV/AIDS Program each year, according to HRSA.

"Remarkable advances in HIV treatment enable people to live near-normal lifespans when diagnosed early and provided with regular HIV care and treatment," the groups wrote. "With access to HIV treatment and other services, people with HIV can maintain suppression of HIV to undetectable levels, keeping them healthy and stopping transmission to sexual partners."

Even with these advances, "more than 38,000 people are newly diagnosed with HIV each year, and of the 1.1 million people living with HIV in the U.S., only 62% of adults with HIV had sustained viral suppression," the groups noted, citing research from the Centers for Disease Control and Prevention and Kaiser Family Foundation. "Disparities in HIV care and treatment are greatest among Black and Latinx Americans, who together represent 69% of new HIV diagnoses, and in the Southern U.S., which accounts for 51% of new HIV diagnoses."

"At this pivotal time, we have the tools to end HIV as an epidemic in the U.S. and a federal initiative and a plan to do so," the letter concluded. "The HELP Act is critical to reverse workforce shortages that are particularly acute in the southern U.S and further exacerbated as a result of the COVID-19 pandemic."

Follow all of the ADA's advocacy efforts at ADA.org/advocacy. ■

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Coalition urges Congress to make Provider Relief Fund not taxable

BY JENNIFER GARVIN

The American Dental Association and more than 20 stakeholders are supporting legislation that would ensure Provider Relief Fund assistance is not taxable.

The coalition sent an April 19 letter to Reps. Cindy Axne, D-Iowa, Neal Dunn, R-Fla., and Brian Fitzpatrick, R-Penn., to thank the lawmakers for introducing HR 2079, the Eliminating the Provider Relief Fund Tax Penalties Act.

"As you know, health care professionals have faced significant challenges during the COVID-19 public health emergency, caring for patients under new, emergency circumstances," the groups wrote. "Financial instability and uncertainty has become commonplace for many Americans, including our members and their employees."

The organizations, led by the American Academy of Dermatology Association, noted that Congress' allocation of $175 billion in financial relief to health care professionals through the Public Health and Social Services Emergency Fund, or Provider Relief Fund, has been "very necessary and greatly appreciated." They said that many health care practices were asked to close during the beginning of the COVID-19 pandemic in order to preserve life-saving personal protective equipment. As a result, these businesses saw dramatic reductions in their revenue.

"Without this vital funding, immense financial pressures for health care professionals would have resulted in practice closures and a loss of access to care for our nation's patients," the coalition wrote.

While the groups said they were thankful the Provider Relief Fund helped offset lost income, they are concerned that the funds remain taxable, resulting in a 21% or more reduction to the benefit for taxpaying providers as compared to non-taxpaying providers.

"This negative impact penalizes those who care for our nation's most vulnerable," the coalition said. "The passage of HR 2079 would remove the negative tax implications for [Public Health and Social Services Emergency Fund] recipients by ensuring that all Provider Relief Fund assistance is not taxable, while maintaining that expenses tied to this assistance are tax-deductible. This programmatic change is essential to continuing to support our members and their employees during this unprecedented national health crisis."

"As health care professionals continue to face new challenges every day, HR 2079 would deliver crucial relief and help ease the burden on our nation's health care system," the letter concluded. "Offering all health care professionals regardless of tax status the ability to fully utilize the [Public Health and Social Services Emergency Fund] assistance is a laudable goal and is one that we collectively support. We look forward to working together to continue to advance this critical bill." ■

ADA asks Small Business Administration for additional assistance

BY JENNIFER GARVIN

The ADA is asking the Small Business Administration for additional assistance for dentists and dental practices to help ease the economic distress caused by the COVID-19 pandemic.

In an April 8 letter to Isabella Guzman, the newly confirmed administrator of the Small Business Administration, ADA President Daniel J. Klemmedson, D.D.S., M.D., and Executive Director Kathleen T. O'Loughlin, D.M.D., noted that the majority of dental practices are small businesses and said dentists are often small business leaders in their communities and employers. They added that at the beginning of the pandemic, dentists closed their offices for all but urgent and emergency procedures.

After offices reopened, the COVID-19 relief bills — especially the Economic Injury Disaster Loan and Paycheck Protection Program — helped dentists to retain and rehire employees and make updates to their offices to keep everyone safe.

"While these programs were a much-needed lifeline for dental offices, more assistance is needed in order to help ease the economic distress caused by the COVID-19 pandemic," Drs. Klemmedson and O'Loughlin wrote.

To hel dentists during the pandemic, the ADA is asking the SBA to ensure that lenders are not requiring overly burdensome documentation to apply for second-draw PPP loans and is also asking the agency to simplify the loan forgiveness process and make it more uniform across all banks.

ADA SUPPORTS ORAL HEALTH FOR MOMS ACT

The ADA is supporting new legislation aimed at expanding dental coverage for women during pregnancy and postpartum recovery.

In an April 15 letter to Sen. Debbie Stabenow, D-Mich., the Association thanked the lawmaker for introducing S 560, the Oral Health for Moms Act and noted, "Good oral health is an important part of good overall health, which is especially important during pregnancy and postpartum as untreated dental disease can be harmful to mother and baby."

The letter also said that women are more likely to develop gingivitis during pregnancy and that untreated decay in new moms can translate to their newborn infants acquiring bacteria that puts them at higher risk for severe forms of tooth decay.

PARTNERSHIP SUPPORTS SAME ACT

The Partnership for Medicaid sent an April 27 letter to lawmakers to announce support for the States Achieve Medicaid Expansion Act, or SAME Act. If enacted, it would allow states that did not immediately expand Medicaid under the Affordable Care Act access to the same level of increased federal financial support offered to states that chose to expand immediately.

The coalition said that "since 2014, nearly 16 million individuals have enrolled in Medicaid coverage as part of the ACA's Medicaid expansion, which allows individuals with incomes up to 138% of the federal poverty level the chance to acquire Medicaid coverage for the first time," and noted that states that chose to immediately expand eligibility to this population received three years of full federal funding beginning in 2014 before declining to a 90% federal matching assistance percentage after six years and every year thereafter. States that expanded after Jan. 1, 2014, were not eligible for the same federal financial support and lost hundreds of millions of dollars in federal assistance.

Follow all of ADA advocacy efforts at ADA.org/advocacy. ■

NHSC Loan Repayment Program deadline nears

The deadline to apply for the National Health Service Corps Loan Repayment Program has been extended to May 27 at 7:30 p.m. ET.

The program awards up to $50,000 in exchange for a two-year commitment to provide health care, including dental care at approved sites in high-need, underserved areas. Recipients are also eligible to extend their service and potentially pay off all of their educational debt with continuation contracts.

As part of the Biden administration's stimulus package, the Health Resources and Services Administration received $900 million in new funding to support, recruit and retain qualified health professionals through the National Health Service Corps and Nurse Corps programs. The ADA advocated for the funding to be included in the stimulus bill and is encouraging dentists and dental students to apply for the National Health Service Corps opportunities.

For more information, visit bhw.hrsa.gov. ■

Federal government, ADA advocate for policies to curb opioid epidemic

BY DAVID BURGER

The Biden-Harris Administration's Statement of Drug Policy Priorities was released April 1, which outlines the federal government's first-year approach to ending the opioid epidemic.

The priorities are closely aligned with the ADA's goals related to curbing opioid use.

In the next year, according to the federal government's statement, the Office of National Drug Control Policy will work across the government to implement the following seven priorities:

- Expanding access to evidence-based treatment.
- Advancing racial equity in the approach to drug policy.
- Enhancing evidence-based harm reduction efforts.
- Supporting evidence-based prevention efforts to reduce youth substance use.
- Reducing the supply of illicit substances.
- Advancing recovery-ready workplaces and expanding the addiction workforce.
- Expanding access to recovery support services.

Brooke Fukuoka, D.M.D., a member of the ADA Council on Advocacy for Access and Prevention's prevention subcommittee, said that she sees value in this plan, which recognizes the connection between mental health and substance misuse, and mentioned her support for efforts to increase school-based mental health screenings.

"School-based mental health screenings and access to evidence-based treatment options are important to help decrease the prevalence of substance misuse disorders," she said. "The co-occurrence of mental health disorders and substance misuse disorders is not simply coincidental. Mental health, like dental health, is part of overall health. Early detection, risk-based care and prevention are also important in mental health. While unmet needs in dental health can lead to infection, pain and tooth loss, unmet needs in mental health can lead to self-harm, harm to others and substance misuse."

Regina M. LaBelle, acting director of the Office of National Drug Control Policy, said in a news release that the implementation of its priorities will complement both President Joe Biden's efforts and the implementation of the American Rescue Plan, which includes an investment of nearly $4 billion in behavioral health service.

"These actions are critical at a moment when the latest provisional data from the Centers for Disease Control and Prevention shows that 88,000 people died of an overdose in the 12-month period ending in August 2020, a 26.8% increase, year-over-year," Ms. LaBelle said. "Similarly, overdose rates are also increasing in certain communities of color, underscoring historic racial inequities. This issue is a bridge across party lines, across our communities and across geographic divides — and the common factor is our humanity."

In 2018, the ADA House of Delegates adopted a policy supporting mandatory continuing education to prevent opioid abuse. It positioned the Association as the first major health professional group to support statutory restrictions on clinical practice to help curb opioid abuse.

The policy supports mandatory continuing education in substance use disorders and controlled substance prescribing, with an emphasis on preventing drug overdoses, chemical dependency and diversion. It also supports limiting opioid prescriptions to no more than seven days for the initial treatment of acute pain, consistent with CDC evidence-based guidelines. ■

Postcards disguised as OCR communication are misleading

Postcards sent to health care organizations disguised as official communications from the U.S. Health & Human Services' Office of Civil Rights informing the recipients that they are to complete a "Required Security Risk Assessment" did not come from the office, the HHS advised April 26 in an email blast.

The postcards informed the recipients that they are required to participate in a "Required Security Risk Assessment" and they are directed to send their risk assessment to a nongovernmental website marketing consulting service.

OCR advises entities covered by the Health Insurance Portability and Accountability Act and business associates to alert their workforce to the misleading communication.

HIPAA-covered entities can verify that a communication is from the office by looking for the Office of Civil Rights' address or email address — which will end in @hhs.gov — on any communication that purports to be from the office, as well as asking for a confirming email from the OCR investigator's hhs.gov email address.

If organizations have additional questions, they can email OCRMail@hhs.gov. ■

SCIENCE & TECH

CDC updates guidance for fully vaccinated individuals

MOST RECOMMENDATIONS REMAIN UNCHANGED FOR HEALTH CARE SETTINGS

BY MARY BETH VERSACI

The Centers for Disease Control and Prevention continues to update its guidance for those fully vaccinated against COVID-19, although most recommended precautions, such as the use of personal protective equipment, remain the same for health care settings, including dental offices.

Individuals are considered fully vaccinated when it has been at least two weeks since they received the second dose in a two-dose vaccine series or one dose of a single-dose vaccine. As of late April, the CDC's updated health care infection prevention and control recommendations in response to COVID-19 vaccination included the following guidelines for fully vaccinated health care personnel:

- Personnel with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.
- Personnel who have traveled should continue to follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler.
- Personnel with symptoms of COVID-19, regardless of their vaccination status, should receive a viral test immediately.
- Asymptomatic personnel with a higher-risk exposure, regardless of their vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and five to seven days after exposure. Higher-risk exposures generally involve exposure of their eyes, nose or mouth to material potentially containing SARS-CoV-2, particularly if they were present in the room during an aerosol-generating procedure and not wearing the appropriate personal protective equipment. People with SARS-CoV-2 infection in the last 90 days do not need to be tested if they remain asymptomatic, even if they have a known contact.
- Recommendations for use of personal protective equipment by health care personnel remain unchanged.
- Fully vaccinated individuals can be excluded from expanded screening testing performed by health care facilities for asymptomatic personnel who do not have a known exposure.

The CDC will continue to update its recommendations for health care settings as new information becomes available.

In its interim public health recommendations for fully vaccinated people, the CDC states fully vaccinated individuals outside of health care settings may:

- Visit with other fully vaccinated people indoors without wearing masks or physical distancing.
- Visit with unvaccinated people from a single household, including children, who are at low risk for severe COVID-19 without wearing masks or physical distancing while indoors.
- Participate in outdoor activities and recreation without a mask, except in certain crowded settings and venues.
- Resume domestic travel and refrain from testing before or after travel or self-quarantining after travel.
- Refrain from testing before leaving the U.S. for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in the U.S.
- Refrain from testing following a known exposure if asymptomatic, with some exceptions for specific settings.
- Refrain from quarantine following a known exposure if asymptomatic.
- Refrain from routine screening testing if asymptomatic and feasible.

However, as of late April, the CDC advised fully vaccinated people should continue to:

- Take precautions in indoor public settings, such as wearing a well-fitted mask.
- Wear well-fitted masks when visiting indoors with unvaccinated people who are at increased risk for severe COVID-19 or have an unvaccinated household member who is at increased risk for severe COVID-19.
- Wear well-fitted masks when visiting indoors with unvaccinated people from multiple households.
- Avoid indoor, large-sized, in-person gatherings.
- Get tested if experiencing COVID-19 symptoms.
- Follow guidance issued by individual employers.
- Follow CDC and health department travel requirements and recommendations.

For more information, visit CDC.gov. ■

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Latest research finds 6.8% of dental hygienists have contracted COVID-19

ADA, ADHA discuss new findings during webinar

BY MARY BETH VERSACI

As of March 1, 6.8% of U.S. dental hygienists surveyed by the American Dental Association and American Dental Hygienists' Association had contracted COVID-19 since the start of the pandemic, lower than estimates for other health care workers and the general population, according to ongoing research by the associations.

The research team discussed its latest findings on dental hygienist infection rates, infection control practices, employment rates and vaccination statistics during a webinar May 4. A recording of "Impact of COVID-19 on Dental Hygienists: Ongoing Research Update" is available at adha.org/jointresearchwebinar.

The associations previously published two studies in February in The Journal of Dental Hygiene using data as of October 2020. At that time, an estimated 3.1% of U.S. dental hygienists had ever contracted COVID-19.

New survey findings the researchers will discuss during the webinar include:

- The percentage of dental hygienists who reported always wearing eye protection and a mask during non-aerosol-generating procedures increased from about 75% in late September 2020 to 82% in March. Between 62% and 65% of dental hygienists report wearing the recommended N95 or equivalent masks during aerosol-generating procedures.
- In early October 2020, about 8% of dental hygienists who had been employed as of March 1, 2020, were not working, 59% of them voluntarily. As of the first week of March 2021, 5.8% were not working as dental hygienists, 65% voluntarily.
- As of the first week of March, 52% of dental hygienists were fully vaccinated. ■

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May JADA finds no increased osteosarcoma risk associated with topical, supplemental fluorides

BY MARY BETH VERSACI

Topical and supplemental fluorides used in dental offices and over-the-counter products are not related to an increased risk of developing osteosarcoma, according to a study published in the May issue of The Journal of the American Dental Association.

The cover story, "A Case-Control Study of Topical and Supplemental Fluoride Use and Osteosarcoma Risk," analyzed data from two separate but linked studies that looked at the behaviors and demographics of case patients with osteosarcoma and control patients with other bone tumors or nonneoplastic conditions, including whether they ever used topical or supplemental fluoride.

In telephone interviews in the first study and in-person interviews in the second, patients were asked about the brands of toothpaste they usually buy, their use of mouth rinses, their participation in a school mouth rinse program and their use of fluoride tablets, pills or drops. Their history of living in a fluoridated or nonfluoridated community also was collected using their residential history. The association between fluoride exposure and osteosarcoma was not significantly different between the two studies, allowing them to be combined for analysis.

When the studies were combined, the prevalence of topical fluoride use was 18% among case patients and 16.8% among control patients, and the prevalence of supplemental fluoride use was 17.5% among case patients and 21.2% among control patients.

The researchers estimated odds ratios to quantify the relationship between fluoride exposure and osteosarcoma, finding the odds of the case patients having been exposed to topical fluoride were similar to the odds of the control patients and the odds of the case patients having been exposed to supplemental fluoride were lower than the odds of the control patients.

"Dental caries remains a very common disease in both children and adults," said corresponding author Catherine Hayes, D.M.D., D.M.Sc., director of dental services at the University of Massachusetts Medical School. "Unfortunately, we still see both children and adults with untreated disease. It is important that dental professionals continue to promote evidence-based, safe and effective preventive dentistry regimens, including fluoride."

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

Other articles in the May issue of JADA discuss COVID-19 fundamentals, dental benefit enrollment trends and resin composite gloss values.

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

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New standards working group to focus on artificial intelligence in dentistry

The American Dental Association is seeking volunteers to join a new standards working group on augmented/artificial intelligence in dentistry.

The working group's mission will be to develop educational materials and determine best practices for the growing use of augmented/artificial intelligence tools that support clinical decision-making in dentistry.

The new documents will be developed through an open, voluntary consensus process under the guidance of the ADA Standards Committee on Dental Informatics.

Anyone interested in joining this new standards activity should contact the ADA Department of Standards at standards@ada.org. ■

PRACTICE

ADA council provides guidance on the ethics of vaccinations

WHITE PAPER ADDRESSES THE ETHICAL ISSUES DENTISTS MAY FACE

BY KIMBER SOLANA

Should dentists offer vaccines? What is the dentist's ethical obligation if patients and/or staff members refuse vaccination? Do dentists have an ethical/professional obligation to be vaccinated themselves?

These are the questions and topics the ADA Council on Ethics, Bylaws and Judicial Affairs explored in its white paper published April 27 addressing the ethical issues raised by vaccinations that dentists may face.

The white paper, "Ethics of Vaccination," does not focus on one vaccine in particular but on the process of vaccination more generally.

"The vaccination white paper serves as a guide to educate our members on an important issue that is the mainstay of our current generation," said Guenter J. Jonke, D.M.D., council member and chair of its ethics subcommittee. "It is a great way to share the council's perspective to our membership and offer ethical consideration of this issue."

The resource arrives as COVID-19 continues to spread worldwide, with at least three COVID-19 vaccines approved for emergency use in the U.S. under a federal emergency directive; dentists and dental students are currently authorized to administer COVID-19 vaccines.

"The dental profession has been a leader and an example in the safe delivery of care with a minimal risk of disease transmission in the dental operatory," said council chair Robert Wilson, D.D.S. "The dental profession is continuously refining and enhancing safety protocols. The COVID-19 vaccine is a visible example of how immunization has the potential to further mitigate risks to providers, support staff and patients while care is provided in the dental office. This applies to other vaccines as well."

A range of preventable communicable diseases have reemerged in recent years including measles, mumps, pertussis and human papillomavirus.

"With the number of infectious diseases rising rapidly or continuing to spread ... dentists face a number of considerations that have ethical dimensions," according to the white paper.

Dr. Wilson

"The council has been discussing vaccines for several years now," said Dr. Wilson. "The measles outbreaks that occurred a few years ago provided further impetus to begin the development of a white paper, and the COVID-19 pandemic has resulted in unprecedented attention to vaccinations in the dental office."

The white paper examined the ethical questions dentists may face through the lens of the ADA Principles of Ethics & Code of Professional Conduct. It applied the five principles of the Code — autonomy, nonmaleficience, beneficence, justice and veracity — to provide dentists guidance on the ethical and professional obligations regarding vaccinations.

> **Every ADA member should read this report for themselves, recognizing that their primary goal is the benefit of the patient.**
> – Guenter J. Jonke, D.M.D.

The paper also lists recommendations and a checklist of questions to ask. These include:

- Dentists can give vaccines when it is permissible under their state act or other government order, and if they have received the training to do so.
- Dentists need to give thought to how to deal with patients who cannot be vaccinated or do not choose to be vaccinated.
- Dentists cannot use vaccination status as a marketing tool.

"As an important resource, the white paper can help dentists decide whether to offer vaccinations in their respective offices," Dr. Jonke added. "As in our Principles of Ethics & Code of Professional Conduct, we have the obligation of keeping our knowledge and skills current. Every ADA member should read this report for themselves, recognizing that their primary goal is the benefit of the patient."

To read the white paper, visit ADA.org and search for "ADA Ethics Resources." ■

—solanak@ada.org

Claim adjudication solutions unleased in new dental insurance guidance

GUIDES, ON-DEMAND WEBINAR AVAILABLE

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.

If dentists have ever wondered why their claim submission was denied, altered or was paid at a lower amount than expected, the ADA has new and existing tools and guidance to help dentists understand the actions taken by insurance carriers:

- Learn how claims are reviewed from a former dental insurance consultant and ways dentists can help educate their patients about dental insurance issues with a new on-demand webinar, available at ADA.org/dentalinsurance.
- Check out answers on why insurance companies use payment policies and how to file a successful claim appeal in three new downloadable guides from the ADA Council on Dental Benefit Programs on downcoding, bundling and least expensive alternative treatment clauses, with easy-to-understand explanations on these common conundrums also available at ADA.org/dentalinsurance.
- ADA's Contract Analysis Service, an ADA member exclusive, explains the terms of an unsigned contract so dentists can evaluate whether the contract is a good fit for their business.

> **Dentists code for what they do and not what they believe they will be paid for.**
>
> – Andrew Gazerro, D.M.D.

PPO PROCESSING POLICIES WEBINAR

In the webinar, How PPO Processing Policies Affect Claim Adjudication (Part 1), recorded April 22, Andrew Gazerro, D.M.D., and Hadi Ghazzouli, D.M.D., discussed typical processing policies utilized by preferred provider organization plans and their potential financial implications on a dental practice. In addition, participants learned what questions to ask before signing an agreement, as well as how to access the ADA's ready-to-use educational resources on this and many other challenging dental insurance topics. Part 2 of the processing policies webinar will be broadcast live on May 25.

"Dentists code for what they do and not what they believe they will be paid for," said webinar co-host Dr. Gazerro, a former dental insurance consultant and current member of the ADA Council on Dental Benefit Programs. "Since benefits differ from plan to plan, it is important that as much information about each plan be learned [as possible], especially since those different policies will affect the financial arrangements dentists make with patients. If an office knows the benefit criteria while the patient is still in the office, a more accurate financial arrangement can be made with the patient, limiting the number of reconsiderations or appeals."

TRIO OF GUIDES

The three new online guides, located by searching for Dental Insurance Claims Frequently Asked Questions on ADA.org, focus on:

- Procedure code bundling, the systematic combining of distinct dental procedures by insurance carriers that results in a reduced benefit for the patient/beneficiary.
- Downcoding, a practice of insurance carriers in which the procedure code has been changed to a less complex and/or lower cost procedure than was reported except where delineated in contract agreements.
- A least expensive alternative treatment clause, more commonly known as the LEAT clause, a type of cost-containment measure used by many insurance carriers when there are multiple viable options of treatment available for a specific condition, and the plan will only pay for the least expensive treatment alternative.

"I strongly believe these new ADA guides will be a great asset to our member dentists," Dr. Gazerro said. "They are available so dentists and their team members are prepared when one or all three of these processing policy scenarios affect their claims. With a good understanding of each processing policy, the dentist and office staff can establish protocols on how to best address and amend their financial arrangements with the patients."

Dr. Gazerro emphasized the importance of dentists and their team members knowing the ins and outs of downcoding, bundling and LEAT clauses.

"The dentist is the captain of the ship," Dr. Gazerro said. "First and foremost, the dentist needs to understand these processing policies and educate their team members to recognize them as well. The reason they need to understand these policies is because they will directly impact the financial arrangements that have been made between the patient and the dental office. Knowing ahead of time that a procedure may be subject to any of these processing policies will better prepare the dental team and the patient in creating financial arrangements. This way, the patient is prepared for potential changes to their financial responsibility to the practice as a result of how their specific dental plan processes the claim."

ADA DENTAL INSURANCE ADVOCACY

The ADA is working on members' behalf to hold insurers accountable, empowering dentists with the tools and knowledge they need to reduce administrative burdens and improve the dentist-patient relationship. Working closely with the ADA, state dental society advocacy efforts have resulted in more than 75 dental insurance reform proposals in state legislatures this season, including recent downcoding wins in Louisiana and Utah.

In Louisiana, a new law went into effect in August 2020 prohibiting downcoding by insurance companies unless certain criteria are met. The law, which the ADA believes was the first of its kind, prohibits systematic downcoding with the intent to deny reimbursement otherwise due to dentists and requires insurance companies to disclose downcoding policies that are routinely applied. It also says that state-regulated plans must specify in their explanation of benefit notices sent to patients the reason for any payment against a different procedure code than what was submitted by the dentist, as well as identify policy provisions that permit the change. The Explanation of Benefits (EOB) notices plan subscribers receive may not state or imply dentists have acted inappropriately if a different procedure code is used for adjudication, unless there is clear evidence to the contrary. Lastly, the new law specifically prohibits insurance companies from downcoding a fixed bridge to a removable bridge.

The Utah dental insurance reform law, which went into effect May 5, requires full transparency of dental insurers' policies, which must include 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 non-billable to the patient. Bundling is allowed, however, if the procedure code is for a service that may be provided in conjunction with another service. EOBs must include the reason for any downcoding or bundling.

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. ■

RevenueWell acquires PBHS, expands dental marketing services

PBHS announced March 31 it was acquired by RevenueWell, a provider of marketing and communication software specifically designed to meet the needs of dental practices.

Current and future customers of both companies will now have access to a unified platform that combines their dental marketing and communications technology, strategies and creative services in one place, according to PBHS, the website and marketing services provider endorsed by ADA Member Advantage.

ADA Member Advantaged℠
✓RESEARCHED ✓PROVEN ✓ENDORSED

"PBHS has long been the industry leader in dental and specialty website design and digital patient engagement strategies," said PBHS CEO Jay Levine in a news release. "Integrating these offerings with RevenueWell's award-winning Patient Relationship Management Suite creates an unbeatable solution for our clients to create seamless new patient experiences, measure and optimize their marketing [return on investment] and maximize the growth of their practices."

RevenueWell's flagship product is its Marketing Platform, which integrates with most practice management software systems to automate and simplify marketing and communication tasks such as email campaigns, appointment reminders, welcome information and post-procedure instructions. The platform also provides performance insights on the return on investment of marketing campaigns. It also offers phone, automated text messaging, paperless forms, teledentistry tools and more.

For more information, visit pbhs.com/ada. ■

HPI data find racial disparities in oral health

HEALTH POLICY INSTITUTE: RACIAL MIX OF WORKFORCE DOES NOT REFLECT POPULATION

BY KIMBER SOLANA

The racial mix of the dentist workforce does not reflect the U.S. population with Black and Hispanic dentists significantly underrepresented in the profession, according to the Health Policy Institute.

The HPI published on April 19 a series of infographics and data looking into racial disparities in oral health. The series also highlighted the dental care utilization among the U.S. population, finding that for all age groups, Hispanics and Blacks are most likely to face cost barriers to dental care.

These findings present an opportunity to raise awareness in the area of health disparities and educate Association members, said Jessica Meeske, D.D.S., chair of the ADA Council on Advocacy for Access and Prevention.

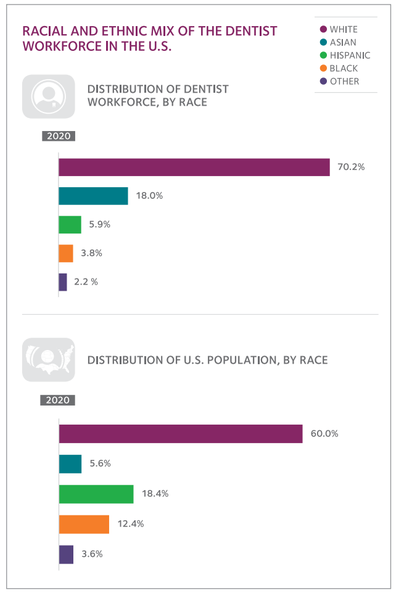
"The ADA has a historical opportunity to lead that change and work for improved oral health of every American through supporting oral health equity and reforms that ensure that anyone who wants a healthy mouth can achieve it, regardless of age, race, disability and income," said Dr. Meeske.

According to the HPI, racial disparities in cost barriers to dental care have narrowed slightly for children and have widened for adults and seniors.

"What was most surprising to me is how far we've come in decreasing the gap between children of different races in seeing a dentist, but not adults," Dr. Meeske said. "I suspect this is due to a smaller number of dentists willing to be able to see new adult Medicaid patients."

Other findings highlighted in the infographics include:

- Research indicates some career choices are influenced by race. For example, Black dentists (63%) are more likely to participate in Medicaid than white dentists (39%). About 50% of Hispanics, Asians and other races participate in Medicaid.
- In 2020, white dentists made up 70.2% of the dentist workforce; 18% were Asian; 5.9% were Hispanic; and 3.8% were Black. In comparison, in 2005, white dentists made up 79.8%; Asians were 11.8%; Hispanics were 4.2%; and Black dentists made up 3.7%.
- Dental student bodies have diversified over time, with more Asian and Hispanic dental students. Nearly one-quarter of dental students are Asian, compared to 18% of dentists overall and 6% of the U.S. population.
- Educational debt levels for dental school graduates vary significantly by race. More than 20% of Asian dentists graduate with no student debt compared to less than 1% of Black dentists. Black dentists, by far, graduate with the highest levels of educational debt.
- Among the class of 2019 dental graduates, the average educational debt at graduation for Black dentists is $314,360. The average was $283,046 for white dentists; $286,437 for Hispanic dentists; and $225,750 for Asian dentists.
- Racial disparities in dental care use are smallest for children and largest for seniors. In 2017-18, 54.8% of white seniors visited a dentist; 40.5% of Asians; 31.8% of Hispanics; and 28.8% of Black seniors.



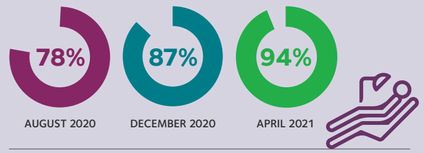
"Our essential position within the health care arena allows us to stand up and author a resolution that addresses health equity that will go before our House of Delegates policymaking body," Dr. Meeske said, adding that policymakers and funders need to clearly believe that all Americans should have access to a dental home with a dentist in charge to allow optimal oral health for all.

"When members of society are unable to access affordable dental care, we leave behind too many in our communities who live with painful dental disease such that it is impacting their overall health or ability to find work," she said.

For more information or to view the infographics, visit ADA.org/HPI. ■

HPI: Consumer confidence in returning to the dental office hits new high

BY DAVID BURGER



Consumer confidence in returning to the dental office hit a new high in April, with 94% of typical dental patients indicating that they are ready to go back or have already been back to the dentist, according to a poll jointly conducted by Engagious, the Sports and Leisure Research Group and ROKK Solutions.

The ADA Health Policy Institute engaged with that consortium of companies to gain insights on consumer sentiments related to dentistry, and that data comes on top of a separate poll the HPI conducted the week of April 12.

The HPI poll also covered issues related to office recovery, financial sustainability, relief programs and vaccinations at dental offices.

The April 12 results included data about:

- Recovery: Patient volume in private practices was at 86%, on average, in April, the highest it has been since polling began in March 2020. According to the Bureau of Labor Statistics, employment in dental offices has fully recovered. More non-owner dentists are back to work and a greater share have returned to their pre-pandemic employment levels.
- Financial sustainability: Dentists have raised fees, taken out loans and changed their suppliers and labs for financial sustainability. However, fewer dentists indicated the need to take these measures compared to earlier in the year.
- Dentists as vaccinators: Very few dentists are taking part in COVID-19 vaccination efforts to date. A greater share of non-owner, dental service organization-affiliated, and large group practice dentists are doing so. Among those who are administering vaccines, it is most commonly done at a public health site or part of a mass vaccination event. Others indicate they do not have the time or capacity or are not interested in administering the vaccine.
- Relief programs: The Paycheck Protection Program has been very popular among dentists. The Provider Relief Fund uptake has been less, but there is still a meaningful share of dentists receiving funds from this relief opportunity. Funds have been most commonly put toward retaining staff, operational expenses like mortgage and utilities and supplies for the practice.

The HPI expects an increase in patient volume in the coming months, largely dependent on the continued success of vaccine rollout.

The HPI launched a tracking poll on the economic impact of COVID-19 on dental practices on March 23, 2020, and the poll continues on a monthly basis. Nearly 2,000 dentists from across the country responded to the latest poll. ■

ACCESS TO CARE

UCLA introduces American Sign Language/Deaf culture course to dental students

Addressing communication barriers between Deaf population, dental community

BY DAVID BURGER
Los Angeles


Mr. Kurnick


Dr. Sung

According to the National Association of the Deaf, there are nearly 50 million Deaf/Hard of Hearing people in the U.S.

The Deaf/Hard of Hearing community is a patient population that can face communication barriers while going to a dentist, as the average dental professional may have difficulty communicating with them.

To improve this communication process, in April the UCLA School of Dentistry launched a five-week long elective course for dental students on Deaf culture, Deaf history and American Sign Language so that the future dentists will have a basic understanding and be prepared in their interactions with Deaf and Hard of Hearing patients.

"The more we can do to increase awareness and education of the community as a whole will hopefully benefit overall patient care in the coming years," said Benjamin Kurnick, a second-year dental student and co-vice president of the school's Special Patient Care Club. "This program is a part of the Special Patient Care Club's overall mission of adding to our fellow dental students' capabilities in treating and interacting with the special needs community."

The virtual lunch-time class is taught by Andrew Moore, an American Sign Language instructor and Deaf interpreter, who has developed the curriculum specifically tailored to dental students.

Mr. Moore became involved in offering the program when Mr. Kurnick approached him with the brainchild.

"After discussing ideas, I was thrilled to agree and accept this unique opportunity," Mr. Moore said. "Upon taking these classes, I hope that these dental students will gain appreciation, awareness, sensitivity and understanding when interacting with Deaf and Hard of Hearing patients."

In Mr. Moore's education, he addresses various forms of communication methods and barriers. These communication barriers can be removed by providing interpreters, using clear masks, illustrations/picture boards, pen/paper, gestures and voice-to-text apps.

Approved by the UCLA School of Dentistry Office of Student Affairs, with funding secured through the UCLA Student Organizations and Leadership Office, the course emphasizes that communication is key for all patient-centered care, said Eric Sung, D.D.S., professor of clinical dentistry at UCLA and the course's faculty adviser.

"When there are barriers such as being hard of hearing, it just makes it much more complicated for patients to communicate their needs and desires," Dr. Sung said. "This, in turn, makes it challenging for us to assist with their needs and address their oral health care issues."

Dr. Sung said the course was initially offered to the students as an elective course, but was so well-received that they have opened it up to others such as residents and faculty members.

"The students at the UCLA School of Dentistry are excited about this program," Mr. Kurnick said. "In our classes, and during discussions with my fellow students, we often speak about how we can increase care to the underserved communities. This program is just one way we can help these populations."

Through online research, Mr. Kurnick said that the only established program he found that teaches American Sign Language to dental professionals is offered at the University of the West Indies in Kingston, Jamaica. Other than that, he was unable to find any similar program.

"As for being the first of its kind, I will say that I do not know," Dr. Sung said. "I can only hope that it is not." ■

> **As for being the first of its kind, I will say I do not know. I can only hope that it is not.**
> – Eric Sung, D.D.S.

Atlanta dental clinic focuses on meeting health care needs of people with developmental disabilities

BY MARY BETH VERSACI

Deidra T. Rondeno, D.D.S., discovered her passion for providing oral health care to people with developmental disabilities during her general practice residency at Advocate Illinois Masonic Medical Center in Chicago, one of a few programs in the U.S. that offer specific training for treating patients with disabilities.

After completing her residency and moving to Atlanta to be closer to family, she took that passion and founded the DDD Foundation Inc., the only private dental clinic in Georgia that exclusively cares for people with developmental disabilities. About 20 years later, the nonprofit has grown to serve 4,800 patients and recently moved to a new clinic.

"After my residency, I immediately began looking for a job where I could treat patients with developmental disabilities. I learned that facilities that focus on that community are few and far between," Dr. Rondeno said. "I contacted a state-run clinic and was told that they had just lost their funding and that their facility was closing. I kept wondering what would happen to those thousands of patients who had been receiving dental care at the state-run facility. Where would they go for dental care? That's when I decided to start my own clinic to treat this population."

Grand opening: DDD Foundation board members, project partners and patient family members gather March 26 for a ribbon-cutting ceremony to celebrate the opening of its new clinic. Patients and supporters could also celebrate virtually through Facebook.

People with developmental disabilities face many barriers to receiving oral health care, including a lack of dentists with specialized training to meet their specific needs, she said. In some cases, a disability may affect skeletal structure and musculature of the mouth, jaw, head or neck or behaviors that impact oral health. Some patients may also have other conditions that complicate their care, such as seizure disorders, cardiac disorders, high blood pressure, diabetes or gastroesophageal reflux.

"There are far more patients with developmental disabilities who need care than one dentist can serve," Dr. Rondeno said. "If a dental student or a dentist has an interest in caring for this population, I would encourage them to enter into a residency program or seek out continuing education on serving patients with developmental disabilities, and in particular, conscious sedation training, which some patients need for treatment."

Other barriers are financial, as not all dentists accept Medicaid, which is used by some people with developmental disabilities. Medicaid reimbursement does not cover the entire cost of treatment, and for many of Dr. Rondeno's patients, paying large amounts out of pocket is not feasible, she said. The foundation's nonprofit status allows her to apply for outside funding to help bridge the gap between what it costs to provide care and what Medicaid reimburses.

Geography can also be a problem for people with disabilities seeking dental care, especially when so few dental clinics specialize in serving this population.

"Many of our patient families travel several hours and spend the night at a hotel prior to the next morning's dental appointment," Dr. Rondeno said.

All of the dentists at the DDD Foundation have received specific training to treat patients with developmental disabilities or have previous experience doing so. The clinic also keeps extensive resources on hand on the 59 different disabilities its patients have.

In addition to the expertise provided by its staff, the foundation also uses the physical features of its clinic to help meet the needs of its patients.

In January 2020, the DDD Foundation learned the Atlanta building where it had been leasing clinic space was being demolished as part of a redevelopment plan and it needed to relocate by the end of the year. After finding a new location about 10 minutes away, the organization held a ribbon-cutting this March, and patients and supporters were invited to participate in the celebration virtually.

Community support was key in making the new clinic a reality. A capital campaign raised the funds necessary for the move and build-out, which involved transforming office space into a working dental clinic.

"Building out a new clinic from scratch allowed us to reimagine our space," Dr. Rondeno said.

The clinic has features that may not be found in other dental settings. For example, its wide hallways and large waiting room are designed to accommodate wheelchairs and stretchers. Each patient treatment room includes a dental chair equipped with EZ Glide technology, which allows staff to move the dental chair when multiple practitioners are needed or when a patient arrives on a stretcher. All procedures, including X-rays, are done in one room, and the clinic has a separate recovery room where a nurse can monitor patients as they recover from conscious sedation.

Compared with the previous clinic, the new space has an additional treatment room, an expanded waiting room for greater wheelchair accessibility, and more cabinet and counter space in its back office and sterilization room.

The DDD Foundation has come a long way since Dr. Rondeno established it as a nonprofit in 1999 and opened the original clinic in 2002 after facing some hurdles.

"Bank after bank denied loans and told me that my idea of having a dental practice that only treats patients with developmental disabilities and who are on Medicaid was not sustainable," she said. "Twenty years later, we're still going strong."

To learn more about the foundation, visit dddfoundation.org. ■

—versacim@ada.org

Dental care: Deidra T. Rondeno, D.D.S., founder and CEO of the DDD Foundation, treats patient Rodrigo, 14, who has autism.

EQUITY *continued from Page 1*

thinking that clearly and they just want to be out of pain. This happens with all patients," Dr. Kessler said. "But before we can do comprehensive care, we have to first get them out of pain. Then we can formulate a plan to stabilize things and have a discussion of what their goals are for their teeth. But those conversations never happen when they're in pain or have an infection."

Of course, there is always the possibility that the patient might never come back, but Dr. Kessler thinks it's worth it to meet them where they are.

"I used to be a dentist who didn't want anyone to dictate my fees and took no insurance," he said. "I created a niche for my practice that brought me happiness but it did nothing for the public. And I thought if patients valued their teeth, they would find ways to make it work."

Making it work took on new meaning after reading a book he felt spoke to him directly: "Bridges Out of Poverty: Strategies for Professionals and Communities."

"It really made me see there is so much more to this," Dr. Kessler said. "How is someone going to pay for dental care if they also need to pay their electric bill or get their kids to school? How are they going to keep their job if they're missing teeth? It really expanded my viewpoint. These patients have to come on Saturdays, they need evening appointments or may have to come with their entire family."

ACTION FOR DENTAL HEALTH

Most adults have tooth decay at some point in their lives and many don't get treatment, but making sure more people have access to things like fluoride mouthwash and other preventive measures was a key observation on oral health conditions in Healthy People 2030 — a 10-year plan from the U.S. Department of Health and Human Services that addresses the nation's most critical public health issues.

The ADA continues to believe that prevention is the ultimate answer to eliminating the vast majority of dental disease.

"We know that prevention works," Dr. Klemmedson said. "Community water fluoridation, sealants, teaching people how to take care of their families' teeth and gums, and getting the greatest possible number of children and adults into dental homes are the keys to better oral health for everyone."

Since 2013, the ADA's Action for Dental Health initiative has worked to prevent dental disease before it starts and to reduce the proportion of adults and children with untreated dental disease. In 2018, the Action for Dental Health Act became law. The Act allows organizations to qualify for oral health grants to support activities that improve oral health education and dental disease prevention. It also helps

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Dentists step up to vaccinate across the country

WHITE HOUSE EXPANDS POOL OF HEALTH PROFESSIONALS WHO CAN ADMINISTER VACCINE, INCLUDING DENTISTS

BY DAVID BURGER
Barstow, Calif.

Asad Salman, D.D.S., wanted to do his part in fighting the COVID-19 pandemic.

"I wanted to help out," he said. "Out of my heart."

During his lunch break, he vaccinates about 10 people each weekday, regardless of whether they are his dental patients or not. By the end of the first week of April, he had vaccinated more than 400 people.

"It's a great feeling," he said. "It's a blessing."

Dr. Salman is just one of the multitudes of dental team members who have pitched in to volunteer as the opportunities to vaccinate have increased.

On March 12, the White House amended regulations to expand the pool of health professionals who can administer the vaccine, including dentists.

While some states had already permitted dentists to give the vaccine, the new update applied to all states. The goal, according to the White House, is to have enough vaccinators as the supply of doses continues to increase and more and more people become eligible for vaccination.

STEPPING UP IN SEATTLE

Many dentists didn't have to wait until March 12 to find ways to help.

One is Bryan J. Williams, D.D.S., a semi-retired pediatric dentist and orthodontist who is the former director of the Department of Dental Medicine at Seattle Children's Hospital and also former pediatric dentist in the Swedish Medical Center Dental Residency Program in Washington state.

His first day of vaccinating others was Jan. 26.

As semi-retired, he purposefully set up his personal schedule to keep Tuesdays and Thursdays relatively open, he said, "in case a good opportunity came up."

This was it. On Jan. 7, Washington state's Department of Health issued a statement that dentists would be allowed to vaccinate.

"I felt that by vaccinating, I had a great chance to help the community," Dr. Williams said. "Also, I was at a point in my life where I was completely in my comfort zone and I wanted to push myself to learn a new skill set, one which had value for others and forced me to really think and learn."

He said he had no problem learning how to administer the vaccines.

"The truth of the matter is that dentists are good at giving injections," Dr. Williams said. "This is a big part of all of our lives and we do it well. In fact, once you learn the basics of giving an injection in the deltoid muscle, it is much easier than doing a mandibular block in a wiggling patient where if you are off target by 2 millimeters, the block doesn't take."

Dr. Williams found the experience, in which he continues to engage at Lumen Field (the home of the Seattle Seahawks), to be a refreshing change of pace.

"When I started at the clinic, those eligible for vaccination were senior citizens, which was particularly interesting for me given my dental career was working mostly with children with severe special needs in hospital environments," he said. "It was a thrill for me to work with a whole different group of patients. My oldest patient so far was a spunky lady who was two weeks shy of her 100th birthday. The other striking difference from my professional life was working with patients who were overjoyed at getting a shot. This isn't something us dentists find in our normal work life."

Someone else volunteering at Lumen Field is Carrie York, D.D.S., a dentist in the Seattle area, on Mercer Island.

"The patients who come in are grateful to be vaccinated, and all of the volunteers there feel like we are doing good things and are helping people," Dr. York said. "I am a fan of volunteering to help people, especially when it is something I feel strongly about and can do fairly easily. I find the atmosphere uplifting and positive, and like [that] I am helping the world get better."

ONWARD IN OREGON

Mark A. Miller, D.M.D., assistant professor in the department of restorative dentistry at the Oregon Health & Science University's School of Dentistry, said dental students he helped train were on the forefront of administering COVID-19 vaccinations in December and January to OHSU students and employees.

"I am so proud of our students and colleagues who have hit the ground running, willing to step up and help out whoever and wherever and whatever is needed to turn the corner in our fight against COVID-19."

Dr. Miller said it has been a great opportunity for dentists and dental students to get involved with a massive effort to provide life-saving vaccinations to people, including the underserved members of the population.

"Dentists want to be involved as key members of the health care team," Dr. Miller said. "More people see their dentists on a regular basis than their physicians, so why not pitch in and help? The response from dentists in Oregon has been tremendous. Who knew that when the efforts of the Oregon Dental Association and OSU prompted the 2019 Oregon legislature to pass a bill allowing dentists with proper training to administer all types of vaccines that it would be put in to use so quickly and become such a vital resource in our efforts to combat the pandemic?"

Rickland G. Asai, D.M.D., former ADA trustee, retired from practicing in 2019 with the idea that he would have more time to volunteer.

"After a retirement vacation in the summer of 2019, I was trying to figure out just what that retirement would look like," Dr. Asai said. "Then COVID-19 arrived and upset the apple cart, so to speak. Here in Oregon, the dental school and the dental association successfully lobbied the state legislature in 2019 to allow dentists to administer any and all vaccinations with additional training. So when COVID-19 arrived and the vaccines began to get emergency use authorization, I thought, 'Gee, I can get the training and do vaccinations as part of my volunteer service.'"

It made sense for him and other dentists to get involved, Dr. Asai said.

"As we are all too familiar with the potential spread of infectious disease by aerosols, we can not only provide the vaccination but also discuss the importance of masking, social distancing and hand washing, as we are so familiar with infection control in our offices on a day-to-day basis," he said. "Certainly we had to tweak what we were doing for infection control, but it was easier for us than many."

Being retired, he felt that he had the time to travel to some more rural areas to help out.

"I did make a three-hour drive to help out in a rural county where agricultural and food processing workers were being targeted for vaccinations due to close interpersonal workspace conditions," he said. "The limitation of available vaccine and rolling eligibility have created a huge desire to obtain the vaccine such that when some did arrive and we gave them their shot, they were literally so grateful that several were brought to tears of joy. That was impactful for me to experience and observe."

SHOULDERS ACROSS AMERICA

Kenneth J. Hofmann, D.M.D., has volunteered many hours with Smile Kentucky through the Louisville Dental Society.

"When I saw the need for injectors of the COVID-19 vaccines, I wanted to help," Dr. Hofmann said. "As dentists, we are happy to serve the needs of our patients. During this pandemic, vaccine administration is another way we can increase the health of our patients."

Zufall Health Center, in Dover, New Jersey, is using a novel way to vaccinate many of its patients, said Sam Wakim, D.M.D., the center's chief dental officer.

The center is vaccinating willing patients who have already scheduled appointments for

See VACCINATE, page 21

EQUITY *continued from Page 19*

groups develop and expand outreach programs that facilitate establishing dental homes for children and adults, including the elderly and those who are blind or disabled.

Programs under the Action for Dental Health umbrella include the Emergency Department Referral Program, which features community partnership models to help patients find dental homes so they don't have to go to the emergency department for dental treatment. The ADA's Community Dental Health Coordinator program addresses barriers to oral health by providing patient navigation and addressing barriers such as translation or insurance enrollment for people who typically do not receive care. These barriers are often referred to as the "social determinants of health."

One of the major elements of the CDHC program involves making sure patients have a friendly face associated with a dental office to help them navigate appointment scheduling and sometimes transportation and childcare so they don't have to miss an appointment. CDHCs work in schools, health departments or private practices to help accomplish this. They often live in the same communities they serve, thereby creating a "circle of trust," which is critical to engaging populations into care.

ADA EFFORTS

The ADA is committed to supporting equity in the workforce as well as the public. Earlier this year, the Association held webinars on health equity to educate ADA staff as well as other volunteer leaders. The ADA worked with the National Dental Association and Hispanic Dental Association in presenting the webinars. Both of those organizations, as well as the Society of American Indian Dentists, are part of the Diverse Dental Society, a nonprofit launched in 2020 that "believes in collaborating and assisting its member partners in the pursuit of their institutional missions, in the areas of service, education, leadership and advocacy especially in the underserved arenas."

Visit DiverseDentalSociety.org for more information.

The ADA Institute for Diversity in Leadership is designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds who have been traditionally underrepresented in leadership roles. The Institute Class of 2021-2022 will convene in Chicago for two-day sessions on the following dates: Dec. 2-3, 2021; Aug.11-12, 2022; and Dec. 1-2, 2022. There is no fee to apply and participation is open to all active, licensed dentists residing in the U.S. regardless of their ADA membership status. The application deadline is May 31, 2021. Visit ADA.org/en/education-careers/events/ada-institute-for-diversity-in-leadership for more information.

The ADA is on the record supporting two bills in the current Congress that address health equity issues. S 54, the Strengthening America's Health Care Readiness Act, calls for additional funding for the National Health Service Corps as well as establishing an NHSC Emergency Service demonstration project. HR 379, the Improving the Social Determinants of Health Act, would create a Social Determinants of Health Program at the Centers for Disease Control and Prevention.

The ADA believes these bills would address existing health workforce shortages and help improve health equity in underserved communities.

"Social determinants such as access to healthy food, good job opportunities, reliable transportation, safe housing and educational opportunity can have a large impact on health, including oral health," Dr. Klemmedson said. "The ADA is proud to support legislation such as this and encouraged to see lawmakers prioritizing the importance of oral health for all."

"When we have this shared vision of oral health equity for all and learn how to transcend barriers, the rewards in the end far outweigh the challenges," Dr. Meeske said. ■

—garvinj@ada.org

VACCINATE *continued from Page 20*

dental checkups, partials and dentures, in essence giving them shots while they wait to see the dentist.

"This is important to us because New Jersey's COVID-19 rate remains among the highest in the nation, and we want to take every opportunity to get our underserved patients vaccinated," he said.

Dr. Wakim said getting the vaccine at the dentist's office increases access for patients to get vaccinated as well as provides an opportunity to address vaccine hesitancy since dentists are trusted health care providers.

"Many of our patients at Zufall are working poor and essential workers who can't afford to take time off for medical and dental appointments," Dr. Wakim said. "We see great value in making the vaccines accessible and available at the time of an existing appointment. Our experience so far has been that patients are thrilled to be getting their vaccine prior to their dental appointment."

Riccobene Associates Family Dentistry in North Carolina began offering the Moderna vaccine on April 14 at one of its practices, with plans to expand it to all 38 of its practices in the coming months, said Michael Riccobene, D.D.S.

The practice called patients the day before their appointments to ask if they would like to receive the vaccine while they are in the office, and Dr. Riccobene's staff sent an email blast to all of its patients letting them know that the office is available to administer the vaccine. Spouses, even if they aren't patients, are invited as well.

"I've always thought we should be part of the solution," said Dr. Riccobene. "It's an access to care issue."

Dr. Riccobene said administering the vaccine reminds him of why he enrolled in dental school.

"We are front-line health care providers who play a vital role in the overall comprehensive care of our patients," he said. ■

—burgerd@ada.org

VIEWPOINT

My View

Science, evidence, empathy, trust and duty

KERRY K. CARNEY, D.D.S.

When my husband was in dental school (a long time ago), he told me that restorative dentistry would become irrelevant once a vaccine for Streptococcus mutans was discovered and perfected. Some day that may be the case, but for now, the number of safe and effective vaccines are limited and do not include one that prevents tooth decay. The World Health Organization lists 26 diseases that can be prevented by vaccination. [1] Hepatitis B is No. 6 on the list and human papillomavirus is No. 8.

Dentistry has a special interest in the development of the hepatitis B vaccine because that disease used to be a common occupational hazard for dentists before universal precautions were adopted in all dental settings. Mandatory vaccination is now required in 43 states.

Vaccines are miraculous. They harness the natural process of acquired immunity and save an untold number of lives. Alternative medicine is based, in large part, on magical thinking, but there are aspects of vaccination that should appeal to the sensibilities of alternative medicine proponents. After all, vaccination introduces a tiny amount of a substance into the body and that substance stimulates our bodies to mount a natural response and build up the immune system's ability to fend off future challenges by the actual disease-causing organism.

Conceptually, that sounds like the perfect marriage of homeopathy and acupuncture. What is not to like about it?

One would think that vaccines would appeal to those who prefer alternative medicine and magical thinking over science-based logic. However, for these individuals, there can never be sufficient evidence to reassure them of the validity of the underlying science and safety of vaccination.

They ignore or deny existing, relevant scientific evidence that reinforces our understanding of science and how the body works. Their reluctance to vaccinate is motivated by fear. Fear is powerful. It can play a deciding role in many of our everyday decisions. When fear is the determining factor in decisions about the health and welfare of our children, it can be detrimental to exactly what we are trying to protect.

No one wants to make a wrong decision. No one wants their decision to put the ones they cherish in jeopardy. No one likes being wrong. So, here is where the ideas of empathy and trust come into play.

Shaming individuals who do the wrong thing or who fail to do the right thing is a natural reflex. Shaming and ostracizing may help keep individuals in a small, closed community within the bounds of rigid social norms. But does shaming really help someone change their behavior? In an open society, shaming can harden an individual's mistrust of others who do not share their own views.

Consider, for example, those people who fear and distrust vaccinations for themselves and their children. These individuals are sometimes referred to as being "vaccination hesitant," and their perspective may be amenable to reconsideration.

Vaccination hesitancy is on the WHO 2019 list of the top 10 threats to global health. [2] In our office, our medical history form includes a question about vaccination status. If the individual is not up to date on vaccinations, we use this as a chance to engage the patient or parent in a discussion of their view on vaccination.

It would be easy and quick to shame the individual by pointing out that their view is misinformed and that if they knew better, they would certainly get all recommended vaccinations. Behavior research indicates that this technique usually backfires. It can accentuate the divide between the patient and the dentist. Those who are vaccination hesitant might become aligned with the more rigid anti-vaxxers whose rhetoric serves to confirm and amplify their fears.

Empathy can be more helpful than shame in this interaction. The patient is seeking our care because they have some level of trust in our opinion of their oral care. Building on that trust can facilitate an openness to considering our advice on positive actions the patient can take to improve their overall present and future health.

We know that vaccination hesitancy is primarily the product of fear. It can be productive to start the conversation there. Opening a dialog by asking about their feelings about vaccination is a way to allow the dentist to empathize with the patient's fear and agree that there are some continuing questions about vaccination.

It is important to tailor the conversation to the specific concerns of the individual. An honest conversation must include information about the risks of vaccinations. Acknowledging the risks and their very low incidence is crucial to building trust. Talking about the possible side effects and how to manage them reinforces the message that we are concerned for the patient's welfare.

The discussion can then move to emphasizing the risks of not getting vaccinated. Though the idea of herd immunity is a driver for public health initiatives, individual parents are probably more concerned with the risks to their own child rather than their duty to protect other members of their community.

Vaccination discussions can be difficult, not only because they require vulnerability and empathy but they (as in the case of HPV) can deal with sensitive topics, like sexual behaviors and cancer. However, we have a duty to inform because we may be the only opportunity that this patient has to get scientific, evidence-based information on the risks and advantages of vaccination from someone they trust.

The dental office environment is also a very good example of positive vaccination behavior. Our personnel receive hepatitis B vaccinations because they work in a health care setting. Most offices encourage annual flu vaccinations for the same reason. If appropriate, many of us get shingle and pneumonia vaccinations. It is important that we communicate that we get those vaccinations not only to protect ourselves and our co-workers, but also to protect the patients with whom we come in contact. It is our duty to protect those who seek care from us.

As dentists, we are privileged to be the recipients of great respect from our patients. They trust us. We know the science and the evidence. We can certainly show empathy for those seeking our care. Sensitivity to another's dignity is essential to protecting the doctor/patient relationship. We can help guide them through an understanding of the science and the available evidence pertaining to issues that are pivotal to their present and future health. We can do that, and it is our duty.

Dr. Carney is the editor of the Journal of the California Dental Association.

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1. World Health Organization. Global vaccine action plan 2011-2020. Accessed April 28, 2021. https://www.who.int/publications/i/item/the-global-vaccine-action-plan-2011-2020-review-and-lessons-learned-strategic-advisory-group-of-experts-on-immunization

2. World Health Organization. Ten threats to global health in 2019. Accessed April 28, 2021. https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019

Letters

PRAISE FOR REP. PAUL GOSAR

I am writing in response to the letter by David J. Dowsett, D.D.S., in the March 8 issue of the ADA News critical of ADPAC support for Paul Gosar, D.D.S., R-Arizona 4th.

Laws are not passed by magic. Dr. Gosar was one of several lawmakers, who, along with Drs. Mike Simpson, R-Idaho 2nd; Brian Babin, R-Texas 36th; Drew Ferguson, R-Georgia 3rd; and Jeff Van Drew, R-New Jersey 2nd; all members of the House of Representatives, fought to pass the Competitive Health Insurance Reform Act, which eliminates the unfair provisions of the McCarran-Ferguson Act.

In addition, Dr. Gosar represents an expansive, mostly rural, area of Arizona with a preponderance of conservative citizens. As a recipient of Dr. Gosar's periodic newsletters, I have observed how well he serves the constituents of his district. He has an excellent relationship with the Native American communities in the state.

As Dr. Daniel J. Klemmedson, ADA president, stated in his editorial note, ADPAC is bipartisan in assisting candidates who support dentistry's objectives. Imagine just what would happen if conservative ADA members withheld ADPAC donations for liberal candidates, and if liberal members withheld donations for conservative candidates. Our political action committee, which has become very effective on Capitol Hill, would be diminished to a nonentity.

All ADA members have to realize that both liberals and conservatives support our Association's goals in the Congress and that we have to put aside our personal likes and dislikes of individual political leaders and focus on what is best for dentistry.

Jay R. Wells III, D.D.S.
Bethel Park, Pennsylvania

ENSURING LASTING SMILES ACT

Thank you to Jennifer Garvin for her article in the April 12 ADA News on the Ensuring Lasting Smiles Act. I am a periodontist and am currently taking an integrative medicine fellowship out of the University of Arizona College of Medicine.

Currently, I am studying Maslow's hierarchy of human needs. This hierarchy describes physiological development at the basis of human need and the idea is that a human being cannot continue in their development until achieving this basic need.

How important this piece of legislation may be to children born with a congenital anomaly or birth defect that would struggle psychologically in their development including never advancing to levels of self-esteem and self-actualization (helping others, establishing purpose in life).

Stephanie R. Briggs, D.D.S.
Garland, Texas

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

EDUCATION

West Virginia University names new dental school dean

BY KIMBER SOLANA

West Virginia University announced April 7 that it named Stephen Pachuta, D.D.S., as dean of its school of dentistry, starting June 1.

Dr. Pachuta

Dr. Pachuta, a retired U.S. Navy rear admiral and former chief of the U.S. Navy Dental Corps, joins the WVU dental school after 32 years in the Navy where he served as executive officer or commander of multiple Navy medical and dental treatment facilities in the U.S., Guam and Japan, according to a news release.

"We are so thrilled to welcome back a Mountaineer to the WVU family," said Clay Marsh, M.D., vice president and executive dean for WVU Health Sciences. "Dr. Pachuta brings world-class experience and leadership in health care administration and operations, which will be an enormous asset to the school of dentistry as we continue to grow our services and expand our expertise in areas that will benefit West Virginia and the surrounding region."

Dr. Pachuta earned his dental degree from West Virginia University in 1985.

"Our students, faculty and staff are superstars and are the future of the dental profession," Dr. Pachuta said. "I look forward to serving alongside each, as we prepare the next generation of health care providers to meet the needs of our West Virginia families. I feel the last 35 years were all in preparation for this wonderful opportunity – returning to WVU is coming home. Let's go Mountaineers!"

Dr. Pachuta previously served as director for health services at Headquarters Marine Corps; medical officer to the U.S. Marine Corps; and director for medical resources, plans and policy at the Office of the Chief of Naval Operations. He has also served as the executive assistant and senior policy adviser to the 37th Surgeon General of the Navy and commanded the U.S. Naval Hospital in Yokosuka, Japan.

In addition, Dr. Pachuta has held academic appointments at the Naval Postgraduate Dental School of the Uniformed Services University of the Health Sciences and the George Washington University School of Medicine and Health Sciences.

"Dr. Stephen Pachuta is an outstanding choice for dean at the WVU School of Dentistry," said Michael D. Medovic, D.D.S., ADA 6th District trustee. "Dr. Pachuta is a WVU School of Dentistry alumnus and is a retired rear admiral, the highest rank a dentist can achieve in the Navy, where he ran the Navy Dental Corps and post-doctoral programs and hospitals. He will bring strong leadership and organization as well as his love of his alma mater to the dean's position."

Dr. Pachuta succeeds Anthony "Tom" Borgia, D.D.S., who retired in 2020, and Fotinos Panagakos, D.M.D., who has served as interim dean since July 2020. Dr. Borgia will be taking over as executive director of the West Virginia Dental Association. ■

Penn Dental creates free CE to improve care for patients with disabilities

The University of Pennsylvania School of Dental Medicine announced March 26 that it is establishing a new continuing education series to help improve access to dental care for people with disabilities.

The series is created with the support of a $50,000 gift from Delta Dental Foundation, which funds an online professional development program designed to help oral health professionals better understand and care for patients with disabilities.

The Delta Dental Foundation funds will support the creation of a series of free online courses aimed at building awareness of the barriers to equitable oral health for people with disabilities and developing competency among clinicians to provide care to this vulnerable population, according to Penn Dental Medicine.

Developed through the dental school's Office of Continuing Education, which is an ADA Continuing Education Recognition Program provider, the series will open to all U.S. licensed dentists and their support personnel for a period of three years at no charge.

Dentists who complete 18 or more of the courses within a three-year period will receive a certificate of completion from Penn Dental Medicine as a disabilities dentistry clinician expert.

The first courses in the series are available at dental.upenn.edu/disabilitiescare. ■

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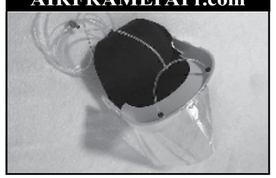

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MONTANA — We represent general and specialty practice purchase opportunities in Montana, Idaho, Oregon, Washington, Alaska and Hawaii. **Consani Associates: www.mydentalbroker.com, (866) 348-3800, info@mydentalbroker.com.**

MONTANA — Western part of the state. Established GP in highly desired area collects approximately $450,000. Enjoy all the best that Montana has to offer. **Call Dr. Jared Franson. (208) 949-0868, jared@mydentalbroker.com.**

NEVADA — Dental office for lease in Reno, NV located at 601 W. Moana Lane, Suite #6. The suite includes 5 operatories, a separate front office and reception area, lab, sterilization area, private employee restroom, individual Doctor's office, employee break room and plenty of parking included in this 1,783 sq. ft. suite. **Please call for more details: (775) 828-2999.**

NEW YORK — Dental Practice for sale in the Bronx. Owner retiring, newly renovated, 3 operatory, sterilization room, lab and digital x-ray. No Medicaid, no HMO, DMO. 90% insurance and private. **Call: (718) 862-9232.**

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OREGON — Eugene Area. Four operatory practice in high traffic location. Collects $600k with very high net income and part-time schedule. **Contact Adam: adam@mydentalbroker.com, (541) 520-5507.**

OREGON — Large vibrant growing GP practice with strong Invisalign component. Collects approximately $2 mil. per year. Excellent profitable opportunity. Facility expansion possible. **Contact Adam at (541) 520-5507, adam@mydentalbroker.com.**

OREGON — Portland Metro West. Growing practice $760,000 annual collections and a great staff. High visibility location with approximately 40 new patients per month. **Contact Joe Consani: (866) 348-3810, joe@mydentalbroker.com.**

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Association Forum Foundation honors ADA executive director

KATHLEEN T. O'LOUGHLIN, D.M.D., RECEIVES ORGANIZATION'S HIGHEST RECOGNITION FOR ASSOCIATION PROFESSIONALS

BY JENNIFER GARVIN

ADA Executive Director Kathleen T. O'Loughlin, D.M.D., is the recipient of this year's Samuel B. Shapiro Award for Chief Staff Executive Achievement from the Association Forum Foundation.

The award is the highest honor the organization bestows on an association professional and is presented for outstanding service and accomplishments in association/non-profit management, according to an Association Forum Foundation news release.


Dr. O'Loughlin

"The ADA is thrilled to learn that Dr. O'Loughlin has received this award," said ADA President Daniel J. Klemmedson, D.D.S., M.D.

"She is a true champion of powering the profession of dentistry and assisting dentists in advancing the health of their patients. Her leadership, particularly the last year during the pandemic, has been outstanding, and we are grateful for her guidance and service."

The award is named after Samuel B. Shapiro, certified association executive, who is a past chair of the Association Forum and the American Society of Association Executives.

"Recipients of this award have made outstanding accomplishments in their professional and personal lives," the Association Forum Foundation said.

Criteria for the award include recognizing association professionals who have advanced their organization's mission and who have demonstrated an ability to serve as mentors.

Dr. O'Loughlin will be formally honored at the Association Forum Foundation's annual Honors Gala in August.

Dr. O'Loughlin will be retiring at the end of 2021 after 12 years of service with ADA.

She joined the ADA in 2009 after serving as the chief dental officer for United Health Group and as the chief executive officer for Delta Dental of Massachusetts. ■

—garvinj@ada.org

Dentists, dental students come together for Lobby Day

Virtual event draws more than 450 participants from across the country

BY JENNIFER GARVIN

Pandemic relief. Alleviating student debt. Improving the quality of life for patients who have congenital anomalies.

These were the issues that took center stage at the ADA Dentist and Student Lobby Day. More than 450 dentists and dental students gathered virtually for the annual advocacy event, which was jointly hosted by the ADA and American Student Dental Association.

"We are excited to kick off this year's virtual event, and although we are not able to meet on Capitol Hill, each of you will play a major role in shaping our legislative landscape for the year to come," said Dr. Klemmedson in opening remarks. "The COVID-19 pandemic has been at the forefront of our lives for more than a year. However, the pandemic helped to solidify what we have long known to be true — that shared knowledge and advocacy goes a long way for our profession and patients."

This year's Lobby Day took place in two parts. On April 25, attendees networked and heard from political analysts, subject matter experts and politically involved dentists on issues affecting oral health. For the April 28 portion, participants logged on for their respective Capitol Hill meetings.

"Lobby Day is an event that is vital to the continued success of our profession," said ASDA President Colton Cannon, a second-year dental student from the University of Minnesota School of Dentistry. "Though we cannot come together in person today, this past year has demonstrated the power of advocacy even when we are forced apart. Advocacy has the power to unite."

Virtual advocacy: The ADA and American Student Dental Association hosted the annual Lobby Day April 25 and 28. From far left are John Blake, D.D.S., of the ADA Council on Government Affairs, moderating a discussion with Andy Snyder, top left, of the Centers for Medicare & Medicaid Services; At right, Brad Barnes, D.D.S., of ADPAC, demonstrates a virtual Hill visit; At bottom right, ADA President Daniel J. Klemmedson, D.D.S., M.D., welcomes attendees; and in center picture, ADA Vice President Mike Graham and congressional lobbyist Megan Mortimer brief attendees on legislation important to oral health. Deaf Interpreter Services interpreted the sessions.

During the event's training session, ADA staff and volunteers helped break down the legislative issues attendees would be discussing during their congressional visits, including a virtual skit, "How To Meet With Your Member of Congress." This included advocating for the following:

- **Additional COVID-19 relief.** The Eliminating the Provider Relief Fund Tax Penalties Act would ensure that Provider Relief Fund assistance is not taxable and expenses tied to the assistance are tax-deductible and the Small Business PPE Tax Credit Act would provide small businesses with a tax credit of up to $25,000 for personal protective equipment.
- **Student loan reform.** The Student Loan Refinancing and Recalculation Act would give borrowers an opportunity to refinance their federal student loans to take advantage of lower interest rates and the Student Loan Refinancing Act would allow borrowers to refinance their federal student loans every six months to take advantage of lower interest rates.
- **Helping patients with congenital anomalies and birth defects.** The Ensuring Lasting Smiles Act would make it easier for patients to receive the dental care and other treatments they need by requiring all private group and individual health plans to cover medically necessary services resulting from a congenital anomaly or birth defect.

The event also included a Q & A with Andy Snyder, a health insurance specialist with the Centers for Medicare & Medicaid Services, and a policy lead for the CMS oral health initiative; and Dr. John Blake, the chair of the ADA Council on Government Affairs Medicaid workgroup who is the executive director and dental director of the Children's Dental Health Clinic in Long Beach, California.

"It's so important for dental providers to be aware of what's going on in the Medicaid program because we absolutely need your partnership in order to make sure that our beneficiaries get the care that they need," Mr. Snyder said.

For more information about the ADA Dentist and Student Lobby Day, visit ADA.org/LobbyDay. ■

—garvinj@ada.org

ADA Member Advantage endorses Laurel Road as mortgage refinancing provider

ADA Member Advantage announced March 3 it named Laurel Road as its endorsed provider for purchased mortgages and mortgage refinancing for the Association's members.

The endorsement gives ADA members access to rate discounts and financing options without monthly mortgage insurance payments on primary residences.

In addition, Laurel Road's online mortgage platform can help speed up the closing process for members looking to purchase a new home or refinance an existing mortgage, according to ADA Member Advantage. The program also covers a rate discount on other loan options for second homes and investment properties.

"We have a good track record built with Laurel Road," said Deborah Doherty, CEO of ADA Member Advantage. "They are consistently rated well for offering savings opportunities and customer service by our members. Members have indicated in surveys that a mortgage product is of great interest, and after reviewing multiple proposals, we determined Laurel Road was the best program to offer for ADA Members."

Laurel Road, an online lender and brand of KeyBank N.A., is already the endorsed provider for student loan refinancing and has worked with ADA members since 2015.

Alyssa Schaefer, CMO of Laurel Road, said that Laurel Road's wide variety of home financing options and low rates represent a plethora of options for ADA members.

"A home is so important," she said. "And we believe our program will help members make their vision for home a reality more easily and with greater cost savings than they could find from a traditional retail bank."

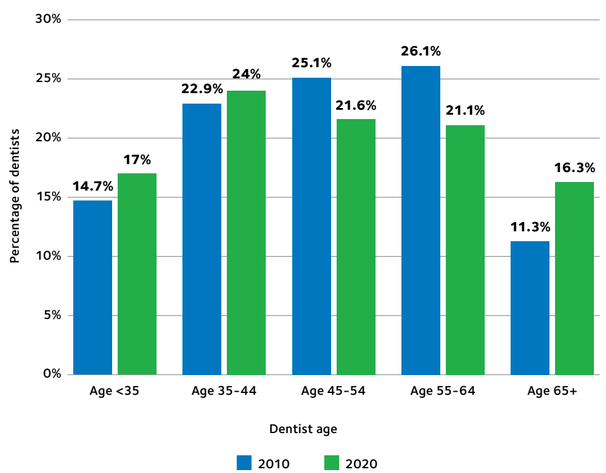
According to ADA Member Advantage, traditional mortgages often require that borrowers who want to avoid paying monthly mortgage insurance payments put down at least 20% of the purchase price of the home. So, for a home that costs $180,000, borrowers must pay at least $36,000 to avoid the payments. The payment insures the mortgage for the lender in the event that the borrower defaults, and is on average between 0.55%-2.25% the cost of the original loan. This money isn't applied to the principal or interest, so it represents a substantial additional cost to homeowners.

ADA members who would like to check their rates or speak with a representative from Laurel Road can visit laurelroad.com/ada. ■

HPI CORNER

Age distribution of U.S. dental workforce

In 2020, there were more U.S. dentists in the youngest age group (under 35 years) and in the oldest age group (65+ years) compared to 2010.



Source: ADA Health Policy Institute Infographic, "The Dentist Workforce – Key Facts." Available from: https://www.ada.org/en/science-research/health-policy-institute/publications/infographics.

SmileCon CE to 'focus on the whole person'

PROGRAM INCLUDES THEMED DAYS, SIMPLIFIED FORMATS

BY MARY BETH VERSACI

SmileCon's continuing education program will be about more than just checking off requirements.

"It will focus on the whole person, helping attendees keep up with a rapidly changing world and make meaningful connections along the way," 2021 CE Chair Robert L. Skinner, D.D.S., said.

The American Dental Association's reimagined annual meeting is scheduled for Oct. 11-13 at Mandalay Bay Resort and Casino in Las Vegas. Registration opens June 23 at SmileCon.org.

The CE offered on each day of SmileCon will focus on its own theme: art and design on Oct. 11, science and technology on Oct. 12 and the business of dentistry on Oct. 13. A fourth theme — the common good — will be featured throughout the meeting's three days.

"Art and design will be about discovering the beauty of dentistry and its creative side, while science and technology will focus on envisioning the next frontier of dentistry," Dr. Skinner said. "The business of dentistry will expand dentists' knowledge of practice management, finance and industry trends affecting dentistry, and the common good will concentrate on oral health and wellness for all and what we can do to take care of ourselves and others."

Simplified formats for this year's CE courses will include presentations; experiences and conversations; and hands-on activities, all led by a diverse roster of speakers.

Presentations will consist of group sessions facilitated by dental thought leaders, and many will be interactive, with attendees breaking off into small groups to work. Interactions among participants and speakers will also be a key part of experiences and conversations, which will bring together dental professionals to trade perspectives and share experiences.

SmileCon's hands-on activities will give dentists the opportunity to roll up their sleeves and take their skills to the next level. Based on the registration pass purchased, hands-on courses may include an additional charge.

"The course selection will stimulate your mind without overloading your senses," Dr. Skinner said. "With shorter sessions, you will be able to do more with your time."

Returning this year is the popular Women in Dentistry Leadership Series, with TED Talk-style discussions surrounding women's issues, while new offerings include the Dr. Dennis D. Shinbori Acclaimed Educator Series, named for Dennis D. Shinbori, D.D.S., who was a champion of dental education and died in February 2020. The series will feature dental industry trailblazers who are at the top of their specialties and have exhibited a lifelong commitment to education and dentistry.

Dr. Skinner

Also new this year are DENT Talks, which will cover four themes: what we think, how we care, what we see and what we feel. Each talk will include three speakers from the dental community to provide listeners with diverse perspectives on that session's topic.

A returning favorite is the mock trial, which will be back with a twist. Before SmileCon, attendees will get to help choose the subject that goes to court.

For more information on each course and speaker, visit the course planner at SmileCon.org/Learn when it becomes available in early June.

In addition to an-person meeting, SmileCon will also include a virtual program for those not ready to travel.

"I cannot wait for dentists to experience the new CE program at SmileCon," Dr. Skinner said.

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

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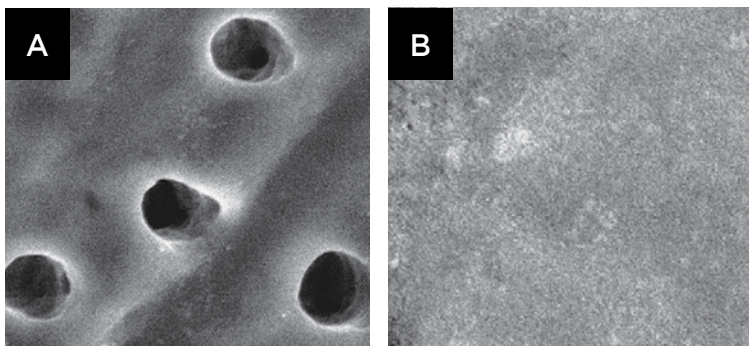

Comparison of untreated Dentinal tubules (A), with tubules that have been covered with a dense layer of Predicta® Bioactive Desensitizer (B). Image courtesy of University of Washington School of Dentistry.

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