

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

07.11.22

ADA.ORG/ADANEWS



AROUND THE ADA

Zack Studstill, D.M.D., receives 2022 ADA Distinguished Service Award

BY JENNIFER GARVIN

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For his friends and colleagues across Alabama and beyond, Zack Studstill, D.M.D., is that person and more.

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"He always wants to bring younger dentists up and give them the opportunity to grow," added Gordon Isbell, D.M.D., of Gadsden, Alabama.

"It's kind of like those old E.F. Hutton commercials: When Zack Studstill talks, people listen. He's just so well respected by everybody," said Deborah Bishop, D.M.D., of Huntsville, Alabama.

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"Dr. Zack Studstill is a mentor, an incredible human being and a tremendous dentist," said ADA President Cesar R. Sabates, D.D.S. "I am so pleased to present this year's Distinguished Service Award to him for a lifetime of hard work and dedication on behalf of dentistry."

Medicine's loss, dentistry's gain

It all started in Andalusia, Alabama, in the 1950s when a young Zack Studstill would drive his physician grandfather, S.C. Hamner, M.D., around on his evening patient calls. "He was my role model. I called him 'Daddy Doc,'" said Dr. Studstill, whose father was away from home in the Marine Corps.

During those night drives, the two

would often talk about Zack's future.

"He was the one who wanted me to go into dentistry," Dr. Studstill said, recalling Dr. Hamner mentioning that as a dentist, there will be more predictable hours and a more stable family life.

"Well, if one of your role models and a grandfather that you love says something like that, obviously you're going to consider it," Dr. Studstill said. "And I did."

Medicine's loss was dentistry's gain. Dr. Studstill graduated from the University of Alabama School of Dentistry in Birmingham in 1965.

"He couldn't be prouder of me when I graduated from dental school," Dr. Studstill said.

Daddy Doc was less enthused that his grandson decided not to return

to Andalusia, but he couldn't complain. There was a very good reason: Zack Studstill had found love in Montgomery, where his future bride, Lady Claire Davidson, was attending Huntingdon College. What began as a blind date would go on to raising a family of two daughters in Montgomery, opening a dental practice, and becoming stalwarts at their church, where Dr. Studstill still teaches Sunday school.

"It was a good decision for us," he said, smiling.

Right thing, right time

It was in Montgomery where an established dentist — John Turner, D.D.S. — offered to take him to a meeting at the Second District Dental Society, which ultimately

sparked his involvement in organized dentistry.

"Dr. Turner was on the board of dental examiners and an excellent dentist, somebody I looked up to," Dr. Studstill recalled. "I called Lady Claire and said, 'You're not going to believe this. Dr. Turner's going to pick me up and take me to a dental meeting. And by the way, we're going to have steak.' We hadn't had steak in five years."

After that, Dr. Studstill became a fixture at dental meetings.

In the first 10-15 years as a dentist, Dr. Studstill concentrated mostly on raising a family and running his practice. But as his children got older, he became more involved as a

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PUBLISHER: Michelle Hoffman
NEWS EDITOR: Kelly Ganski
WASHINGTON EDITOR: Jennifer Garvin
SENIOR EDITORS: David Burger, Kimber Solana, Mary Beth Versaci
CREATIVE DIRECTOR: Marie Walz
GRAPHIC DESIGN & PRODUCTION: Natalia Roubinskaia
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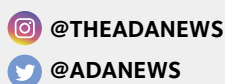
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GOVERNMENT

HRSA names Georgia state dental director chief dental officer

ADA SHARES TOP PRIORITIES WITH AGENCY

BY JENNIFER GARVIN

The Health Resources and Services Administration has named Adam Barefoot, D.M.D., M.P.H., chief dental officer.

Dr. Barefoot was most recently the state dental director for the Georgia Department of Public Health where he led the state's oral health program to improve oral health outcomes and reduce oral health disparities, according to a Dear Colleague letter from the United States Public Health Service. He previously served as



Dr. Barefoot

In a June 8 letter, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., congratulated Dr. Barefoot on his new position, noting the appointment of

a dental director for a federally qualified health center in rural Georgia, which led to him focusing on "population level interventions that have more significant impacts on oral health and contributions to improved public health approaches in the field of dentistry."

a chief dental officer to oversee and coordinate dental issues within HRSA was an "important priority for the ADA" in its efforts to support optimal oral health for all.

The ADA also shared the following priorities it hopes HRSA will focus on:

- Reforming health professional shortage area scoring.
- Ensuring loan repayment equity for early career-dentists in federally qualified health centers with added clarity on eligible health professional shortage area scores.
- Addressing dental workforce shortages

See HRSA, Page 4



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ADA highlights state advocacy wins to improve dental Medicaid

14 STATES FINISH 2022 STATE LEGISLATIVE SEASON WITH VICTORIES

BY JENNIFER GARVIN

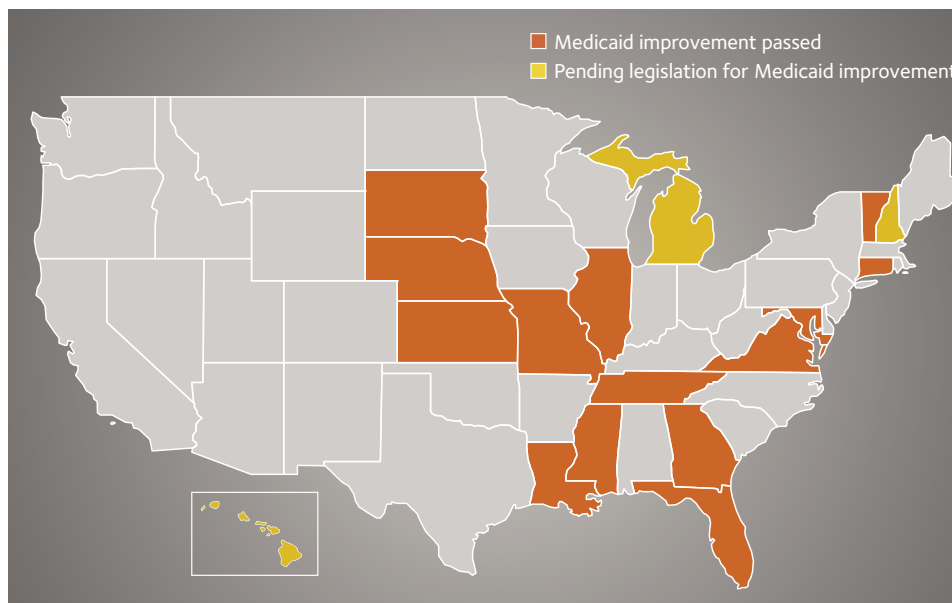
Various factors, including expanded federal COVID-19 relief funding, led to surpluses in several states' budgets in the 2021-22 legislative season.

This environment has enabled many state legislatures to focus on improving their dental Medicaid programs for dentists and patients. This year alone, with state dental societies highly engaged on the issue, 14 states have positively updated their laws regarding dental Medicaid, and another three states currently have pending legislation.

The ADA believes that ensuring states provide comprehensive dental services to all Medicaid beneficiaries is an important issue for dentists, the dental profession and patients. On the federal level, the ADA supports the Medicaid Dental Benefits Act of 2021, which would make comprehensive dental care a mandatory component of Medicaid coverage for adults in every state, similar to comprehensive dental coverage for children in Medicaid.

"For too long, dental benefits under Medicaid, particularly for adults, have been like an 'on/off' switch for patients, with states turning the switch off whenever budgets get tight. This inconsistency is confusing and unfair to dentists and patients alike," said ADA President Cesar R. Sabates, D.D.S.

"I am so gratified to see the many states acting on this issue on behalf of patients. Doing so will reduce racial disparities and inequities



in chronic disease prevalence and promote maternal health. That said, our final goal must be sustainable adult dental benefits in Medicaid, providing continuous access to those who need it most. We're not there yet, but what's been done in these states represents great progress."

These 14 states have enacted laws regarding dental Medicaid:

CONNECTICUT

Lawmakers in the state approved a 25% dental Medicaid fee increase.

FLORIDA

The Florida Dental Association advocated to keep the state's dental Medicaid program from being merged into the state's medical managed care Medicaid program. The state association accomplished this despite a strong push from state Medicaid officials and in doing so, ensures that Florida's Medicaid program will continue to be well-funded and accessible.

GEORGIA

The state budget provides for an increase in reimbursements for select dental Medicaid services.

ILLINOIS

The state budget includes \$10 million to increase rates for preventive dental services.

KANSAS

A new law extends adult enrollees' dental

coverage from emergency-only to more comprehensive care.

LOUISIANA

A new law now requires Medicaid to cover dental care for adults with intellectual or developmental disabilities who reside in intermediate care facilities.

MARYLAND

A new law in Maryland adds diagnostic, preventive, restorative and periodontal services for adults whose annual income is at or below 133% of the federal poverty level. Previously, the state had no dental coverage for adult enrollees aside from pilot programs. Funding is also included to raise reimbursement rates for dental services.

MISSISSIPPI

The state approved fee increases for restorative services performed on Medicaid patients.

MISSOURI

Lawmakers adopted one of the largest dental Medicaid fee increases in the state's history this year. Reimbursement rates will now be set at 80% of the average 2022 fees, making them more in line with fees paid in commercial dental plans.

NEBRASKA

State lawmakers adopted a 10% dental Medicaid fee increase and also eliminated the

\$750 annual spending limit for adult dental services. Also adopted was the plan to combine the state dental program into the state's medical managed care organization.

SOUTH DAKOTA

South Dakota lawmakers approved the plan to set dental Medicaid fees at a percentage of normal and customary fees with the hope that more dentists will be able to participate in the program.

TENNESSEE

Following the passage of its state budget, Tennessee's Medicaid program will begin adding comprehensive dental coverage for the state's 600,000 adult enrollees in 2023. Additionally, fees will increase more than 6.5% for preventive, endodontic and other services. The state also funded a pilot program to bolster access frameworks by funding dental school programs serving low-income patients, enhancing the use of community dental health coordinators, incentivizing dentists who agree to practice in rural areas, and also helping to cover costs of enrollees' transportation to dental appointments.

VERMONT

The state budget included \$1 million dedicated to dental Medicaid funding. The state also eliminated limitations on dental preventive services in Medicaid.

VIRGINIA

The state budget deal includes a 30% fee increase in provider dental Medicaid reimbursement rates.

These three states have pending legislation:

HAWAII

The state is moving to add more comprehensive adult enrollee dental coverage. Currently there are emergency-only adult benefits.

MICHIGAN

The proposed executive budget includes an investment to replicate the success of the Healthy Kids Dental for all Medicaid enrollees in the state through a single combined managed care contract, extending access to dental care for over 3 million Michiganders. The final budget bill has yet to be agreed upon by the Michigan House and Senate.

NEW HAMPSHIRE

Lawmakers voted to enact a law extending adult dental coverage beyond emergency-only. Final approval by the governor would be the last step in securing this benefit. ■

Provider Relief Fund deadline approaches

ADA supports student loan bill

Dentists who received funds during the second phase of the Provider Relief Fund have until 11:59 p.m. ET Sept. 30 to submit a report on the use of those funds in the Provider Relief Fund

Reporting Portal at prfreporting.hrsa.gov.

Phase 3 reporting will require any dentist who received one or more payments totaling greater than \$10,000 in the aggregate from the Provider Relief Fund between Jan. 1-June 30, 2021, to submit reports.

The Provider Relief Fund was established by the Coronavirus Aid, Relief and Economic Security Act in 2020 and allowed dental providers to apply for payments made for health care-related expenses or lost revenue attributable to the COVID-19 pandemic.

The ADA is also supporting legislation that would double the student loan interest deduction — from \$2,500 to \$5,000 — and eliminate the income limits that prevent those who live in high-cost areas from reaping the

benefit.

In a May 31 letter to Rep. Eric Swalwell, D-Calif., ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S., thanked the lawmaker for sponsoring HR 4726, the Student Loan Interest Deduction Act of 2021.

"Today's new dentists face unprecedented levels of debt as a direct result of paying for dental school," wrote Drs. Sabates and Cohlmiya, who noted that new dentists graduate with on average nearly \$305,000 in educational debt, according to the 2020 American Dental Education Association's Survey of U.S. Dental School Seniors.

In the letter, Drs. Sabates and Cohlmiya said that financial hardship is a "particular

challenge" for the more than one third of dental school graduates who pursue low- or non-paying dental residencies.

"Even with a deferment, the interest continues to accrue throughout their residency period, adding tens of thousands of dollars to their debt," Drs. Sabates and Cohlmiya wrote. "HR 4726 will not eliminate the educational debt burden for early career dentists — or replace the need for comprehensive student loan reform. But making that debt more manageable will help offset the unprecedented financial challenges these essential health care providers face at graduation."

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

HRSA continued from Page 3

- through Title VII oral health training grants.
- Expanding efforts to increase the dental workforce presence in underserved communities and among underserved populations through the Teaching Health Center Graduate Medical Education program.
- Improving health literacy for the public and increasing medical provider education about

oral health to meet the HHS Healthy People 2030 target for optimal utilization of the oral health care system.

- Addressing oral health disparities by recognizing the social determinants of health to achieve optimal oral health for all people.
- Continuing to prioritize the Integration of Oral Health and Primary Care Practice initiative.
- Addressing disparities between

dental case management and medical case management.

- Offering loan repayment to dentists who collaborate with addiction specialists.
- Supporting medical-dental collaboration projects that integrate oral health into primary care settings and facilitating "warm hand-offs" from hospital emergency departments into dental settings.
- Promoting the value of community water

fluoridation as a safe, cost-effective, healthy and equitable disease prevention strategy within community-based programs.

- Addressing maternal and child dental needs such as sealants and access to care for pregnant women as indicators for health equity advancement.

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

—garvinj@ada.org

FDA orders JUUL to stop selling e-cigarettes

ADA HAS LONG ADVOCATED FOR FDA TO PROHIBIT MENTHOL CIGARETTES, OTHER TOBACCO PRODUCTS, INCLUDING E-CIGARETTES

BY DAVID BURGER

The U.S. Food and Drug Administration denied authorization for JUUL Labs to market all of its products in the U.S., according to a June 23 FDA news release.

The company must stop selling and distributing its products and those currently on the U.S. market must be removed or risk enforcement action.

JUUL Labs is an American electronic cigarette company that makes the JUUL e-cigarette, which atomizes nicotine salts derived from tobacco supplied by one-time use cartridges.

"Today's action is further progress on the FDA's commitment to ensuring that all e-cigarette and electronic nicotine delivery system products currently being marketed to consumers meet our public health standards," said FDA Commissioner Robert M. Califf, M.D., in the release. "The agency has dedicated significant resources to review products from the companies that account for most of the U.S. market. We recognize these make up a significant part of the available products and many have played a disproportionate role in the rise in youth vaping."

“

The FDA should be lauded for its evidence-based public health protections and for taking action on vaping and flavored tobacco products.

- ADA President Cesar R. Sabates, D.D.S.

In the release, Michele Mital, acting director of the FDA's Center for Tobacco Products, said that the FDA is tasked with ensuring that tobacco products sold in this country meet the standard set by the law, but the responsibility to demonstrate that a product meets those standards ultimately falls on the shoulders of the company.

"As with all manufacturers, JUUL had the opportunity to provide evidence demonstrating that the marketing of their products meets these standards," she said. "However, the company did not provide that evidence and instead left us with significant questions. Without the data needed to determine relevant health risks, the FDA is issuing these marketing denial orders."

ADA President Cesar R. Sabates, D.D.S., supported the FDA's action.

"E-cigarette use is a serious public health issue, particularly among adolescents and young adults," he said. "Banning these products is a step toward

protecting millions from their potential harms. All tobacco products pose risks to oral health and overall health, and the FDA should be lauded for its evidence-based public health protections and for taking action on vaping and flavored tobacco products."

According to the Associated Press, "JUUL launched in 2015 and within two years rocketed to the top of the vaping market. JUUL, which is partially owned by tobacco giant Altria, still accounts for nearly 50% of the U.S. e-cigarette market."

While the oral health effects of vaping are not fully studied, there is some evidence that vaping increases the likelihood that tobacco users will not be able to quit, according to the ADA Council on Scientific Affairs.

The 2020 ADA House of Delegates adopted

an interim Board policy calling for a total ban on all vaping products that aren't approved by the FDA for tobacco cessation purposes.

According to the policy, "dentists should be fully aware of the oral and maxillofacial health risks that are causally associated with tobacco use, including higher rates of tooth decay, receding gums, periodontal disease, mucosal lesions, bone damage, tooth loss, jaw bone loss and more."

In addition to the policy, the ADA House of Delegates in September 2019 passed a resolution stipulating that the word "vaping" and any other alternative nicotine delivery systems be added to the existing ADA policy focused on tobacco use prevention, research and regulation.

"E-cigarette use by adolescents is a dangerous

problem," said Shailee Gupta, D.D.S., chair of the ADA Council on Advocacy for Access and Prevention. "The FDA has taken a major step in the direction of Health Equity by ordering JUUL products, such as vaping devices, to be removed from the U.S. market. These types of products are heavily marketed to underserved and at-risk populations as a flavored option to combustible tobacco products. A real danger to oral health is probable in the age groups that purchase these devices."

The United States Court of Appeals for the District of Columbia issued a temporary stay on June 24, sought by Juul, that will allow it to keep its e-cigarettes on the market pending further court review, according to The New York Times. ■

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AROUND THE ADA

SmileCon events celebrate dental profession, Houston culture

BY MARY BETH VERSACI

Everything is bigger in Texas, and SmileCon 2022 in Houston will be no exception.

From Opening and Closing Sessions that recognize dentists' accomplishments and explore the future of dentistry to a street festival highlighting the culture of Houston, SmileCon will energize dentists as they gather to meet, play, learn and smile.

"SmileCon is a celebration of you, our member dentists, and all the ways you make your mark on dentistry. We hope you'll walk out of every event with your head held high, proud to be part of a dynamic profession," said American Dental Association Executive Director Raymond A. Cohlmi, D.D.S. "We invite you to get inspired and enjoy all the 'wow' moments SmileCon has to offer. We're going big, so don't stay home."

SmileCon is the ADA's joint meeting with the 2022 Texas Dental Association Meeting and the 2023 Greater Houston Dental Society's

offerings available for purchase. The Houston music and art scenes will be on full display, with performances by Tejano and country bands, as well as live paintings, interactive art installations and Instagram-worthy photo ops.

The party will also offer some uniquely Texan experiences, from learning how to lasso a steer to creating a leather bracelet or luggage tag at a leather-stamping station, and new dentists will have a special VIP area all their own.

Street Fest admission is included with the Platinum Smile Pass and Smile Pass and costs



Dr. Brown

\$50 for Dental Central Pass holders. Tickets include food samples and two drinks.

Dentists can take their SmileCon continuing education to the next level by connecting, huddling and talking with speakers at C.H.A.T. events.

During these events, participants can grab a cup of coffee or a glass of wine and get exclusive face time with one of the dental profession's most respected educators to ask their questions or receive advice in a relaxed environment.

Many alumni and affiliate groups will be gathering at SmileCon, offering attendees a chance to strike up conversations, foster relationships and build meaningful connections. Former dental school classmates can rekindle their school spirit and reminisce during alumni receptions. A list of participating schools is available at SmileCon.org. Affiliate dental groups, including the American Association of Endodontists, American Association of Orthodontists, American Academy of Periodontology and more, will also host gatherings where members can connect with their friends and colleagues.

To learn more about SmileCon and to register, visit SmileCon.org. ■

—versacim@ada.org



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Star of the South Dental Meeting. It will take place Oct. 13-15 at the George R. Brown Convention Center.

Brené Brown, Ph.D., researcher and author of six No. 1 New York Times bestsellers, will kick off SmileCon during the Opening Session on Oct. 13. Dr. Brown has spent the past two decades studying courage, vulnerability, shame and empathy, and some of her bestsellers include "Atlas of the Heart" and "Dare to Lead." Her TED Talk on the "Power of Vulnerability" is one of the top five most-viewed TED Talks in the world, with more than 50 million views.

During the Opening and Closing Sessions, attendees will hear real-life stories from their fellow dental professionals who work every day to uplift their communities and explore ideas that will fuel the future of the dental profession.

They will celebrate the contributions of award recipients, including the 10 Under 10 Award winners during the Opening Session, as well as Distinguished Service Award winner Zack Studstill, D.M.D., current Alabama Dental Association executive director and past ADA trustee and second vice president, and Humanitarian Award winner Jeffrey B. Dalin, D.D.S., co-founder of the St. Louis Give Kids A Smile program, during the Closing Session on Oct. 15.

ADA President Cesar R. Sabates, D.D.S., and Dr. Cohlmi will reflect on the past year during the Opening Session, while President-Elect George R. Shepley, D.D.S., will look to the year ahead during the Closing Session.

Both sessions are included with all three meeting passes: Platinum Smile Pass, Smile Pass and Dental Central Pass.

SmileCon Street Fest, taking place Oct. 14 along Avenida de las Americas outside the convention center, will be a night full of food, music and art.

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Rx Only

DSA continued from Page 1

leader. First, as chair of the ALDA annual meeting, then as an alternate delegate and delegate, and eventually rising to be president of the Alabama Dental Association and later, ADA second vice president.

"That's why mentorship is so important. Because you have opportunities to look at some people, and say, she or he has real potential," Dr. Studstill said. "I've had so many doors opened for me, it's unreal. I think if you're involved you see the great value organized dentistry has for practitioners out there. Sometimes I think, 'where would I be if the ADA and the Alabama Dental Association went away?' I'd be lost."

Under the leadership of Dr. Studstill, the Alabama Dental Association has developed a four-year, full Dental School Tuition Forgivable Loan Program administered by a state agency, the Board of Dental Scholarships and Loan Awards; and a Rural Dental Scholars Pipeline Program. Dr. Studstill, Lew Mitchell, D.M.D., and Hiram Johnson, D.M.D., developed a seminar on ethics at the UAB School of Dentistry for third- and fourth-year students that has been an annual event at the dental school for the last 20 years.

"He is always going to be the one you look up to and can trust to do the right thing," said fellow Montgomery dentist and friend Larry Browder, D.M.D.

Dr. Studstill found he loved being on the ADA Board of Trustees first as an officer and later as the trustee for the Fifth District. However, he ultimately decided not to run for ADA president-elect. At the time, his mother was ill with colon cancer, and he knew he wanted to spend whatever time she had left with her.

"It was a good decision for me, because I was able to be by her side instead of the ADA PE campaign trail," he said. "I was able to go to my folks' home and help my father and my sister out with her during her last days. It didn't rise to a level of real choice. You do the right thing at the right time."

Love of music

When he wasn't practicing dentistry, or lobbying for ways to improve dentistry in Alabama, Dr. Studstill could be found playing the piano as a way to relax. In high school, he played the trumpet in the concert orchestra at Andalusia High School.

A self-taught pianist, he learned he could play many songs after just a single listen though eventually he would take lessons to expand his craft.



Dynamic duo: Dr. Zack Studstill and his wife, Lady Claire Studstill, top left, during an ADA event.

"We didn't have a piano at home, but my aunt did," he recalled. "I'd go over to her house and sit at the piano. I believe you either have an ear for music or you don't. Frankly, I think it's a God-given talent."



Leader: Dr. Zack Studstill speaks during an Alabama Dental Association meeting.

"He's an amazing person," Dr. Bishop said. "I don't think I've ever known anybody that could be so organized and do so many things so well at so many different levels."

During his time on various ADA councils and as a member of the ADA Board of Trustees, Dr. Studstill often entertained his fellow dentists by playing the piano in a hotel suite the Association would reserve for receptions.

One night, Dr. Studstill arrived at the suite early. As he played the piano, members of the hotel staff popped in and out to set up for the ADA party later that night. One of the workers complimented him on his playing.

"He asked me, 'Would you like to know who played this piano last night?'" Dr. Studstill said. "Turned out Paul McCartney was in the suite the night before. So, my hands had been on the same keys he was playing. I didn't wash my hands for a month."

Becoming an ED

In 2010, the Alabama Dental Association began a search for a new executive director.

During the search, he would spend an hour managing the state dental association office, while staff and other leaders worked on finding the new ED. This went on for more than six months before he got the question: Would he be interested in applying for the job himself?

"I said, well, let me talk it over with Lady Claire," he said. "I went home and told her. And she said, 'It would be good for you, it'll humble you.'"

And that was that. Dr. Studstill has been executive director ever since.

"Lady Claire has been my foundation, my rock," he said. "She has been the one that has always been there to listen. Every time something like this came up, we'd sit out on our deck with a glass of wine and talk about whether I ought to do it or not and what it would cost for family time."

Not long after accepting the executive director job, he sold his practice.

"It was a good time for me. I'd been in practice 42 years or so at that point," he said. "And I really planned on retiring in about five years, when this opportunity happened."

"The thing about Zack is, he's just completely committed to dentistry, and he's served it so well at so many levels," Dr. Bishop said.

The counselor

As a Sunday school teacher at his church, Dr. Studstill would often get approached by younger parishioners asking him for advice. He'd direct them to the pastor who had

professional training in counseling.

But when it kept happening, Dr. Studstill decided he might as well get professional training as well. In the late 1980s, he earned a master's degree in counseling, a two and a half year journey,

three days a week, after office hours. During that stretch, he'd practice dentistry for eight hours, followed by class at 7 p.m. and homework after that.

"Back in those days, you couldn't record anything at all, and I'd be sitting there taking notes like I was in dental school," he said. "I'd go home and rewrite my notes and get to bed about midnight every night. It was tough. But it was also really rewarding."

His background in counseling not only made him an ideal teacher at church, but it also helped him as a leader in dentistry.

When asked to sum up Dr. Studstill in a few words, his friends can't speak highly enough.

"I think how everybody wants to be like Zack, but few people want to offer the personal sacrifices he has," Dr. Bishop said. "If you're going to battle, you want Zack Studstill on your side."

"We have been down many roads together and to my knowledge, there is not a mean bone in his body," said Dr. Dumas, who first met his friend in the 1980s as an ADA delegate. "If I had one person I would want in a foxhole with me it would be him."

"Every time I get off the phone with him, I'm invigorated, because I've had a great day and because I got talk to him," Dr. Isbell said. "We laugh and we cut up, and you know the last thing he tells me every time he gets off the phone? He says, 'Gordon Isbell, I love you so much.' That's Zack Studstill." ■

—garvinj@ada.org

SmileCon to offer courses in Spanish

Topics include cosmetic, pediatric dentistry

BY MARY BETH VERSACI

SmileCon 2022 in Houston will offer continuing education courses in Spanish covering cosmetic dentistry, sleep apnea, pediatric dentistry, implants and more.

"Bienvenidos, dentistas y profesionales dentales a Houston," said Victor Rodriguez, D.D.S., a member of the ADA Advisory Committee on Annual Meetings, the Texas Dental Association and the Greater Houston Dental Society. "Houston and Texas have large international communities that attract people from all over the world, especially from Spanish-speaking countries in Central and South America. This year, we are happy to provide several presentations for dentists and staff in Spanish by world-renowned speakers.

"All attendees who are bilingual in Spanish are encouraged to attend."

Courses include:

- Odontología Estética en el Siglo 21 (Aesthetic Dentistry in the 21st Century), presented by Rony Joubert Hued, D.D.S., specialist in prosthodontics and restorative dentistry.
- El Rol del Dentista en la Endoscopia del Sueño Mediante Sedación Inducida por Medicamentos (Role of the Dentist in the Drug-Induced Sleep Endoscopy), presented by Luis D. Aneyba, D.M.D., past participant of the dental sleep medicine program at Tufts University School of Dental Medicine and graduate of the ADA

Institute for Diversity in Leadership.

- Gestión Moderna de la Superficie Oclusal en los Molares Permanentes (Modern Management of the Occlusal Surface in Permanent Molars), presented by Luis Karakowsky, D.D.S., pediatric dentist and past president of the Mexican Academy of Pediatric Dentistry.
 - Conceptos Actuales en Carillas de Laminado de Porcelana (Current Concepts in Porcelain Laminate Veneers), presented by Anabella C. Oquendo, D.D.S., assistant dean for international programs and director of the Advanced Program for International Dentists in Esthetic Dentistry at the New York University College of Dentistry.
 - El Cannabis en el Mundo: Lo Que el Equipo Debe Saber (Cannabis and the World: What the Team Should Know), presented by Tyrone F. Rodriguez, D.D.S., pediatric dentist and chief editor of the Journal of the Hispanic Dental Association.
 - Prótesis Cerámica Asistida con Implantes Dentales (Assisted Ceramic Prosthesis with Dental Implants), presented by Dr. Joubert Hued.
 - Nuevas Tendencias en Odontología Pediátrica (New Trends in Pediatric Dentistry), presented by Dr. Karakowsky.
 - Gestión del Espacio de Restauración (Restorative Space Management), presented by Dr. Oquendo.
- SmileCon is a joint meeting with the 2022 Texas Dental Association Meeting and the 2023 Greater Houston Dental Society's Star of the South Dental Meeting. It will take place Oct. 13-15 at the George R. Brown Convention Center.

To learn more about the meeting and to register, visit SmileCon.org. ■

—versacim@ada.org



Dr. Rodriguez

ADA awards duo honorary memberships

BY KIMBER SOLANA

The ADA Board of Trustees has awarded honorary membership in the Association to two people for their “outstanding contributions to the advancement of the art and science of dentistry.”

In April, the Board named Priscilla M. Allen, governance liaison of the North Carolina Dental Society and director of its Mission of Mercy clinics; and Arthur Meisel, executive director of the New Jersey Dental Association.

ARTHUR MEISEL



Mr. Meisel

Mr. Meisel’s professional relationship with the New Jersey Dental Association began in 1970 when a law firm assigned him to provide legal services to the organization.

“When the NJDA’s headquarters building was dedicated in 1972, I was invited to attend with my wife,

who was pregnant at the time with our first child,” he said.

And in the next five decades, that relationship evolved in 1995 when he became assistant executive director and general counsel, and in 2000, Mr. Meisel was hired as its executive director. He plans to retire at the end of the year.

“As I like to say, prior to 1995, the NJDA was my favorite client,” he said. “Since 1995, it continues to be my favorite client, even though now it is my only client.”

Despite his contributions to NJDA and organized dentistry, it still came as a surprise to him to receive an ADA honorary membership.

“It is gratifying to feel I may have made some small contribution to the profession,” he said.

But to ADA Fourth District Trustee Frank J. Graham, D.M.D., there has been nothing small to Mr. Meisel’s work.

“Through his leadership and with the team he has assembled, the New Jersey Dental Association has become a national leader in developing legislative and regulatory initiatives that serve our profession,” said Dr. Graham in his nomination letter. “He is held in the highest of esteem throughout New Jersey, the Fourth District, and the nation as a tireless advocate for our profession.”

Mr. Meisel said there’s been a lot to love with his time at NJDA, specifically the relationships he’s formed with volunteers and staff at all levels of organized dentistry.

“Upon retirement at the end of this calendar year, I will miss the day-to-day interactions but treasure the experiences,” Mr. Meisel said.

PRISCILLA M. ALLEN

Ms. Allen has worn many hats over the past 50 years in service of the dental profession.

It began in 1967 as a dental assisting student at the University of North Carolina Chapel Hill. She later worked in the removable prosthetics department as manager of the undergraduate clinic. She became executive director of the UNC Dental Alumni Association and later director of the UNC School of Dentistry Foundation.

Since 2006, she has been with the North Carolina Dental Society, where she currently serves as its governance liaison and as director of the North Carolina Mission of Mercy Clinics.

Still, when ADA 16th District Trustee Gary D. Oyster, D.D.S., called her that he had nominated her for an honorary membership, she

thought he was kidding.

“I thought he was playing a joke on me,” Ms. Allen said. “Dr. Oyster and I kid each other so much that I thought it was one of those times. Then I heard who wrote letters of nomination for me, and I was overwhelmed with pride.”

To Dr. Oyster, after what he has seen in 15 years working with Ms. Allen, an honorary membership simply made sense.

“She is truly committed to improving the oral health of the underserved populations across North Carolina,” said Dr. Oyster in his nomination letter. “Prissy not only organizes things



Ms. Allen

but is an active participant who serves as an example for dentists, volunteers, and pre-dental and dental students that attend the Mission of Mercy clinics.”

Despite some trying times, especially the last couple of years due to continuing changes

in dentistry, for Ms. Allen, there’s a lot to be proud of.

“I have survived, and feel I am an asset to this organization,” she said, adding that her role has allowed her to help the NCDS as needed, including in governance, meetings and events, membership, patient mediation and its Mission of Mercy programs.

“I never realized that I possessed the skills or accomplishments to receive this recognition,” Ms. Allen said. “I always just felt like I was treating people and my positions in dentistry the way I was brought up. It all begins with respect.” ■

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In a new, single-dose study, Aleve® was proven as strong* as HYD+APAP for dental pain¹

*In hours 0 to 4 of a single-dose dental study of Aleve® (440 mg), HYD+APAP (10 mg + 650 mg), or placebo.

Aleve® is an OTC pain reliever indicated for temporary relief of minor aches and pains including arthritis pain, headache, muscular aches, and toothache.²

Learn how non-addictive OTC NSAIDs like Aleve® can help you reduce risk factors that contribute to the US opioid crisis^{1,3,4}

Did you know that up to half of opioid prescriptions at dental visits are inconsistent with the guidelines on appropriate use of opioids?⁴ In response to the overuse of opioids, there is an increasing interest in the effectiveness of OTC NSAIDs in alleviating pain—to reduce the need for opioids. Growing evidence supports Aleve® as a powerful* non-opioid OTC treatment for minor dental pain.^{1,2,5,6}

In the study, Aleve® was as effective* for dental pain, lasted longer, and was better tolerated vs a widely prescribed opioid combination, HYD+APAP¹

In a recent single-center, randomized, double-blind, parallel, placebo-controlled study, Aleve®, a non-opioid OTC NSAID, was compared with hydrocodone plus acetaminophen (HYD+APAP) for dental pain relief¹

- Patients experiencing moderate or severe pain (N=221) after surgical removal of impacted third molars were randomized to receive either a single dose of Aleve® (440 mg [n=90]), HYD+APAP (10 mg + 650 mg [n=87]), or placebo (n=44)¹
- The primary objective was to compare Sum of Pain Intensity Difference from 0 to 12 hours (SPID₀₋₁₂) after a single oral dose
 - Secondary objectives were to compare the total pain relief (TOTPAR) over 6 and 12 hours (SPID₀₋₆), time to onset of pain relief, time to first use of rescue medication, and duration of pain intensity at least half gone over 6 and 12 hours¹
 - SPID₀₋₄ was also assessed

Aleve® was as effective as HYD+APAP in hours 0 to 4 at reducing pain intensity (based on SPID from 0 to 4 hours, or SPID₀₋₄).¹

The primary endpoint was met¹

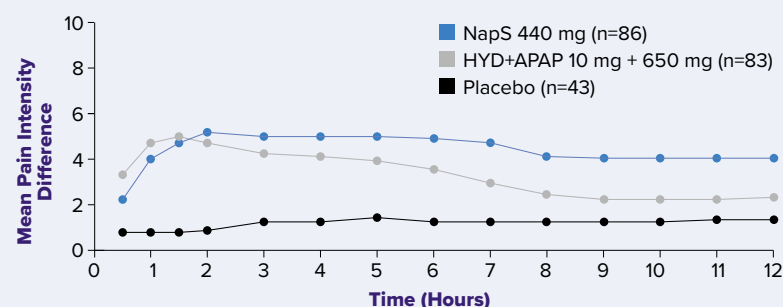
- SPID₀₋₁₂ was statistically significant for Aleve® vs HYD+APAP¹

Key secondary endpoints also showed statistical significance in favor of Aleve® compared with HYD+APAP¹:

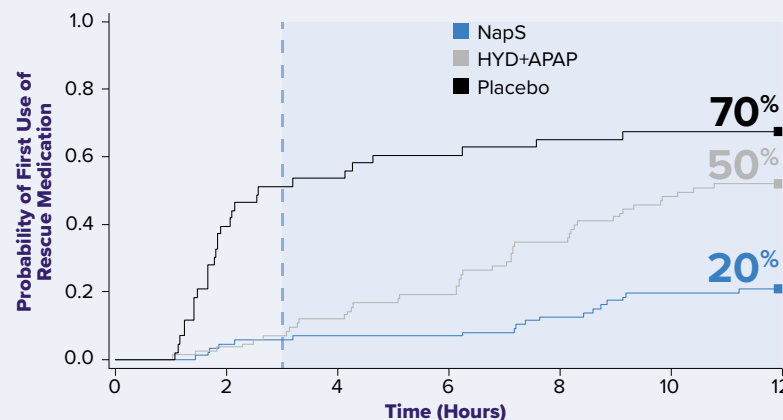
- Total pain relief (0 to 6 and 0 to 12 hours; $P < 0.05$)¹
- Median time to rescue medication ($P < 0.001$)¹
- Duration of pain at least half gone over 12 hours ($P < 0.001$)¹

Both active treatments were significantly more effective than placebo.¹ HYD+APAP was not statistically superior to Aleve® for any endpoint (NapS 440 mg vs HYD+APAP 10 mg + 650 mg).¹

MEAN PAIN INTENSITY DIFFERENCE¹



RESCUE MEDICATION FROM HOUR 3 ONWARD¹



In the study, Aleve® was also better tolerated than HYD+APAP¹

More treatment-related adverse events were reported with HYD+APAP (n=18) than Aleve® (n=1) and placebo (n=1), including nausea, vomiting, and dizziness.¹

The new study adds to the established evidence for Aleve® for minor dental pain

In 2 previous clinical studies for dental pain, Aleve® was proven to be stronger from the 3-hour mark onward and last longer than acetaminophen plus codeine (APAP + codeine). Both 8-hour studies (N=455) compared 1 dose of Aleve® 440 mg with 1 dose of APAP 600 mg + codeine 60 mg after surgical removal of 3 or 4 molars (≥ 1 impacted).^{5,7}

In both studies:

- Patients who took Aleve® reported significantly reduced pain vs APAP + codeine ($P < 0.05$) from the 3-hour mark onward⁵
- The 12-hour strength of Aleve® gave patients more sustained pain relief per dose, as demonstrated by a longer median time to remedication, vs patients on APAP + codeine ($P < 0.05$), which is commonly prescribed every 4 hours as needed^{2,5,7}
- Study population for Study 1: Aleve® (n=92), APAP + codeine (n=91), and placebo (n=47); and for Study 2: Aleve® (n=90), APAP + codeine (n=91), and placebo (n=44)⁵

With the current opioid crisis, consider other options for treating minor dental pain

The United States accounts for 80% of the global opioid supply,⁸ and opioids kill over 130 Americans every day.⁹ Yet despite available pain relief options, opioids associated with dental treatment continue to pose significant risks to patients and their family members.^{8,10}

A recent study shows that opioids are not associated with greater patient satisfaction for pain management after dental extractions.¹¹

“Recommend NSAIDs, like Aleve®, for non-opioid relief of minor dental pain, and you can help address the human and economic costs associated with the US opioid crisis.”^{1,4,12}

—Dr. M. Ted Wong, DDS, MHA
Board-Certified Prosthodontist
Former Chief Dental Officer at UnitedHealthcare
Former Chief of the US Army Dental Corps
Bayer Paid Consultant

Dental professional organizations recommend NSAIDs instead of opioids as first-line therapy for acute pain management¹³⁻¹⁵

The **American Dental Association** recommends NSAIDs as first-line therapy for acute pain management.^{13,14}

The **American Association of Oral and Maxillofacial Surgeons** recommends NSAIDs as first-line therapy for acute pain management.¹⁵

The growing body of evidence offers a compelling argument for first-line use of an NSAID like Aleve® for dental pain, and the guidelines suggest ways of putting NSAIDs into practice.^{1,5,6,13-15}

When prescribing any product, HCPs should always consider its efficacy and safety. Before any procedure requiring pain management, dentists should talk with patients about the benefits and risks of pain relief options.

“For dentists, this is an opportunity to play an active role in alleviating the ongoing opioid crisis,¹⁰ and I encourage all of my colleagues to consider using effective non-opioid analgesics like Aleve® for minor dental pain.”^{1,2}

—Dr. M. Ted Wong, DDS, MHA
Bayer Paid Consultant

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Illinois man wears many hats: filmmaker, soldier, actor, dentist

BY DAVID BURGER

When Chicagoland was sweltering in mid-June with sky-high heat indexes, Patrick Brambert, D.D.S., was escaping from the area to make his first-ever trip to Los Angeles.

Dr. Brambert wasn't there to savor the cool breeze-kissed beaches.

As writer, director and star, he was invited

there to screen his 10-minute film, "Kitchen Spaces," at the Dances with Films film festival, held at the iconic TCL Chinese Theatre on the Hollywood Walk of Fame.

A cooking-show spoof, the short film is a cross between "The Office" and "Between Two Ferns," two shows that use awkwardness as a springboard laughs.

"I like cringey humor a little too much," Dr. Brambert said.

His trip to a film festival was just one of the many

feathers in his cap. Besides being a filmmaker, Dr. Brambert is a Second City-trained improv comic, Army National Guard soldier and associate dentist at Dental Essence in Addison, Illinois.

Add all of that to a home life with his wife



Photo courtesy of Dr. Brambert

Filmmaker: Patrick Brambert, D.D.S., right, wrote, directed and acted in the cooking show spoof "Kitchen Spaces," a 10-minute short film that was accepted in the Dances with Films film festival in Los Angeles.

and two children under the age of 3, and you've found someone with more energy than many of his peers.

"I don't think I'll ever leave dentistry behind," said the 30-year-old. "But I like variety in my week."

Dr. Brambert was in Oklahoma last year for Army National Guard basic training when he wrote the script for "Kitchen Spaces" in between — and during — long runs while living in constant fear of drill sergeants.

He said he has wanted to serve in the military about as long as he has wanted to be dentist, actor and filmmaker, with cherished memories of elaborately staged battle campaigns with his G.I. Joes as a child.

Besides inhabiting the personas of G.I. Joe characters Cobra Commander and Snake Eyes during playtime, Dr. Brambert loved visiting his pediatric dentist. That dentist, who inspired him to go to dental school at the University of Iowa College of Dentistry and Dental Clinics was so beloved that Dr. Brambert insisted on keeping him as his dentist all the way until Dr. Brambert was 21 and half-a-foot longer than the length of the operatory chair.

Before his dental school graduation in 2017, Dr. Brambert completed an externship at a special-needs clinic in Iowa as well as an additional externship on a Native American reservation in Cass Lake, Minnesota. Once he graduated, he practiced for several years in the western Chicago suburbs. On the side, he completed the improv program at The Second City theater where he performed with the Yellow Belly Improv Group before landing an associateship at Dental Essence, owned by Paul N. Greico, D.D.S.

"He's a really caring person," said Dr. Greico. "He has a great rapport with his patients, and he's highly qualified. He's committed to dentistry and enjoys what he's doing in dentistry. He's just really a good guy, and a great family man."

When not on diaper duty at home or National Guard duty, Dr. Brambert trains with acting coach Max Arciniega. Mr. Arciniega is best known for his role as Domingo Gallardo "Krazy-8" Molina in the critically acclaimed series "Better Call Saul" and "Breaking Bad."

The dentist acts when the opportunity presents itself. For example, Dr. Brambert played a jail guard in the television show "Chicago P.D." last season.

As expected, Dr. Brambert has several goals in life, befitting someone who seems up for everything. One goal is to become more confident with implant placing, and second is becoming a fellow in the Academy of General Dentistry.

But that's not it. Of course not.

He is also hoping to hear from connections made in Los Angeles about turning "Kitchen Spaces" into a half-hour series on network TV.

It is entirely possible, especially since he has more energy than most. ■

—burgerd@ada.org

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Dental Quality Alliance creates workgroup to develop practice- and clinician-level oral health quality measures

BY DAVID BURGER

The Dental Quality Alliance is convening a new workgroup that will develop practice- and clinician-level oral health quality measures.

Kevin Dens, D.D.S., chair of the ADA Council on Dental Benefit Programs, said there is a growing number of third-party payers that utilize provider rating systems displaying “quality scores” for dentists on their provider directories to differentiate themselves in the market with employers, Medicaid programs and other marketplace offerings.

He added that he thinks the DQA taking the initiative to develop practice and clinician level measures is the right approach and will be helpful to address this rising trend from

third-party payers.

“As provider rating systems are being rolled out by more and more entities, [some of them say] they represent ‘quality’ when they don’t actually represent an agreed-upon and scientific definition of quality. The DQA, as a collaborative multi-stakeholder organization, is taking a deliberate approach to leverage its expertise,” Dr. Dens said.

“These rating systems may use the term



Dr. Casamassimo



Dr. Dens

‘quality’ in their names when the systems actually measure participation or utilization rather than quality of care,” said Paul Casamassimo, D.D.S., chair of the DQA.

The DQA has the necessary experience, Dr. Dens said, to take the lead in addressing the development of quality measures at the provider level that are valid, reliable, feasible and in line with the alliance’s mission to ‘advance the effectiveness and scientific basis of clinical performance measurement and improvement.’

The workgroup is charged with the task of exploring the development of validated quality measures using both clinical and patient-reported data. The workgroup will provide recommendations to the DQA’s Measures Development and Maintenance Committee on the development of a core set of practice- and

clinician-level oral health quality measures.

The workgroup is composed of subject matter experts with expertise in quality measure development, health policy and health services research, along with representatives of organizations that have access to clinician-level data (administrative claims or electronic health records data) to support the DQA’s initiatives to validate any potential measures developed by the workgroup.

Dr. Casamassimo said that the DQA’s expertise is grounded in a consensus-building process and that it is the right time for its extensive background in developing oral health quality measures at the plan- and program-level to now be utilized at the practice and clinician level.

The workgroup embodies the collaborative process and will ensure that this effort continues to advance the DQA’s core missions of improving oral health, patient care and safety, Dr. Casamassimo said.

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

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

—burgerd@ada.org

HPI: Dentists report practice schedules 86% full

PERCENTAGE OF DENTISTS WHO OFFERED A WAGE INCREASE TO DENTAL STAFF WITHIN THE PAST YEAR

79.9%
TO DENTAL
HYGIENISTS

84.6%
TO DENTAL
ASSISTANTS

Source: ADA Health Policy Institute’s Economic Outlook and Emerging Issues in Dentistry poll, June 2022 wave

BY JENNIFER GARVIN

Dental practice schedules have been steady in the past few months, with dentists reporting that on average their practices’ schedules were about 86% full in June, compared to 88% in March, according to the ADA Health Policy Institute.

While schedules have remained mostly steady, confidence in the U.S. economy recovery continues to drop. Only 16% of more than 1,200 dentists surveyed said they had confidence in the U.S. economy compared with more than a third reporting confidence in January. These results are part of the latest HPI Economic Outlook and Emerging Issues in Dentistry poll, which was conducted June 14–19.

Other key findings include:

- Staff recruitment continues to be a priority for practitioners, with roughly four in 10 dentists reporting that had recently or were currently recruiting dental assistants and dental hygienists as of June. Hiring dental hygienists continues

to be the most challenging for dentists.

- Eight out of 10 dentists surveyed reported issuing pay raises for their dental teams in the past year. Recent wage increases have most commonly been in the 4–6% range.
- The most common benefits dentists are offering their employees are dental benefits, paid vacation, paid holidays and retirement savings. Fewer than half of dentists provide health insurance for their employees and one in five offers paid leave.

Each month, the ADA Health Policy Institute conducts a poll of U.S. dentists to measure the economic impact of the COVID-19 pandemic and to gather their opinions on other current and emerging issues impacting their practices. The poll, Economic Outlook and Emerging Issues in Dentistry, is a continuation and expansion of research HPI conducted between the onset of the pandemic and December 2021.

To join the panel, read the full monthly reports or view the new interactive state dashboard, visit ADA.org/HPIpoll. ■

New guide for ensuring accuracy of claims created on behalf of treating dentists

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.

A new ADA resource guide developed in May details the responsibilities of treating dentists in ensuring the accuracy of their claim submissions.

In an aim to help employee dentists safeguard themselves, the guide provides information about how to minimize the risk of inaccurate or even fraudulent claims being submitted under their name.



Dr. Johnston

The ADA Council on Dental Benefit Programs created the new guide in response to Resolution 93H, passed by the House of Delegates in 2021. “The resolution came out of the realization that in some occurrences, billing claims made to third-party payers have been done under the employee dentist’s NPI number and signature on file but without the employee dentist’s approval,” said Mark M. Johnston, D.D.S., chair of the council’s Dental Benefit Information Subcommittee. “There is growing evidence that this is becoming a greater concern for employee dentists.”

Resolution 93H stipulated that the appropriate ADA agency — CDBP in this case



— study the feasibility of creating guidance and education on best practices on procedures that would ensure the accuracy of claims submitted by the office or a third party on behalf of the treating dentist. The council took the initiative to move forward with creating the new educational resource for dentists.

Dr. Johnston said office staff should be sure the treating dentist reviews all claims before anything is submitted under that dentist’s name and license. If the practice is using another agency to perform billing services on behalf of the dental office, the dentist is still responsible for ensuring the accuracy of the submitted claims of services rendered, he said.

When such claims are inaccurately or inappropriately submitted without the employee dentist’s approval, it may expose the employee dentist to allegations of fraud, Dr. Johnston said.

“Remember, the treating dentist is responsible for ensuring the accuracy of claims and should always conduct claim form reviews before claims are submitted,” he said. “The state dental boards and courts of law will look at the license of the providing dentist — and not to a dental team member — when examining a case of [a potentially] fraudulent dental benefit claim. Keeping your head in the sand will not allow this problem to disappear.”

Although the ADA has a policy regarding employment of a dentist which states that employers should make certain that proper business practices, including billing, are followed, no guidance or resources have previously existed that assisted employee dentists in either avoiding these pitfalls or addressing them with their employer should they occur.

Additional information on other educational ready-to-use resources on dental insurance solutions for dentists can be found at ADA.org/dentalinsurance. ■

ADA Dental Experience and Research Exchange, Open Dental help dentists answer questions about treatment, outcomes

BY KIMBER SOLANA

The ADA's Dental Experience and Research Exchange, or DERE, and its integration with practice management system Open Dental empowers dentists to make evidence-based clinical decisions to improve patient health outcomes today.

"Insurance companies already have access to data about insured patients. Why shouldn't dentists be able to see aggregate data about the patient population, too?" said Kevin Dens, D.D.S., ADA Council on Dental Benefit Programs chair.

"With DERE, dentists can come together to help create a comprehensive dental data database," Dr. Dens added. "And because DERE data isn't tied to a single payer, it's inclusive of all dental patients — both insured and uninsured."

- Create a data source that is not limited to patients covered by a dental plan (i.e., claims data).
- Allow more real-time aggregation of data across the dental delivery system.
- Develop time trends on treatment patterns and outcomes.
- DERE has a protected cloud-based data

repository that collects practice, provider and patient data directly from Open Dental. Additional practice management systems will be integrated in the near future.

After a dental practice enrolls, DERE accesses, extracts and stores practice, provider and patient data directly from the practice's Open Dental software. The patient data excludes certain identifiers such as names and addresses but may include identifiers such as treatment dates and zip codes. HIPAA allows limited data sets to be used only for purposes of research, public health and health care operations.

Once data is extracted by DERE, it is aggregated and analyzed, which can then be used

See DERE, Page 17

“

DERE will be one of the most influential programs to help dentists and the profession for decades to come.

– Dr. Kevin Dens, ADA Council on Dental Benefit Programs chair

The ADA launched DERE in 2021 as a new outcomes assessment, research and reporting program intended to promote excellence in dental care. DERE puts the power of analysis in the practice's hands by helping it identify and track patient and practice trends through a personalized dashboard equipped with quality measure reports. Open Dental became the first practice management system to integrate with the program.

In April, DERE added two new dashboard reports. The first, a financial report, highlights the total cost of care per patient; the other, Established Patients with Only Preventive Care at Follow-up, looks at the percentage of active established patients with only oral evaluation, preventive services or radiographs during the measurement year.

"Open Dental users are able to gain insight to become better clinicians," said Open Dental CEO Nathan Sparks, regarding those who are taking advantage of the integration. "Dentists can see up-to-date snapshots of patient and practice data to see treatment trends and also view this data by location, provider or patient demographic. This allows them to provide more focused, evidenced-based care. With the new reports, dentists can also focus on average patient cost of care."

DERE is the first dental data registry open to all practice types to:

- Create a more comprehensive source of data including clinical information, health history and dental findings.



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ADA partners with DEA on webinar series addressing opioid epidemic, other related topics

THREE FREE WEBINARS SCHEDULED FOR JULY 13, AUG. 23, SEPT. 22

BY DAVID BURGER

The ADA is partnering with the U.S. Drug Enforcement Administration to present a free three-part webinar series available for both dentists and the dental team.

Part one will address the opioid epidemic and how dental professionals can help mitigate the crisis. Parts two and three of the series will help dentists learn about the DEA's closed system of distribution and record-keeping and what to know about prescribing controlled substances.

"The ADA is proud to work with the DEA in presenting this series on a very important topic," said James Hoddick, D.D.S., chair of the Council on Dental Practice, about the first webinar. "While our attention has rightfully been focused on navigating the COVID-19 pandemic, the opioid crisis has not abated and dentists have a crucial role to play in doing our part to stem the epidemic, and this series will help."

Part two is set for Aug. 23, and the third will be Sept. 22. The latter two will not be available for viewing after they live stream.



Dr. Hoddick

The first webinar, titled Drug Trends — Where Are We Today? features presenter Linda Stocum, staff coordinator from the DEA Diversion Control, Liaison Section. This program, streaming on July 13 from noon-1 p.m. Central, will focus

on clarifying what the DEA is and what they do.

The first webinar will be recorded and will be available soon thereafter on the Providers Clinical Support System site at pcssNOW.org after its streaming.

At the conclusion of the first webinar, attendees will be able to understand where the U.S. is in the opioid crisis and learn about which drugs to be aware of; summarize DEA's "One Pill Can Kill" campaign; and be able to find pertinent information on DEA regulations and other resources.

Register for the first webinar at <https://bit.ly/3y17oRK>.

The second webinar, scheduled for Aug. 23, is titled DEA Closed System of Distribution, Record Keeping and Sanctions and streams from noon-1 p.m. Central. The webinar will be delivered by Kimberly Daniels, staff coordinator from the DEA Diversion Control, Liaison Section.

At the conclusion of the second webinar, attendees will be able to understand DEA record-keeping regulations; identify what to expect during a DEA inspection; and be able to recognize some examples of possible sanctions for violations of the Controlled Substance Act.

To learn more and register visit: <https://bit.ly/3P7ifgv>.

The third webinar, titled Prescribing Controlled Substances, is scheduled for Sept. 22 from noon-1 p.m. Central time.

Dwayne Jeffcoat, staff coordinator from the DEA Diversion Control, Liaison Section,

will present.

At the conclusion of the third webinar, attendees will know what the DEA expects from dentists when prescribing; learn about new DEA regulations; and be able to

summarize a few dental controlled substance prescribing patterns.

To learn more and register visit: <https://bit.ly/3NwpLUp>.

All three webinars are free and will offer one

hour of continuing education credit each for those who attend the live webinar.

The DEA is hosting the webinar series on its own WebEx platform and promoting the education to dentists in their database.

Additionally, the ADA has recently created two new downloadable education resources to aid dental professionals when discussing pain management with patients: the Chairside Pain Management Discussion and Chairside Pain Management Checklist. Both are found by entering "Chairside Pain Management" into the ADA.org search engine.

For more information and resources on opioids, visit ADA.org/Wellness and click on the Opioid tab. ■

—burgerd@ada.org

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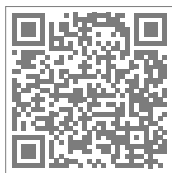


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Entries sought for 2022 ADA Design Innovation Awards

CONTEST OPEN FROM JUNE 20-AUG 19; WINNERS ANNOUNCED NOV. 7

BY KIMBER SOLANA

Start gathering floor plans and photos of the interior and exterior of your dental practice.

In search of dental facilities that

seamlessly combine esthetic appeal, function and design, the ADA Council on Dental Practice, ADA Member Advantage and BMO Harris Bank are seeking entries through Aug. 19 for the 2022 Design Innovation Awards.

Association members are encouraged to submit



Photo courtesy of Mattson Hellickson Dental

Welcome: The lobby of Mattson Hellickson Dental, which won the "large new build" category of the 2021 ADA Design Innovation Awards.

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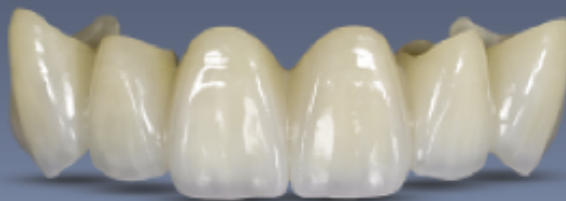
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entries for the remodel, new build and large new build (over 2,000 square feet) categories.

Judging criteria for winners of the contest include how the dental facility demonstrates an interesting or innovative use of space and color, with an eye towards function and a design that enhances the patient and staff experience.

Judges from the ADA Council on Dental Practice will select three finalists from each category. Votes will be cast online to determine the winners, who will receive a \$1,000 prize and be showcased in ADA publications. Winners will be announced Nov. 7.

Entrants will need at least one photo of each of the following (if applicable): operatories/treatment rooms; dental office exterior; reception area; doctor's office; staff lounge; laboratory; central X-ray; sterilization; consultation area; front desk and business area; dental mechanical room; and technology server closet.

For remodel entries, "before" photos are requested, if possible.

Last year's winner for the large new build category was Mattson Hellickson Dental, owned by Ben Hellickson, D.M.D., and Sam Mattson, D.M.D., in Beaverton, Oregon; the new build category went to Jessica Cohen Orthodontics, owned by Jessica Cohen, D.M.D., in Highland Park, Illinois; and the remodel category winner was Gary Cash DDS, owned by Gary Cash, D.D.S., in Austin, Texas.

For more information on contest rules and to enter, visit ADA.org/DIA. ■

DERE continued from Page 15

by the dental practice get an overall snapshot of their patient and practice data. A practice's dashboard is refreshed with new data every two weeks.

"As a user, I've found it valuable to be able to easily see current trends among my patients," said Dr. Dens. "What's most exciting is that, as more dentists join DERE, the better our picture of the state of oral health in the U.S. will be. DERE will be one of the most influential programs to help dentists and the profession for decades to come."

Mr. Sparks added that he hopes the integration of DERE and Open Dental continues to evolve and help dentists make evidence-based decisions that improve dental care.

"As this innovative program continues to allow this reporting, I hope that the large amount of anonymous data will allow researchers to provide information about real-world clinical results and how dentists can provide more effective care," he said.

To explore the new reports and to learn more about DERE, visit ADA.org/DERE. ■



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JADA introduces commentary series on global oral health

Articles will address role of dentistry within wider context

BY MARY BETH VERSACI

A new commentary series introduced in the July issue of The Journal of the American Dental Association will examine oral health from a global perspective.

“The global pandemic that ravaged populations around the world these past two years brought home the importance of global health and how it impacts us all,” said Tim Wright, D.D.S., editor-in-chief of JADA. “The global health commentary series presents information on issues that are important locally and globally for oral and systemic health.”



The Global Oral Health Perspective commentaries will cover aspects of the global oral health agenda, display and unravel their complexity, and highlight options for action and solutions. The article “Think Global, Act Local: Why Global Oral Health Matters — The Journal of the American Dental Association Introduces a New Commentary Feature,” published in the July issue of JADA, launches the new series.

The article is authored by Habib Benzian, D.D.S., Ph.D., research professor and co-director of the World Health Organization Collaborating Center for Quality Improvement and Evidence-Based Dentistry at the New York University College of Dentistry; Eugenio Beltrán-Aguilar, D.M.D., Dr.P.H., adjunct professor and co-director of the WHO center; and Richard Niederman, D.M.D., professor and chair of the department of epidemiology and health promotion at the NYU College of Dentistry.

“Although we experience oral health or disease as individuals and receive care in a personal and local context, many of the challenges faced in oral health have an international component and global relevance,” the authors said in the article.

The series will focus on three topic areas: the global burden of oral disease and

dramatic unmet needs, the role of oral health within a wider global health context, and the linking of global and local contexts for better understanding and improved health equity.

An estimated 3.5 billion people — almost 50% of the global population — have untreated oral diseases, a statistic the authors describe as the biggest global challenge oral health faces.

“There is global consensus that only a more flexible oral health workforce, based on national needs, priorities, and rules, will

be able to provide essential oral health care for everyone, everywhere,” the authors said.

The article also discusses the renaissance of oral health on the global stage and the connections between oral health care issues at the global and local levels.

“Only if we are ‘globally competent’ are we able to be ‘locally relevant’ for the best possible prevention and care for patients and communities, in line with the idea of thinking global and acting local,” the authors said.

To read the full JADA article online, visit JADA.

ADA.org.

Other articles in the July issue of JADA discuss the National Institute of Dental and Craniofacial Research and National Institutes of Health’s Oral Health in America report, edentulism and all-cause mortality in men, and the COVID-19 pandemic’s impact on dental workforce confidence and workflow.

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

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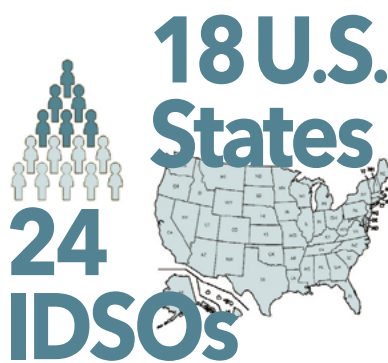
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Gold Medal fellow's research focuses on oral issues in childhood

BY MARY BETH VERSACI

The American Dental Association has awarded its Gold Medal Fellowship to an assistant professor at the University of Missouri — Kansas City School of Dentistry, whose areas of research include craniofacial bone formation and the impact of adverse childhood experiences on the emergence of permanent teeth.

Erin Ealba Bumann, D.D.S., Ph.D., who teaches in the department of oral and craniofacial sciences, was selected for the fellowship by Martha Somerman, D.D.S., Ph.D., winner of the 2021 ADA Gold Medal Award for Excellence in Dental Research.

"I am so grateful to be selected by Dr. Somerman for this fellowship and thankful to the ADA and their members for their support to me as an early-stage dental researcher," Dr. Bumann said. "When I found out I was selected, it brought tears of joy. It means so much to me that Dr. Somerman would look at my body of work in dental research, my leadership potential, mentoring qualities, as well as my commitment to diversity, equity and inclusion, and select me for this fellowship. She has been an incredible leader of dental, oral and craniofacial research, an outstanding mentor to



Dr. Bumann

dentist-scientists, and I am fortunate to count her as one of my mentors."

As part of winning the Gold Medal Award, Dr. Somerman had the opportunity to select a fellowship recipient who would receive \$20,000 to support their own research. Dr. Bumann will be awarded \$10,000 this year and \$10,000 in 2023, as well as a commemorative plaque and the chance to present her research at a continuing education course in 2023. The Gold Medal Fellowship, like the award, is supported by Colgate.

"Dr. Bumann is a model for a rising star in academia, focused on advancing the translation of basic science into clinical practice," said Dr. Somerman, past director of the National Institute of Dental and Craniofacial Research at the National Institutes of Health. "Within her short tenure in academia, Dr. Bumann has been successful in obtaining funding from NIDCR/NIH, which speaks highly of her research acumen. Further and importantly, she is an advocate and

strong voice for diversity and inclusion, an excellent communicator, educator, collaborator across disciplines, and mentor."

Part of Dr. Bumann's research includes identifying molecular and cellular pathways involved in controlling the shape and size of craniofacial bone, which could help children born with craniofacial abnormalities, who undergo multiple invasive surgeries over the course of their lives.

"We aspire to create nonsurgical techniques to help modify the shape of developing craniofacial bone, so these children need fewer — or, ideally, no — surgeries to correct their malformations," she said. "We envision this treatment being delivered postnatally or even in utero, before the child

is born, to help modify their craniofacial growth so they do not need immediate interventions upon birth, like a tracheostomy."

Dr. Bumann's other research examines how adverse childhood experiences, such as abuse, neglect, poverty or other traumatic experiences, impact the emergence of permanent teeth. These experiences are known to be linked to chronic health problems, including heart disease, depression and obesity, and impacted children also have a risk of advanced biological aging, Dr. Bumann said.

"Our recent work shows that the timing of

See MEDAL, Page 27

WHO emphasizes importance of fluoride in toothpastes

BY MARY BETH VERSACI

The World Health Organization's decision to add fluoride toothpaste to its list of essential medicines is shining a light on the benefits of toothpastes that have earned the ADA Seal of Acceptance.

WHO updated its Model List of Essential Medicines to include fluoride toothpaste, silver diamine fluoride and glass ionomer cement in fall 2021. In an editorial published in April by the British Dental Journal, Habib Benzian, D.D.S., Ph.D., research professor and co-director of the WHO Collaborating Center for Quality Improvement and Evidence-Based Dentistry at the New York University College of Dentistry, described how WHO's decision could lead countries to take steps to ensure fluoride toothpaste is available and regulated.

"Why do these changes matter for oral health? One may think that fluoride toothpaste is a ubiquitous commodity, yet for many it is unavailable, unaffordable or of dubious quality," Dr. Benzian said.

The ADA Seal, which celebrated its 90th anniversary in 2021, evaluates the safety and efficacy of dental products. More than 400 products currently have the Seal, including 57 fluoride toothpastes.

"The quality of fluoride toothpaste is instrumental for efficacy, as mentioned by WHO," said Carlos González-Cabezas, D.D.S., Ph.D., professor in the department of cariology, restorative sciences and endodontics at the University of Michigan School of Dentistry and member of the ADA Council on Scientific Affairs' Seal Subcommittee. "In the U.S., we are fortunate to have



Dr. González-Cabezas

it regulated by the Food and Drug Administration. Additionally, we have the ADA Seal program that confirms the quality of the product and gives consumers reassurance that they are using a product of high quality."

A study published in 2021 by the British Dental Journal showed increasing use of nonfluoridated toothpaste, "which should be cause for public health concern," Dr. Benzian said.

Nonfluoridated toothpastes are available in the U.S., but all toothpastes that earn the ADA Seal must contain fluoride. The American Dental Association has long supported the use of fluoride as safe and effective in preventing tooth decay in both children and adults.

"The recent WHO decision to include fluoride toothpaste in the Model List of Essential Medicines is great news for the dental community and for dental health worldwide," Dr. González-Cabezas said. "In the U.S., the ADA has been a strong supporter of fluoride toothpaste for many decades as it is one of the best evidence-based caries prevention strategies available to the general public. In fact, many would argue this is the most important reason for the decline in caries prevalence in most developed countries, including the U.S., in the last 50 years."

For a list of fluoride toothpastes with the Seal, visit ADA.org/Seal. ■

ADASRI scientists share studies during exhibition

BY MARY BETH VERSACI

Scientists from the American Dental Association Science & Research Institute shared their research at the 100th General Session and Exhibition of the International Association for Dental Research.

The meeting took place June 20-25 virtually in conjunction with the Fifth Meeting of the IADR Asia Pacific Region.

Research presented by ADASRI scientists included the following eight abstracts:

- "3D Printing Technology to Build Vascularized Tissues," presented by Yoontae Kim, Ph.D., postdoctoral research assistant.
- "Bone-on-a-Chip Platform Reveals New Mechanisms Involved in

Endothelial-Osteoblast Interaction," presented by Stella (Styliani) Alimperti, Ph.D., principal scientist.

- "Corticosteroids for Postoperative Acute Pain Due to Tooth Extraction," presented by Olivia Urquhart, senior research associate.
- "COVID-19 Vaccine Hesitancy among Dental Healthcare Workers in the U.S.," presented by Laura Eldridge, research associate, epidemiology and biostatistics.
- "Electrochemical Sensors for In Vitro Vascular Endothelial Growth Factor Measurement," presented by Anna Kalmykov, Ph.D., postdoctoral research assistant.
- "Enhancing Dentin Bonding Durability Using a New Additive," presented by Xiaohong Wang, Ph.D., senior scientist.
- "Quality of Data for When Translating Science to Clinicians," presented by Marcelo Araujo, D.D.S., Ph.D., ADASRI CEO and ADA chief science officer.
- "Strategies to Reduce COVID-19 Risk in U.S. Dental Settings," presented by Cameron Estrich, Ph.D., manager, epidemiology and biostatistics. ■

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HPI: Allied dental education programs enrollment sees declines

HEALTH POLICY INSTITUTE EXPLORES IF SHORTAGES WILL BE LONG TERM

BY KIMBER SOLANA

Enrollment for dental hygiene and dental assisting programs declined from pre-pandemic levels in 2021-22, and the decline in dental assisting programs started prior to the onset of the pandemic, according to a new report from the ADA Health Policy Institute.

For dental hygiene programs, enrollment declined in 2020-21 followed by a recovery in 2021-22 to near pre-pandemic levels, according to the report, based on the latest data from the Commission on Dental Accreditation's surveys on predoctoral, advanced and allied dental education.

For dental hygiene programs, enrollment significantly declined in 2020-21 followed by a recovery in 2021-22 to near pre-pandemic levels, according to the report, based on the latest data from the Commission on Dental Accreditation's surveys of enrollment in predoctoral, advanced and allied dental education.

There were 8,197 first-year dental hygiene program enrollees in 2021-22, compared to 8,322 enrollees in the 2019-20 school year, a decrease of 125 students.

However, with 54% of CODA-accredited dental hygiene programs located in community colleges, it's important to note that community college enrollment has decreased across the board, according to HPI.

Given the nearly complete rebound in dental hygiene programs enrollment in fall 2021, HPI is now waiting for enrollment data for fall 2022 to study what might be a permanent effect on dental hygienist shortages.

For dental assisting programs, however, HPI reached a different conclusion: there are continuing steady declines in enrollment, but the pandemic does not seem to have accelerated or slowed this trend. There are concerning patterns in enrollment in CODA-accredited dental assisting programs, including program closures, which occurred prior to the pandemic.

"This is not a short-term problem," said Marko Vujicic, Ph.D., HPI chief economist and vice president. "In addition to the enrollment declines, we know there is a larger reset happening in the labor market with people reevaluating their jobs and careers. This is particularly affecting health care jobs, dentistry included, and is a trend that will be with us for several years."

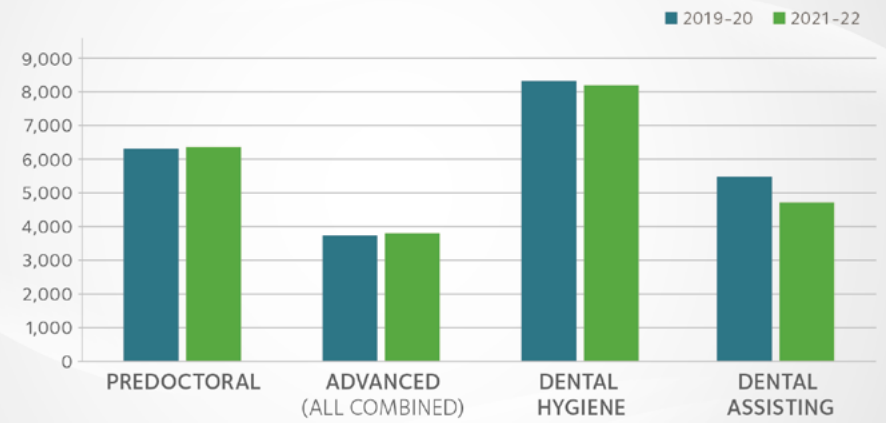
In addition to dental staff data, the HPI report found that dental school and advanced dental education programs' first-year enrollment did not decrease due to the COVID-19 pandemic. Both continued to increase slightly.

These data were published in the 2021-22 Dental Education Program Enrollment and Graduates Report, a new HPI publication based on CODA surveys data. For the first time, one report highlights the latest information gathered by CODA's annual Surveys of Dental Education, Surveys of Advanced Dental Education and Surveys of Allied Dental

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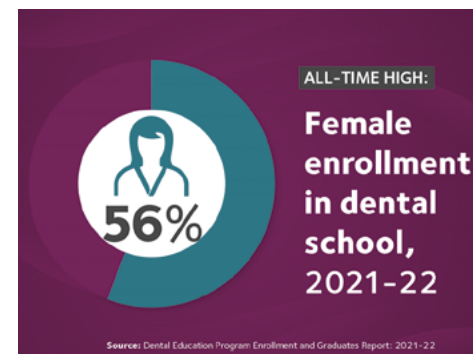
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Women see highest rate of enrollment among first-year dental students



BY KIMBER SOLANA

Women made up 56% of first-year dental students in 2021 — the highest rate ever, according to the ADA Health Policy Institute, which studied the latest changes in demographics of first-year dental students in the Commission on Dental Accreditation's Survey of Dental Education.

In addition, HPI found that first-year enrollment also increased among Black and Hispanic dental students compared to a decade ago, and decreased among non-Hispanic white dental students.

According to the fall 2021 data, 49.5% of first-year dental students were white, the second consecutive year when enrollment among this group was less than half; 7.3% were Black (compared to 5.6% in 2011); 10.7% were Hispanic (compared to 7.2% in 2011); and 22.5% were Asian (compared to 23.8% in 2011).

HPI tracks demographic changes to study ongoing workforce trends. According to HPI, gender, and race and ethnicity affect systemic differences in practice patterns, including ownership rates, affiliation with dental service organizations, Medicaid acceptance, practicing in a shortage area, and amount of hours practicing.

"The trends we see in enrollment are going to accelerate dental practice trends like the growth of large group practice and the decline in ownership," said Marko Vujicic, Ph.D., HPI chief economist and vice president. "We know from our research that, all else equal, women and nonwhite dentists are more likely to practice in larger groups, for example. They are also more likely to treat Medicaid patients."

The gender shift is going to accelerate several trends, including practice consolidation and a shift away from practice ownership, according to HPI.

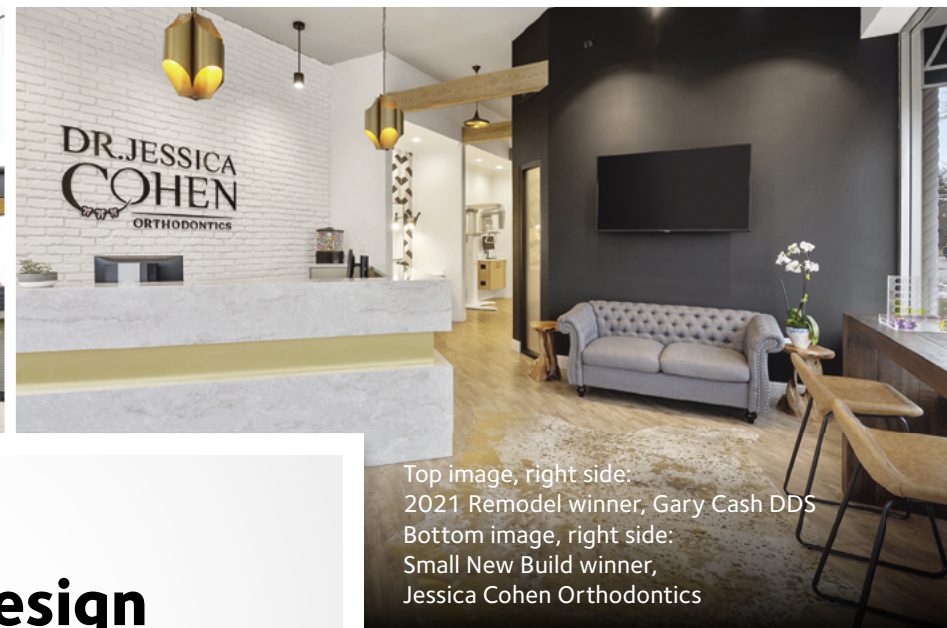
According to an HPI webinar in March, gender parity is projected to reach the dentist workforce in 2040, as more women pursue dentistry. Women made up 20% of the dentist workforce in 2005; 34.5% in 2020. Practice ownership also continues to decline, from 84.7% in 2005 to 73% in 2021.

These data were published in the 2021-22 Dental Education Program Enrollment and Graduates Report, a new HPI publication based on CODA surveys data. For the first time, one report highlights the latest information gathered by CODA's annual Surveys of Dental Education, Surveys of Advanced Dental Education and Surveys of Allied Dental Education. To download the full report, visit ADA.org/edreports. ■

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ACCESS TO CARE

ADA demonstrates commitment to improving dental care for patients with disabilities

BY MARY BETH VERSACI

The American Dental Association is taking steps to help dentists better care for patients with intellectual and developmental disabilities, including by collaborating with the American Academy of Developmental Medicine & Dentistry and the American Medical Association.

For the first time in history, the presidents of the ADA and AMA met to discuss long-standing health inequities for people with disabilities during the One Voice for Inclusive Health Conference held June 6 by the American Academy of Developmental Medicine & Dentistry, a nonprofit organization made up of health professionals, including dentists, committed to improving the quality of health care for people with intellectual and developmental disabilities.

"It was an honor to represent the American Dental Association at the American Academy of Developmental Medicine & Dentistry's One Voice Conference," said ADA President Cesar R. Sabates, D.D.S. "Collaboration across the health care profession is vital for helping individuals with intellectual and developmental disabilities achieve optimal health. This year's conference — which included my conversation with American Medical Association President Gerald Harmon, M.D. — offered many insights on a path forward in addressing the needs of this community. I commend the academy for its ongoing work in this area, and I look forward to future opportunities for leaders from all health care disciplines, including dentistry, to unite with one voice for inclusive health."

Drs. Sabates and Harmon participated in a fireside chat during which they acknowledged the historical shortcomings of dentists and physicians who were under-educated, ill-equipped and unwilling to treat people with disabilities. The presidents renewed their commitment to address this national disparity of care and outlined plans to provide clinical competency training for both dental and medical students.

"The work is not over. AADMD looks forward to continued conversation and commitment from the AMA and ADA and will hold both organizations to their promise," said Allen Wong, D.D.S., Ed.D., president of the American Academy of Developmental Medicine & Dentistry and global clinical adviser for the Special Olympics' Special Smiles program, which provides oral health care information and screenings to participating athletes.

At the ADA, the Council on Advocacy for Access and Prevention has organized multiple webinars to help support dentists as they treat patients with disabilities.

In September 2021, the Achieving Optimal Oral Health webinar series saw more than 1,000 registrants. Three of the four webinars are available on demand for free at ebusiness.ADA.org: Caregivers and Families Preventing Oral Diseases for Patients Who Have Special Health Care Needs, Making the Dental Office More Inclusive for Patients Who Have Special Health Care Needs, and Educating Future Dental Professionals to Optimally Treat Patients Who Have Special Health Care Needs.

The Council on Advocacy for Access and Prevention also offered a webinar in November 2021 titled A Family Affair: Caregiving, Oral Health and Health Literacy Considerations Across the Lifespan, which had about 300 participants. It is available on demand for free at

ebusiness.ADA.org. The council is planning a collaborative webinar with the Special Care Dentistry Association for fall as well.

In response to a resolution passed in 2021 by the ADA House of Delegates on oral health equity, the council is also developing a health equity toolkit that will address barriers to care for patients with disabilities. ■





Health equity: ADA President Cesar R. Sabates, D.D.S. (left), participates in a fireside chat with AMA President Gerald Harmon, M.D., during the One Voice for Inclusive Health Conference on June 6 in Florida.

Photo courtesy of Karen Tiu for AADMD

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VIEWPOINT



A lasting impact from COVID-19: Managing with less support

BY CHRISTOPHER SMILEY, D.D.S.

With the easing of COVID-19 travel restrictions, my wife and I decided to meet our daughters in Colorado for a spring ski vacation. Thanks to workforce contraction during the pandemic, merely getting started on our trip proved to be an adventure. Our early-morning cab ride failed to materialize. When we called to see if they were on the way,

the dispatcher stated there weren't any drivers available for our scheduled pick-up. Hurriedly, we drove ourselves to the airport, parked in the long-term lot and rushed to board the plane. Once in our seats, the pilot announced a delay in our departure because the airport only had sufficient personnel to load bags onto one aircraft at a time, and our flight was fourth in line. A wry smile came across my face, oddly worker shortages for something as essential as air travel validated that I was not alone. Employers throughout our economy are struggling to fill job vacancies.

Like the airline, dentistry is struggling to manage with less support. The exodus of workers during the "Great Resignation" is due, in part, to worker stress, opportunities for more significant compensation and a desire for work-life balance. Additionally, the pressures of COVID-19 protocols and perceived risks from working in our environment caused some to reconsider a career in health care.

Even before COVID-19, dentistry was experiencing a shortage of licensed, expanded function registered dental assistants. That reality has spread to registered dental hygienists and business staff over the past two years. With a diminished supply, those seeking employment find themselves in a bidding war for their services, creating inflationary pressures on practice management. The growth of dental support organizations, backed by venture capital, accelerates these trends. These large group practices are well-positioned to offer higher wages to attract workers, and thus the available employee pool is constricting for traditional standalone practices.

To address workforce shortages, several state dental societies have banded together to urge the Commission on Dental Accreditation to ease accreditation standards for training programs, but it is not clear how this will fill the pipeline of available employees. Moreover,

relaxing training requirements may risk patient safety when care is delegated to someone who isn't fully educated to provide the service. Workflow in a busy practice may slow, but if appropriately educated team members are not available for delegation, the care should be delivered by the dentist.

There is a small pool of fully trained individuals who could be a source of relief. State dental boards should investigate the possibility for rule changes to facilitate the return to practice of retired assistants and hygienists whose licenses have expired. Cumbersome relicensure requirements are a barrier for otherwise qualified individuals re-entering the workforce. In Michigan, oral health care providers must re-take the exam if their license has expired for three or more years. Allowing these individuals to return to practice under direct supervision, with specified continuing education requirements, may provide a limited increase of available employees. Such a rule change would not be an immediate fix and will likely take time to achieve through the regulatory process.

Refilling the pool of prospective employees will require individual and collective advocacy by each of us. We must engage in grassroots legislative efforts for funding higher education. We must reach out to local allied dental education programs and urge them to expand their facilities and grow their class size, and we must recruit within our practices and social circles to encourage prospective students to seek education to join the dental team.

A lack of team members to accept delegation is a long-term change from the pandemic that will increase the need for hands-on delivery by dentists of preventive and diagnostic services.

Shortages of essential support staff will be a lasting impact on health care in a post-COVID-19 world. Employers across society are struggling to fill job vacancies. Without a quick fix, reducing barriers to employment and providing a competitive wage are long-term strategies to recruit and retain those who support us in the care of our patients.

A version of this editorial was printed in the May issue of the *Journal of the Michigan Dental Association*. Dr. Smiley is the editor of the publication.

Robert Trager, D.D.S.
Jamaica, New York



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Letters

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I have also enjoyed wandering through the exhibit halls and attending the alumni functions and any other amenities that the ADA offered. At my age, I do not need any more continuing education credits or the courses offered under the \$149 registration fee. I believe in paying for any courses or events that you offer at my own discretion as I would at any other dental convention.

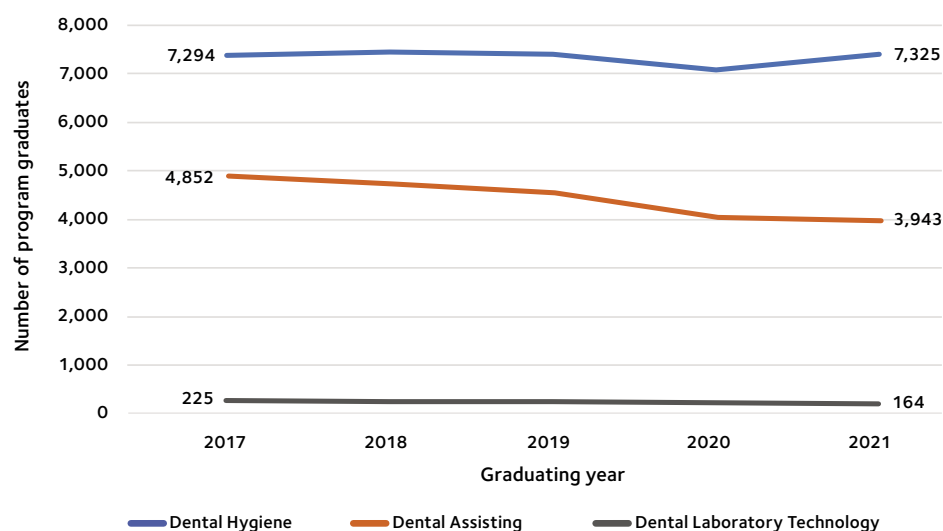
As a life member of the Academy of General Dentistry I do not have to pay a registration fee for their annual meetings. I would only pay for any event that I would attend that has a fee. There are other meetings nationwide that do not charge registration fees.

I am sure I am not the only one in this category that feels the \$149 provides no value due to my circumstances. I am sure that there are many other life members of the ADA that would like to attend but feel the same way as I do. I would hope that the registration committee would re-evaluate their policies and allow members who are over 65 and/or 75 years of age who do not need CE credits to attend the annual session.

HPI CORNER

ALLIED DENTAL EDUCATION GRADUATE TRENDS

The overall number of graduates in allied dental education programs in the U.S. has declined since 2017. Dental assisting programs have experienced an 18.7% decline in the number of graduates while dental laboratory technology program graduates declined by 27.1%. The number of dental hygienist program graduates has increased by less than 1%.



Source: ADA Health Policy Institute, Dental Education Program Enrollment and Graduates Report: 2021-22. Available from: [ADA.org/resources/research/health-policy-institute/dental-education](https://ada.org/resources/research/health-policy-institute/dental-education).

Symposium to address how dental profession is adapting to treat growing population of older adults

BY DAVID BURGER

The ADA is inviting dental and other clinical professionals to register for the 2022 Older Adult Care Symposium, to be held on Aug. 26 at the ADA Headquarters in Chicago and virtually on Zoom from 8 a.m. to 4:30 p.m. Central time.

This year's symposium, "From Policy to Chairside: Improving Oral Healthcare of the Aging Population," will offer a wide range of content including academic trends, current policy, access to care and the oral-systemic connection. Registrants will have the opportunity to learn from experts in oral health care for older adults.

"This event will interest providers across various experiences and practice environments for an opportunity to engage either in person or online in a common purpose to serve this unique segment of patients," said James Hoddick, D.D.S., chair of the ADA Council on Dental Practice. "When it comes to treating the older adult population, there are vast considerations for the profession to keep in mind, including barriers to accessing oral health care."

The keynote speaker is Linda C. Niessen, D.M.D., a Kansas City University professor and founding dean for the university's College of Dental Medicine and vice provost for oral health affairs. The college has received initial accreditation from the Commission on Dental Accreditation and plans to enroll its first class of students in August 2023.

Dr. Niessen's academic career includes serving as a clinician caring for medically complex and geriatric patients at several VA Medical Centers.

"The symposium aims to present a multidisciplinary approach to providing dental care for some of the most vulnerable patients we have the privilege of caring for," Dr. Niessen said. "As the baby boomers age, we need to ensure that their access to oral health care is never compromised, recognizing that their oral health is directly associated with their overall health."

One of the speakers is Renée Juskow, D.D.S., who recently joined the National Institutes of Health's National Institute of Dental and Craniofacial Research as a senior adviser after a decade serving as the Health Resources and Services Administration's chief dental officer.

"I am honored and excited to be able to participate in this vitally important symposium," said Dr. Juskow. "Older adult care can potentially be more complex, but no less essential,

and this event will emphasize the message that the ADA and the entire dental community are committed to caring for them."

The symposium offers participants up to six hours of continuing education credit.

"Resolution 77H-2020, passed by the 2020 House of Delegates, affirmed the value of integrating elder care strategies into the ADA's public advocacy efforts," said Kamila Dornfeld, D.D.S., ADA National Elder Care Advisory Committee chair. "ADA continues this important work in



Dr. Dornfeld

response to Resolution 81H-2021 (Elder Care Strategies for Continuing Education). This symposium will educate and expand the goal of optimal dental care for older patients. It's essential that the oral health of everyone — including older adults

— is recognized as a vital component of overall health by practitioners, patients and the public at large. As our patients age, it's important to deliver necessary treatment with a focus on preventing future decay, so their oral health does not decline as they become increasingly medically, functionally and cognitively complex patients."

A limited number of scholarships are available for qualified dental residents to attend in person.

Applicants should send a letter of intent, full name, ADA member ID and brief explanation on why they are interested to dentalpractice@ada.org with "Scholarship Application for Elder Care Symposium" in the subject line by July 25.

Symposium registration is at <https://bit.ly/3uduGmu>. ■

—burgerd@ada.org

MEDAL *continued from Page 20*

permanent first molar eruption occurs earlier in children impacted by poverty," she said. "This research has the possibility to make dentists the primary health care providers to be able to first identify these children impacted by adverse childhood experiences in a noninvasive manner to get them the early interventions they need most."

Dr. Bumann said it is an honor to receive support for her research through the Gold Medal Fellowship.

"It means a great deal to have this support for my lab coming from the ADA," she said. "As the preeminent dental organization in the U.S., awards like this encourage new and innovative research, as well as support researchers and their work in the wider dental community." ■

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