

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

03.06.23

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BPA

PRACTICE

Taxes: What dentists need to know before filing

BY DAVID BURGER AND JENNIFER GARVIN

It's tax season again. To assist dentists with filing their taxes, ADA News has compiled a list of tips, with the help of the Academy of Dental CPAs, on what dentists need to know.

1 **GATHER ALL DOCUMENTS.** This includes W-2's, IRS Form #1099, IRS Form #1099 Interest and IRS Form #1099 Dividends. It could also include itemizations such as stockbroker annual statements, crypto currency transactions, IRS Form #1098 mortgage statement, etc.

5 **DON'T FORGET ABOUT IRA CONTRIBUTIONS.** With an IRA, in 2022, the total contributions you make in 2022 to all traditional IRAs and Roth IRAs can't be more than \$6,000 in you are under 50 and \$7,000 if age 50 or older.

2 **CHECK YOUR RECEIPTS.** In addition to gathering their tax documents, dental owners should also make sure all financial transactions within the practice have been accounted for prior to filing, including making sure all receipts are accounted for and disbursements to include payroll, any depreciation of any equipment, and amortization of goodwill.

6 **LAST CALL FOR THE EMPLOYEE RETENTION TAX CREDIT.** The statute of limitations is fast approaching as to when you can file your amended payroll tax form using IRS Form #941X for the ERTC. Also, be aware of "pop up" tax credit firms that claim to specialize in such credits.

3 **BE AWARE OF DEDUCTIONS.** Besides the typical tax deductions like dental supplies, lab fees, and employee payroll, there may be other deductions that apply to specific circumstances. Examples: equipment purchases, continuing education and new owner startup costs could be deductions. How your business is set up as a taxing entity (employee, sole proprietor, corporation, LLC) can determine if the above expenses are deductible.

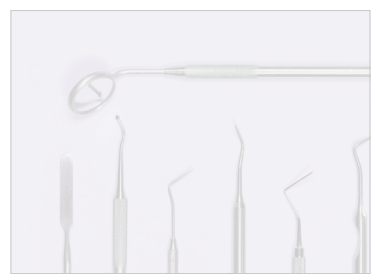
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To learn more about managing debt and creating a financial plan for the

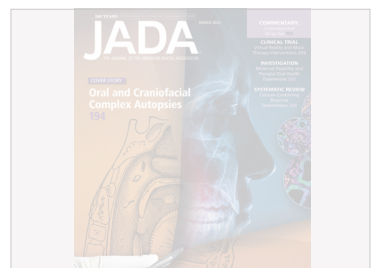
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Dental Insurance HUB

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Council developed resource to help with scaling, root planing claim submissions



04 **Tips for marketing your dental practice**
ADA offers resources for launching plan



10 **March JADA**
Cover story points to need for integrated medical, oral research autopsies

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4 **FACTOR IN ALL HEALTH SAVINGS ACCOUNTS.** Health Savings Accounts — or HSAs — are tax-exempt accounts used to pay or reimburse certain medical expenses. If you have one, you may qualify for a deduction.

To learn more about managing debt and creating a financial plan for the future, visit ADA.org/money.

Note: The information in this piece is not intended to be, nor should it be construed as, tax, accounting or legal advice. Readers are urged to consult a qualified professional when seeking such advice. The ADA makes no endorsement of the above advice, nor of any website or organization mentioned in the above piece.

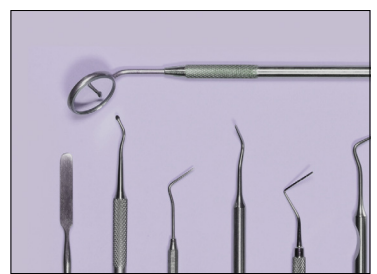
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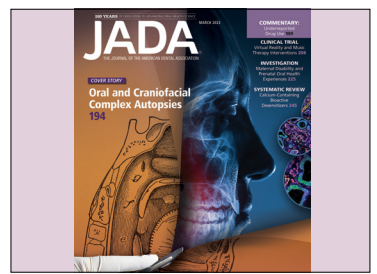
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Give Kids A Smile comes home to St. Louis

Access-to-care program kicked off Feb. 3

BY KELLY GANSKI
St. Louis

The day began with a mantra they all knew. "I am quick. I am sharp. I am bright. I am smart. I am rich and good looking, and I am a major blessing. Now point to your neighbor and say, 'That's you.'"



Photo by Zach Dalin

See ST. LOUIS, Page 12

Treatment: Andy Dalin, D.D.S., examines Abigail Feb. 3 during the national Give Kids A Smile kickoff event in St. Louis.



HPI: Nearly 3 out of 4 dentists plan to raise fees in 2023

JANUARY POLL RESULTS INDICATE THAT TOP CHALLENGES INCLUDE STAFFING, INFLATION, INSURANCE REIMBURSEMENT

BY DAVID BURGER

The top three challenges facing dental practices are staffing, rising operating costs and stagnant insurance reimbursement levels, according to insights from the ADA Health Policy Institute's January Economic Outlook and Emerging Issues in Dentistry Poll.

Nearly three out of four dentists plan to raise their fees in 2023, according to the poll. Other commonly reported plans include hiring more staff, selected by about 2 in 5 respondents,

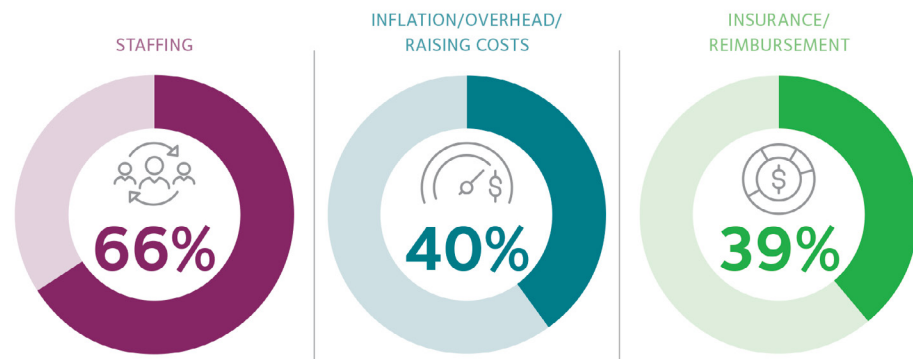
and dropping out of some insurance networks, selected by over a third.

Trouble filling vacant staff positions is a factor preventing appointment schedules from reaching 100% for about 3 in 10 dentists, while short-notice cancellation was selected by about 8 in 10 dentists, according to dentists polled.

Other poll results include:

- **Recruitment needs:** Recruitment needs for dental hygienists and assistants slightly declined again in January, but dentists continue to say recruitment is extremely challenging.

LOOKING FORWARD TO THE NEXT SIX MONTHS, WHAT ARE THE TOP 3 CHALLENGES FACING YOUR DENTAL PRACTICE?



Source: Economic Outlook and Emerging Issues in Dentistry Poll, January 2023

- **Practice schedules:** Dental practice schedules remain steady at the start of 2023, with schedules 85% full on average in January. Increasingly, dental practices are saying that not enough patients is the key reason they are not busier, compared to staffing shortages, which was a much bigger reason a year ago. 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.

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

— burgerd@ada.org

Dental Insurance Hub: Scaling, root planing claim submissions

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.*

Scaling and root planing are some of the most common procedures that are frequently denied reimbursement by payers, according to the ADA Council on Dental Benefit Programs.

To help dentists improve their scaling and root planing claims, the council developed and published a new online resource that offers both a long version and a short version of the Claims Submission: Scaling and Root Planing document.

The documents help dentists better understand the different components a scaling and root planing claim should entail, including an overview of common concerns, information

about the large number of denials, alternate benefits and requests for additional information from dental insurers related to scaling and root planing claim submissions.

The council sought a solution to understand the issues from both the dentist and payer perspectives in an effort to help dentists better submit scaling and root planing claims.

"Ask any dental office team member that



works on insurance claims and they will tell you that a major pain point is a claim that involves scaling and root planing," said Mark Johnston, D.D.S., chair of the council's Dental Benefit Information Subcommittee.



Dr. Johnston

"Periodontal scaling and root planing procedures tend to have a higher frequency for denial and/or requests for additional information from dental plans compared to many other claim submissions," Dr. Johnston said.

Dr. Johnston said the documents were developed to provide thorough information and suggestions on how to help dental offices get these claims correctly adjudicated on the first submission. The documents also provide insight into the typical claim adjudication process for scaling and root planing claim submissions.

For further information on dental insurance, including the scaling and root planing documents, visit the ADA's online dental insurance hub at ADA.org/resources/practice/dental-insurance, where you can find archived webinars, dental insurance guides, dental insurance FAQs and much more. ■

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— Mark Johnston, D.D.S.

on recording attachment loss and periodontal charting.

The documents come in response to a growing number of reported questions to the ADA

ADA releases guide to compliance regarding HIPAA breaches

SAVE 15% ON BOOK USING PROMO CODE 23103 BY MAY 31

BY DAVID BURGER

The Health Insurance Portability and Accountability Act requires a covered dental practice to have written policies and procedures on breach notification and to adhere to them before, during and after a breach.

Failure to do so can result in penalties.

To assist dentists with practice compliance as well as to help avoid HIPAA breaches, the ADA is publishing *Complying with the HIPAA Breach Notification Rule: A Guide for the Dental Office* in March.

"Even a dental practice that is fully HIPAA-compliant can have a data breach, but preparation can help manage stress, expenses and even help prevent missteps if a data breach does occur," said Manny Chopra, D.M.D., chair of the ADA Council on Dental Practice.

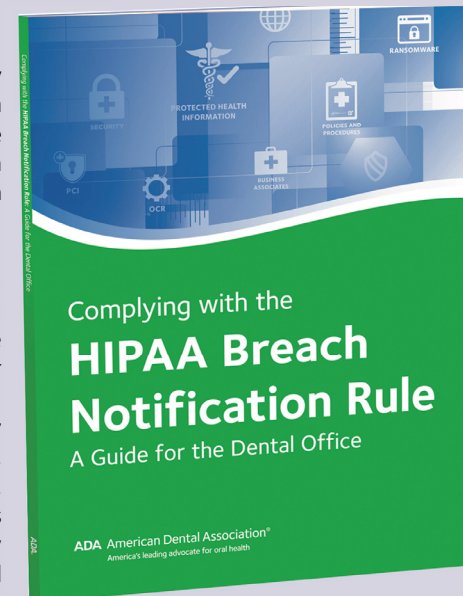


Dr. Chopra

In addition to written policies and procedures, training is required and can help prevent and prepare for a data breach. This book guides dentists through the steps of creating a compliant breach notification program, emphasizing

how to prevent breaches and how to react if a breach is suspected.

The resource will help dentists know what to do when a data breach happens, so that time away from patient care can be kept to a minimum.



It walks readers through:

- The requirements of the HIPAA Breach Notification Rule.
- An explanation of what a breach is.
- How to send a breach notification.
- How to secure protected health information.
- Implementing a HIPAA breach notification compliance program.
- Password-protecting common document types.
- Tips and sample forms that can help smooth the way to compliance.

"The time you spend developing and implementing your HIPAA compliance program is time well spent," Dr. Chopra said.

Save 15% by using the promo code 23103 by May 31. ■

— burgerd@ada.org

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How to protect your dental practice from cyberattacks

BY MARY BETH VERSACI

In late 2022, the U.S. Department of Health and Human Services warned of a growing ransomware threat that could impact the dental community.

The department's Health Sector Cybersecurity Coordination Center pointed to new



ransomware operators that aggressively target the health care sector with increasingly sophisticated methods.

Worried what this threat could mean for you? Being prepared can help safeguard your dental practice from ransomware or a security breach.

The ADA Practice Institute offers several ways member dentists can help protect themselves against cyberattacks. Read ahead for these tips and find additional risk management resources at ADA.org. HHS, the FBI and the Federal Trade Commission also provide cybersecurity information on their websites.

See SECURITY, Page 4

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SECURITY *continued from Page 3*

- Be wary of email attachments: Many hackers rely on recipients to open attachments or click on web links from unknown sources as their way to infiltrate your computer system. If you are not sure of the sender or attachment, don't open it.
- Train your team on basic data security: Reduce the chances of your staff being susceptible to attacks that arrive via email or other common methods by educating them on how to identify and avoid threats.
- Protect sensitive data on business and personal computers: Download and use full-disk encryption software. In addition, make sure files and databases that contain protected health information or sensitive personally identifiable information are password protected.
- Back up your data regularly and keep an encrypted copy off-site: Having a way to access your data outside your computer system will help prepare your practice for a ransomware attack. Ransomware is a type of malware that denies access to a computer system or data until a ransom is paid.
- Maintain your cyber defenses: Make sure your anti-virus and anti-malware software is updated daily and run the software on all the computers on your network. Regularly check for and install security updates. ■

5 tips for marketing your dental practice

BY MARY BETH VERSACI

Seeking new patients is an ongoing part of growing a successful dental practice.

The American Dental Association's Guidelines for Practice Success module on managing marketing offers a variety of resources to help guide dentists through marketing strategies that can help create loyal patients.

Before beginning a marketing campaign, it's a good idea to check federal and state regulations that affect how dental practices may promote their services, as well as the ADA Principles of Ethics and Code of Professional Conduct. Dentists who follow the regulatory guidelines can minimize legal risks while they develop professional and creative marketing tools to highlight their dental practices.

To the right are five steps for launching a marketing plan. Find more marketing resources at ADA.org.

1 Identify or create your practice's brand. The purpose of your brand is to tell current and prospective patients how your practice is different from others in the area. Your brand — and all of the elements and materials that support it — should be developed with the purpose of appealing to patients.

2 Devise a strategy and establish benchmarks. Make sure you know your target audience, goals and preferred tactics. Possible benchmarks to assess your campaign's success include increased calls, more scheduled visits, fewer no-shows, greater engagement in social media and more referrals.

3 Build a great and responsive website. Your website is your practice's most powerful marketing tool to attract prospective patients, and it also needs to be a resource for existing ones. You can build your website yourself using a readily available template, hire a qualified professional and carefully review the contractual terms, or operate somewhere in the middle. It is important that your website complies with all federal, state and local laws, so refer to the ADA white paper Seven Tips to Check Your Website for Legal Risks for more information.

4 Track patient calls at the front desk. Make sure your front desk staff consistently ask first-time callers how they heard about your practice. Reviewing these responses will help you determine which marketing tactics are producing an acceptable return on investment and how many prospective patients are becoming active ones.

5 Ask satisfied patients for referrals and online reviews. Many prospective patients read online reviews when researching health care providers. Encourage patients who compliment you or your staff to post their feelings online. Make sure you and your team are aware of applicable federal and state privacy laws, such as the Health Insurance Portability and Accountability Act, before responding to any online reviews.

New tax info for 2022 and beyond

BY JENNIFER GARVIN

The ADA News talked with Allen Schiff, a CPA and president of the Academy of Dental CPAs, about what's new for 2022 and 2023 when filing your taxes.

NEW TREATMENT FOR RESEARCH AND DEVELOPMENT TAX CREDIT EXPENSES

If your dental practice qualified for the Research and Development Tax Credit, or R&D Credit, be aware that effective Jan. 1, 2022, you could still take the tax credit if your dental practice qualifies, Mr. Schiff said. However, under the Tax Cuts and Jobs Act of 2017 — also known as the new



Mr. Schiff

tax law — dentists will have to capitalize such costs and amortize them over a five-year period. As a result of this change in the tax law, Table 1 is how the amortization schedule of the 2022 R & D costs will look over the next five years.

SMALL EMPLOYER PENSION PLAN START-UP CHANGES

The Setting Every Community Up for Retirement Enhancement Act 2.0, or SECURE Act 2.0, was updated and signed into law in 2022. This law offers a tax credit to help dental practices that set up a new retirement plan for 2022. Dentists who started their practice's first SIMPLE or 401(k) plan in 2022 and have less than 100 employees can qualify for a tax credit of at least \$500 tax credit up to a maximum of \$5,000 for each of the first three years of the new plan. This tax credit can be applied to 50% of qualified businesses SIMPLE or 401(k) costs such as plan setup and administration. Remember: For tax purposes, a tax credit is better than a tax deduction.

REQUIRED MINIMUM DISTRIBUTIONS

The SECURE Act 2.0 also creates new strategies for required minimum distributions. See Table 2 for when you have to take your RMD.

TABLE 1

	Year 1	Year 2	Year 3	Year 4	Year 5
	2022	2023	2024	2025	2026
2022 R&D Costs	\$50,000				
2022 Amortization	\$(10,000)	\$(10,000)	\$(10,000)	\$(10,000)	\$(10,000)

When do I have to take my taxable required minimum distribution? For your first required minimum distribution, the tax deadline is April 1 of the year following when you reach your required minimum distribution age, Mr. Schiff said.

RESTAURANT MEAL EXPENSES

Restaurant meal expenses are no longer 100% deductible. This was a special tax law for 2021 and 2022 to help the restaurant industry recover during the pandemic.

SOLAR TAX CREDIT INCREASE

The tax credit for installing solar panels on a residence has been increased from 22% to 30% of the cost of the installation. This credit is effective until 2032.

For more information or to find a dental CPA, visit the Academy of Dental CPAs at ADCPA.org.

TABLE 2

Your Birth Year	Your Mandatory RMD Age
1950 or earlier	72 (70.5 for those that turned 70.5 before 2020)
1951-1959	73
1960 or later	75

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Military spouses with dental licenses now have licensure recognition in other states

ADA previously advocated for Military Spouse Licensing Relief Act

BY JENNIFER GARVIN

Military spouses with valid dental licenses in one state will now have licensure recognition in the state where their spouse is serving, thanks to a new law that passed at the end of 2022.

The Military Spouse Licensing Relief Act was included as a provision of the Veterans Auto and Education Improvement Act, which President Joe Biden signed into law earlier this month. The provision, which the ADA advocated for, should make it easier



for military families who move to another state.

In a 2021 letter to lawmakers, the ADA called family member transition support and job security a “military readiness concern” and said the Military Spouse Licensing Relief Act would help reduce employment barriers, ensure family stability and improve quality of life for the families of service members.

“It is not uncommon for civilian dentists to be spouses of service members,” the ADA wrote. “The ADA routinely supports these spouses through the onerous licensure process

upon transfer of duty stations. By simply having a license in good standing according to the requirements in the jurisdiction that issued the license; and by complying with the new state’s standards of practice, discipline and fulfillment of any continuing education requirements, a military spouse could receive professional license reciprocity and easily resume the practice of dentistry.”

The provision also provides portability of professional licensure or certification to the relocating service member.

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

Federal COVID-19 emergency declarations set to expire May 11

DENTISTS WILL NO LONGER BE ABLE TO ADMINISTER COVID-19 VACCINES UNLESS THEIR STATE LAW ALLOWS

BY JENNIFER GARVIN

The COVID-19 national emergency and public health emergency declarations are set to end on May 11, according to a Jan. 30 statement from the White House.

What does the expiration date mean for dentists and dental patients?

One result is that many dentists will no longer be able to administer COVID-19 vaccines.

In March 2021, the U.S. Department of Health and Human Services amended an emergency declaration under the Public Readiness and Emergency Preparedness Act that authorized additional providers, including dentists and dental students, to vaccinate patients for COVID-19 nationwide.

After the May 11 deadline, those providers will no longer be able to administer the COVID-19 vaccines if the states they are licensed in don’t already authorize them to do so.

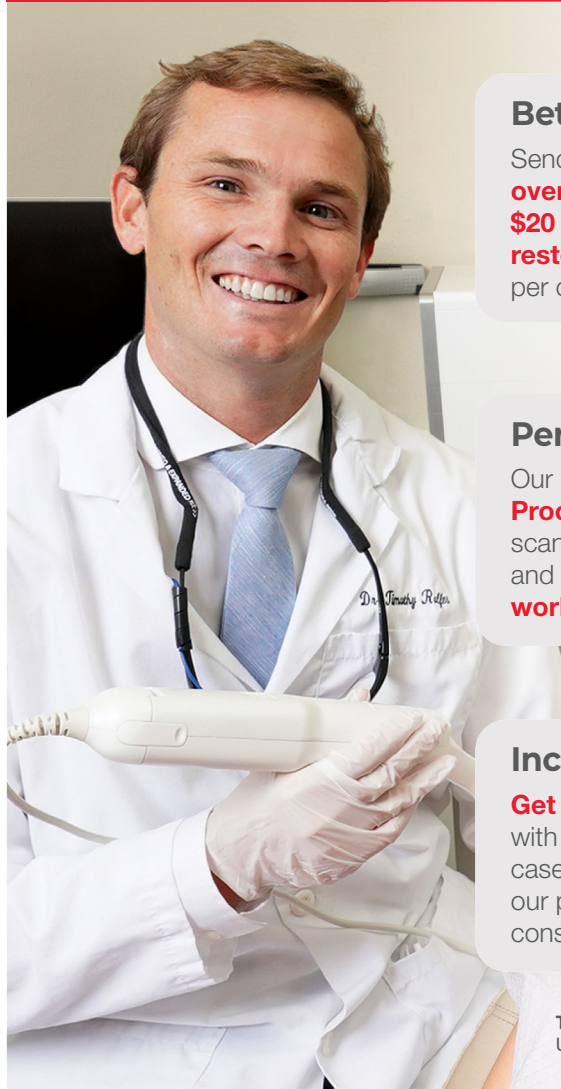
The end of the public health emergency also affects many patients enrolled in Medicaid.

In 2020, the Families First Coronavirus Response Act began providing an enhanced federal medical assistance percentage to help states support their Medicaid programs. In order to get this funding, states were required to keep people continuously enrolled in Medicaid. Now that the PHE is ending, some patients could lose access coverage.

Following the May 11 expiration, states will have up to 12 months to return to normal eligibility and enrollment operations, according to the Centers for Medicare & Medicaid Services, which called the expiration of the continuous coverage requirement “the single largest health coverage transition event since the first open enrollment period of the

See EMERGENCY, Page 7

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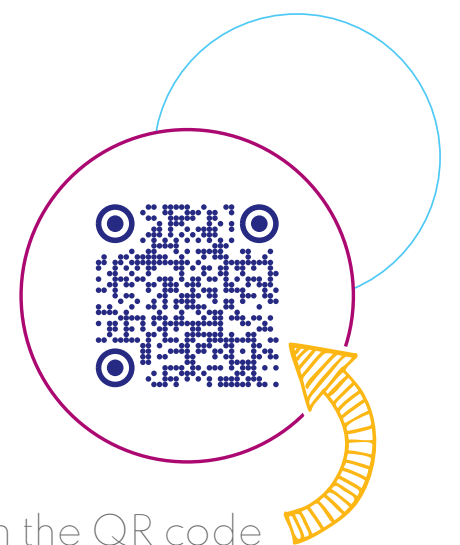


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ADA supports USDA proposal to modernize WIC

PROPOSAL WOULD REDUCE FEDERAL PROGRAM'S RELIANCE ON JUICE

BY JENNIFER GARVIN

The ADA is supporting a new proposal to modernize the Special Supplemental Nutrition Program for Women, Infants, and Children, known as WIC, that includes reducing the program's reliance on juice as a nutrient delivery method.

According to the proposal, the U.S. Department of Agriculture seeks to better align the nutrition content of WIC packages with the current Dietary Guidelines for Americans and the science-based recommendations of a 2017 report from the National Academies of Sciences, Engineering and Medicine.

In comments filed Feb. 21 to the USDA's Food and Nutrition Service, ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., called the proposal "an important step" to ending diet-related tooth decay.

WIC provides a monthly allowance for eligible low-income participants to purchase certain nutrition-rich foods from authorized retailers. The USDA is proposing to reduce — but not entirely eliminate — the program's reliance on juice as a nutrient delivery method by doing the following:

- Retaining the current juice exclusion for children under 12 months.
- Reducing the eligible monthly juice allowance for children ages 1-4 years, from 128 ounces (around 4.3 ounces per day) to 64 fluid ounces per month (around 2 ounces per day).
- Reducing the eligible monthly juice allowance for pregnant and breastfeeding women from 144 ounces (around 4.8 ounces per day) to 64 fluid ounces per month (around 2 ounces per day).
- Eliminating the juice allowance for postpartum participants, who have lower caloric needs relative to those who are pregnant and lactating.
- Introducing a \$3 cash-value voucher to purchase fresh fruits and vegetables instead of juice.

EMERGENCY *continued from Page 5*

Affordable Care Act." The White House statement said it hopes the "wind down" period will "ensure patients don't lose access unpredictably and that state budgets don't face a radical cliff." For example, patients could sign up for coverage through the Affordable Care Act or their employer.

The ADA is following this transition and will be sharing updates on how states implement this change and how it will impact providers. For now, the Association recommends dentists utilize the resources and tools from the Unwinding and Returning to Regular Operations after COVID-19 webpage on Medicaid.gov.

For patients who are losing Medicaid or Children's Health Insurance Program coverage due to the unwinding, CMS has prepared an FAQ on a Special Enrollment Period these patients can use to sign up for an Affordable Care Act plan.

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

— garvinj@ada.org

"From a dental perspective, no amount of sugar can be consumed without increasing the risk for tooth decay," Drs. Shepley and Cohlma wrote. "Sugar increases the build-up of plaque (a sticky, colorless, bacterial film), which weakens enamel and can potentially form a cavity. This applies regardless of whether the sugar is natural or added."



not practical to classify some foods and beverages as more or less harmful to oral health than others. Even milk has a measurable amount of sugar. It is practical and possible, however, to encourage good eating habits, which would necessarily include limiting sugar consumption."

The ADA also noted the proposal is consistent with prior beverage consumption

recommendations. "At the same time, we recognize that it is neither practical nor possible to remove all sugary foods from the human diet. It is also

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



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Dental groups support making pediatric oral health coverage mandatory in ACA exchange plans

BY JENNIFER GARVIN

“Coverage for pediatric dental services can provide necessary preventive and oral health education services that may prevent and manage disease,” the American Dental Association and American Academy of Pediatric Dentistry told the Centers for Medicare & Medicaid Services in response to the agency’s request for information on essential health benefits.

In a Jan. 31 letter, ADA President George R. Shepley, D.D.S., and AAPD President Amr M. Moursi, D.D.S., Ph.D., said their organizations support making pediatric oral health coverage mandatory within the Affordable Care Act exchange plans for families with children.

“Oral health is an essential part of overall health and tooth decay remains one of the most common, chronic pediatric diseases,” they wrote. “Coverage for pediatric dental services can provide necessary preventive and oral health education services that may prevent and manage disease.”

In the request for information, the two organizations shared ways the consumer experience of purchasing pediatric dental benefits could be improved as well as ways the coverage provided supports adequate access to care.



ADDITIONAL BENEFITS AS ESSENTIAL HEALTH BENEFIT

The ADA and AAPD urged CMS to include benefits for maternal oral health as an essential health benefit for one-year postpartum within the ACA Marketplaces, which would align with CMS’s recent expanded dental coverage for pregnancy in Medicaid and also address disparities in maternal health outcomes.

ISSUES WITH BENCHMARK PLANS

The dental groups urged CMS to undertake a study to compare benchmark plans and assure that benchmark plans cover services to adequately meet the dental needs of the beneficiaries across all states with first dollar coverage for evidence-based preventive services.

DENTAL BENEFITS AS OPTIONAL

Regarding pediatric oral health coverage, ADA and AAPD “strongly urged” CMS to close regulatory loopholes that allow pediatric dental benefits to be regarded as optional benefits for families with children.

QUALIFIED HEALTH PLANS VERSUS STAND-ALONE DENTAL PLANS

The organizations asked CMS to take steps to evaluate dental benefits offered as bundled or embedded products within qualified health plans with regards to application of deductibles and out-of-pocket maximums.

They noted that qualified health plans continue to result in cost barriers for consumers, especially when cost-sharing reductions are not made available to all consumers resulting in higher deductibles for those consumers choosing silver or bronze plans.

DEPENDENT COVERAGE

ADA and AAPD asked CMS to ensure that dependent coverage up to age 26 applies to the dental plans regardless of whether benefits are purchased as part of a QHP or a SADP.

COVERAGE CRITERIA

Both the ADA and AAPD said they support coverage for comprehensive pediatric dental services as part of the essential health benefit as intended under the ACA, including routine exams, X-rays, cleanings and sealants, and restorative services such as fillings or root canals, as well as medically necessary orthodontia. Regarding medically necessary orthodontia, the organizations urged CMS to adopt standardized coverage criteria across all dental plans.

EMERGING EVIDENCE-BASED SERVICES

The dental groups said they support modifying/updating essential health benefits for changes in medical evidence and scientific advancement, including, as mentioned in the request for information, the use of silver diamine fluoride for arresting progression of dental caries.

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

Proposed rule seeks to align 2 federal laws governing confidentiality, disclosure of patient records

ADA offers comments to benefit patients

BY JENNIFER GARVIN

The ADA filed comments Jan. 31 on a proposed rule to better align the requirements of two federal laws governing the confidentiality and disclosure of patient records.

The two federal laws are the Health Insurance Portability and Accountability Act of 1996, which governs what covered health care providers must do to protect the

confidentiality of patient health records, and the confidentiality rules under Part 2 of Title 42 of the Code of Federal Regulations, which protects the confidentiality of information of federally funded substance use disorder treatment providers.

In a Jan. 31 letter to the Department of Health and Human Services’ Office for Civil Rights, ADA President George R. Shepley, D.D.S., and Executive Director Raymond Cohlma, D.D.S., said the Association supports efforts to align the two laws “but only to the

extent that doing so will benefit patients.”

The ADA asked OCR to do the following in order to better clarify the laws, including:

- Exempting non-Part 2 providers from having to comply with changes to the HIPAA Notice of Privacy Practices, except in cases where the provider has knowingly received or expects to receive Part 2 records.
- Easing the compliance burden on non-Part 2 providers and those with electronic

record systems that are not capable of segmenting Part 2 data.

- Exempting providers who are not covered by HIPAA from being penalized for using or disclosing Part 2 records that a HIPAA-covered entity could have made without penalty.
- Simplifying and clarifying the statements to be required in a revised notice of privacy practices and provide sample language and comprehensive guidance well in advance of the effective date.
- Do not require HIPAA-covered entities to notify individuals that a patient has a right to inspect and obtain copies of protected health information at limited cost, or in some cases free of charge.
- Protect against dual liability under HIPAA and Part 2.

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



ADA, AAPD file joint comments with CMS

COMMENTS IN RESPONSE TO AFFORDABLE CARE ACT’S NOTICE OF BENEFIT AND PAYMENT PARAMETERS

BY JENNIFER GARVIN

The American Dental Association and American Academy of Pediatric Dentistry filed comments Jan. 30 on the Centers for Medicare & Medicaid Services’ proposed 2024 notice of benefit and payment parameters for the Patient Protection and Affordable Care Act.

In a joint letter to CMS, ADA President George R. Shepley, D.D.S., and AAPD

President Amr M. Moursi, D.D.S., Ph.D., said they appreciated the agency’s efforts to “provide quality, affordable coverage to consumers while minimizing administrative burden and advancing health equity.”

The two organizations commented on:

UNIFORM AGE-RATING AND ELIGIBILITY METHODOLOGY

The ADA and AAPD said they support a proposal that would require stand-alone

dental plan issuers to “use the age on the effective date as the sole method to calculate an enrollee’s age for rating and eligibility purposes” beginning in 2024. They did note it’s apparent that most issuers are already doing this and said that “setting one standard for all brings more certainty and less confusion when comparing plans for consumers regardless of which stand-alone dental plan they may choose.”

GUARANTEED RATES FOR STAND-ALONE DENTAL PLANS

Regarding allowing stand-alone dental plan issuers to offer either guaranteed or estimated rates, ADA and AAPD suggested using only the submission of guaranteed rates to allow for accurate advance premium tax credits of the pediatric dental essential health benefit portion of premiums. They added that “guaranteed rates add transparency and clarity for consumers.”

NETWORK ADEQUACY

In response to a CMS proposal to revise network adequacy standards starting in 2024 by requiring all plans, including stand-alone dental plans, to comply with network adequacy requirements, ADA and AAPD said this would “aptly improve consumer choice and access to care.”

PLAN MARKETING TRANSPARENCY

ADA and AAPD said they believe there should be “a standard marketing format used by plans that is simple (perhaps one-page), captures important cost considerations for consumers (e.g., coinsurance obligations), and provides direction to consumers on how to find participating providers.

“Dental plan marketing has been a significant concern in Medicare Advantage plans in recent years, and this is a proactive approach to preventing similar, potentially deceptive marketing of stand-alone dental plans,” they wrote. ■

ADA urges CMS to improve Medicare Advantage plans for dental consumers

Comments focus on data collection, marketing transparency, quality improvement

BY JENNIFER GARVIN

The American Dental Association is asking the Centers for Medicare & Medicaid Services to improve Medicare Advantage plans by making it easier for consumers to understand and compare covered benefits across plans.

In comments filed Feb. 13 in response to a proposed rule from the agency, ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S., focused on the following areas: data collection, transparency in marketing and quality improvement.

DATA COLLECTION

The ADA said that since about half of all Medicare beneficiaries are currently enrolled in Medicare Advantage — known as MA — it is important to know more about the plans' supplemental benefits, especially dental benefits. The Association urged CMS to collect and analyze data on supplemental benefits for lower-income enrollees to improve oral health equity and said it is "critical" for CMS to analyze data on these benefits, including looking at enrollees by age, race and ethnicity, education and income, included coverage, and what benefits are being utilized.

"These are important data points for determining how to best advance oral health equity for MA beneficiaries," Drs. Shepley and Cohlmiya wrote.

In addition to collecting data from the Medicare Current Beneficiary Survey, the ADA also recommended CMS require MA plan administrators to report on metrics pertaining to beneficiary enrollment and utilization of dental services such as:

- Total number of beneficiaries.
- The number of beneficiaries with a dental claim in a plan year.
- Cost sharing.
- Applicable measures for the older adult population from the Dental Quality Alliance.

"The ADA is aware that enrollment in MA plans is expanding and more specifically that a high percentage of Part C plan beneficiaries have access to some kind of dental benefit," Drs. Shepley and Cohlmiya said. "However the range of services covered with these plans appears to widely differ with some plans covering only a preventive benefit and others offering a more comprehensive benefit. The ADA does not have data to quantify how many enrollees are getting the different types of dental benefits, and requests that CMS collect that data."

MA MARKETING

Regarding proposed changes to help consumers during the enrollment process, the ADA said it supports establishing more transparency standards in marketing MA plans. This includes:

- Not allowing MA organizations to engage in marketing that advertises benefits that are not available to beneficiaries in the service area where the marketing appears unless unavoidable in a local market.
- Prohibiting marketing unless the names of the MA organizations that offer the benefits are clearly identified.
- Prohibiting MA organizations from marketing any products or plans, benefits or costs unless the MA organization is identified in the material.
- Prohibiting MA organizations from including information about savings available to potential enrollees that are based on a comparison of typical expenses borne by uninsured individuals, unpaid costs of dually eligible beneficiaries, or other unrealized costs of Medicare beneficiaries.

- Annually requiring each MA organization to provide the opt-out information in writing to all its enrollees, regardless of plan intention to contact.

When discussing TV commercials on MA, the ADA said the "misleading advertising" can be particularly confusing in regards to the supplemental dental benefits offered by the plans. The Association also noted language from the CMS proposed rule that states the commercials "can sometimes advertise up to \$2,500 in dental benefits, when the plans available to the beneficiary only have a \$500

dental benefit. Beneficiaries need and deserve transparency regarding dental benefits and plan design for their MA plan, including the total amount of the benefit per year, the services covered, frequency limitations, and more."

The ADA also said it is willing to support efforts to define a standardized form to display a summary of benefits during the enrollment process as well as collaborating with stakeholders in overall supporting general transparency in coverage requirements for enrollees.

QUALITY IMPROVEMENT

In regards to improving the quality of MA plans, the ADA would like Part C plans offering dental as a supplemental benefit to publicly report some standardized quality measures.

"We believe this aligns with CMS' proposals on quality improvement by requiring MA organizations to incorporate one or more activities into their overall quality improvement program that reduce disparities in health and health care among their enrollees," Drs. Shepley and Cohlmiya wrote.

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



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March JADA points to need for integrated medical, oral research autopsies

COVER STORY IS LATEST ORAL SCIENCE TRENDS ARTICLE

BY MARY BETH VERSACI

While the use of autopsies has benefited the practice of medicine for centuries, their use to advance oral health care has been limited, according to the cover story of the March issue of The Journal of the

American Dental Association.

In "The Need for Integrated Research Autopsies in the Era of Precision Oral Medicine," the authors summarized the advantages of minimally invasive autopsies of dental, oral and craniofacial tissues and outlined practices for supporting research autopsies of the oral and craniofacial complex.

"In the era of precision oral medicine, the research autopsy is poised to play an important role in understanding oral-systemic health, including infectious disease, autoimmunity, craniofacial genetics and cancer," said Kevin M. Byrd, D.D.S., Ph.D., corresponding author of the article and ADA Science & Research Institute manager of oral and craniofacial research

and Anthony R. Volpe Research Scholar.

The cover story is JADA's latest addition to its Oral Science Trends series, made up of invited reviews that explain where current biomedical and clinical sciences are leading to impactful changes in dentists' ability to provide care and improve health.



Practice Consolidation Is Cresting

It's Time to Understand the Value of Your Practice

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Dozens of Invisible Dental Support Organization (IDSO) silent partners, in all 50 states, are paying record values for partial interests in larger practices of all specialties and general practice.

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IDSO partnership is not a short-term transition strategy, but rather a long-term wealth building partnership.

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Your Value in Today's Consolidation Frenzy

Great practices with at least \$1.5 million in collections have many options today. You should understand the value of your practice in an LPS-advised process. Doctors who deal directly with IDSOs leave millions on the table and do not get to consider ALL of their options.

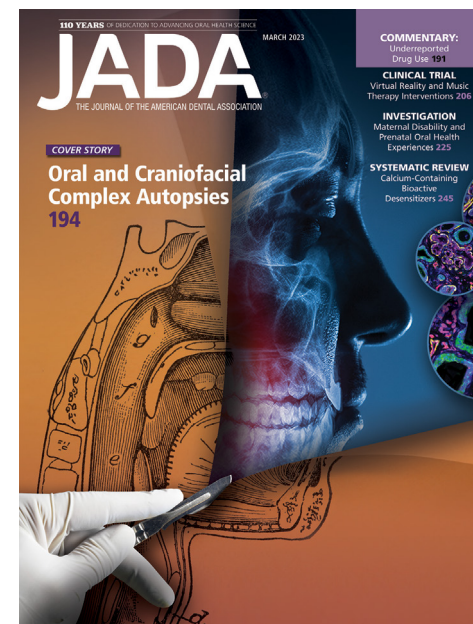
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In the article, the authors highlighted the importance of partnerships among oral health research centers, dental schools, academic hospitals and associated autopsy centers to the future of oral and overall health initiatives. They said it will be important to normalize a research culture in which autopsies are a tool to rapidly understand disease pathophysiology.

"The COVID-19 pandemic highlighted the oral cavity as a site for viral infection and transmission potential; this was only discovered via clinical autopsies," Dr. Byrd said. "The realization of the integrated autopsy's value in full body health initiatives will benefit patients across the globe."

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

Other articles in the March issue of JADA discuss virtual reality and music therapy interventions, maternal disability and prenatal oral health experiences, and calcium-containing bioactive desensitizers.

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

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Correction: Based on an error in the source material, a story in the Feb. 6 ADA News misidentified one of the direct restorative materials included in a systematic review by the ADA Science & Research Institute. The review, published in The Journal of the American Dental Association, examined the differences in outcomes offered by amalgam, resin composite, compomer, conventional glass ionomer cement, resin-modified glass ionomer cement and preformed metal crowns. The online versions of the ADA News and JADA articles have been updated.

New standards available for purchase from ADA Store

BY MARY BETH VERSACI

The American Dental Association Standards Committee on Dental Products has approved the following standards available for purchase from the ADA Store:

- **Revised ANSI/ADA Standard No. 78 for Dentistry — Endodontic Obturating Materials:** This standard provides specifications for the dimensions of various endodontic obturating materials, including preformed metal, preformed polymeric-coated metal, polymeric points, thermoplastic obturating material or combinations of the above, suitable for use in the obturation of the root canal system.
- **Revised ANSI/ADA Standard No. 97 for Dentistry — Corrosion Test Methods for Metallic Materials:** This standard specifies test methods and procedures to determine the corrosion behavior of metallic materials used in the oral cavity.
- **Revised ANSI/ADA Standard No. 128 for Dentistry — Hydrocolloid Impression Materials:** This standard specifies the requirements and test methods for hydrocolloid impression materials. It helps to determine whether elastic aqueous agar and alginate hydrocolloid dental impression materials are of the quality needed for their intended purposes.
- **ANSI/ADA Standard No. 203 for Dentistry — Materials Used for Dental Equipment Surfaces — Determination of Resistance to Chemical Disinfectants:**

This new standard specifies test methods for determining the resistance to chemical disinfectants of all materials used for external surfaces of dental equipment intended for such disinfection.

- **Revised ANSI/ADA Standard No. 136 for Dentistry — External Tooth Bleaching Products:** This standard provides requirements and test methods for external tooth-bleaching products. These products are intended for use in the oral cavity by professional application (in-office tooth-bleaching products) or consumer application



(professional or nonprofessional home use of tooth-bleaching products) or both. ADA standards are available for purchase by visiting the ADA Store at store.ADA.org or calling 1-800-947-4746.

The ADA is accredited by the American National Standards Institute to develop national standards for products and information technology used by dental professionals and consumers. There are currently more than 100 national standards, and more are under development. ■

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ADA releases report on AI in dentistry

Standards committee covers clinical, administrative uses in white paper

BY MARY BETH VERSACI

A new white paper by the American Dental Association Standards Committee on Dental Informatics discusses applications of artificial and augmented intelligence in dentistry.

ADA SCDI White Paper No. 1106 for Dentistry — Overview of Artificial and Augmented Intelligence Uses in Dentistry introduces the use of AI in clinical areas such as prevention, caries and periodontal disease, implants, oral and maxillofacial surgery, endodontics, imaging, orthodontics and more.

It also offers information on nonclinical uses of AI, focusing on payer topics such as claims processing, payment integrity and dental practice administrative issues.

To learn more and download the paper for free, visit ADA.org/dentalstandards.

Standards developed by the ADA serve the dental profession by ensuring product safety and efficacy for both clinicians and patients and providing information on new and emerging technologies. ■

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ST. LOUIS *continued from Page 1*

66

With only 15 patient chairs and nearly 400 children in need of care, Give Kids A Smile started back in 2002 as a grassroots effort in a soon-to-be-demolished dental clinic right here in St. Louis.

— George R. Shepley, D.D.S.

annually to provide underserved children with free oral health care services and education. ADA Foundation, ADA and tripartite leaders joined with representatives from national sponsors Colgate-Palmolive and Henry Schein Inc. to commemorate the day in St. Louis.

You see, St. Louis was not only the host of this year's Give Kids A Smile national kickoff event, it was the birthplace. Twenty-two years ago, Jeff Dalin, D.D.S., and members of an ad hoc committee of the Greater St. Louis Dental Society were charged with coming up with ideas on how to give back to the community and GKAS was born.

"It is amazing to think that we scraped together 15 chairs in an office in downtown St. Louis just 22 years ago," Dr. Dalin said. "And then to think that the ADA had the vision to adopt it as their

national children's dental access program and over 7 million children have benefited from our wonderful volunteers across our country. Dentistry is one very special caring profession."

ADA President George R. Shepley, D.D.S., applauded the volunteers for the difference they make in children's lives.

"With only 15 patient chairs and nearly 400 children in need of care, Give Kids A Smile started back in 2002 as a grassroots effort in a soon-to-be-demolished dental clinic right here in St. Louis," Dr. Shepley said. "The care we will provide today won't just improve a child's oral health — it will have a resounding ripple effect

The nearly 350 dentists, dental residents, hygienists and volunteers cheered and then got to work. More than 150 children were expected to pass through the clinic at the St. Louis University Center for Advanced Dental Education Feb. 3 as part of the national Give Kids A Smile kickoff event.

For many of the volunteers, it was their first time. For some of the old-timers, this will have been their 22nd year donating their time.

Give Kids A Smile is the flagship access-to-care program administered by the ADA Foundation where nearly 6,500 dentists and 20,000 dental team members volunteer



Peace: A child pauses during his examination Feb. 3 at the GKAS kickoff event in St. Louis.

on every area of their life. Because when a child feels and looks their best, there's no stopping what they're capable of — they can excel in the classroom and have the confidence that a healthy smile can bring. And today, we are making that a reality for hundreds of children."

"What began as a grassroots effort in St. Louis has become a national movement to ensure access to quality health care for all children," said Craig Armstrong, D.D.S., chair of the ADA Foundation. "The success of GKAS would not be possible without the nearly 30,000 dental professionals who volunteer at local events each year in addition to national sponsors, Henry Schein and Colgate. My sincere appreciation and thanks to all of you who have been a part of the program, some from the very first day. We are all involved for the right reason — to give kids a smile and help children in need."

Visiting the clinical annually is the reality for Purity Rajji and her children, Abigail, 12, and James Sankale, 7. They were alerted to the free event by Vitendo 4 Africa, a nonprofit in Missouri that connects immigrant individuals and families to services. Ms. Rajji has been bringing her children to the Give Kids A Smile event for five years.

"Pricing for the dentist is very high and even with insurance, sometimes it can still be very high and that's coming out of your pocket," Ms. Rajji said.

Upon arrival, Abigail and James and the rest of the children had their photo taken for their chart. They were then taken to get X-rays to determine the care they needed that day.

Robert Shapiro, D.D.S., was the dentist in charge of triaging the children. An orthodontist who practices in St. Louis, each year he keeps an eye out for one child who may need a lot of orthodontic work done and will offer free care at a later date.

Around five years ago, Dr. Shapiro identified a teenage girl who had a lot of crowding so he took out four teeth and basically fixed her smile. Then they went their separate ways.

In April 2022, he was out for dinner and a woman he didn't recognize was hovering around the table.

"She came over and said our meal was no charge and I asked her why?" Dr. Shapiro recalled. "She said, 'I was at Give Kids A Smile event, and you straightened my teeth for free, and it changed my life.' Then she smiled, and she was absolutely beautiful."

Another important component of the St. Louis GKAS program is Tiny Smiles. Tiny Smiles focuses on children 0-5. This ADA Foundation program, sponsored by Colgate and CareCredit, provides free resources for dental professionals, medical professionals and educators to raise awareness about the oral health needs of children ages 0 (birth) to 5.

Craig Hollander, D.D.S., a pediatric dentist in St. Louis, founded Tiny Smiles after noticing a gap in care at the Give Kids A Smile events.

"I noticed when I was in the trenches volunteering that a lot of the kids who had been here for the first time and had never been to the dentist before just had really bad teeth," Dr. Hollander said. "I realized early on in my training that you have to get to the parents before the teeth are messed up, before there's even problems."

He brought some dental students from some of the institutes where he teaches to help provide nutritional counseling for parents and provide treatment for any babies who needed it.

"If they learn how to do this today, it's a skill they'll be able to take to their office once they graduate and become a general dentist," Dr. Hollander said.

For more information on Tiny Smiles, visit adafoundation.org/tinysmiles. For more information on Give Kids a Smile, visit adafoundation.org/GKAS. ■

—ganskik@ada.org



Check-in: Robert Shapiro, D.D.S., works at the event's triage center.



Innovator: Jeff Dalin, D.D.S., the co-founder of the Give Kids A Smile program, displays the T-shirt design for the 2023 volunteers.



Leadership: ADA President George R. Shepley, D.D.S., addresses the volunteers.

Howard University opens doors to migrant children

Dental school celebrates Give Kids A Smile

BY JENNIFER GARVIN
Washington

All Give Kids A Smile events at the Howard University College of Dentistry are special, but this year was especially touching when the school opened its doors to more than 90 migrant children in the D.C. area.

Jose Garcia, D.D.S., a second-year pediatric dental resident at Howard, was one of the coordinators of this year's event. It was his idea to provide dental care to the migrant children after volunteering with a local mutual aid group.

"I was seeing so many kids with dental pain who needed to get looked at," said Dr. Garcia, who received his dental degree from Howard in 2019. "That's where I got the idea of trying to see if we could find a way to help them at the dental school."

LaToya Barham, D.D.S., who oversees the school's pediatric dental residency program, was thrilled to be able to dedicate this year's event.

"When I found out that he was volunteering on his own and helping these families, it actually gave me chills because nobody told him to go volunteer," said Dr. Barham. "He did this on his own time, and I love that. I love that servant heart."

During the Feb. 11 event, dental residents, dental students and dental hygiene students — all supervised by faculty — performed cleanings, fluoride treatments, sealants, extractions, restorative treatments and orthodontic consults on 95 children ranging in age from 9 months to 17 years. The event also featured volunteer pediatric dentists, general dentists, dental hygienists and orthodontists from community partners such as Spanish Catholic Charities and the D.C. Chapter of the American Academy of Pediatric Dentistry, and there were also translators available for the patients. Henry Schein and Colgate, the national sponsors of Give Kids A Smile, donated oral health product kits for this program.

"The Howard College of Dentistry is very focused on giving back to the community and this year, we were notified about a group of [people] who were in need, and this was an opportunity to reach out to bring them into the college," said Andrea Jackson, D.D.S., dean, Howard University College of Dentistry. "It turned out to be a wonderful way to give back and treat people who really need the care and who have been underserved ... We hope we can continue to treat them."

The day was also personally meaningful for Dr. Garcia. For the last eight months he has volunteered with the mutual aid group whenever he can find the time. Often, he goes early in the morning to help meet the busses, which arrive regularly from Texas. He has witnessed myriad dental problems along the way.

"What these children and migrant families are going through is the very definition of people who are in need," said Dr. Garcia, whose own family immigrated to the U.S. from Ecuador when he was an infant. "Their journeys can take months and by the time they arrive here in the U.S., they've had very limited or no access to dental care. It's definitely something people should be aware of."

In addition to attending Howard for dental school, Dr. Garcia also went to Howard for his undergraduate degree in dental hygiene. He

said the mentors he met along the way encouraged him to continue his education and become a dentist.

"Howard is a big part of me," he said. "I never aspired to be where I'm at now. I'm very fortunate to be surrounded by wonderful people like Dr. Barham, Dr. Donna Grant-Mills and all the attendings who have helped me grow into

who I am now. Without their support and encouragement, it would not be possible."

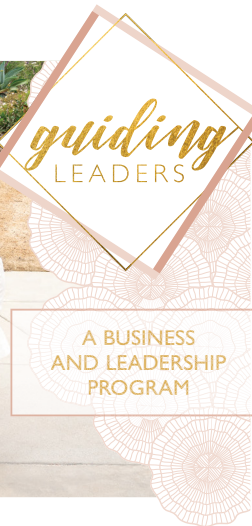
"This is what makes this so special this year," said Dr. Barham of Dr. Garcia. "Not only do we get to see the smiles from the service that we're giving to the children, but I also get to see the leadership from my resident who's about to graduate and

See Howard, Page 17



Giving back: Janet Kim, D.D.S., a pediatric dentist volunteer, consults with a young patient's mother on how she plans to treat her son's sore tooth.

GLIDEWELL PROUDLY PRESENTS



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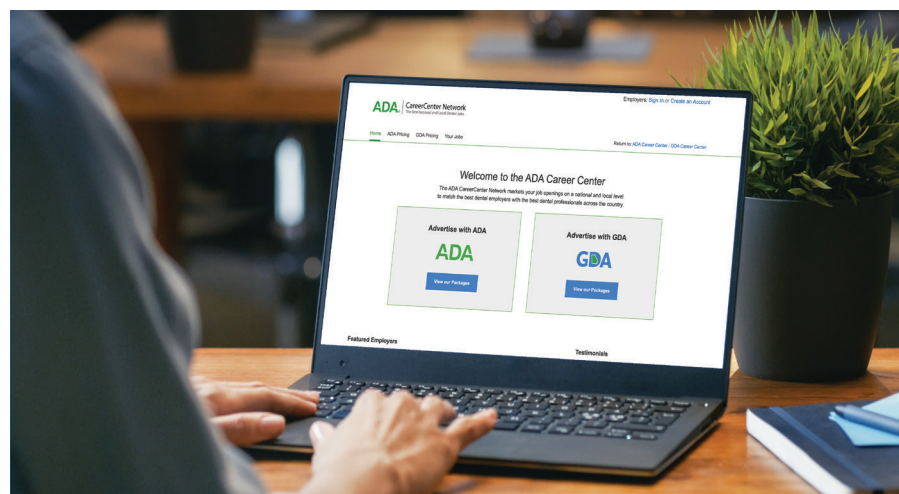
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Gallup Indian Medical Center holds first GKAS event

The Gallup Indian Medical Center in Gallup, New Mexico, held its first Give Kids A Smile event on Feb. 2.

During the event, more than 40 children ages 6 months to 12 years received dental screenings, cleanings and sealants. The Gallup Indian Medical Center dental team also scheduled follow-up appointments for children who had urgent dental needs.

"Everyone we saw established the Gallup Indian Medical Center as their dental home, which was one of the goals of our event," according to Tamana Begay, D.D.S., deputy dental program director.

"It was wonderful to see our dental staff get excited about this event for the children in the community," Dr. Begay said. "We are already looking forward to next year's event, where we hope to double the number of participants — and of course have more fun!"

The Gallup Indian Medical Center is one of 92 Indian Health Service sites planning to hold a GKAS event this year. It's also the fourth year overall that IHS has participated in GKAS, allowing oral health professionals and Native communities to work together to support healthy smiles for American Indian and Alaska Native children. From 2020 to 2022, the IHS has held more than 300 GKAS events, producing approximately \$2.7 million in dental services for more than 34,000 children. In 2023, IHS events are expected to serve more than 20,000 children.

Give Kids A Smile is the signature access to care program of the ADA Foundation. The national program is sponsored by Henry Schein and Colgate. For more information about the program, visit ADAFoundation.org/GKAS. ■

Photos courtesy of Gallup Indian Medical Center



Celebration: Volunteers gather before the Gallup Indian Medical Center's first Give Kids A Smile event on Feb. 2.



Oral health education: Above, volunteers at the Gallup Indian Medical Center take a moment to pose. Below, a volunteer puts together games for the children.



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How to be a great leader, in and out of the operatory

BY SUZANNE EBERT, D.M.D.

We all hear about leadership skills. But why should you work on developing them? After all, you are a doctor first and foremost. Your clinical skills should determine your success, not your leadership skills. Right?

Think about this: Even if you're renowned for your clinical skills, lacking the ability to effectively lead may cause you to lose patients and staff.

Great leaders inspire confidence and create loyalty within teams, which results in successful clinical and professional outcomes.

HOW TO DEVELOP THE SKILLS TO LEAD YOUR PRACTICE

Start by developing your personal brand or mission statement. When you have a clear vision stating your values and goals, you have immediate clarity as to how to lead yourself and your team. In short, when you know that you need to enhance (not detract from) your brand, you will be equipped to provide clear, consistent, decisive decision making — one of the qualities of a great leader.

It is never too late. No matter what career stage you are in, think through your personal goals and write them down. For example:

Financial:

- I want to retire by age 42.
- I want to donate \$10,000 to charity every year.

Work-life balance:

- I want to attend every one of my child's school events.
- I want to spend two months in Europe every spring.

Professional:

- I want to provide care to underserved populations.
- I want to focus on full-mouth reconstructions.

Core values:

- I value recognition, family, and charity.
- I value financial security, ethics, and stability.

Once you have written down your goals, create a mission statement that reflects who you are and what you want to achieve. Once you are confident in your statement, review it frequently. When I started, I kept it on my desk

so I would see it every day.

Your mission statement can become the primary tool you use to drive your decision making as you approach various situations.

For instance, when I graduated from dental school, I knew that I wanted to be in a practice that provided clinical excellence while being highly patient-centric and 100% fee-for-service. I also knew that I wanted to be present for my two young children. Financially, I literally wanted to "not have to worry about going to the grocery store." Since there was no existing practice in the area that "fit" my personal vision and I was unwilling to move my growing family, I decided to build it myself. This was not the easy choice, but it was the one that allowed me to reach, and surpass, my objectives without compromising my vision.

GREAT LEADERS HAVE ENGAGED STAFF MEMBERS

Today, many dentists have trouble hiring and retaining staff. Over 60% of owner dentists report staffing as a primary problem, despite the fact that many dentists have increased compensation substantially since 2020.

In my conversations with dental auxiliaries, hygienists and office managers, I see some common themes. Specifically, I often hear that the real reason for leaving is that team members do not feel supported by the dentist(s) in the practice. They feel that their career has stagnated and their contributions are not appreciated. Interestingly, they rarely talk about financial incentives (although many mention a lack of health insurance benefits as a key issue).

Great leaders manage to find ways to keep staff members engaged, leading to loyalty and retention. Honestly, it all comes back to being true to your vision.

Hire those who embrace your mission. The best way to retain staff starts long before their first day: find the right person for the practice

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My best team members had absolutely no dental experience when they started. I hired them based on their willingness to learn, ability to interact with patients, and desire to build their skills in ways that supported my, and the practice's, mission.

No matter whether you are working with a new staff person or a long-standing one, be sure to invest in them. Invite them to voice their opinions and provide feedback, work with them to determine how to best develop their skills, treat them with respect, and provide clear direction and consistent feedback.

Then celebrate their successes, share positive comments from patients, and do little things to show your appreciation, like surprise treats or extra PTO. And make sure you look for ways to help staff achieve their own work-life balance and professional goals.

LEADERSHIP DOESN'T STOP AT THE OFFICE DOOR

Great leaders bring their skills into all areas of their lives, including family and community. Bringing positive leadership to your life outside the office will ultimately bring you personal satisfaction along with professional success. Being a leader in the community will provide you with high-quality clients that lead to financial success, while giving you the personal satisfaction you long for.

Great leaders never stop looking for opportunities to improve, and it makes no difference when in your career you begin. Developing these skills will greatly improve the quality of your personal and professional interactions. As an added bonus, I hope that you will inspire loyalty in your current staff that encourages them to stay on, regardless of financial incentives.

Effective leaders are able to motivate, inspire, encourage excellence and positively connect with people, leading to success in the clinical, personal, and business realms. When you take the time to develop these critical skills, you can reap the rewards in and out of the operatory.

Writing this article has inspired me to re-evaluate my own personal mission statement and reminded me of one of the most important qualities of great leaders — they never stop learning. ■

Dr. Ebert is the vice president of dental practice & relationship management at the ADA Business Innovation Group.

“Specific skills can be trained, so it's more important to find a person with the right personality, a strong work ethic and similar expectations about the role.**”**

— Suzanne Ebert, D.M.D.

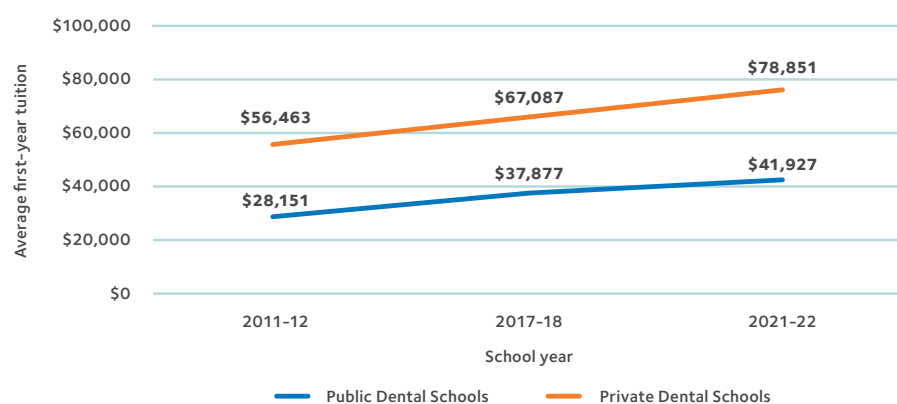
rather than the first available person.

Specific skills can be trained, so it's more important to find a person with the right personality, a strong work ethic and similar expectations about the role.

HPI CORNER

U.S. DENTAL SCHOOLS FIRST-YEAR TUITION

Over the past decade, the gap in average first-year resident student tuition and fees between public and private U.S. dental schools has persisted. For the 2021-22 school year, average first-year tuition and fees for resident students were \$36,924 more in private schools than in public schools.



Source: ADA Health Policy Institute, 2021-22 Survey of Dental Education Series, Report 2. Available from: <https://www.ada.org/en/science-research/health-policy-institute/data-center/dental-education>

Duo elected as co-chairs of GKAS National Advisory Committee

BY DAVID BURGER

Megha Sata, D.D.S., and Jennifer Kim Field were elected in 2022 as the new chairs of the Give Kids A Smile National Advisory Committee.

The duo will lead the committee as it provides strategic advice to the ADA Department of Corporate Social Responsibility and Philanthropy with respect to GKAS, the ADA Foundation's signature charitable access-to-care program.

Ms. Field is the chief sustainability officer for Henry Schein Inc., and Dr. Sata is the dental director of the South Bay Children's Health Cen-

ter in Lawndale, California. power of public-private partnerships, engaging approximately 30,000 dentists and dental team volunteers annually, which has served 7 million underserved children since the program's inception.

"As the first large-scale national program that we supported through Henry Schein Cares, our global social responsibility program, GKAS's exponential growth and impact on oral health care for 21 years has been remarkable," Ms. Field said.



Ms. Field



Dr. Sata

committee members to continue to 'help health happen' and advance health equity for children in need."

The ADA Foundation's GKAS program celebrates its 21st anniversary in 2023, with nearly 1,200 registered GKAS events scheduled to take place throughout the year. The national program is sponsored by Henry Schein and Colgate.

For more information about GKAS and to sign up to participate, visit adafoundation.org/GKAS. ■

—burgerd@ada.org



ter in Lawndale, California.

The two succeed Barbara Shearer, Ph.D., worldwide director of professional strategy and innovation for Colgate-Palmolive.

The GKAS program is a leader in bringing together the largest community of dentists with a few of the biggest oral health stakeholders to provide free access to oral health services for our most vulnerable children, Dr. Sata said.

"As co-chair, I see an immense opportunity for GKAS to have a wider impact as health inequities continue to rise post-pandemic," she said.

"We are excited to partner with the dental community to leverage ADA's resources and our Give Kids A Smile platform to further advocate for underserved children and serve as a model for other programs addressing access and quality of care for all vulnerable populations."

The committee selected two chairs — one whose skills and experience represent the perspective of the dental profession, and one whose skills and experience represent the perspective of the dental industry.

The chairs will serve concurrently.

Ms. Field said that GKAS exemplifies the

HOWARD continued from Page 13

and go out into the community. That really made my heart swell. I love to see that we are cultivating new voices for those who don't have voices. That's what makes this year extra, extra, extra special."

GKAS is celebrated nationally in February during National Children's Dental Health Month and events also take place throughout the year.

Give Kids A Smile is the signature access-to-care program of the ADA Foundation. For more information about the program, visit ADAFoundation.org/GKAS.

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Sweepstakes-winning dentist plans trip to the Galapagos Islands

Where can the re-imagined ADA Member App take you?

BY STACIE CROZIER

Now six months strong, the ADA Member App is taking its users to new places — including Josh Heimerdinger, D.M.D. — a winner of last fall's ADA Member App Sweepstakes who is planning a once-in-a-lifetime trip to

Ecuador and the Galapagos Islands next month with his wife, Amanda.

"We are beyond grateful for the opportunity to travel to the Galapagos," Dr. Heimerdinger said. "Aside from our honeymoon, my overseas destinations have been for dental missions, twice to Jamaica with my dental school and twice to Nepal with a wonderful organization

called Global Dental Relief ... With the busy lifestyle of dentistry, it is otherwise hard to find time for such exotic destinations like this, so we are absolutely thrilled."

The ADA Sweepstakes prize Dr. Heimerdinger won is an 11-day adventure to Quito, Ecuador and Santa Cruz, Isabela and Floreana islands in the Galapagos, offering him a chance to hike,



Adventure bound: Josh Heimerdinger, D.M.D., and his wife, Amanda, are planning a once-in-a-lifetime trip to Ecuador and the Galapagos Islands, a trip Dr. Heimerdinger won in the ADA Member App Sweepstakes.

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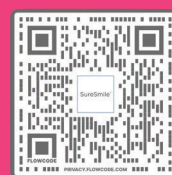


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Dr. Heimerdinger says the Galapagos has always been one of his bucket list destinations.

"The allure for me was always because it is just so remote and pristine with such exotic wildlife. My friends still give me a hard time about this," he laughs, "but during the COVID-19 pandemic I started birdwatching, so I am super excited to try and spot some rare species while we are there."

“

We are beyond grateful for the opportunity to travel to the Galapagos ... with the busy lifestyle of dentistry, it is otherwise hard to find time for such exotic destinations like this, so we are absolutely thrilled.

He says Amanda plans to get scuba diving certified so they can fully experience the underwater landscape together, even though she is less than excited about the possibility of seeing sharks. And he is prepping for the trip

See GALAPAGOS, Page 22

Active vacations help you connect with the world

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Looking for a vacation experience that goes beyond a beach and a book? ADA Member Advantage and its endorsed partner AHI Further are offering four unique adventures in 2023 with several departure dates to choose from that will engage your body, stimulate your curiosity and immerse you in deep cultural experiences.

These active tours offer travelers opportunities to explore their destinations by hiking, biking, kayaking, paddle boarding, waterfall rappelling, snorkeling or zip-lining and to become immersed in new cultures and hands-on educational experiences. All programs are led by an experienced travel director, so travelers can relax and enjoy every minute of their trip. Travelers can choose from four destinations — Peru, Thailand, Costa Rica and Galapagos Islands.

“AHI’s unique Further tours are designed for the curious, active traveler who desires a spot-on mix of adrenaline-fueled activities, must-see highlights, deep cultural experiences and the freedom to do your own thing,” said Mike Hull, senior vice president, AHI Further.

“Join a small group of like-minded travelers who, like you, crave flexible, fresh and fun adventures in exotic locations. The best part? AHI Further’s active adventures get you closer to each destination by letting you hike, bike, kayak and snorkel your way through it. They provide the equipment, the experts and the opportunity. You provide the energy.”

Many adventures await, including a one- or

\$100 per traveler. Bring your friends and everyone saves \$100.

For complete itineraries on each of the four adventures and additional options for outdoor physical activities, visit adafr.ahitravel.com/destinations. ■



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The best part? AHI Further’s active adventures get you closer to each destination by letting you hike, bike, kayak and snorkel your way through it.

four-day hike on the Inca Trail to visit Machu Picchu in Peru, one of the seven wonders of the world; an excursion to the famous Bridge over the River Kwai, the Thailand-Burma Railway Museum and war cemetery in Thailand; zip-lining high about Monteverde Costa Rica’s cloud forest canopy where you might spot monkeys, sloths, toucans or other exotic birds; or snorkeling in the waters around the Galapagos Islands with reef sharks, turtles and stingrays. ADA member Josh Heimerding-er, D.M.D., is planning for the trip for two he won from the ADA and AHI Further to Ecuador and the Galapagos Islands in the ADA Member App Sweepstakes last fall.

Tours offer opportunities for cultural, culinary and hands-on educational experiences as well as outdoor adventures. ADA members who book a trip through AHI Further save

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- **Vaping and E-cigarettes (W51822)**
- **Why Doesn't My Insurance Pay for This? (W26523)**
(also available in Spanish, W24623)
- **Dental Implants: Are They an Option for You? (W23423)***
- **Silver Diamine Fluoride (SDF) (W50322)**

50 per pack

Packs	Member	Retail	Save
1	\$30.00	\$45.00	
2-9	\$25.50	\$38.25	15%
10+	\$22.50	\$33.75	25%

* *Dental Implants: Are They an Option for You* starts at \$37.00 for members and \$55.50 retail.

ADA Patient Education Brochures help the whole dental team deliver a consistent message about causes and treatments.

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This year choose a vehicle that is luxurious, safe and sustainable while receiving a generous discount, thanks to ADA Member Advantage's endorsement of Volvo Cars.

ADA members are eligible to receive an exclusive \$1,000 discount off the purchase or lease of any vehicle, including pure electric, plug-in hybrid or mild hybrid Volvo crossovers, SUVs, sedans and wagons. And now they can share this offer with up to three family members or friends per year.

A leader in safety advancements since its invention of the three-point safety seat belt in 1959, Volvo has continued to lead the industry in safety innovations, including the invention of the rear-facing child seat and child booster cushion, the side impact protection system, whiplash protection system, pedestrian detection with full auto brake and a speed cap.

To access your discount, sign up at ADA.org/Volvo to log in and fill out a short form to request a pin number. Members must have their ADA member number handy to log in and request a pin number. On the form, choose "Myself (Family/Household)" if you are requesting a pin for yourself or choose "Friends/Family" if you are requesting a pin for a friend or family member. Members are allowed two pin numbers per year, as well as three more for family and friends to use. ■



BMO Harris Bank to simplify its name, merge with Bank of the West

BMO Harris Bank is changing its name to BMO, and customers will be seeing the streamlined name in its new logos, signage, website, product names and social media pages as the phased rollout continues over the course of 2023.

BMO also announced Jan. 17 that it has received all regulatory approvals required to complete its acquisition of Bank of the West.

The acquisition will enable BMO to serve customers at some 1,000 retail branches in Arizona, California, Colorado, Florida, Idaho, Illinois, Indiana, Iowa, Kansas, Minnesota, Missouri, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin and Wyoming.

Both BMO and Bank of the West customers will continue to receive service through their respective branches, websites and mobile applications until conversion of the combined banks' systems, expected in early September.

Serving customers for 200 years and counting, BMO is a highly diversified financial services provider — the eighth largest bank, by assets, in North America. With total assets of \$1.14 trillion as of Oct. 31, 2022, and a team of diverse and highly engaged employees, BMO provides a broad range of personal and commercial banking, wealth management and investment banking products and services to 12 million customers and conducts business through three operating groups: Personal and Commercial Banking, BMO Wealth Management and BMO Capital Markets.

BMO has been endorsed by ADA Member Advantage since 2019 as the recommended provider of practice financing, offering a 0.5% rate discount for ADA members. Visit the BMO Financing for Dental Practices webpage at BMOHarris.com for more information. ■

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GALAPAGOS *continued from Page 18*

by working his way through the travel company's recommended reading list. "I am fairly familiar with the story of Darwin's discoveries and learning about the rich maritime history of whalers and pirates has been fascinating, so I can't wait to see it in person. ... We are really looking forward to sightseeing and diving into Ecuadorian cuisine. We definitely plan to make the most of this opportunity to experience the Galapagos."

Dr. Heimerdinger says the trip comes at a perfect time in his career, when he is taking a break from clinical practice to relocate from Colorado, where he and Amanda met and then got married last April. They are currently

renovating a 1960s home on Florida's Space Coast, and he is hoping to start a new educational program to hone his interest and skills in implant dentistry.

One of more than 10,000 members who have downloaded the new app, Dr. Heimerdinger says he has been happy with his experiences so far using the ADA Member App. He says the app "has been very helpful, especially the digital wallet [feature]. Since I was going through licensing in a new state, it was nice to have those important documents on hand and numbers available when I needed them."

The ADA Member App features personalized content, allowing members to self-select the topics they are most interested in to build a news feed of the content they care most

about, and they can add or change topics any time. Other features include:

- A handy digital wallet to keep priority documents at the ready for easy access and sharing. Members can add documents right to their phone by scanning or using their camera to upload important documents for credentialing, licensure renewal or continuing education certificates.
- A career pathways section that includes resources that help members experience a day in the life of a variety of practice and career types and hear from dentists on why they chose their career paths.
- Member chat functions to help connect one on one or in group chats, calls or video calls.
- Easy access to the ADA's "Dental Sound

Bites" podcast for real talk on dentistry's daily wins and sticky situations. Members can also stream exclusive bonus content for extras and even special gifts.

The app will continue to evolve with new offerings and features. One upcoming enhancement will enable members to take a quiz to help them find the right career option for them. Additionally, members will be able to turn to the chat when they have a real-time question or problem and connect with another member who is ready to offer support.

Download the app by searching for "ADA Member App" in the App Store or Google Play. Find more information about the app (along with any giveaways and promotions) at ADA.org/App. ■



Photos courtesy of Visit Orlando

Disney magic: Enchanted experiences for the whole family await at Walt Disney World Resort when dentists and their guests head to Orlando, Florida, for SmileCon from Oct. 5-7.

What to do in Orlando during SmileCon

BY MARY BETH VERSACI

SmileCon is heading to Orlando, Florida, where a magical time awaits attendees at Walt Disney World Resort and countless other attractions that call the Theme Park Capital of the World home.

Dentists planning to attend any of the theme parks, whether Disney World, Universal Orlando Resort, SeaWorld Orlando or the Legoland Florida Resort, should be sure to plan ahead by going to the SmileCon Visit Orlando page, accessible through SmileCon.org.

"The host city for this year's SmileCon has something for everybody," said Bertram J. Hughes, D.M.D., 2023 chair of the ADA Committee on Local Arrangements. "In addition to exciting theme parks, the Orlando area has plenty of golf courses, restaurants, boutiques and other attractions to keep you and your guests entertained."

Read more below about the many places to explore during SmileCon, happening Oct. 5-7.

HIT THE LINKS

For those who prefer golfing to amusement park hopping, the Orlando area has an abundance of courses, including Arnold Palmer's Bay Hill Club & Lodge and the Reunion Resort, which is the only club in the world to feature course designs by Mr. Palmer, Tom Watson and Jack Nicklaus.

NIGHT ON THE TOWN

Unique dining and nightlife options are ready to greet SmileCon attendees along International Drive, or I-Drive, and its surrounding areas, which boast some of the best restaurants, bars and clubs in central Florida.

SHOP TILL YOU DROP

Orlando's premier shopping malls will give dentists plenty of options to treat themselves or find the perfect keepsakes for their loved ones back home. Locations include high-end retail malls, including The Mall at Millenia and The Florida Mall, and designer outlets, such as Lake Buena Vista Factory Stores, Orlando International Premium Outlets and Orlando Vineland Premium Outlets.

BEYOND 'THE MOUSE'

While Disney World, Universal, SeaWorld and Legoland offer no shortage of excitement, there are even more attractions to explore in Orlando. Check out alligators at Gatorland, wax figures of celebrities at Madame Tussauds, majestic sea creatures at the Sea Life Orlando Aquarium and natural wonders at the Orlando Science Center.

To learn more or register for SmileCon, visit SmileCon.org. Registration opens June 7. ■

—versacim@ada.org



Hole in one: Besides amusement parks, the Orlando, Florida, area is home to multiple golf courses, so SmileCon attendees can enjoy some time on the links. The meeting takes place Oct. 5-7.

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UConn student wins ADA health literacy contest

THEME: 'NOT JUST TEETH: WHY THE DENTAL TEAM IS ESSENTIAL FOR MY OVERALL HEALTH'

BY DAVID BURGER

The American Dental Association's National Advisory Council on Health Literacy in Dentistry crowned a dental student from the UConn School of Dental Medicine as the winner of its annual essay contest for a piece that emphasized the importance of the oral-systemic connection and how critical regular dental care is to a patient's overall health.



Ms. Patel

The theme for this year was "Not Just Teeth: Why The Dental Team Is Essential For My Overall Health."

The winner, Natasha Patel, won \$2,000, and second-place winner Ibtesam

Kamal from the University of Illinois College of Dentistry received \$1,000.

The three runners-up — Michael Lou of the Texas Tech University Health Sciences Center El Paso Woody L. Hunt School of Dental Medicine, Stephanie Tom of the Boston University Henry M. Goldman School of Dental Medicine, and Lena Syed of Tufts University School of Dental Medicine — each received \$500.



Dr. Lepowsky

increasingly multicultural work environments, the ability to effectively communicate with patients in plain, easily understood language is of critical importance," he said.

"Oral health literacy is a barrier to care," Ms. Patel told ADA News.

"With so many media outlets available at our fingertips, the challenge of spreading

misinformation continues. It is the responsibility of dentists to educate patients in a simple and relatable way. Patient-provider trust and communication is essential for the best oral health outcomes and can even encourage more regular dental care and improved oral hygiene practices at home."

Steven M. Lepowsky, D.D.S., UConn School of Dental Medicine dean, said oral health literacy is key to empowering patients to make well-informed decisions about their health.

"As we train students to be competent in managing diverse patient populations in

increasingly multicultural work environments, the ability to effectively communicate with patients in plain, easily understood language is of critical importance," he said.

This year, 24 dental schools participated in the contest. ■

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It is the responsibility of dentists to educate patients in a simple and relatable way. Patient-provider trust and communication is essential for the best oral health outcomes and can even encourage more regular dental care and improved oral hygiene practices at home.

– Natasha Patel,
contest winner



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