

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

01.09.23

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ACCESS TO CARE

Bill Milner, D.D.S., recipient of 2023 ADA Humanitarian Award

N.C. DENTIST FOUNDED NONPROFIT TO PROVIDE ELDER DENTAL CARE, TREAT PATIENTS WITH DISABILITIES

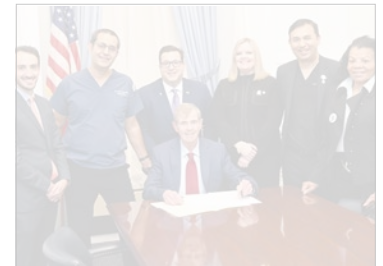
BY DAVID BURGER Asheville, N.C.

The mother of Bill Milner, D.D.S., is 101 years old. That means that Dr. Milner can relate personally to the stories his patients — almost exclusively the elder care population and patients with special health needs — and their caregivers share with him as they praise him for opening doors that were previously closed for them.

"Dentistry has had difficulties caring for this population because we require patients to come into a brick-and-mortar building, get themselves into a dental chair, hold their mouths open and heads still, plus, remain quiet while in the waiting room and in the chair," Dr. Milner said. "Anything outside of these parameters means that [some practitioners are] helpless to provide services. Having treated a wide variety of patients with syndromes, medical, physical and mental conditions back home...

R. Shepley, D.D.S. "He has spent his 40-plus years in organized dentistry working toward oral health equity, providing care to those most in need. Patients with disabilities, those in nursing homes, and even patients with infectious diseases like HIV/AIDS are receiving care that might not always be available otherwise. Dr. Milner and his staff's dedication is epitomized by the fact they are being proactive about meeting the needs of seniors and those with special health needs, while at the same time inspiring ear-

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04 Massachusetts win sets stage for insurance reform

ADA, state dental societies focus on establishing medical loss ratios in other states



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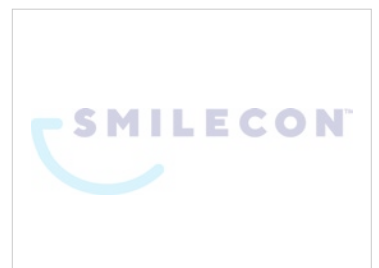


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Asheboro, N.C.

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“Dentistry has had difficulties caring for this population because we require patients to come into a brick-and-mortar building, get themselves into a dental chair, hold their mouths open and heads still, plus, remain quiet while in the waiting room and in the chair,” Dr. Milner said. “Anything outside of these parameters means that [some practitioners are] helpless to provide services. Having treated a wide variety of patients with syndromes, medical, physical and mental conditions has helped our staff provide a comforting home for families.”

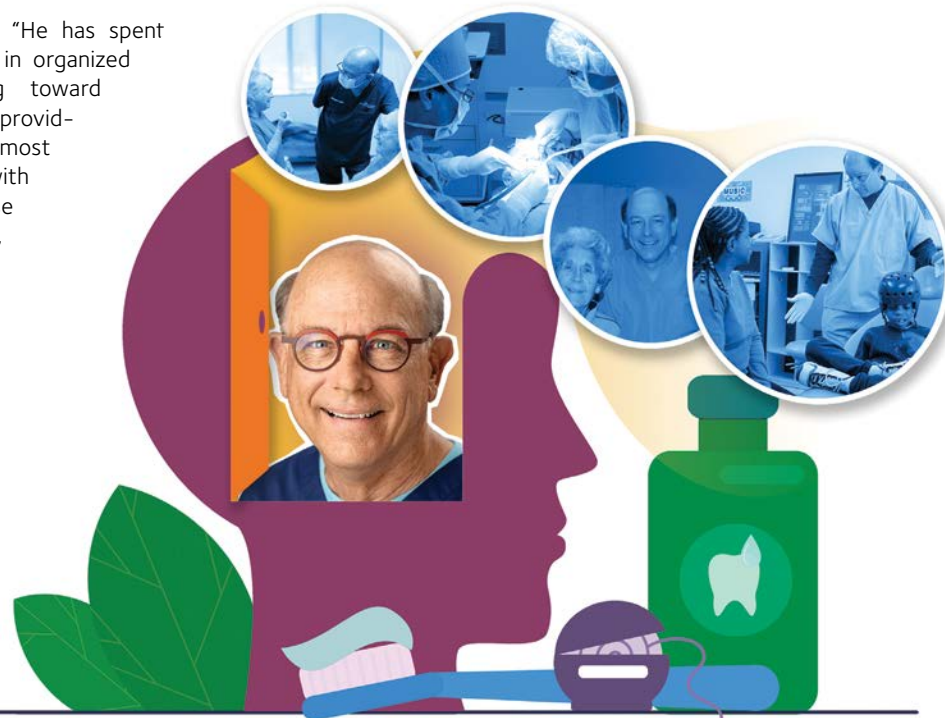
The goal of providing those homes to his underserved patients is part of why Dr. Milner is the recipient of the ADA’s 2023 Humanitarian Award.

The award is bestowed by the Board of Trustees annually to dentists who have distinguished themselves by outstanding, unselfish leadership through the expenditure of extraordinary time and professional skills — all to improve the oral health of underserved populations.

The award includes \$10,000 given to the dental charity or project of the recipient’s choice. The 2023 Humanitarian Award presentation will take place at ADA SmileCon, which is Oct. 5-7 at the Orange County Convention Center in Orlando, Florida.

“On behalf of the Board of Trustees, I was proud to call and congratulate Dr. Milner on being the recipient of one of the ADA’s highest honors,” said ADA President George

R. Shepley, D.D.S. “He has spent his 40-plus years in organized dentistry working toward oral health equity, providing care to those most in need. Patients with disabilities, those in nursing homes, and even patients with infectious diseases like HIV/AIDS are receiving care that might not always be available otherwise. Dr. Milner and his staff’s dedication is epitomized by the fact they are being proactive about meeting the needs of seniors and those with special health needs, while at the same time inspiring ear-



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ly-career dentists and dental students in North Carolina to follow his lead.”

FOUNDING MODEL

“We at Access Dental Care are humbled and excited to represent dentistry’s new emerging field of comprehensive, quality care for a variety of community special care

patients,” Dr. Milner said, sharing the award with his nonprofit Access Dental Care. “Special care has come a long way through the years, and the light bulb has finally clicked on with the emergence of a rapidly aging population and deinstitutionalization of those with intellectual and developmental disabilities.”

The mission, said Dr. Milner, “has always been to serve folks who have difficulty getting services.”

Dr. Milner received his Doctor of Dental Surgery from Baylor College of Dentistry in 1975 and his master’s in public health administration from the University of North Carolina School of Public Health in 1984.

He spent the first 25 years of his career providing clinical care to children and working with North Carolina communities to create dental clinical programs through the North Carolina Department of Human Services, Oral Health Section and the Randolph County Health Department.

Dr. Milner was satisfied and proud of his work, but over the years he

saw that children weren’t the only ones having to hurdle obstacles in accessing dental care.

“In 1979 I toured a variety of nursing home models in England,” he said. “There were even private practitioners going to patients’ homes doing dentures. Seeing this outreach care made me realize that this service could be done here.”

He continued: “I was lucky. While caring for children, I was given time to start a North Carolina Dental Society Committee on Aging. Our meetings began to focus on how to build a service model for care of the elderly and those with intellectual or developmental disabilities. The Society took a leading role in supporting this effort.”

At the time, Dr. Milner remembered something he had heard when he was a student.

“Back in dental school, I wanted to be a ‘barefoot dentist,’ patterned after the ‘barefoot doctors’ they have in China,” he said. “Barefoot doctors’ are those who would walk from



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ADA continues to support student loan reform

BY JENNIFER GARVIN
Washington

The ADA continues to support student loan reform for dental students and dentists and is working with Congress to find ways to improve the overall debt burden for the profession.

In a Dec. 19, 2022, letter to Rep. Frederica S. Wilson, D-Fla., ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlmiya, D.D.S., thanked the lawmaker for her work on HR 8872, the Lowering Obstacles to

Achievement Now Act, or LOAN Act.

"Specifically, the provisions in the LOAN Act that our members most appreciate are those that would allow graduate students, including dental students, to have access to subsidized loans and those that would lower interest rates on federal loans," Drs. Shepley and Cohlmiya wrote. "We know that the LOAN Act was intended to address a myriad of student debt issues and although we support many aspects of the bill, we would still request that any future work on this or similar bills include additional student loan reforms."

The ADA noted that with the average dentist graduating with over \$300,000 in student loan debt, this debt may affect their practice choices by holding back those dentists who want to practice in underserved areas or by preventing new dentists from being able to purchase a dental practice.

"Although the LOAN Act does include provisions that would ease some of the debt burden many of our students and new dentists have, there are numerous other policies that we would hope the LOAN Act could be amended to include," the ADA said.



These are the additional bills that the ADA would like Congress to consider for future amendments or student loan reform legislative packages:

- HR 4122, the Resident Education Deferred Interest Act, would allow medical and dental residents to defer payments on their federal student loans — and delay the point at which interest begins to accrue — until after completing their residency.
- HR 4726, the Student Loan Interest Deduction Act, would double the student loan interest deduction (from \$2,500 to \$5,000) and eliminate the income limits that prevent those with higher incomes from reaping the benefit.
- HR 7539, the Indian Health Service Health Professions Tax Fairness Act, would allow dentists participating in the Indian Health Service Loan Repayment Program to exclude interest and principal payments from their federal income taxes, as well as certain benefits received by those in the Indian Health Professions Scholarships Program.
- HR 1285, the Dental Loan Repayment Assistance Act, would allow full-time faculty members participating in the Dental Faculty Loan Repayment Program to exclude the amount of the loan forgiveness from their federal income taxes.
- HR 2295, the HIV Epidemic Loan-Repayment Program Act, would offer up to \$250,000 in educational loan repayment to dentists, physicians and other health care professionals in exchange for up to five years of service at Ryan White-funded clinical sites and in health profession shortage areas.

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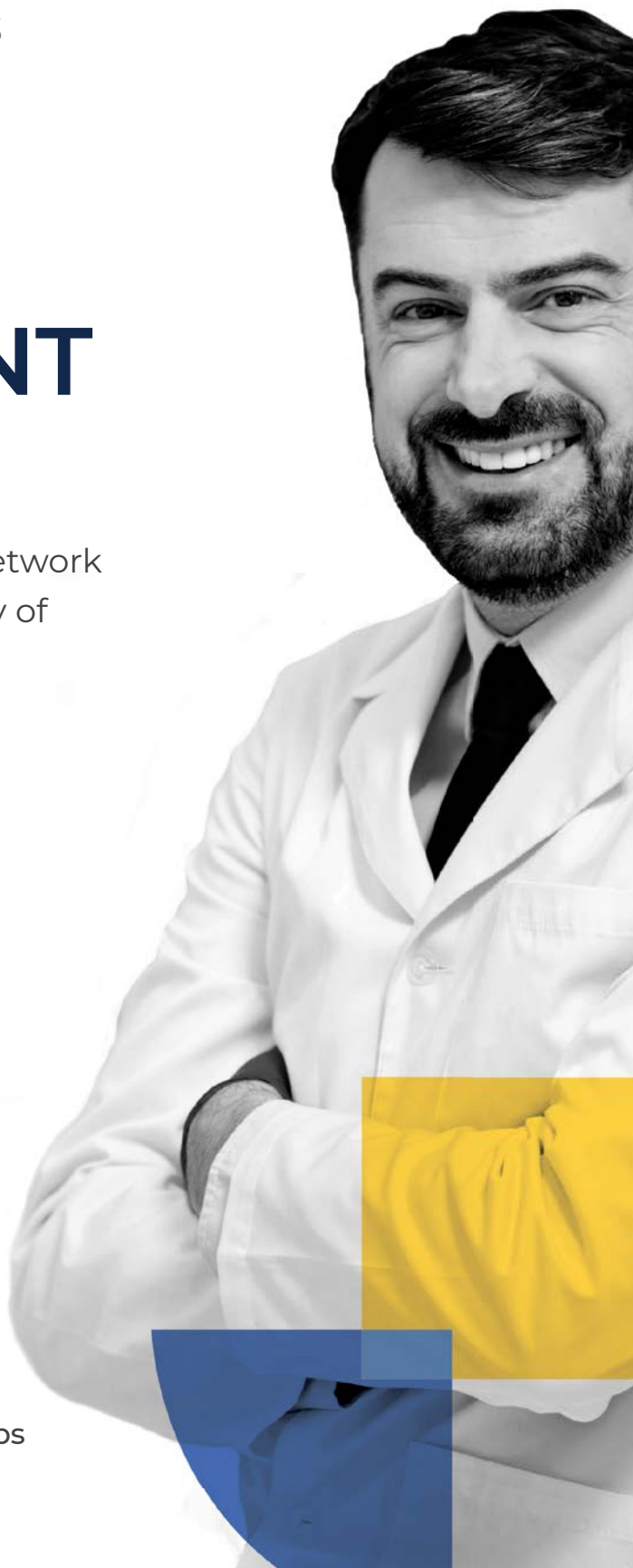
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Although the LOAN Act does include provisions that would ease some of the debt burden many of our students and new dentists have, there are numerous other policies that we would hope the LOAN Act could be amended to include.

“Thank you again for including provisions in the LOAN Act that would support our students and dentists as they navigate their extreme levels of student debt,” the letter concluded. “The ADA would be happy to discuss ways in which we could work with you and your staff to further improve the LOAN Act or other future student loan reform legislation.”

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

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Coalition urges lawmakers to include PREVENT Pandemics Act in legislative package

BY JENNIFER GARVIN
Washington

The American Dental Association and more than 100 organizations are urging lawmakers to include key provisions of the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act in any final legislative package this year.

The Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics

Act — known as the PREVENT Pandemics Act — strengthens state and federal preparedness; addresses health disparities and ensures equity in pandemic planning and response; supports research and countermeasures; and addresses critical resource allocation issues and fortifies the supply chain supply issues.

In a Nov. 15, 2022, letter to leaders of the House and Senate, the coalition urged the legislators to include the following priority provisions from the bill to ensure the nation's public health, medical preparedness and response

systems are fortified to combat ongoing and future public health emergencies.

"We must act now to lay the groundwork for our domestic security and preparedness," the groups wrote.

The coalition concluded by saying, "a well-trained and expanded health workforce is critical for ensuring rapid high-quality response which would reduce avoidable adverse outcomes including deaths. We appreciate your continued leadership on these critical issues and look forward to working with you to enact these key provisions of PREVENT this year."

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

—garvinj@ada.org

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Massive Massachusetts win helps set stage for future insurance reform

ADA, STATE DENTAL SOCIETIES FOCUS ON ESTABLISHING MEDICAL LOSS RATIOS IN OTHER STATES

BY JENNIFER GARVIN

A dental insurance reform victory in Massachusetts achieved via public ballot is spurring advocates across the country to pursue legislation to institute a medical loss ratio for dental plans in their states, while the ADA explores similar reform at the federal level.

"The Massachusetts victory was a watershed moment for patients and dentistry, setting a precedent that could herald future change for dental insurance across the country," said ADA President George R. Shepley, D.D.S. "It's a shining example of where we can go in our future endeavors in dental insurance reform and what we can do to help our patients."

The Massachusetts measure establishes what is known as a medical loss ratio — a minimum percentage of premium dollars collected by an insurance company that must be spent on actual patient care and not on administrative costs such as salaries and marketing.

The new measure in Massachusetts, signed into law Dec. 7, 2022, requires the state's insurance carriers to spend at least 83% of premium dollars on patient care and also contains a key provision that does not allow carriers to raise premiums egregiously. The measure also requires transparency on the part of dental insurance companies to disclose projected medical loss ratio for dental plans, file the following year's group product base rates by July, and release other specified financial information. It authorizes the commissioner of the Massachusetts Division of Insurance to approve or disapprove of any product rates, which includes premium increases beyond dental's consumer price index.

All the provisions taken together make the Massachusetts law unique and groundbreaking, and the ADA, working with state societies, is looking to support similar measures in other states, ensuring the win in the Bay State won't be the last.

HOW IT BEGAN

Dental insurance reform has long been a goal of organized dentistry and its members.

One passionate dentist — orthodontist Mouhab Rizkallah, D.D.S., an ADA member from Somerville, Massachusetts — seized the opportunity to push forward medical loss ratio in his state.

Motivated by exasperated dental patients and the lack of transparency in dental plans, Dr. Rizkallah sought to change the status quo to help both patients and dentists by authoring the Massachusetts measure — known as Question 2 — and worked to get it on the 2022 ballot. He also formed the Committee on Dental Insurance Quality, which comprised dentists and patients advocating for reform. In addition to Dr. Rizkallah, other dentist members of the committee included Patricia Brown,



Celebration: Dentists from Massachusetts celebrate the signing of the Question 2 ballot measure in December 2022. Seated is Massachusetts Secretary of State William Francis Galvin. From left are Kevin Monteiro, MDS executive director; Mouhab Rizkallah, D.D.S., author of the ballot question; Richard J. Rosato, D.M.D., trustee, ADA 1st District; Meredith A. Bailey, D.M.D., MDS president; Abdul Abdulwaheed, D.M.D., MDS vice president; and Patricia Brown, D.M.D.

D.M.D., Andrew Chase, D.M.D., Robert Petrosino, D.M.D., Laura Rizkallah, D.M.D., and Abdul Abdulwaheed, D.M.D.

"I realized around 2010 that a dental MLR law would change the dental insurance company paradigm from 'insurers make more by paying less for patient care' to 'insurers make more by paying more for patient care,'" explained Dr. Rizkallah, who said he personally contributed \$2.8 million. "The data showed this change would shift [billions] annually from ridiculous insurance administrative [and] contribution expenses to real patient care. Since insurance lobbyists have repeatedly obstructed all dental MLR bills from becoming law, I decided to side-step lobbyists with the nation's first dental ballot question."

Even before it was placed on the ballot, Dr. Rizkallah explained there was strong opposition from the insurance companies. They filed two lawsuits aimed at knocking Question 2 off of the ballot. In one suit, the insurers sued to change the state's official voter information guide description of Question 2, written by Committee on Dental Insurance Quality member Dr. Brown. Ultimately, the Massachusetts Supreme Court justices unanimously rejected both challenges.

"What may surprise readers is that I was thrilled each time I heard the insurers were suing my ballot," Dr. Rizkallah said. "I knew it would help me activate Massachusetts dentists and simultaneously educate voters."

MASSACHUSETTS DENTAL SOCIETY SUPPORTS QUESTION 2

In addition to the Committee on Dental Insurance Quality, the Massachusetts Dental Society was also in favor of getting a medical loss ratio in dentistry. Since 2006, the state's major medical insurers have been held to an 88% medical loss ratio standard and the state's dental leaders were looking for something similar in dentistry. The dental society had also previously supported a medical loss ratio reporting bill in the state legislature that never gained traction.

"Not having a medical loss ratio for dental insurance was unfair to patients who deserve

to have most of their premium dollars spent on the dental care they need," said Meredith A. Bailey, D.M.D., MDS president.

After gaining support from dentists, dental team members and patients across the state, the Massachusetts Dental Society reached out to the ADA for support as leaders from both organizations realized Question 2 provided a unique opportunity to benefit patients nationwide. Together they formed the Massachusetts Dental Care Providers for Better Dental Benefits committee.

"We wanted to work together on this important issue to help ensure that dental patients across Massachusetts can get the care and improved dental benefits they deserve," said Andrew S. Tonelli, D.M.D., co-chair, MDS Government Affairs Committee. "This type of reform is long past due."

Drs. Bailey and Tonelli noted that dentists and patients weren't the only ones calling for change. In an editorial the Boston Globe said, "this issue has come before the legislature a number of times in the past decade, but lawmakers failed to act — including on the bare minimum of requiring more transparency from dental insurers. That's ultimately why voters should vote yes: to put pressure on lawmakers to finally take on the very real failures of the dental insurance industry to properly serve consumers."

ADA CONTRIBUTES MILLIONS TO CAMPAIGN

In September, the ADA shared its support of the initiative with ADA members by announcing a \$5 million commitment to the campaign. That significant donation was followed by contributions from nine national dental specialty organizations and 49 state dental societies as well as hundreds of dentists from across the country.

In the end, the Massachusetts Dental Care Providers for Better Dental Benefits campaign raised more than \$7.5 million, which included an additional half-million dollars contributed by the ADA. Question 2 passed overwhelmingly, with more than 72% of Massachusetts' voters voting in favor of the measure.

"Dental patients deserve the same consumer protections as medical patients," Dr. Bailey said. "Massachusetts' voters recognized the importance of accountability and transparency when it came to the spending of their premium dollars, with 'Yes on 2' earning a majority of votes in each of the commonwealth's 351 cities and towns. We are hopeful that the better dental benefits Massachusetts patients will soon experience will spread across the country."

"Dentistry is always better when we are united together to benefit the profession and the patients we serve," Dr. Shepley said. "The Committee on Dental Insurance Quality, the Massachusetts Dental Care Providers for Better Dental Benefits Committee and everyone who contributed achieved a remarkable victory with the passage of Question 2."

WHAT'S NEXT

When asked where he hopes the Massachusetts win goes from here, Dr. Rizkallah said he intends to push for a federal medical loss ratio in dentistry just like there is in medicine.

The victory is already sparking reform efforts in other states. Three states, Connecticut, Nevada and Oklahoma, have already announced intentions of pursuing similar bills.

"The dentists in Oklahoma are thrilled about what happened in Massachusetts," said Oklahoma Dental Association Executive Director Lynn Means. "It might be one of the most precedent-setting things to happen in dental benefits in decades."

Based on feedback from state dental societies, the ADA expects medical loss ratio bills to be filed in as many as 20 states in the next legislative session and the Association will continue to support these efforts, as well as pursue national opportunities for this reform.

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The Massachusetts victory was a watershed moment for patients and dentistry, setting a precedent that could herald future change for dental insurance across the country.

– George R. Shepley, D.D.S.

"When more premium dollars are spent on dental care, it means that our patients are getting real value from their plans and getting access to the care they need," Dr. Shepley said. "The Massachusetts victory showed that patients want this reform in a big way. As their dentists, we can do nothing less than offer our full support." ■

ADA responds to CMS request for information on establishing national directory

Directory would serve as 'centralized data hub' for health care providers, others

BY JENNIFER GARVIN
Washington

The ADA is willing to work with the Centers for Medicare & Medicaid Services to establish a national provider directory that includes dentists, the Association said in response to the agency's request for information.

In comments sent on Dec. 6, 2022, to CMS Administrator Chiquita Brooks-LaSure, ADA President George R. Shepley, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S., said the ADA believes in the timely and accurate updating of provider directories because they have the potential to reduce confusion for beneficiaries and can help them access dental care.

insurance companies to maintain provider directories.

Regarding implementation, the ADA urged CMS to minimize the burden on small dental practices by providing them with financial incentives to share data with the directory and update that data as needed.

The ADA also noted that it is "critical that dentists not be penalized for errors in the

directory that are beyond their control or the fault of another party" and encouraged CMS to consider a collaborative review process.

The Association also recommended that CMS continue to work closely with CAQH, a nonprofit alliance of health plans and trade associations that specializes in health care technology solutions with nearly two decades of experience.

In response to what issues CMS should anticipate throughout a national provider's development life cycle, the ADA said maintaining reliable data in the directory is the biggest hurdle to development and implementation.

Read the comments in full at ADA.org.

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

—garvinj@ada.org

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“
Maintaining reliable data in the directory is the biggest hurdle to development and implementation.”

The ADA said it stands ready to work with CMS on developing a national provider directory and offered suggestions on the best way to do this for dentistry. The comments focused on interactions with current CMS data systems and impacts to business practices, as well as a phased approach to implementation.

The Association noted that the statutory definition of physician under the Social Security Act is clear in including doctors of dental surgery or dental medicine as physicians, which reinforces the ADA's belief that dentists should be included in a national directory of providers.

The ADA also noted that it "strongly supports" the efforts of the U.S. Department of Health and Human Services to integrate Fast Healthcare Interoperability Resources-based application programming interfaces into a national directory of health care providers and services.

The ADA also said it supports HHS efforts to integrate these resources in order to make directory information more accessible, but noted that dental practice management and record systems have limited adoption of Fast Healthcare Interoperability Resources.

The ADA said that it supports incentives and significant investment in dental-specific Fast Healthcare Interoperability Resource-based pilots and technology to move the dental industry towards Fast Healthcare Interoperability Resource-based application programming interfaces that could be used to make the directory data interoperable.

The ADA encouraged CMS to work with organizations and states where dentists are already included in provider directories to both avoid duplication and implement best practices for a potential CMS national directory.

The ADA encouraged the agency to work with states to understand their experience of regulating insurance network directories for accuracy, particularly those states that require



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ACCESS TO CARE

DR. MILNER *continued from Page 1*

village to village in China, taking medical services to those in outlying areas. The idea is that you go out and open doors. Half of my brain is dentistry and half of it is public health. It's all about opening doors and serving folks who need services where they need them."

In the 1990s, Dr. Milner worked with Michael Helgeson, D.D.S., who started Apple Tree Dental in Minnesota, to create a program that would work in North Carolina. They started with a 1997 pilot headed by Ford Grant, D.M.D., at Carolinas HealthCare in Charlotte.

In 2000, he created Access Dental Care, which provides on-site, comprehensive dental care for those in nursing homes, group home day centers, PACE (Program of All-Inclusive Care for the Elderly) programs, and Greensboro's Regional Center for Infectious Disease, which treats more than 600 HIV/AIDS patients, among other locales that were often overlooked.

Access Dental Care now serves 150 facilities in almost half of North Carolina's counties, as well as runs a fixed special care clinic in Asheboro. ADC dentists also provide operating room care at University Hospital in Charlotte; Randolph Hospital in Asheboro; Cone Hospital in Greensboro; WakeMed in Raleigh and ECU Health Medical Center in Greenville.

'ORAL HEALTH IS SOMETIMES FORGOTTEN'

"Most of our patients have had great dental care all their lives," Dr. Milner said. "And then it happens — a stroke, slow debilitating dementia or any number of conditions that prevent them from coming into the office. Families caring for these individuals work hard to provide support at home, but maintaining oral health is sometimes forgotten. Dealing with those who have an intellectual or developmental disability is a whole other issue. These folks have been dealing with lack of access to oral health services all their lives. Our patients are very nonroutine, forcing us to deal with many different issues before we get to the mouth."

Dr. Milner credited his colleagues at Access Dental Care for their commitment and enthusiasm.

"It has been a wild ride," he said. "We made the commitment early on to provide comprehensive, quality care — the same care that anyone gets in the community at large. But providing this care is quite different than working in the traditional dental office. Taking care to the patient requires up to an hour's travel one way, moving two operatories of equipment into a facility, seeing 15-18 patients a day, loading up the equipment at the end of the day and then



Happy outcomes: Bill Milner, D.D.S., poses with two recipients of elder care provided by Access Dental Care.

Photos courtesy of Dr. Bill Milner

returning back to our home base. We joke that our corporate exercise program is moving equipment every day."

Patients' oral conditions exacerbate aspiration pneumonia, heart conditions, diabetic issues and general septic infection, he said.

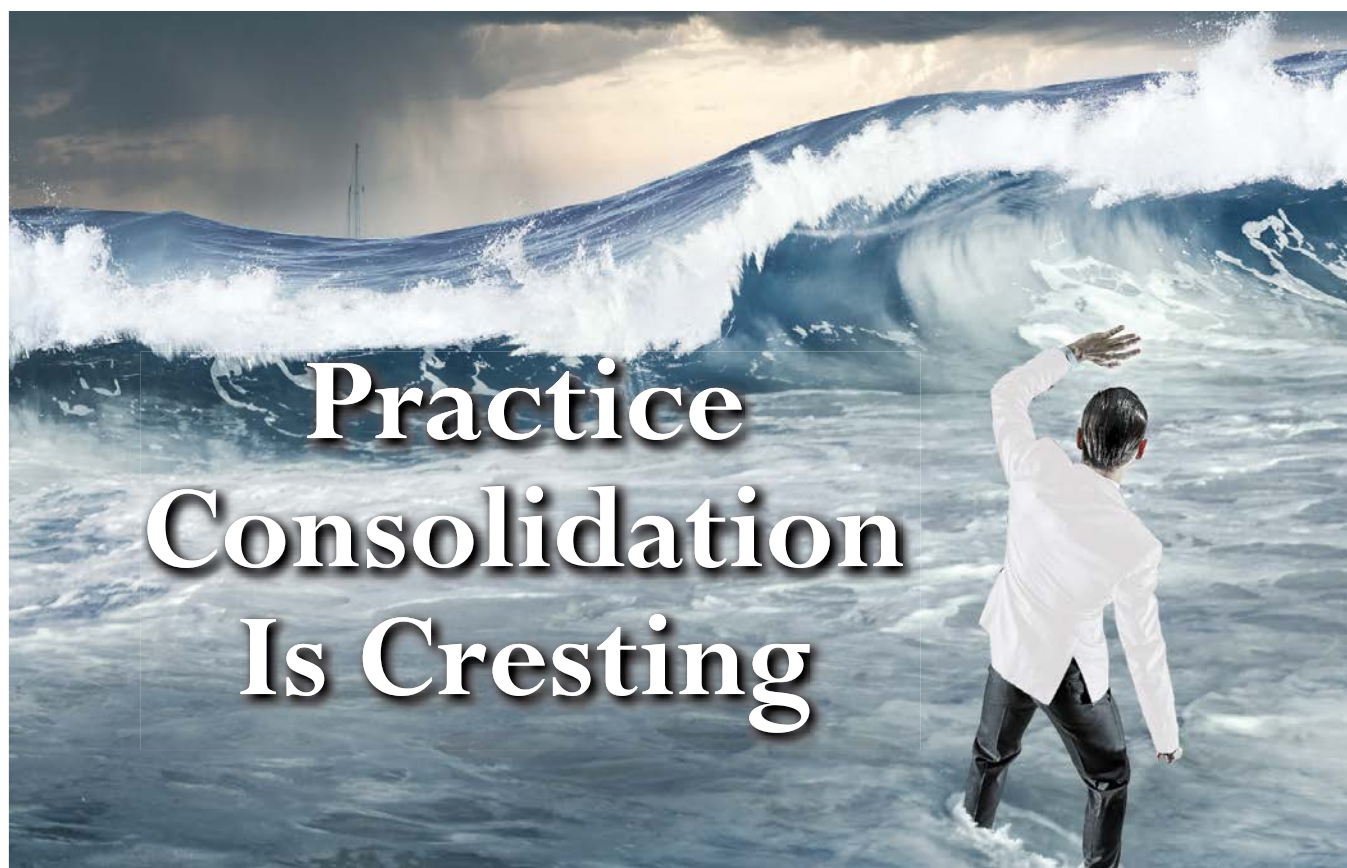
And that's not all. "Costly trips back and forth to the hospital, calling in a

medical specialist, and patient pain and family frustration are all by-products of oral health neglect," he said.

Seeing what his patients and their families go through on a daily basis makes his problems look very small, Dr. Milner said.

"I've been doing dentistry for 47 years now, and I can't wait to get to a facility, teach aspiring special care providers or advocate for policy change related to this population," he said. "It has been a driving force of our organization to make changes in this care system, knowing that few want to provide this type of care, and few have the skills or temperament to provide this care. It's a specialty whose time

See DR. MILNER, Page 8



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Service: Bill Milner, D.D.S., treats a patient in an operating room in North Carolina.

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Everyone for Veterans nears milestone of 700 veterans treated to free dental care

Nonprofit founded to honor those who have served by reaching out to find dentists willing to serve them

BY DAVID BURGER
Issaquah, Wash.

Robert Chavez served in the U.S. Army from 1987-92 and deployed to Kuwait during the Gulf War.

received several fillings, cleanings, crowns, implants and braces — totaling more than \$55,000, though costing them nothing. The volunteering general dentist collaborated with an orthodontist, endodontist, oral surgeon and

See E4V, Page 9

Returning home after his discharge, he struggled and was unemployed for a time. He and his wife, Rosevelina, neglected their oral health needs for years until the pain became too much to bear.

Then, Mr. Chavez said, “I got lucky.”

He connected with Everyone for Veterans — also known by its acronym, E4V — a nonprofit organization that works to improve veterans’ quality of life through free services, primarily dental care. The organization also helps veterans’ spouses with the same care, recognizing the role they play in holding the veterans’ families together.

Between them, Mr. and Mrs. Chavez



Transform a smile: Diane Doppel, D.D.S., poses with Rosevelina Chavez, the wife of a combat veteran. Veterans and their spouses are eligible for free dental care through Everyone for Veterans.



Teamwork: Lindsey Meyer, D.D.S., poses with her patient, combat veteran Bryant Sawdey. She is a provider for Everyone for Veterans.

DR. MILNER continued from Page 7

has come.”

Dr. Milner has served at the national level as president of the American Society for Geriatric Dentistry and Special Care Advocates in Dentistry, plus acted as a representative for the ADA on The Joint Commission, a nonprofit that accredits more than 22,000 U.S. health care

organizations and programs.

Dr. Milner has been president of the Randolph County Dental Society and is an active member of the North Carolina Dental Society’s Council on Prevention and Oral Health.

APPRECIATION FROM COMMUNITY

Dr. Milner’s colleagues are hailing his continuing legacy.

“Dr. Milner is unique in that he has a passion and for 30 years has been devoted to providing ‘love to the unloved,’” wrote Gary Oyster, D.D.S., who formally submitted the nomination for Dr. Milner. Dr. Oyster serves the 16th District, which represents North Carolina, South Carolina and Virginia, on the ADA Board of Trustees.

“It takes a special person to reach out and care for them,” Dr. Oyster said.

“His legacy is that he will be remembered as one who never gave up even though he had to constantly educate the Department of Health and Human Services and other government agencies to allow him to do what he felt was a calling to do,” Dr. Oyster said. “Later on it was realized that what he was doing was needed and praised by many colleagues. He has recruited young dentists to continue his life’s work using Access Dental Care as a model. Dr. Milner is one of those people you will never forget once you meet him. He is a great human being who has a big heart.”

M. Alec Parker, D.M.D., executive director of the North Carolina Dental Society, said, “I have known and admired Dr. Milner’s clinical skills and devotion to his patients for over 30 years. I cannot think of anyone else more deserving of [the Humanitarian Award].”

Dr. Milner is active in developing the next generation of dentists dedicated to delivering elder care and treatment of those with special health needs.

“Dr. Milner is acutely aware of the need to develop the pipeline of clinicians to care of the growing aging population. He is personally developing solutions to fill this need, educating dental students and residents,” said Jane A. Weintraub, D.D.S., the R. Gary Rozier and Chester W. Douglas Distinguished Professor of Dental Public Health and former dean of the University of North Carolina at Chapel Hill Adams School of Dentistry.

Amanda Stroud, D.M.D., past president of the North Carolina Dental Society Foundation, said, “He has served as a trailblazer for students who want to follow his same path of outreach and care, as well as for any other program that desires assistance with setting up a mobile program.”

Dr. Stroud continued: “As the worlds of public health and dentistry continue to work hand-in-hand with discussion, planning, and implementation of programs to reduce barriers to care, increase access to dental services, and fortify providers who are able to serve the needs of those who are underserved, Dr. Bill Milner is looked to as an example for all. The care he provides is more than dental care — it is also compassion and dedication to the service of each patient with whom he works.”

Ultimately, Dr. Milner said he is guided by his mantra:

“Always opening doors — never take ‘no’ for an answer.” ■

— burgerd@ada.org



Collaboration: Bill Milner, D.D.S., talks with a caregiver and a patient during an Access Dental Care visit.

E4V continued from Page 8

dental lab to help the couple.

"Thanks to this generous multidisciplinary collaboration, Robert and Rosevelina are now smiling brightly with renewed confidence," said Theresa Cheng, D.D.S., president and founder of E4V.

BEGINNINGS

E4V was founded by Dr. Cheng to honor those who have served in war zones by reaching out to the community to find dental professionals willing to go that extra mile providing comprehensive dental care for the nation's heroes.

E4V serves veterans who have deployed to combat or imminent danger areas, are experiencing significant financial hardship and have limited or no dental insurance. Over the last five years, E4V has been able to increase their capacity by streamlining the application experience and automating many processes.

With this improved capability, they expanded their eligibility criteria to extend care to qualified non-combat veterans and their spouses who are experiencing financial hardship across the nation beginning Jan. 1.

Dr. Cheng, a periodontist and past ADA Humanitarian Award recipient who retired from private practice in 2014, said she was inspired in 2008 after reading about a local soldier who had suffered grave injuries in Fallujah, Iraq.

Dr. Cheng began designating one day each year to treating veterans and their family members on a pro-bono basis, as well as collaborating with general dentists to complete their dental care.

"I learned quickly that most veterans do not get dental benefits," she said.

The VA provides dental benefits exclusively to veterans with a 100% disability rating, former POWs or those with service-related dental conditions. This amounts to about 15% of U.S. veterans, Dr. Cheng said, and leaves millions of veterans living with chronically poor dental health, especially for those with low incomes.

As she met more veterans, she discovered other challenges they faced to attain oral health. Getting to free or affordable clinics or events, for example, was often prohibitory due to transportation, child care or work schedule issues.

Dr. Cheng felt that it wasn't right that veterans were facing challenges receiving care, enduring a lifetime of dental disease.

"We decided that at least for the veterans who have returned from combat areas and are low-income, we would provide comprehensive care," she said.

With this in mind, Dr. Cheng founded Everyone for Veterans with the goal of expanding what she had already been doing on a smaller scale.

Photo courtesy of Bryant Sawdey



Transformation: Veteran Bryant Sawdey's teeth before and after treatment by an Everyone For Veterans provider.

"Dentists in their local communities would be the best candidates to help care for a veteran in their clinics," she said.

As 2022 ended, E4V had assisted 662 veterans since its inception. Nearly 600 dentists nationwide are signed up to provide future care as well as three dental schools: the University of Washington School of Dentistry, University of the Pacific's Arthur A. Dugoni School of Dentistry and University of Iowa College of Dentistry and Dental Clinics.

'PHENOMENAL, FANTASTIC'

Bryant Sawdey is another veteran who has been helped by E4V.

A veteran of the Marine Corps and Operation Enduring Freedom, Mr. Sawdey said he

avoided looking at himself in the mirror several years after his discharge because he didn't like the look of his teeth and mouth.

"I was very self-conscious," he said, admitting that he had neglected his oral care. "I was disgusted at myself."

The Iowa resident heard about E4V through the veteran grapevine and contacted them.

To his surprise, E4V contacted him two days later, and within 10 days, Mr. Sawdey was sitting in the dental office of Lindsey Meyer, D.D.S.

"It was phenomenal, fantastic," he said of his experience.

"I am glad to donate my time to E4V," said Dr. Meyer. "There is no better cause than those that volunteer to serve for the U.S. armed forces. I am happy to help."

Diane Doppel, D.D.S., an orthodontist who treated Rosevelina Chavez, said that she feels that the community needs to do more to take care of veterans.

One of the reasons she decided to go into dentistry, she added, was because she saw it as a way to help people.

"I am so fortunate to have had help and support along the way so that I would get to enjoy orthodontics as my profession," Dr. Doppel said. "Contributing to our communities is one way to show gratitude. Our veterans have sacrificed so much in service of our country."

Dentists who would like to volunteer to see a E4V veteran or spouse are encouraged to learn more at everyoneforveterans.org/dental-volunteer-opportunities. ■

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ACE Panel report finds use of intraoral appliances expanding

FABRICATION PRIMARILY FOLLOWS CONVENTIONAL METHODS

BY MARY BETH VERSACI

Intraoral appliances are commonly used in dental practice, and multiple members of the dental team are involved in the fabrication process, according to an ADA Clinical Evaluators Panel report published in the December 2022 issue of *The Journal of the American Dental Association*.

The report, which includes the responses of 286 ACE Panel member dentists, found 88% of respondents provided patients with intraoral appliances other than removable partial dentures. More than half offered bleaching trays, flippers or Essix retainers, splints, athletic mouthguards, orthodontic retainers, fluoride trays, and clear aligners. Most dentists said they offer intraoral appliances as treatment options for their patients daily or a few times a week.

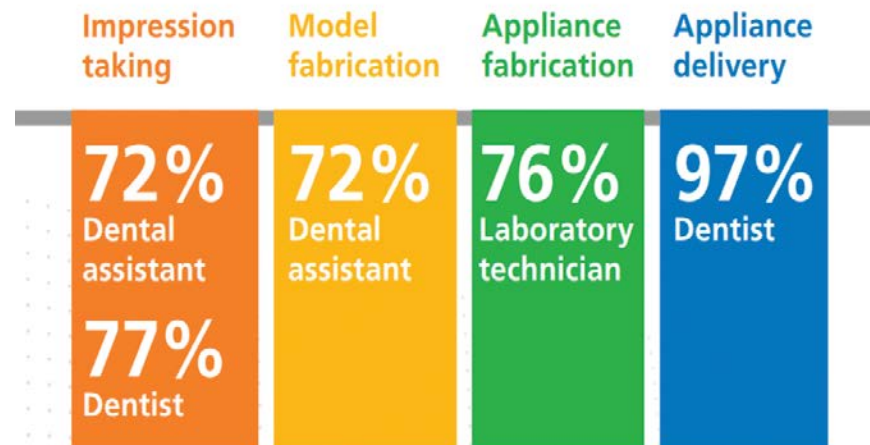
Nearly all responding dentists indicated they were personally involved in delivering intraoral appliances to their patients, and 72% said their dental assistants were involved in the processes of taking impressions and making models.

Dentists educate patients about appliance use through multiple approaches, including speaking with them, providing them with printed materials or showing them examples, and most said continuing education courses contributed to their own competency in providing intraoral appliances.

"With 88% of respondents providing intraoral appliances routinely and 90% having

engaged in continuing education courses about their use, that indicates a trend that shows they are becoming a routine part of dental practice, with both increasing applications and improvements in workflows and fabrication

Who is involved in each step of the fabrication process?



technologies," said Kevin Frazier, D.M.D., one of the report's co-authors. "There is likely to be ongoing and expanding interest in relevant learning opportunities about technologic advances and the increasingly diverse list of

applications for intraoral appliances."

While applications for intraoral appliances have expanded, responses in the ACE Panel report suggest dentists use a mix of conventional and digital workflows to fabricate the appliances, with conventional methods outnumbering digital methods by about 4 to 1. The most common practice changes respondents reported experiencing in the past five years with respect to intraoral appliances related to intraoral scanning and the increased variety of intraoral appliances they offer to patients.

Dentists can view the entire ACE Panel report online and download the PDF at JADA.ADA.org.

ACE Panel reports feature data from ADA member dentists who have signed up to participate in short surveys related to dental products, practices and other clinical topics. The ACE Panel Oversight Subcommittee of the ADA Council on Scientific Affairs writes the reports with ADA Science & Research Institute staff.

The reports offer ADA members a way to understand their peers' opinions on various dental products and practices, providing insight and awareness that can benefit patients and the profession.

Members are invited to join the ACE Panel and contribute to upcoming surveys, which occur no more than once every few months and usually take five to 10 minutes to complete.

To learn more or join the ACE Panel, visit ADA.org/ACE. ■

January JADA examines barriers to HPV-related discussions in dental settings

Guidelines, policies could help encourage conversations

BY MARY BETH VERSACI

A study published in the January issue of *The Journal of the American Dental Association* found conversations about human papillomavirus vaccination are infrequent in oral health care settings, although they could potentially contribute to the prevention of HPV-related oropharyngeal cancers.

The cover story — "Could Oral Health Care Professionals Help Increase Human Papillomavirus Vaccination Rates by Engaging Patients in Discussions?" — looked at 24 studies to evaluate oral health care providers' knowledge related to HPV and their discussions with patients about HPV infection, associated risks and vaccination. The study also looked at barriers and facilitators of their knowledge and discussions.

"The value of an effective health care provider recommendation in vaccination uptake, including HPV vaccination, is well established, yet there is less research on oral health care professionals as advocates for HPV vaccination," the authors said in the study. "Although dental organizations such as the American Dental Association and the American Academy of Pediatric Dentistry

support vaccination against HPV, oral health care professionals are generally not involved in the vaccination process because of legislative constraints, and, as a result, may not receive adequate support and training to engage patients in conversations about HPV vaccination."

The researchers found knowledge among oral health care professionals and students about the prevalence of HPV infection, modes of transmission, oral screening procedures, and the association between HPV infection and oropharyngeal cancer varied across studies. The studies also highlighted a general lack of knowledge about the HPV vaccine, as well as misinformation about risks and adverse effects associated with it.

HPV-related discussions between oral health care professionals and patients during routine dental appointments were often brief because of time constraints, and providers reported they were hesitant to initiate conversations about patients' sexual behaviors, although they were more comfortable in patient-led HPV discussions. Conversations about the link between oropharyngeal cancer and HPV were most likely to occur during oral cancer screenings.

Some providers said they speak about

and encourage HPV vaccination with their patients as it relates to prevention, but this varied across studies.

"Insufficient knowledge as well as a lack of skills and training specifically related to discussion and communication of HPV-associated prevention, risks, and outcomes was a common barrier," the authors said. "Discomfort in initiating a sensitive conversation about HPV was frequently mentioned as a primary barrier as well as uncertainty across specific oral health care provider roles. Moreover, a demand for cancer screening guidelines, standardized best practices, and policies from dental associations were requested to help overcome some of these challenges."

The ADA adopted a policy in 2018 that urges dentists to support the use and administration of the HPV vaccine, recognizing it as a way to help prevent infection of the types of HPV associated with oropharyngeal cancer. The policy was the result of a proposal that included input from the ADA's Council on Advocacy for Access and Prevention, Council on Dental Practice and Council on Scientific Affairs. An HPV workgroup led by ADA volunteers developed an evidence-based background report to help write the policy.



The Centers for Disease Control and Prevention estimates 70% of oropharyngeal cancers in the U.S. may be linked to HPV. In June 2020, the U.S. Food and Drug Administration added prevention of oropharyngeal and other head and neck cancers to the list of indications for the HPV vaccine.

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

Other articles in the January issue of JADA discuss improvements in digital image quality, digital versus conventional complete dentures, and the risk of prosthetic joint infections.

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

—versacim@ada.org

ADA standards, technical reports available for comment

Deadline for remarks is Jan. 29

BY MARY BETH VERSACI

Several standards and technical reports are available for comment from the American Dental Association's standards committees.

The Standards Committee on Dental Informatics has approved the following new and revised standards and technical reports for circulation and comment:

- Proposed ADA Standard No. 1099 for Digital Panoramic and Cephalometric Radiographic Systems: The purpose of this standard is to establish clear protocols to ensure adequate quality assurance for digital panoramic and cephalometric radiographic examinations. There are essentially three components involved with any panoramic and cephalometric digital imaging system: the X-ray source, the digital image acquisition device with a solid-state sensor or photostimulable phosphor imaging plate and scanner, and the image display device. This standard addresses each of these components.
- Revised Technical Report No. 1021 for Data Integrity, Redundancy, Storage and Accessibility: This updated report reviews options presently available to prevent data loss and corruption, maintain data integrity, and restore and maintain access to data, noting their effects on a dental facility's standard operating procedures. It also discusses appropriate contingency plans in emergency situations for recovery and authentication of the data.

“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.”

- Revised ADA Technical Report No. 1081 for FDA's Unique Device Identification Program for Dental Devices and Biologics Regulated as Medical Devices: This technical report discusses the U.S. Food and Drug Administration's unique device identification rule establishing a system to identify medical devices from manufacturing through distribution to the consumer. The report provides dental practitioners with an understanding of this rule and what is required for dental devices used in practice, from the clinician's perspective.
- Revised ADA Technical Report No. 1096 for Electronic Protected Health Information HIPAA Security Risk Analysis: As more and more dental offices are going paperless, there is a corresponding expansion of information that is stored or transferred electronically, thus increasing the potential for a breach. Performing a risk analysis is an essential first step toward mitigation of this risk. This revised report presents the latest information that covered practitioners need in fulfilling their obligation

to conduct a security risk analysis, develop a plan to protect patient data privacy and security, and train the dental team.

These draft standards and technical reports can be downloaded from ADA.org/aipreview. The comment deadline is Jan. 29.

The ADA Standards Committee on Dental Products has approved for circulation and comment proposed ADA Standard No. 165 for Vocabulary of Process Chain for Dental CAD/CAM Systems. This new standard specifies

terms, synonyms for terms and definitions used in the process chain for computer-aided design/computer-aided manufacturing systems in dentistry.

Differing terms and designations for individual system parts and process steps used in product descriptions and instructions for use are employed by the various manufacturers of dental CAD/CAM systems. To provide guidance and avoid confusion among dentists and dental technicians, the Standards Committee on

Dental Products decided to prepare a standard for vocabulary used in the process chain for CAD/CAM systems.

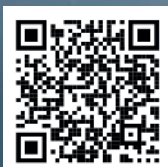
To review this standard, email standards@ada.org. The comment deadline is Jan. 29.

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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Science Day celebrates work of ADA Science & Research Institute

ADASRI HAS GROWING PORTFOLIO OF RESEARCH FUNDED BY INDUSTRY, PHILANTHROPIC ORGANIZATIONS, NATIONAL INSTITUTES OF HEALTH

The ADA Science & Research Institute held its second Science Day at ADA Headquarters in Chicago.

The Dec. 15, 2022, event gave scientists and staff from both the Chicago and Maryland campuses of ADASRI the chance to talk about current research and strategize about possible future collaborations.

Activities included a poster session in which employees presented an overview of their work, a volunteer event in which ADASRI created window art for the nearby Lurie Children's Hospital of Chicago and a game in which staff answered trivia questions about their colleagues.

ADASRI was established as a limited liability company in 2020, bringing together researchers from the Volpe Research Center in Maryland and scientists from the ADA's Chicago laboratories. ADASRI's three departments — Innovation & Technology Research, Applied Research, and Evidence Synthesis & Translation Research — have more than 40 staff members and a growing portfolio of research funded by industry and philanthropic organizations, as well as the National Institutes of Health.

To learn more about the research taking place within ADASRI, visit ADA.org/SRI. ■



Game time: Mariam Siddiqui (left), policy analyst with the ADA Science & Research Institute, and Prerna Gopal, B.D.S., Ph.D., senior manager of microbiology and chemistry, enjoy some fun and games during ADASRI's Science Day on Dec. 15, 2022, at ADA Headquarters. Behind them, other ADASRI staff participate in a poster session in which they shared overviews of their research with each other.

ADA[®] Science & Research Institute

Team: ADA Science & Research Institute staff gather Dec. 15, 2022, for the group's second Science Day at ADA Headquarters in Chicago. During the event, staff from both the Chicago and Maryland campuses of ADASRI discussed their current research and strategized about possible future collaborations. Activities included a poster session and a game in which staff answered trivia questions about their colleagues. Staff also volunteered to create window art for nearby Lurie Children's Hospital of Chicago.



Science Day: Marcelo Araujo (from left), D.D.S., Ph.D., ADA Science & Research Institute chief executive officer and ADA chief science officer; Lauren Pilcher, senior research associate for clinical and translational research; and Ruth Lipman, Ph.D., senior director of Evidence Synthesis & Translation Research, chat during the institute's second Science Day in Chicago.



Research: Raquel Miera, research scientist for dental materials and devices research at the ADA Science & Research Institute, shares her work with colleagues during Science Day at ADA Headquarters.

HPI: 8 out of 10 dentists agree reforms to establish a medical loss ratio for dentistry are needed in their state

BY JENNIFER GARVIN
Washington

Dentists across the country are largely in favor of dental insurance reform, according to findings from the ADA Health Policy Institute's Economic Outlook and Emerging Issues in Dentistry poll.

More than 1,100 dentists responded to the November wave of the poll, with more than 80% of dentists in states other than Massachusetts saying they'd be interested in participating in grassroots efforts to establish a medical loss ratio for dental plans in their state.

The poll question was inspired by Massachusetts, which passed a ballot measure on Election Day requiring the state's dental insurance carriers to spend at least 83% of premium dollars on patient care rather than on administrative costs, salaries and profits.

Carriers that do not meet this minimum

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. ■

HEALTH INSURANCE IN DENTAL PRACTICES



8 out of 10 dentists agree reforms to establish a medical loss ratio for dentistry are needed in their state.

Source: Economic Outlook and Emerging Issues in Dentistry Poll, November 2022

“

The top three factors preventing practices from reaching full capacity were patient no-shows, cancellations and not enough patients making appointments.

standard would have to refund the difference to covered individuals and groups, according to the measure.

The monthly poll also found that dental practice schedules have been steady for the past six months with dentists reporting their schedules being 85% full on average in November 2022.

The top three factors preventing practices from reaching full capacity were patient no-shows, cancellations and not enough patients making appointments.

Other results from the poll, which was conducted Nov. 8-13, included:

- More practices now report that low patient demand for appointments is limiting their busyness, with slight increases seeing over the last several months.
- The high demand for hygienists, dental assistants and administrative staff has been declining over the past several months.
- Dentists' confidence in the economy has remained fairly stable over the past few months, with 63% reporting they were "very confident" or "somewhat confident" in the recovery of their particular practice but only 26% feeling that way about the U.S. economy overall.

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.

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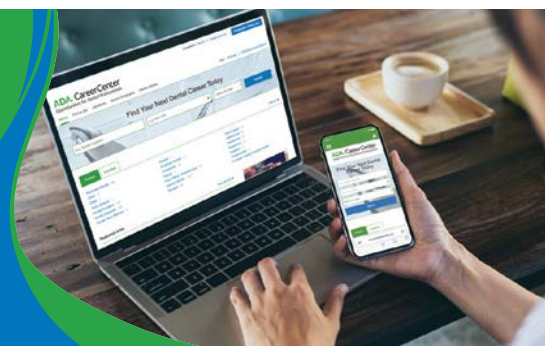
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HHS warns health care providers of new ransomware threat

ADA offers tips to help dentists protect data

BY MARY BETH VERSACI

Ransomware responsible for an increasing number of attacks in 2022 could pose a threat to the dental community. The Health Sector Cybersecurity Coordination Center of the U.S. Department of Health and Human Services released information Dec. 7 about Royal, a human-operated ransomware first seen in 2022 that has demanded ransoms of more than \$2 million.

"Due to the historical nature of ransomware victimizing the healthcare community, Royal should be considered a threat to the [health care and public health care] sector," the Health Sector Cybersecurity Coordination Center stated in its note posted to the HHS website.

Royal attacks impacting the health care sector have primarily targeted organizations in the U.S., and in each instance, the attackers claim to have published all of the data they allegedly extracted from the victim.

“

Royal should be considered a threat to the [health care and public health care] sector.

— Health Sector Cybersecurity Coordination Center

In addition to using attack methods frequently associated with ransomware, such as phishing; remote desktop protocol compromises and credential abuse; compromises of exploited vulnerabilities, such as VPN servers; and compromises in other known vulnerabilities, Royal has employed new techniques and evasion tactics, including embedding malicious links in Google ads, using an organization's contact forum to bypass email protections and placing malicious installer files on legitimate-looking software sites.

The ADA offers several tips to help member dentists protect themselves against cyberattacks.

Steps include training staff on basic data security; backing up data regularly and keeping an encrypted copy off-site; being wary of attachments and web links included with suspicious emails; and maintaining cyber defenses, such as anti-virus and anti-malware software.

The ADA also offers continuing education courses on ransomware readiness as well as phishing and ransomware at ebusiness.ada.org. ■

New Bridge to SmileCon Webinar Series offers sneak peek at Orlando speakers

MONTHLY COURSES KICK OFF JAN. 17

BY MARY BETH VERSACI

Ready to jump-start your SmileCon learning?

The new Bridge to SmileCon Webinar Series will offer free continuing education courses by speakers from SmileCon 2022 Houston and SmileCon 2023 Orlando from January through August.

The monthly series will cover a wide spectrum of clinical and practice management topics for both dentists and their teams, providing a sneak peek into the SmileCon 2023 learning experience. Each webinar is worth one CE credit.

“We are so excited to offer the Bridge to SmileCon Webinar Series,” said Melanie R. Love, D.D.S., chair of SmileCon 2023. “It is a great way to experience the path to SmileCon, and our attendees will not only interact with amazing speakers but also gain understanding of a wide range of topics. The courses are just the beginning of the SmileCon experience, leading up to the in-person sessions, where the excitement will continue to build, along with the knowledge started with the Bridge to SmileCon webinars.”

In the first webinar, Bridge to SmileCon: Practical Oral Pathology, Ashleigh Briody, D.D.S., will explain how to perform thorough oral cancer screenings and recognize the features of precancerous and cancerous lesions. Being able to identify these lesions can minimize surgical impact and, ultimately, save patient lives.

The webinar will take place at noon CST Jan. 17. Other upcoming courses include:

- Feb. 8: Practice Management: How to Help Your Doctor Put Together a 5-Star Team



and Keep Them Happy, presented by Denise Williams-Jones.

- March 8: Patients First — How to Create Long-Lasting Relationships, presented by Bob Kulhan.
- April 29: Restorative Dentistry: Minimally Invasive Bonded Bridges, presented by Jose-Luis Ruiz, D.D.S.
- May 16: Basic Science: Systemic Cyclones, presented by Amber Riley.

More courses will be added through August.

“The Bridge to SmileCon series of online learning will take you on a journey through the entire dental office, from clinical pathology to providing patient-first experiences in your office, dental team excellence, pharmacology for all, social media training, esthetic clinical bonding techniques, and more,” said Nanette C. Tertil, D.D.S., CE chair for SmileCon 2023. “Each month will highlight another facet of your dental office experiences and engage your entire team in their learning journey.”

To learn more and register, visit SmileCon.org. A recording of each webinar will be added to the ADA CE Online library at ADACEonline.org. ■

—versacim@ada.org

Dental spending exceeds pre-pandemic levels in 2021

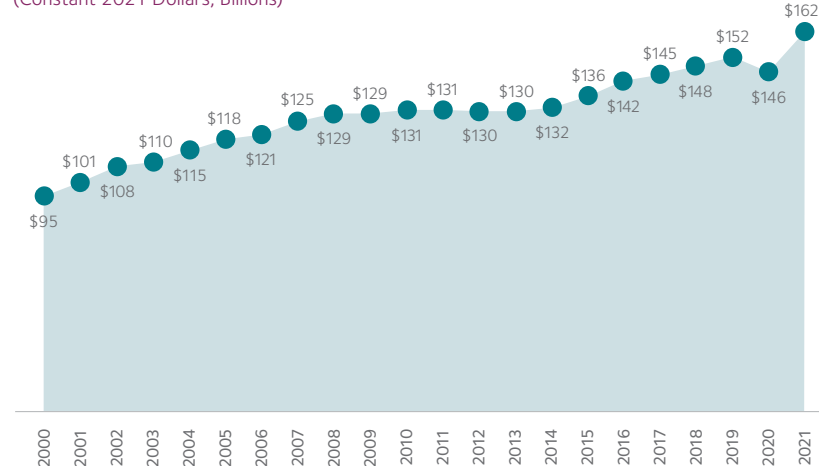
BY MARY BETH VERSACI

Dental spending in 2021 was higher than in pre-pandemic years as patients returned to their dental offices and the federal government provided funding relief to health care providers. “Patients were flocking back to the dentist as we started getting back to normal preventive health care routines and providers adapted to new clinical protocols,”

\$7 billion in 2021, but even without these programs, HPI estimates that 2021 national dental spending would have been \$155 billion, still above pre-pandemic levels.

Dental spending by government programs, including Medicare, Medicaid, the Children’s Health Insurance Program, the U.S. Department of Defense and the U.S. Department of Veterans Affairs, increased by 25% from 2020 to 2021. Within these programs, Medicare and Medicaid spending

NATIONAL DENTAL EXPENDITURES, 2000-2021 (Constant 2021 Dollars, Billions)



Sources: Centers for Medicare and Medicaid Services, U.S. Bureau of Economic Analysis, U.S. Census Bureau. Note: Expenditures adjusted for inflation using the GDP implicit price deflator.

said Marko Vujicic, Ph.D., ADA Health Policy Institute chief economist and vice president. “But just as important, the federal government provided significant funding to the sector in the form of the Provider Relief Fund and the Paycheck Protection Program that clearly provided a financial stimulus.”

National dental spending increased by 11% from \$146 billion in 2020 to \$162 billion in 2021, according to data from the Centers for Medicare and Medicaid Services, U.S. Bureau of Economic Analysis and U.S. Census Bureau. Spending totaled \$152 billion in 2019.

Funding from COVID-19 government relief programs to the dental sector totaled

each increased by about \$2 billion.

Private health insurance spending was up by 11%, and out-of-pocket spending increased by 13%.

“One important thing to point out is how fast public spending on dental care grew,” Dr. Vujicic said. “Public programs now make up 15% of total dental spending. Interestingly, dental spending in Medicare grew just as much as in Medicaid in dollar terms.”

Newer HPI data suggest national dental spending grew more slowly in 2022 as pent-up demand disappeared and staffing shortages limited capacity.

“Looking ahead, this time next year, we expect more modest growth,” Dr. Vujicic said. ■

Special Hertz offer for ADA members

From Jan. 1 to Feb. 28, dentists can save up to 25% off base rate

Thinking of hitting the road this winter? Hertz rental cars has a special offer for ADA members.

Beginning Jan. 1, ADA members can save up to 25% off the base rental rate when using Counter Discount Program code 42371 and combining it with the promotional code 210950 to save \$5 per day up to \$25 off.

The offer is good from Jan. 1-Feb. 28 and is valid on midsize and higher car classes excluding minivans and large SUVs.

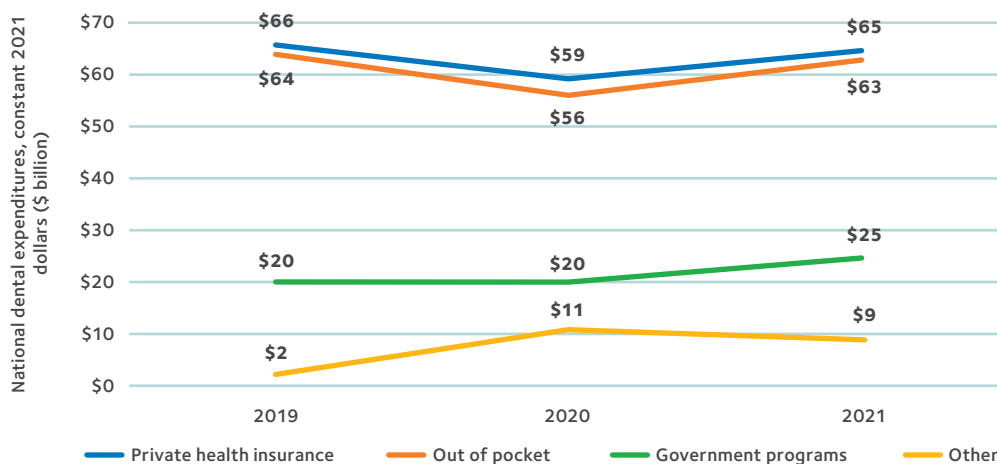
To make a reservation, visit Hertz.com. ■



HPI CORNER

DENTAL SPENDING IN THE U.S.

From 2020 to 2021, dental spending increased by 11% nationally, surpassing pre-pandemic levels. Government spending, which includes Medicaid/CHIP and Medicare, increased by 25% while private health insurance spending increased by 11%.



Note: “Other” category includes Paycheck Protection Program and the Provider Relief Fund. Source: ADA Health Policy Institute. U.S. dental spending increased in 2021. December 2022 infographic. Available from: [ADA.org/resources/research/health-policy-institute/dental-care-market](https://ada.org/resources/research/health-policy-institute/dental-care-market).

An underutilized lifeline

PRACTICEUPDATE'S UNPARALLELED CLINICAL DENTISTRY CONTENT IS FALLING ON BLIND EYES

BY ROBIN CAMPBELL

Despite offering free daily updates from hundreds of well-respected scholarly journals and world-renowned experts discussing some of the hottest topics in clinical dentistry, PracticeUpdate is still an unintentionally well-kept secret.

An aggregator of clinical content — including peer-reviewed journal abstracts, expert analysis and commentaries, news, and educational resources — PracticeUpdate has yet

source of curated, cross-disciplinary information, providing a bridge between clinical dentistry and other therapeutic areas such as cardiology, diabetes and primary care," said Dr. Newman. "Users absolutely find the content applicable to their practice."

PracticeUpdate debuted in May 2020 as an easy way to keep clinicians and researchers abreast of the newest dental techniques, tools and therapies. The clinical dentistry channel, one of only a dozen listed

on practiceupdate.com, is a collaboration between the ADA and Elsevier, which owns PracticeUpdate and publishes the Association's flagship publication, The Journal of the American Dental Association, and JADA Foundational Science.

Since its inception, the clinical dentistry channel has garnered participation from only a fraction of ADA's membership and an even smaller market share of PracticeUpdate's total users. But Dr. Newman is optimistic the

clinical dentistry channel will become a hit as more dentists — especially ADA members — become aware of its potential impact on their practice.

PUCD users can access content on clinical advances across the dentistry spectrum, which includes brief "Take-Home Messages" for curated articles and expert commentaries meant to further inform and maybe even spark healthy debate, Dr. Newman said. Visitors can also sign up for daily and weekly emails that deliver the most current evidence-based content right to their email account.

Dentists can sign up for their free PracticeUpdate account at practiceupdate.com/welcome. ■

—campbellr@ada.org



to catch on with dentists, who could benefit from such a resource, according to channel editor Michael G. Newman, D.D.S., who called the PracticeUpdate Clinical Dentistry channel "a lifeline of current information that will help dentists improve their practice."

"This channel offers dental professionals a

ADA Practice Transitions: A dental matchmaker

BY JEREMY DECKER

Take the next step in your career this year.

Whether you're selling, partnering or bringing on an associate, ADA Practice Transitions will find the right doctor for your practice. As a service of the American Dental Association, ADA Practice Transitions facilitates the sale of dental practices and the placement of dentists into associateships with the focus on finding the perfect fit between dentist and practice situation.

This unique program not only provides one-on-one support, but also resources, templates, contract assistance and a customized integration plan to foster long-term, successful transitions. Having successfully assisted more than 100 dentists with associateships and practice acquisitions, ADA Practice Transitions serves general dentists as well as all specialists, with over 8,500 total dentists nationwide in its platform. Go to ADAPracticeTransitions.com to create a profile and start your journey. Have some questions? Call 1-800-232-6119 or email adapt@ada.org and connect with an ADA Practice Transitions Advisory Team member. ■



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ADA promoting California Dental Association's CE on caries prevention

FREE COURSE WORTH TWO CREDITS PROVIDED FOR DENTISTS, DENTAL TEAM

BY DAVID BURGER

The ADA Foundation is collaborating with the California Dental Association to promote the CDA's Treating Young Kids Everyday (TYKE) continuing education course, intended to inspire a

commitment to decreasing the prevalence of children's dental caries.

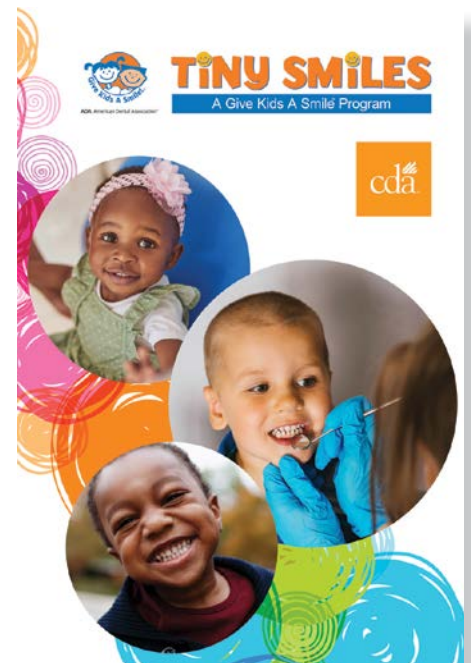
The collaboration is part of the ADA Foundation's Give Kids A Smile, Tiny Smiles program, an oral health educational program for dental professionals sponsored by Colgate and CareCredit.

The course offers educational tools and training to support dental teams in using caries risk assessment, disease prevention and early intervention to reduce dental caries among children ages birth to 6 years.

Educating parents and caregivers early is critical as dental caries remains the most common preventable chronic disease of children, according to the National Institute of Dental and Craniofacial Research.

The course, worth two CE credits, will be offered to dentists and dental team members at no charge — a \$200 value — through April.

"Untreated tooth decay can lead to pain and infections, which can affect a child's ability to speak, eat, play and learn," said Betsey Baumann-Smeenge, D.D.S., a member of the ADA



Give Kids A Smile National Advisory Committee. "Fortunately, early intervention and proactive education can help parents and caregivers give their children bright smiles and a healthy future. The ADA Foundation and GKAS National Advisory Committee are proud to support and promote this avenue by working together to help our youngest and most vulnerable patients."

Information about the collaboration and instructions for how to access the course can be found at ADAFoundation.org/give-kids-a-smile/tiny-smiles. ■

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UCSF places emphasis on medical-dental integration with electronic health records

UCSF Health, UCSF Dentistry merge medical and oral health records to provide holistic care

BY DAVID BURGER
San Francisco

During his first two years at dental school, Michael Reddy, D.M.D., dean of the University of California San Francisco School of Dentistry and associate vice chancellor of oral health affairs, said the connection between oral and overall health was recognized and taught, but not to a great extent.

That emphasis has changed at the dental school, as UCSF Health and UCSF Dentistry have become the first academic health system in the West to merge medical and oral health records into an electronic health record, according to the university.

Starting Dec. 5, UCSF Health patients who also receive dental care through UCSF Dentistry were able to access both sets of records and appointments

See UCSF, Page 19

UCSF *continued from Page 18*

in one place, while their providers gained a more complete picture of patients' health through UCSF Health's EPIC electronic record system.

"[UCSF] is the perfect place to bring oral health together with other health disciplines," Dr. Reddy said. "Integrating dentistry and oral health more fully into overall health recognizes that you can't be truly healthy without good oral health. By using the oral cavity as the window into the rest of body, we believe we can develop more predictive, precise and personalized care for patients. We anticipate that the data collected from an integrated health record system will result in better patient outcomes and help us better understand the connection between oral health and other chronic diseases and conditions."

Interoperability for health care records is a major step in enabling clinicians to work together to provide comprehensive care to patients, said Suresh Gunasekaran, president and CEO, UCSF Health.

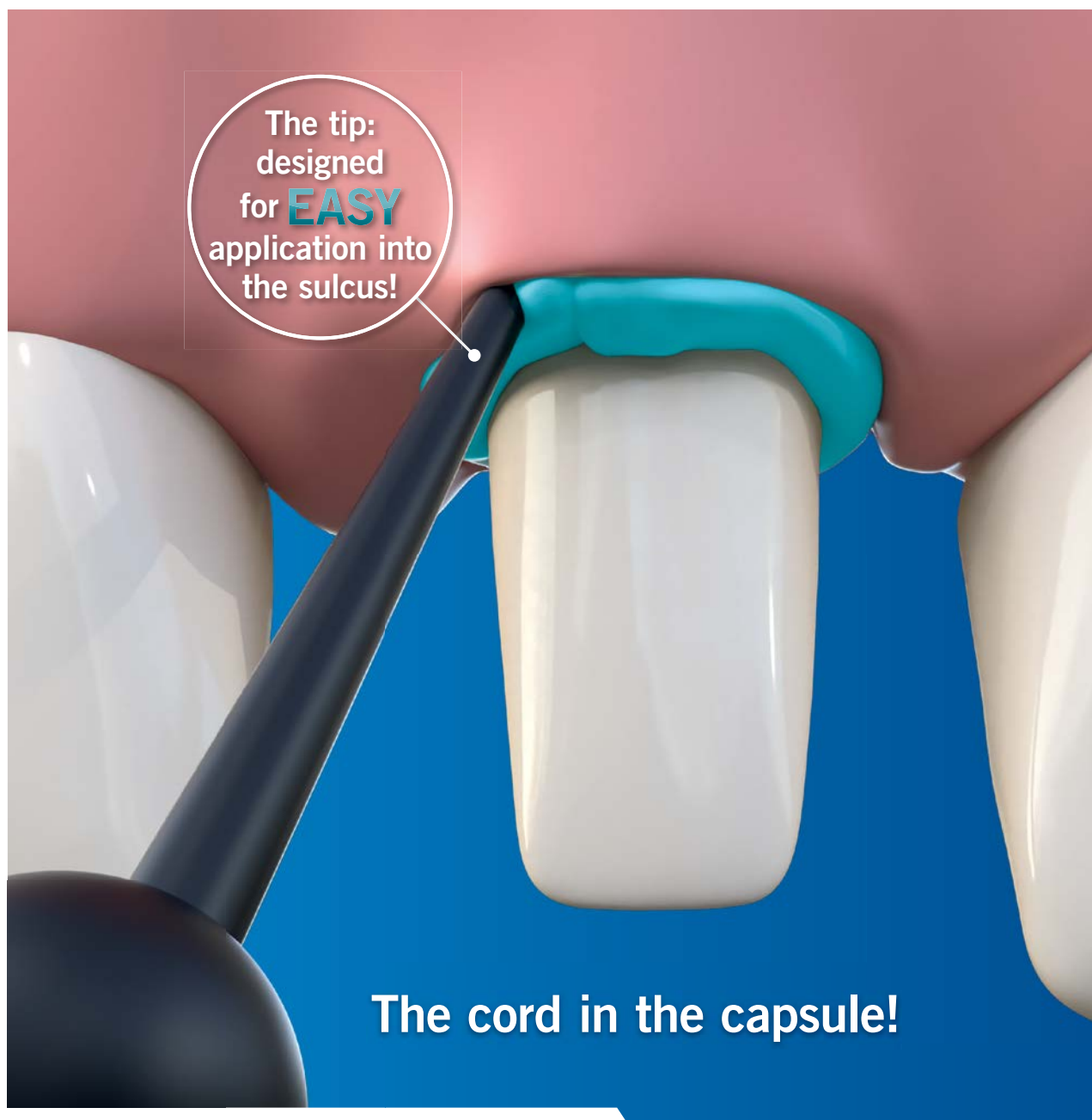
"This connection gives UCSF Health and UCSF dental clinicians a more complete picture of their patients' health information, including a shared medication list, and provides new opportunities to coordinate care," Mr. Gunasekaran said. "Given the synergistic relationship between oral health and overall wellness, a comprehensive approach to oral and medical care makes sense and positions UCSF to be a leader in breaking down barriers between the fields of dentistry and medicine."

Dr. Reddy said that at UCSF — as well as other dental schools — there is a major emphasis on interprofessional education, where learners in medicine, nursing, physical therapy, pharmacy and dentistry all learn together using a common curriculum.



Launch date: Diana Nguyen, D.D.S., right, division chair of clinical general dentistry and health sciences and assistant clinical professor in preventive and restorative dental sciences at the UCSF School of Dentistry, and Michael Reddy, D.M.D., dean of the UCSF School of Dentistry, meet with Sheila Antrum, senior vice president and chief operating officer at UCSF Health, on the first day dentistry was integrated into APeX Epic electronic health record software at the Parnassus Heights campus.

Photo by Susan Merrell



“

Adopting a unified health record system moves us a step closer to truly interprofessional clinical practices.

-Michael Reddy, D.M.D.

"Adopting a unified health record system moves us a step closer to truly interprofessional clinical practices," Dr. Reddy said.

A common electronic health record reduces the risk of patients not remembering specific treatment or medication details to share with their dentists relating to their medical history, Dr. Reddy said.

"This will make communication for them and the health care team, including dentists, more seamless," he said. "It also means that patients' oral health issues will be part of their medical condition list, providing a more holistic view of the patient. With this shared view and understanding, dentists can better collaborate with other health care professionals to keep patients healthier. Integrated health records will make it easier for dentists to do this, expanding what they offer to patients and playing a bigger role in health." ■

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