The American Dental Association (ADA) recently acknowledged that it deeply regrets not taking a stronger stand against discriminatory membership practices during the pre-civil rights era.

ADA President Raymond Gist, DDS, said making the announcement public reinforces the ADA’s commitment to a diverse and inclusive profession, moving us forward in a new spirit of collaboration to advance the dental profession and the oral health of the public.

“In looking forward, we also must look back,” stated Gist, the first African American to serve as ADA president. “Along with acknowledging past mistakes and to build a stronger, collaborative platform for future accomplishments, the ADA apologizes to dentists for not strongly enforcing nondiscriminatory membership practices prior to 1965. These are not my words alone — they embody a resolution adopted by the ADA Officers and Board of Trustees.”

Improvements in diversity

Gist said that in the 45 years since he was a dental student, there have been improvements in the diversity of the dental profession, membership and leadership of the ADA, and in initiatives to reduce disparities in the public’s oral health.

He said that although doors have been opened, more can be done to encourage careers in dentistry, citing enrollment in U.S. dental schools not keeping pace with the growth of underrepresented minorities in the U.S. population.

Gist explained that U.S. Census Bureau data indicate in 2009, African Americans and Hispanic Americans each totaled about 12.9 percent and 15.8 percent of the U.S. population, respectively. Yet, ADA survey data for the 2008/2009 school year indicate only about six percent of dental students were African American and six percent were Hispanic American.

Gist also noted that when it comes to the oral health of the public, African Americans and Hispanic Americans suffer higher rates of dental diseases.

Earlier this year, the National Association of Dental Laboratories (NADL) released a report stating that more than 60 percent of ethnic minorities are not meeting dental needs.

Dr. Rich Madow, from left, Dr. Jill Coon and Dr. Dave Madow during ‘The Best Seminar Ever’ in 2009. ‘We’ve got information about this year’s meeting, which you won’t want to miss!’ See page 8A

‘The Best Seminar Ever’ heads to Vegas

Get MouthPower is a new web resource where seniors age 50 and over can learn about oral-health issues specific to their age group. This user-friendly, interactive site includes comprehensive and quality oral-health information that can be used as a personal health resource or shared with family and friends with easy-to-use online sharing tools.

The site, focusing on the unique oral-health issues of older adults, was created by the National Museum of Dentistry with the support of Colgate-Palmolive. The site is located at www.GetMouthPower.org.

Get MouthPower includes informative oral-health tips, including an exploration of how the adult mouth is changing and what to do about it.
The National Museum of Dentistry is offering an online oral-health resource for adults age 50 and over. (Photo/Provided by the National Museum of Dentistry)

Executive Director Jonathan Landers, “Get MouthPower is an engaging resource for older adults to learn about changing oral-health issues and options specific to their age group. The more you know, the healthier and happier your golden years will be.”

The web resource covers several main topical areas:

• Your Sparkling Smile: A great smile is possible at any age. Oral-health tips will help older adults keep their smiles in top condition, including how to address emerging mobility and dexterity issues, how to care for implants and dentures, and how to be prepared for dental visits.

• About Your Mouth: Our mouth is constantly changing as we age, including changes in tooth color and enamel, gum tissue and sensation. Find out what’s going on and what can be done about tooth loss, dry mouth and more. Plus, take a risk assessment for oral cancer.

• Fill to Eat: Nutritional needs change at every stage of life. Check out these food tips to boost health, including a calculator to measure daily calcium intake and an entertaining nutritional boxing bout between your favorite foods.

• The Mouth/Body Connection: Your mouth and body are interconnected. Learn about the connection between oral health and overall health, and how periodontitis can affect heart disease, stroke and diabetes.

• Interactive Timeline: An interactive oral-health timeline that shows how a visit to the dentist has changed over the years, how dentistry has influenced pop culture, how toothbrushes and concoctions for a sparkling smile have evolved through the ages, and who are some famous and infamous dentists.

Get MouthPower was created by the National Museum of Dentistry. It was made possible by the financial support of Colgate-Palmolive.

(Source: National Museum of Dentistry)
The National Children’s Oral Health Foundation: America’s Toothfairy (NCOHF) and Boys & Girls Clubs of America have announced a partnership that will expand oral health-care access to millions of underserved children through Tomorrow’s SMILES and the America’s Toothfairy Dental Home Program.

Tomorrow’s SMILES was created and initially funded by a gift from Dr. Ronald Goldstein, a clinician, author and lecturer.

NCOHF has developed partnerships with leading dental organizations to identify caring professionals in communities across the country willing to provide promising at-risk teens with pro bono care.

Through this program, eligible Boys & Girls Club members will receive comprehensive aesthetic and restorative services, transforming their smiles, renewing their self-esteem and ensuring that they are better prepared for healthy and productive futures.

In return, Tomorrow’s SMILES students will share valuable oral-health lessons with younger club members through the program’s Pay-It-Forward component, ensuring that good hygiene habits are instilled early in a child’s life.

Through the America’s Toothfairy Dental Home Program, NCOHF will work with its national volunteer network of dental professionals to ensure Boys & Girls Club members can receive regular, comprehensive dental care in a compassionate health-care environment.

NCOHF volunteer professionals donate their ongoing services to a child or children in need, giving them a “dental home” and laying the foundation for proper oral-health practices and increased opportunities for future success.

“A beautiful smile can truly enhance a child’s life,” said Sharon Hemphill, Boys & Girls Clubs of America’s senior director, health and life skills. “Through our partnership with the National Children’s Oral Health Foundation, we can help our club members learn healthy habits that last a life time.”

Fern Ingber, NCOHF president and CEO, stated: “We are proud to partner with the Boys & Girls Clubs of America, a celebrated national organization that shares our commitment to ensuring all children have the building blocks to reach their full potential.”

“Our collaboration will not only expand access to life-changing care for deserving youth, but America’s Toothfairy educational messaging will give both Boys & Girls Club members and their caregivers the tools to establish healthy habits at home that last a lifetime.”
Campaign to help Haitian dentists is getting results

By Javier M. De Pisón, Dental Tribune Hispanic and Latin America Edition

The American Dental Association’s campaign to rebuild dental practices in Haiti was in full swing at the 2010 Annual Session from Oct. 8-11. In just a few months, the Adopt-a-Practice campaign has collected more than $62,000 to help Haitian colleagues who lost their practices in the Jan. 12 earthquake. The goal is to collect a total of $300,000 to rebuild 50 dental offices in Haiti.

A clear sign of ADA’s commitment to humanitarian aid is that the association designated a special exhibit area to honor volunteer efforts during the 2010 Annual Session and World Marketplace Exhibition, featuring the Adopt-a-Practice: Rebuilding Dental Offices in Haiti and Give Kids A Smile programs.

Sponsored in part by SS White, the Volunteer Celebration Area on the ADA exhibition floor was a focal point for dental professionals wanting to learn how to make a difference and a source of information for national and international access-to-care volunteer opportunities.

The campaign to help Haitian dentists began when Dental Tribune Hispanic and Latin America brought the president of the Haiti Dental Society, Dr. Samuel Prophete, to ADA headquarters in Chicago during the 2010 Chicago Midwinter Meeting to discuss strategies to repair Haiti’s devastated health practices, initiating the Help Haiti campaign.

About 50 dental practices in Port-au-Prince — nearly a third of the city’s dental offices — were damaged or destroyed. It’s estimated that approximately $10,000 can help rebuild each practice.

Your support is essential

The Adopt-A-Practice initiative addresses the need to restore a sustainable system for oral-health delivery in Haiti. A shortage of good dental care already existed before the earthquake in Haiti.

Without help, most Haitian dentists will be unable to rebuild their practices on their own because they don’t have the protection of casualty insurance and their incomes are not comparable to those in more developed countries.

With approximately 550 dentists for a population of 9 million, Haiti has the lowest ratio of dentists per capita in the Western hemisphere. Due to the depressed economy in Haiti, even a small contribution can make a difference.

New York University School of Dentistry alumni Henry Schein have already shown their support by donating chairs and sending technicians. Nancy Kelly, executive director of ADA’s Health Volunteers Overseas, said that several companies have said they will match donations.

To donate to Adopt-a-Practice: Rebuilding Dental Offices in Haiti, please contact Health Volunteers Overseas (HVO) of the ADA foundation at www.hvousa.org or call HVO at (202)-296-0928.

For more information you may also contact the ADA Division of Global Affairs at international@ada.org.

ADA conference to seek oral-health solutions for vulnerable older adults

The American Dental Association (ADA) is extending invitations to those concerned about the oral health of vulnerable older adults and people with disabilities to attend a conference and help shape the future of oral health care for this underserved and growing population.

The national coalition conference, titled Oral Health of Vulnerable Older Adults and Persons with Disabilities, is scheduled for Sept. 27-28, 2011, at the JW Marriott in Washington, D.C.

“We look upon this conference as the first step in building a consensus among a multi-disciplinary group of professionals in seeking solutions about oral health care for the vulnerable older adult and the disabled,” said Dr. Raymond F. Gist, ADA president.

“We are looking for attendees’ ideas, collaboration and support in helping frame the conference’s recommendations that could be used by many sectors, including educational institutions, professional organizations and policy makers.”

Professionals concerned about oral health for vulnerable older adults and people with disabilities, including dentists and dental hygienists, geriatricians, nurses, oral-health advocates, aging and disability advocates, long-term care providers and policy makers and legislative staff, are encouraged to register for the conference.

Dental experts will present topics of critical importance in meeting the oral-health needs of special populations, including collaboration between disciplines, oral-health delivery systems, policy implications, medical-dental considerations and coalition building.

Responding to each presentation will be an expert from outside dentistry, representing geriatric medicine, long-term care, aging advocacy, state health and policymakers. Active audience participation will follow as attendees have the opportunity to provide input as they discuss the presentations.

“The conference is a unique opportunity to help shape the future of oral health care and improve the quality of life for vulnerable older adults and those with disabilities,” said Gist. “We highly encourage interested professionals to attend.”

(Source: American Dental Association)
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The importance of privacy

By Stuart J. Oberman, Esq.

Privacy is something we all value. It should not come as a surprise to anyone that dental patients want to ensure more than ever that their personal information will not be shared with anyone without a legitimate need to know. Under the U.S. Department of Health and Human Services (DHHS.gov), HIPAA Rules were created to ensure that all health-care professionals respect and protect a patient’s privacy.

HIPAA gives patients significant rights relating to their personal health information maintained by dental practices. It is the responsibility of dental professionals to maintain and communicate individual health information. How well does your office comply with HIPAA guidelines? Because HIPAA compliance is not optional, every dental office should take the necessary steps to ensure it is HIPAA compliant.

About HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is a law in 1996. HIPAA provides federal protections for patients’ health-care information. The HIPAA Privacy Rule does not apply to the collection of personal health information needed for patient care and other important purposes related to patient care.

The Security Rule under HIPAA specifies a series of administrative, physical, technical and security measures required for covered entities (dental offices that transmit patient information in electronic form) to use in order to assure the confidentiality, integrity and availability of electronic protected health information.

The main objective of the HIPAA legislation is to protect the privacy of individual health information by imposing strict security requirements on ‘covered entities’ (dentists and other healthcare providers with access to protected health information). As a part of HIPAA, Congress mandated the establishment of standards for the privacy of individually identifiable patient health information.

The HIPAA Privacy Rule requires that dentists (and other medical practitioners) obtain patient consent before using or disclosing a patient’s personal health-care information. Which may be needed for treatment, payment and other health-care-related purposes.

Private health information, also known as PHI, is any information relating to a patient’s health, treatment or payment for health care that identifies a patient. Private health information includes, but is not limited to names, addresses, phone numbers, fax numbers, e-mail addresses, credit card information, certificate numbers, license numbers, account numbers, and dental numbers. Many dental employees, including dental assistants, dental hygienists, lab technicians and front office staff, may come into direct contact with a patient’s PHI. PHI should be carefully secured and traced throughout the dental office to ensure patient confidentiality.

HIPAA does not require that dentists sound-proof rooms to ensure that confidential conversations are not overheard. However, it is the responsibility of dentists to designate and/or maintain privacy areas that are free from public access. Although compliance is mandatory only for “covered entities,” the American Dental Association suggests that dentists who are not covered entities adopt the same privacy practices that HIPAA mandates for covered entities. It is the responsibility of HIPAA privacy laws to ensure that HIPAA privacy rules and standards are to be widely accepted by the industry and applied in everyday practice.

HIPAA also protects employers from using a patient’s credit card or bank account information for payment and other health-care-related purposes, such as repayment for money owed to the patient or as a factor in making employment decisions.

HIPAA violations failure to comply with HIPAA can result in both civil and criminal penalties, and the penalties can be stiff. These penalties vary based on the nature of the violation and the extent of the resulting harm.

Health-care entities and individuals who violate HIPAA may be subject to both civil and criminal penalties. These penalties are imposed by the DHHS, which has the authority to investigate and take legal action to ensure compliance with HIPAA. HIPAA violations can result in both civil and criminal penalties.

HIPAA violations

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Conclusion The owner of a dental practice must determine whether the office is HIPAA compliant. A failure to properly implement HIPAA security and patient privacy rules could result in potentially large civil and criminal penalties.

The employees of a dental practice must be trained in both HIPAA regulations and security measures. A patient’s individually identifiable health-care information is confidential and should be treated accordingly.
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The Best Seminar Ever

The place for dentists and their teams to be in 2010 will definitely be Las Vegas. But they're not necessarily going for the gambling or the world-class shopping. And the fact that Vegas boasts more restaurants and entertainment per capita than anywhere else in the world may not particularly phase them.

Sure, all of those things are great. And as everyone knows, “What happens in Vegas stays in Vegas.” But the real reason dental offices will be heading to Vegas in November is to be a part of TBSE 2010.

In case you are not familiar with TBSE, it stands for “The Best Seminar Ever.” The event, which is two full days of fun and learning, is produced by the Madow brothers, Drs. David and Richard Madow, who are co-founders of The Madow Group.

Back in 1995, the Madows came up with an idea and formula to put on a multi-day dental seminar that would be different from all of the other ones out there. The first seminar sold out within days of the announcement, and they’ve been packing the house every year since. In 2010, Rich and Dave promise to crank it up a few notches and give dental offices something they have never before experienced in their lives.

“Our goal is to have dentists and their teams feel that this was the most incredible event they have ever been to. Better than any rock concert or Broadway show,” said Rich Madow. “We will have the best lineup of speakers we have ever had at TBSE, and we will have an expanded exhibit hall and learning area where dentists will be able to discover brand new products and other cool things that can help them practice better,” Rich added.

“Rich and I are proud of the fact that we produce the very best dental show in the world,” Dave Madow said. “We have been studying the art of dental seminar production for more than 15 years now. TBSE has withstood the test of time. Sure, there are a lot of choices out there, but the people know — and always come back to — the one that is the best!”

Rich and Dave have figured out how to make a dental seminar feel more like a rock concert. Many offices dress up in crazy costumes and clothes. They get in line early to assure front-row seats. They stand, they cheer, they laugh and they cry. When it’s all over, they leave with the best success, team building and motivational ideas that they can put into use in their practices as well as their lives.

This year, TBSE will take place at The Hard Rock Hotel and Casino from Nov. 12 and 13. TBSE will be using the same stage that is used by musical legends such as Santana and Paul McCartney. The Madows will be working with a production team that promises a sound and vision experience previously unheard of at a dental seminar, let alone any concert or theatrical production.

“We will be bringing in all of our staging, lighting, audio and video equipment, as well as our own stage crew,” said Jason Reppenhagen of LV Productions. “It will take several 18-wheelers to get everything there, and the result will make TBSE unlike any other production.”

“Just trust me: TBSE 2010 will be the most talked about event in the history of dental seminars,” Rich said. “Our attendees know we have always put our hearts and souls into TBSE. The only thing they don’t know is that they haven’t seen anything yet! Just wait.”

For more information about TBSE 2010, please go to www.tbse2010.com or call (888) 88-MADOW.
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EMS Air-Flow Master: prophylaxis now also available for periodontal pockets

With the new Air-Flow Master from EMS, prophylaxis is entering a previously unexplored area. This instrument gives periodontal pockets a thorough cleaning by air polishing.

The bio-kinetic energy, applied in a powder-air-water mixture, removes the biofilm down to the base of the pocket, brings about a sustained reduction in bacteria, firms the gum and reduces the pocket depth.

The patient benefits twice over because the procedure is not only more efficient, but also more comfortable than conventional curettes or instruments that scratch the tooth.

This "subgingival deep diving" uses a special single-use nozzle, combined with extra-fine grain Air-Flow Powder that is non-abrasive on the tooth surface.

The flat and tapered, slightly bent nozzle has three openings from which the powder-air-water mixture emerges in the subgingival area with gentle turbulence.

The special construction of the nozzles ensures that the powder is thoroughly washed out of the pocket, along with the removed biofilm, according to EMS. The nozzle is simply fitted onto the Perio-Flow handpiece, which has a magnetic holding device and can therefore be removed flexibly.

The Air-Flow Master does not simply take care of periodontal pockets, but also provides supra-gingival prophylaxis. Whether plaque or hard deposits — the Air-Flow handpiece "strokes" the tooth surfaces clean with the appropriate powder gently and selectively. In addition to the classic powder, EMS has developed a soft powder for more sensitive teeth.

And recently, patients have acquired a taste for this treatment! The classic powder is available not only in a "neutral" flavor, but also in cherry, black currant, tropical, lemon and mint flavors.

Every flavor has its own color-coded ring, which is placed on the powder chamber so that it is clear at a glance which flavor is being used at any time.

The Air-Flow Master is operated exclusively through touch and, therefore, is very hygienic. The person providing treatment places one finger on the touch panel and controls the power and liquid functions from minimum to maximum by gently stroking over them. In addition, a fingertip is enough to switch between the Air-Flow and Perio-Flow applications.

The application currently in use lights up in fluorescent blue. Because of its smooth surfaces, the instrument is easy and hygienic to clean and thereby guarantees the highest hygienic standards, according to EMS.

More information is available from EMS Electro Medical Systems Corp.

Futurabond M: all-in-one self-etch adhesive

Futurabond M, a new all-in-one self-etch adhesive, ensures high bond strengths on dentin and enamel. The new adhesive from VOCO is reinforced with nano particles. Thanks to nano-technology, Futurabond M achieves the highest level of stability and uniform adhesion, both with the tooth substance and restorative.

Nanoscale silicon dioxide particles with a diameter of approximately 20 nm (0.00002mm) provide for cross-linking of the bond's resin components and improve its film building properties.

The adhesive optimally wets the released collagen fibres and the micro-reten-tive etching pattern is created on the enamel during the etching process. The sensitive collagen-fibre network therefore cannot collapse and is entirely integrated into the adhesive layer.

The far-reaching resin tags in the dentin tubules harden during polymerization and strengthen the retentive bond of the collagen fibre-bonding hybrid layer. This effective combination of micro-mechanical and chemical anchoring also provides long-lasting marginal integrity and the avoidance of postoperative sensitivities.

Futurabond M is quick to use and takes only 35 seconds from application to light curing with only one layer to apply. Futurabond M has a working time of up to five minutes, which permits short breaks during application without compromising the quality of the adhesive.

Futurabond M is available in economic bottles or in VOCO's patented convenient and hygienic single dose blisters. The single-dose system overcomes the problem of solvent evaporation, which weakens the bond strength that occurs when bottles are left open. For every application, a new Futurabond M single dose can be opened just seconds before use, and thus reliable results are guaranteed each time.
Improve production, profitability and your quality of life!

By Paul Zuelke

In many practices, the amount of treatment diagnosed that remains unscheduled is huge, often exceeding six months of normal production. Case acceptance in many offices is less than 40 percent and the average across the country is less than 60 percent (calculate total work diagnosed in the past year; calculate total dentist [non-hygiene] work done in the past year; work done divided by work diagnosed is your rate of case acceptance). That is a lower rate of case acceptance than what the profession had 50 years ago, yet too many dentists have accepted today’s rate as the norm and therefore believe that their only path to growth is more new patients.

A never-ending search for more new patients is rarely the solution to greater production or to greater profitability. Instead, the answer is to increase the percentage of diagnosed work that your patients schedule. Note that I did not say work that your patients “accept.” Every month dentists see thousands of dollars of accepted diagnoses go out the door, never to be actually scheduled and completed.

The responsibility of the dentist is to make it easy for his/her clients (patients) to buy the product (dental care) that he/she sells (diagnoses). However, far too many dentists have forgotten or perhaps never understood that 80 percent of patients/parents cannot afford to write a check for $3,000, $5,000 or more (sometimes much more).

In addition, what about the rock solid blue-collar family with five kids that just had to fix the transmission in the family car? Can this family even afford to write you a check for $800 today? All too often the answer is no.

Dental practices’ aggressive financial policies, the insistence on payment in full, and the almost futile efforts to push patients into outside financing, have done more to kill case acceptance than any other single factor. And then, a recession comes along.

Our advice to our clients, since 1980, has been to be negotiable and flexible with respect to financial arrangements. If $0 down payment and 4, 6, or even 9 month financing is necessary in order to get a patient to accept the entire diagnosis, and if the responsible party is credit worthy, then grant that type of in-office credit to your patients. Are you really willing to lose a $5,000 or more case because your patient/parent cannot afford to pay you in full or cannot afford the 50 percent down payment you are asking for?

Notice the key phrase above is “if the patient is credit worthy.” There is nothing worse for the quality of life within the practice than to get into a negative financial relationship with a financially weak patient. Missed appointments, poor clinical coopera-

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Improve production, profitability and your quality of life!
Xerostomia and hyposalivation are not such ‘dry’ subjects

The opening plenary session, ‘Xerostomia and Hyposalivation: Mechanisms and Solutions,’ at the European Association of Oral Medicine Meeting

By Lisa Townshend, Dental Tribune

The 10th biannual meeting of the European Association of Oral Medicine (EAOM), held in London, was a truly collaborative effort. Organised by the EAOM and London’s three dental schools (King’s College London, Queen Mary University of London and the Eastman Dental Institute of University College London) and supported by GSK, the conference highlighted the importance of oral medicine in diagnosing and treating conditions such as xerostomia and hyposalivation.

The opening plenary session of the main part of the conference was dedicated to this topic. After opening remarks by Baroness Gardner of Parkes and Chief Dental Officer for England Dr. Barry Cockcroft, it was time to turn over the session to the two chairs, Prof. Isaäc van der Waal (head of the department of oral and maxillofacial surgery and oral pathology of the VU University Medical Center/ACTA Dental School, Amsterdam) and Prof. Crispian Scully, CBE (director of special projects at the UCL-Eastman Dental Institute and professor of special care dentistry, University College London).

After setting the scene for the session, they introduced the first speaker, Prof. Stephen Porter. Porter is director and professor of oral medicine of UCL Eastman Dental Institute. His presentation, “Hyposalivation: Prevalence, assessment, differential diagnosis and quality of life impact,” gave a general overview of the problem of xerostomia in terms of prevalence.

He discussed the age factor in the condition, as well as issues such as immune-suppressant disease and drug/radiotherapy treatments. He also looked at the issue of patient maturity and stability, obtains and evaluates a credit report, and returns a credit “grade” and a payment plan recommendation in seconds. ZACC evaluates credit risk in exactly the same fashion as a bank loan officer, but does not affect your patient’s credit score.

To learn more about ZACC, visit www.getzacc.com.

Paul Zuelke is president and founder of Zuelke & Associates, a management consulting firm specializing exclusively in teaching credit management and accounts receivable control techniques to health-care practices.

Zuelke’s extensive, professional background in lending and corporate finance, combined with 30 years of experience with more than 1,000 client practices located throughout the United States, Canada and Australia, positions him as the leading authority in using effective credit management to build a quality health-care practice.

About the author
from the point of view of the patient, whose quality of life can be affected because of reduced sleep and impaired eating function.

Next to speak was Dr. Jackie Brown, specialist in oral and maxillofacial radiology. She is a consultant in dental and maxillofacial radiology at Guy’s and St. Thomas’ Hospitals Foundation Trust, and is senior lecturer at King’s College London Dental Institute of Guy’s, King’s College and St. Thomas’ Hospitals and at the Eastman Dental Institute.

Brown’s presentation, “Contemporary imaging in salivary gland disease diagnosis,” looked at the role of imaging in the distinguishing and identifying of diseases affecting the salivary glands. She discussed the various imaging equipment available, including ultrasound and cone-beam computed tomography (CBCT), and their advantages and disadvantages.

Then it was the turn of Prof. Gordon Proctor, professor of salivary biology, head of salivary research unit, department of clinical diagnostics, sciences, King’s College London Dental Institute. He discussed “Drug related hyposalivation: a review of physiology and sites of drug action.”

Proctor highlighted the relationship between drug therapy and salivary flow rates. He discussed the findings from various studies looking at this relationship, including one specific paper by Wolff et al., “Major salivary gland output differs between users and non-users of specific medication categories” (published in Gerodontology in Feb. 2008).

Speaking just before the coffee break was Prof. Jennifer Webster-Cyriaque, associate professor, departments of dental ecology and immunology, University of North Carolina Chapel Hill Schools of Dentistry and Medicine.

Her presentation, “Viral infections of salivary glands resulting in hyposalivation,” took a look at various viral infections that can affect saliva production, including HIV, herpes and polyomaviruses including BKV. One of the main challenges, said Webster-Cyriaque, is determining how viruses get into and infect the salivary cells.

Following the coffee break, where there was a chance to network and discuss the morning’s presentations, came Prof. Roland Jonsson, vice-chairman of the Gade Institute at the University of Bergen. His lecture dealt with “Immunopathology resulting in hyposalivation.”

He mainly focused on Sjögren’s Syndrome, stating that it is a condition that is not easy to diagnose in its early stages.

He stressed that biopsies are very important for diagnosis and understanding the pathogenesis of the condition. Detailing various studies, Jonsson hypothesised that it might be a virus that triggers the inflammation.

Again focusing on Sjögren’s Syndrome, Dr. Elizabeth Price then followed Jonsson’s presentation with “Systemic disease associations of hyposalivation.” Price has a specialist interest in Sjögren’s Syndrome and runs a specialist Sjögren’s clinic at the Great Western Hospital in Swindon.

She discussed the condition in more detail and highlighted that along with dry eyes and mouth, tiredness and fatigue are also common symptoms. She also discussed the condition’s association with thyroid disease and osteoarthritis.

Next, Prof. Sue Lightman, Medical Research Council senior clinical fellow and senior lecturer at the Institute of Ophthalmology and consultant ophthalmologist at Moorfields Eye Hospital in London, looked at “Ocular associations of xerostomia.” She detailed how quickly dry eyes can occur and how conditions such as Sjögren’s Syndrome are initiated.

The final speaker of the session was Dr. Philip Fox, visiting scientist at the department of oral medicine, Carolinas Medical Center, in Charlotte, N.C., and an independent biomedical consultant focusing primarily in the area of clinical trial design and analysis.

This was the part of the session where it took a more practical turn as it focused on the treatment of patients suffering with xerostomia.

The first thing clinicians have to remember, Fox said, is at the end of the day we have to treat patients. One thing clinicians can do is encourage patients to chew and stimulate the masticatory function.

Fox also looked at other different ways of trying to manage xerostomia, including different formulations such as Biotene produced as gels, gums and mouth rinses.

He concluded by saying that one of the most important issues a clinician can consider is the patients and what makes the mouth feel moist and comfortable for them.

This session was a very detailed look at some of the causes of xerostomia and hyposalivation and allowed delegates to get a better understanding of how these conditions affect salivary flow; as well as get an update in the thinking behind many of the products clinicians can recommend to patients for relief.
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How to let kids enjoy candy without doing permanent damage to teeth

By Fred Michmershuizen, Online Editor

While Halloween may be over, the candy left over from this annual night of merriment can remain in the house for weeks or even months. Dental professionals say that when it comes to oral health, there are some important things to keep in mind before indulging too heavily in the sweet stuff.

“Long after the scary costumes are put away, the horror of cavities remains,” said Ellen Standley, president of the California Dental Hygienists’ Association (CDHA), one of several dental associations that recently offered tips on getting through the Halloween season without causing damage to teeth. “Parents can let their children enjoy some candy, but just do it in a responsible way.”

More children suffer from dental decay than from asthma. In fact, according to the American Dental Hygienists’ Association, dental carry is the most chronic disease of childhood. It affects 50 percent of children by middle childhood and 70 percent by late adolescence.

“Fun as it is, Halloween is really the start of the country’s candy and dessert intensive holiday season,” said Fred Joyal, founder of 1-800-DENTIST. “Between now and New Year’s, Americans will consume millions of sweets. Being smart about how and what they eat will help them avoid starting 2011 with serious dental problems.”

Excessive consumption of candy creates the perfect recipe for tooth decay. All candy is not created equal. Sour candy is the worst. This candy has an acid content on par with battery acid and has the power to cause even more damage to your teeth than regular sweets.

“Sour candy is one of the most frightening of all Halloween treats,” Standley said. “This new generation of candy is highly popular, but especially dangerous due to the high acid levels.”

“The key thing for parents to remember is that is it how often sugar is consumed, rather than how much sugar, which affects the chance of decay,” said Dr. Nigel Carter, chief executive of the British Dental Health Foundation. “It takes the saliva in the mouth up to an hour to neutralize the acid. This means every time sugary foods or drinks are consumed, the teeth are under attack for an hour. If children are constantly snacking on sweet foods, their teeth never have a chance to recover completely.”

“Parents should axe the sour candy and take other steps to protect their children’s teeth this Halloween,” Joyal said. “Sour candy comes in dozens of varieties and forms, including hard, soft, chewy, gummy, gels, liquid sprays, crystals, foam sprays, powders, cotton candy and chewing gums. According to the CDHA, most people think this type of candy is safer, but it is not.”

With repeated exposure and frequency, sour candy can also lead to a host of oral-health problems, including increased cavities, tooth sensitivity, staining, soft-tissue sensitivities and dulling of teeth, according to the CDHA.

Here are more tips for people who want to enjoy sweet treats while preventing tooth decay:

• Avoid hard candy. Hard candy is risky. Bite into a piece the wrong way, and you might wind up with a cracked tooth or broken crown. Suck on a piece of hard candy too long and your teeth will be over-

Making HIPAA safety simple

Are you getting ready for mandatory electronic health records in 2014?

By Patti DiGangi, RDIH

Major portions of our day-to-day lives are online using e-commerce options. More than 65 percent of household bills are online. Nearly half of us (48 percent) shop online. More than 65 percent of people hold at least one card online. How secure are those records? One hundred percent of us have state credit card access online. If we can shop online, bank online and book travel online, isn’t it time for health records to be online? Interoperable electronic health records (EHR) are inevitable. EHR will include a patient’s entire medical history, pharmacy, vision, laboratory, medical provider, dental provider, and emergency information. Dentistry is not exempted from this in the near future. However, the transition is inevitable and on track for 2014. This fact strikes fear, concern and anger in many health-care providers, leading them to ask: "Why is this necessary? What about privacy and security? What about the cost?"

The real potential of EHR is to improve the quality, safety and efficiency of care to help practitioners make better clinical decisions. Interoperability will allow the appropriate information to be portable and to move with patients who consume health care from one point of care to another.

EHR moves from record and practice management toward cross-provider clinical decision support tools. The ideal is for clinical decision support to provide clinicians and patients with clinical knowledge and patient-related information at the appropriate time to enhance patient care.

Key information will be intelligently filtered and presented in a way so that this patient-centric information can be used to manage wellness and assist with personal healthcare decisions.

EHR is not only valuable to health-care professionals. Patients will have the opportunity to be proactive consumers in the management of their own health.

Who can/should access personal health information? When? Why? How? These questions are vital. The HIPAA Privacy Rules provide federal protections for personal health information and give patients an array of rights with respect to that information.

At the same time, the privacy rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

In nearly a year since the passage of the American Recovery and Reinvestment
The temporary dilemma

Across the United States, full-time hygiene positions are difficult to come by for the unemployed hygienist. This situation leads many hygienists to rely on working in an office only a couple days a week. If there are not enough hours available, other hygienists are forced into being a “fill-in” or “temporary” hygienist for an office. While some hygienists prefer to work as a temporary worker, the greatest share of hygienists would prefer to have an office to call their work home.

Temping has many pros and cons. On the up side, the hygienist has the ability to choose when and where she wants to work. If a requested day does not work into her schedule or if the location is too far away from home, she can decline the day.

Filling in also provides an opportunity to see how the office operates without having to commit to a permanent position. There is no need to return to an undesirable office situation. Working in many different offices exposes the temporary worker to different equipment, products, technology, etc. This is a great opportunity to learn new things.

On the other side, it can be difficult to provide a high-quality dental hygiene experience to patients when temping. When a hygienist is not accustomed to the equipment, supplies and office environment, the focus of the appointment can land on these issues when the focus should be on the patient. In addition, difficulties can arise if the office is not practicing to the same standard of care the hygienist is familiar with.

In this situation, should the hygienist practice in his usual fashion or should he fall in line with how the office operates? This has the potential to be a dilemma for the hygienist. On one hand, there is a standard of care that needs to be met.

On the other hand, the office has its standard and is likely not going to appreciate a different approach. In order to keep a temporary position, the hygienist may feel the need to comply with standing office procedures. Keeping a job in this job climate is of ultimate importance, but so is standard of care.

Many hygienists have been in “the temporary dilemma.” I welcome your feedback on how our readers handle this situation.

Best Regards,

Angie Stone, RDH, BS

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Where there is candy, there should also be practical information, according to dental professionals. (Photo/Kmitu, www.dreamstime.com)

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Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see addressed in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you!

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Act (ARRA) of 2009, commonly known as the stimulus package, was signed into law making the Health Information Technology for Economic and Clinical Health (HITECH) Act the law of the land, definitions, rule-making and clarification have continued. New civil money penalty amounts apply to HIPAA Privacy and Security Rule violations occurring after Feb. 17, 2009, thus strengthening the bite of HIPAA violations.

Privacy officers in a variety of health-care locations have been debating and developing ways of determining if a breach in security in electronic records creates harm. Does your practice have a “Privacy Officer”? If you have one, is that person’s knowledge based on the rapidly changing arena of HIPAA that currently exists? Has your office performed risk analysis to identify if your system has safeguards that comply with the HIPAA Security Rule and is up-to-date with the new world of HIPAA?

As a speaker, I am often at airports and hotels working on my laptop computer. I have long been looking for a way to synchronize my data with my desktop computer system. The simplest way is a web-based solution that automatically synchronizes my systems.

Web-based systems enable me to have a more connected and simplified lifestyle. Is it safe? Yes, probably safer than ever before. Back-ups and redundancies are part of the system. Security is on a level that I have neither the knowledge nor desire to completely understand.

Could something this simple be available in dentistry? The answer is yes. The Curve Dental system is a web-based solution for dental practices. You are in control instead of an IT person. With Curve, you don’t need special software and all the setup hassles that go with it. You simply need web access.

There is no loading software on every computer in your practice, then configuring every computer in your practice and then upgrading every computer in your practice to work with the new software.

The entire process is much easier and less expensive when all you need is an Internet connection. Your practice can start using the system the minute Curve gives you a username and password.

Curve is winning awards left and right with its innovative system. Additionally, Curve gives you a leg up on the HIPAA Administrative Safeguard and Organizational/Documentation requirements.

Curve sends you the full analysis and helps you make the HIPAA security gauntlet a virtual cakewalk. Curve backs up your data every hour of every day. Furthermore, it’s all done in a redundant and HIPAA-compliant structure.

There are many benefits to the system no matter where you are in your career. Upgrades are constantly being made with Curve. You don’t have to wait for the next version and all the inherent problems of updates to have the latest and greatest at your fingertips. This positions Curve to readily make the changes needed for the coming interoperable EHR.

There is no reason to fear the 2014 EHR deadline. Clinicians can stop worrying knowing the heart of the business, our patient data, is safe.

Web-based solutions can provide clinical decision support to enhance patient care and productivity.
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