Costs, as much as location, impede dental-care access

Diverse testimony precedes proposed legislation

By Robert Selleck, Managing Editor

On June 7, Sen. Bernard Sanders, I-Vt., and Rep. Elijah Cummings, D-Md., introduced the Comprehensive Dental Reform Act of 2012 in the Senate and House. The proposed legislation is titled “A bill to improve access to oral health care for vulnerable and underserved populations.”

In February, the Senate Subcommittee on Primary Health and Aging heard nearly 100 minutes of testimony at its hearing, “Dental Crisis in America: The Need to Expand Access.” The hearing focused on how to serve the reported one-third of the U.S. population that is not receiving adequate dental care. Extensive and diverse written testimony was submitted as well.

Several witnesses at the hearing spoke in favor of creating a new licensing concept for midlevel care providers, such as the dental therapists practicing in Alaska and Minnesota, which to date are the only states to have passed laws creating such licensing. The Dental Reform Act proposes a similar concept.

The governor of Kansas last month signed a bill that expands treatment capabilities for dental hygienists, enabling them to pull loose primary teeth, manually scrape decay from teeth and place temporary fillings. The Kansas law was created in response to a dentist shortage in parts of the state and to improve dental care for other vulnerable and underserved populations. The law also includes a provision enabling retired dentists to treat low-income patients or patients living in underserved areas of the state.

The subcommittee’s investigation into access-to-care issues wasn’t limited to potential expansion of midlevel practitioner licensing, a concept that has been opposed by both the American Dental Association and the Academy of General Dentistry. Those organizations’ advocacy components contend that opening certain treatment capabilities to midlevel practitioners with less training than dentists is not the best strategy from a patient-care standpoint to address access-to-care challenges.

Regarding other aspects of the proposed legislation, ADA President William "See ACCESS page A2"

See page A5"

"See page A5"

"See page A2"

MEETINGS

AGD looks at ‘Life, liberty and the pursuit of learning’ in Philadelphia

Philadelphia museum packed with medical anomalies

Intensive, five-day, hands-on implants training offered in Jamaica

Greater New York Dental Meeting expands its international programs

Hong Kong is host city for next FDI Annual World Dental Congress

INDUSTRY NEWS

NSK develops and builds products in-house in response to client input

Bulk pricing offered on Arm & Hammer, Orajel and Spinbrush

DENTSPLY Caulk introduces new and improved products

CareCredit writes $100,000 check to ADA’s Give Kids a Smile program
Questions on American Heart Association’s stance on periodontal disease and heart health

Sen. Bernard Sanders, I-Vt., chairman of the U.S. Senate Subcommittee on Primary Health and Aging, leads the hearing on “Dental Crisis in America: The Need to Expand Access.” Photo Provided by U.S. Senate Committee on Health, Education, Labor and Pensions

See page D2 for the American Dental Hygienists’ Association stance on the access-to-care proposals

Letter to the editor in chief

Dear Dr. Hoester,

The recent article in the American Heart Association’s journal Circulation, [titled] “Periodontal Disease and Atherosclerotic Vascular Disease: Does the Evidence Support an Independent Association?” [published online 4/18/2012], combined with the American Heart Association’s press release on the same day, was discouraging in and of itself, and made more so by the prototypically way The New York Times reported on the story the next day.

Although I suspect that Circulation is not responsible for the AHA’s press release, the statement in the announcement that researchers who showed a “stronger relationship between” chronic periodontitis (PD) and ASVD “did not account for the risk factors common to both diseases,” is incorrect and inconsistent with the manuscript.

Unfortunately, the Circulation article is highly affiliated, as is its co-authors appear to have had an agenda that we went beyond the scientific publications they reviewed. Although I agree with the authors that an unquantifiable number of ill-informed or unscrupulous practitioners engage in bucksterism with regard to the several putative periodontal-systemic disease links, the statement in the article’s abstract that “Patients and providers are increasingly presented with claims that PD treatment strategies offer ASVD protection, these claims are often endorsed by professional and industrial stakeholders” is not supported by the data presented in the review.

Also revealing of the authors’ apparent bias is the final sentence of the article, which reads: “...statements that imply a causative association between PD and specific ASVD events or claim that therapeutic interventions may be useful on the basis of that assumption are unwarranted.”

Hence, it appears as if the AHA’s recommendation to dentists, dental hygienists and others may be accurately paraphrased: “Although we at AHA acknowledge that there are unexplained links between the incidence of PD and ASVD, because we can find no clear causal links, it is unwarranted for dental professionals to inform patients that better oral health is associated with better cardiovascular health in any way if used to encourage better periodontal health and improved oral hygiene.”

Do the Circulation authors, editors and the AHA really believe that this is a sound message, especially in light of the reality that an overwhelming majority of care to people falling outside of current care-delivery models. “We’re going to shine a spotlight on an issue that is not much talked about and we are going to do our best to solve this problem,” Sanders said.

Sen. Bernard Sanders, I-Vt., chairman of the U.S. Senate Subcommittee on Primary Health and Aging, leads the hearing on “Dental Crisis in America: The Need to Expand Access.” Photo Provided by U.S. Senate Committee on Health, Education, Labor and Pensions

See page D2 for the American Dental Hygienists’ Association stance on the access-to-care proposals

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Sen. Bernard Sanders, I-Vt., chairman of the U.S. Senate Subcommittee on Primary Health and Aging, leads the hearing on “Dental Crisis in America: The Need to Expand Access.” Photo Provided by U.S. Senate Committee on Health, Education, Labor and Pensions

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Dr. Jon Suzuki
Dr. Irwin Smigel
Dr. Chester Redhead
Dr. Harold Heymann
Dr. David Garber
Dr. James Doundoulakis

Do you have general comments or criticisms you would like to share? Is there a particular topic you would like to see articles about in Dental Tribune? Let us know by email at feedback@dental-tribune.com. We look forward to hearing from you! If you would like to make any changes to your subscription (your address or opt out) please send us an email at databases@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to six weeks to process.
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60th Annual AGD Meeting offers historic perspective, future insight

World’s second largest dental association anticipates more than 2,000 in Philadelphia

Drawing inspiration from the event’s host city, the theme of the Academy of General Dentistry 2012 Annual Meeting and Exhibits, June 21 to 24, is “Life, liberty and the pursuit of learning.” The academy’s 60th annual meeting packs an entire year’s worth of continuing education into the Philadelphia Convention Center, right in the heart of some of the most famous historical sites in the nation.

The world’s second largest dental association, the AGD is the only organization exclusively focused on serving the needs of general dental practices. And today, that covers a lot of territory. The meeting offers a diverse selection of educational opportunities of interest to dentists, hygienists, dental assistants, office staff, lab technicians and students.

Among the many top speakers and presenters delivering courses, lectures and hand-on training are Alan M. Atlas, DMD; Harold E. Crossley, DDS, PhD; Howard S. Glazer, DDS, FAGD; Karl R. Koerner, DDS, MS; Louis Malcmeacher, DDS, MAGD; Joseph J. Massad, DDS, and Carl E. Mish, BS, DDS, AIDS, PhD.

And, of course, there’s an exhibit hall with the latest products and services from the most innovative names in dentistry. The exhibit hall also includes the opportunity to earn up to 15 hours of free C.E. credit (in addition to the C.E. opportunities found throughout the meeting).

More than 2,000 dental professionals from across the United States and Canada are expected at the meeting, ready to soak up everything they can on the latest technologies and clinical practices in general dentistry. There will be more than 70 conference sessions presented by a global faculty of dental experts and hundreds of exhibitors showcasing the industry’s latest advancements in clinical applications and management practices.

Exhibit hall hours are 4:30 to 7:30 p.m. Thursday, June 21, with an all-attendee welcome reception from 5:30 to 6:30 p.m. The next day, Friday, June 22, the exhibit hall opens at 10 a.m. and closes at 6:30 p.m., with a new all-attendee networking session from 5 to 6 p.m. On the final day, Saturday, June 23, exhibit hall hours are 10 a.m. to 3 p.m.

The exhibit hall welcome reception features foods that reflect Philadelphia culture during an event that offers attendees and guests a first look at the industry’s newest technologies and products. Friday’s networking reception features a complimentary beer and/or wine (full-registered attendees receive a drink ticket in their registration packet).

Among the meeting’s many other highlights is a “Social Media for Dentists” session on Thursday, June 21, from 8 to 8:30 a.m., featuring Jason Lipscomb, DDS, author of the book of the same title. Lipscomb provides perspective and advice on how to grow your practice with a few simple social media strategies.

On Friday, June 22, from 8 to 8:30 a.m., you can catch “Generation Talk” with international speaker Kathy Metaxas, who offers tips on how to better communicate with customers, staff, colleagues and others of any generation with whom you may not be in sync.

The annual AGD Foundation Silent Auction Fundraiser helps fund outreach and grant programs that make dental care available to underserved populations, children, the elderly, and those with physical and intellectual disabilities. Auction items consist of continuing education courses, new dental equipment and instruments, dental publications, jewelry, artwork, sporting event tickets, rare books, luxury gift baskets, cash, gift certificates, vacation getaways, “behind-the-scenes” tours and much more. Individuals, constituents, regions, and exhibitors are welcome and encouraged to donate and bid on items.

At the AGD Convocation, 4:30 p.m., Saturday, June 23, everyone is invited to help honor the accomplishments of the AGD 2012 class of Fellows, Masters, and Life Long Learning and Service Recognition recipients.

The President’s Dinner honors AGD award recipients on Saturday, June 23, at 7 p.m. The venue is the Grand Hall of the Pennsylvania Convention Center, which is the original elevated train shed at Reading Terminal. This is a seated dinner with cash bars.

Get meeting details at www.agd.org.

(Source: Academy of General Dentistry)

Philadelphia museum features 20,000 medical anomalies

Philadelphia, America’s birthplace, has no end of historical sites worthy of repeat visits, whether the Liberty Bell Center, Independence Hall, Franklin Square, National Constitution Center or any number of others. But for medical-type folks, the can’t-miss destination is the Mütter Museum of the Philadelphia College of Physicians. It boasts one of the world’s most unusual collections, featuring more than 20,000 medical anomalies and curiosities, historic medical instruments and anatomical pathologies.

Known as the ‘wall of skulls,’ this collection of 193 skulls is found in one of the most unusual museums anywhere — the Mütter Museum of the College of Physicians of Philadelphia. The museum features specimens of anatomy and pathology and historic medical instruments, including a few dental and oral surgery items. For details, call (215) 662-3737 or visit the website, www.colphysphil.org. Photo/Provided by G. Widman for GPTMC
See why the mighty Ti-Max Z95L handpiece should be a trusted part of your office.

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Ti-Max Z95L is the mightiest of the NSK Ti-Max series handpieces – the most durable, high-performance electric attachments. Thanks to NSK micro precision engineering technology, “mightier” doesn’t mean noisier or bigger. Ti-Max Z95L is amazingly silent, with virtually no vibration. And, its smaller head and slimmer neck give you better visibility and posterior access. Comfortably crafted from solid titanium, the Ti-Max Z95L is lightweight, durable and corrosion-resistant. It’s the ideal handpiece for everyday use, including those “mighty” indications where power and reliability are key.

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The American Academy of Implant Prosthodontics (AAIP) will join with its affiliates, Atlantic Dental Implant Seminars (ADIS) and the Linkow Implant Institute, to present a five-day comprehensive implant training course in Kingston, Jamaica, July 3-7. The course will include lectures, hands-on participation, surgical and prosthodontic demonstrations, diagnosis and treatment planning of implant cases, the construction of surgical templates, diagnostic wax-ups, the insertion of two to six implants, and sinus lifts under supervision of the course faculty.

Upon completion of the one-week comprehensive implant training program, the clinician will be able to accomplish the following tasks: identify cases suitable for dental implants, diagnose and treatment plan for preservation and restoration of edentulous and partially edentulous arches; demonstrate competence in the placement of single-tooth implants, soft tissue management and bone augmentation; obtain an ideal implant occlusion; work as part of an implant team with other professionals; and incorporate implant treatment into private practice with quality results, cost effectiveness, and profitability.

35 C.E. credits

A dental degree is required for participants. Patients will be provided, and malpractice insurance will not be necessary. The course is tax deductible, and 35 hours of dental continuing education credits will be awarded upon course completion. Patient treatment is provided in a Jamaican dental school with personalized training in small-group settings. The course is a cooperative effort of the Jamaican Ministry of Health, the University of Technology, School of Dental Sciences, Jamaica, and the American Academy of Implant Prosthodontics.

Dr. Mike Shulman is course coordinator. Dr. Leonard I. Linkow is course director. And Dr. Sheldon Winkler is course advisor. Course faculty, in addition to Drs. Shulman, Linkow, and Winkler, include Drs. Robert Braun, Ira L. Eisenstein, E. Richard Hughes, Charles S. Mandell, Harold F. Morris, Peter A. Neff, Robert Russo, and Robert E. Weiner. Drs. Linkow, Winkler, and Shulman are scheduled to teach the July seminar.

Implants and components for AAIP/ADIS implant seminars are provided by HIOSSEN Dental Implants. Dental laboratory support is provided by DCA Laboratory, Inc., Citrus Heights, Calif., Dutton Dental Concepts, Inc., Bolivar, Ohio.

About the AAIP

Founded by Dr. Maurice J. Fagan, Jr. in 1982 at the School of Dentistry, Medical College of Georgia, the objective of the Academy of Implant Prosthodontics is to support and foster the practice of implant prosthodontics as an integral component of dentistry.

The academy supports component and affiliate implant associations around the world, including organizations in Egypt, France, Italy, Israel, Jamaica, Jordan, Kazakhstan, Paraguay and Thailand.

The academy has published two

**Annual AAIP meeting Nov. 3**
The academy holds an annual convention and international meetings in cooperation with its affiliate and component societies. It offers continuing education courses, and sponsors a network of study clubs in the United States.

The AAIP will hold its 30th annual meeting on Nov. 3, in Carefree, Ariz., at the Carefree Resort and Conference Center, in association with the Dental Implant Clinical Research Group and Midwestern University College of Dental Medicine.

**‘Implant Update — 2012’**
The theme of the meeting is ‘Implant Update — 2012’ and will feature highly regarded dental clinicians. Podium speakers will be Drs. Robert J. Braun, Edward M. Feinberg, Jack Hahn, Leonard I. Linkow, Paul M. Mullasseri, William D. Nordquist, Robert Weiner and Mr. Christopher Forregerosa. Dr. M. Joe Mehranfar is general chairperson of the meeting and Dr. Mahmoud F. Nasser will serve as moderator.

American Academy of Implant Prosthodontics is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs are accepted by AGD for fellowship, mastership and membership maintenance credit. The current term of approval extends from Jan. 1, 2010 to Dec. 31, 2013.

Complete information on the AAIP/ADIS Jamaica implant continuing education programs, including tuition, faculty lectures, transportation and hotel accommodations can be obtained online from the course website, www.adiseminars.com, or by calling (551) 655-1909.

AAIP membership information can be obtained from the AAIP headquarters at 8672 East Eagle Claw Drive, Scottsdale, AZ 85266-1058; telephone (480) 588-3058, telephone (480) 588-3058; fax (480) 588-8296; e-mail swinkdent@cox.net. The AAIP website is www.aaipusa.com.

(Source: The American Academy of Implant Prosthodontics)
If you are ready to network with more than 10,000 experienced and novice dental practitioners from around the world, the FDI Annual World Dental Congress is calling. The Aug. 29–Sept. 1 event brings together professionals from all fields of dentistry and features a diverse program addressing the wide-ranging needs of dental professionals and others interested in oral health.

The conference venue is the Hong Kong Convention and Exhibition Center, located in the heart of the city in the modern and dynamic Wan Chai District, overlooking the Hong Kong harbor. Participants can expect to be refreshed, challenged and informed of the latest trends and opportunities in the business and practice of dentistry.

FDI World Dental Federation is an ADA-CERP recognized provider: Delegates who have registered for the congress are eligible to receive continuing education points by attending scientific sessions throughout the meeting. The number of C.E points available is as follows: Main scientific program, five points per day, with a maximum of 20 across the entire event; early morning seminars (user pay, one point per day, maximum of four across the entire event; meet the experts (user pay), one point per day, maximum of four across the entire event.

Exhibition, Dental Tribune Study Club

Discover the latest cutting-edge developments in dental technology and oral care from local, Chinese and international companies at the 2012 Annual World Dental Congress Exhibition. Special features include the Dental Tribune International Study Club, an exhibit of FDI’s history through its 99 previous congresses, a historical collection of dental stamps and many more attractions.

The exhibition operates all four days at the Hong Kong Conference and Exhibition Center, opening at 10 every morning and closing at 6 p.m. Wednesday through Friday and 4 p.m. Saturday.

(Source: FDI)
Handpiece engineers focus tightly on clinicians’ needs

By Robert Selleck
Managing Editor

Lots of companies like to talk about being responsive to customer needs. NSK, a global manufacturer of dental handpieces and other small-motor equipment, walks the talk with devices created solely in response to customer feedback.

One of the most telling examples is the S-Max Pico, the handpiece with the industry’s smallest neck and head size. “In our Asian markets especially, dentists were asking for a smaller-head handpiece to use with patients with smaller mouths,” said Rob Gochoel, NSK marketing manager — North America. “We kept hearing how difficult it was to use a standard or even miniature handpiece for restorative work on patients with smaller mouths, especially when working on posterior teeth. Having a decent amount of room to see and work in is critical when you’re trying to be as minimally invasive as possible and leave as much healthy tooth undisturbed as you can.”

Industry game changer

To address the need, NSK engineers and product developers went to work on a concept they called an ultra-miniature handpiece. “It’s more than 20 percent smaller than the smallest miniature out there,” Gochoel said.

Coming up with the new device wasn’t just a question of taking a standard system and making everything smaller. Many of those existing parts were already about as small as the materials and demands on them would allow. So, in many ways, the design team had to start from zero — rethinking the engineering but keeping the core goals the same: durability, ability to stand up to frequent autoclave sterilization and delivery of as much torque as possible. The result, Gochoel said, is an industry game changer.

Growing global interest

“The S-Max Pico has been capturing a lot of attention at the major dental meetings,” Gochoel said. “We’ve been taking a lot of orders from dentists who don’t even feel the need to test it in the operatory first.”

One surprise for NSK has been the level of interest from pediatric dentists across the world — quickly elevating the product from being a specialized product for Asian market demand to being a specialty product piquing interest in every market across the globe.

At the other end of the spectrum, NSK also has recently launched a line of premium handpieces that incorporate its micro-production technology while also setting a new benchmark for durability and performance. According to NSK, the Ti-Max Z series handpieces perform at a remarkably low noise level with virtually no vibration — two requests the company had frequently heard from clinicians looking for fewer distractions and increased patient comfort. “The two products together definitely announce NSK as a key player in the industry, one who knows how to listen to customers and quickly get finely crafted, durable products to market based on that input,” Gochoel said.

More innovations expected

As the company increases its presence in the North American market, with high-visibility booths at the bigger trade shows and a growing distribution system, it’s hearing more from customers in the U.S. and Canada. “We’re getting a lot of feedback,” Gochoel said. “It’s all about making dentists more productive. Coming up with improvements that make dentists’ lives easier — and make their patients more comfortable.”

NSK engineers already are looking into some new ideas based on multiple inquiries the NSK team has been receiving from customers. A big part of the reason NSK is able to move so quickly on customer feedback is that virtually all of its research, development, design, manufacturing and testing is accomplished in house. That doesn’t just mean assembling the final devices; it means building the vast majority of the parts that go into those devices.

More than 17,000 individual parts go into the production of NSK handpieces, and close to 90 percent of those parts are built and tested in-house by NSK.

Expect perfection

This total-control approach to its products is what enables the company to use the slogan, “Expect perfection.” Gochoel said the company approaches each new product with the goal of creating the perfect handpiece.

The result is that the company keeps setting the bar for itself higher — while removing limits on what its customers are able to imagine.
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The Church & Dwight Oral Care website for dental professionals, www.oralcarepro.com, provides Information on a wide variety of top-brand dentifrice, toothbrushes and other preventative dentistry products.

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Orajel products include My Way Fluoride-Free Toddler Toothpaste, My Way Anticavity Fluoride Toothpaste, Tooth & Gum Cleanser, Toddler Training Toothpaste, Teething Pain Relief Single Use Swabs, Baby Orajel Naturals Teething Pain Relief Gel and Baby Orajel Naturals Teething Pain Relief Tablets.

You can call (800) 447-6666 to place an order or ask questions, 9 a.m. to 5 p.m. (EDT), Monday through Friday.

The landing page for www.oralcarepro.com offers dental practices special pricing on Arm & Hammer Spinbrush power toothbrushes, Arm & Hammer toothpastes and Orajel products. Photo/Dental Tribune America

Two new products introduced

Palodent Plus

Palodent® Plus, the newest sectional matrix system from DENTSPLY Caulk, is designed to consistently deliver predictable, accurate contacts. The company reports that the rings offer consistent separation force on molars and premolars, provide excellent retention on the tooth and work with the matrices, wedges, and wedgeguards to seal the restoration and minimize the amount of finishing required.

A Palodent Plus Trial Kit is available as a cost-effective way to try the system, with the 7.5 mm matrix for added coverage. Visit www.palodentplus.com or call (800) 532-2855 for more information.

Calibra Esthetic Resin Cement

Calibra® Esthetic Resin Cement, now with a new light cure Veneer Kit and dual-cure Automix Syringe, is billed as being easier to use than ever before. The new Automix syringe is offered in five shades: translucent, light, medium, dark and opaque to create an aesthetic match for any patient. It also uses Shade Stable™, so a restoration should always look as vibrant as it does on the day it’s cemented. The company describes the product as still providing strong and beautiful restorations, but now being even easier and more versatile. Visit www.calibracement.com or call (800) 532-2855 for more information.

(Source: Church & Dwight Oral Care)
Give Kids a Smile gets $100,000

CareCredit continues support of American Dental Association Foundation for sixth consecutive year

For the sixth consecutive year, CareCredit has continued its support as founding donor of the American Dental Association Foundation Give Kids A Smile Fund, with a $100,000 donation. The donation was made earlier this year in New York City, where the 10th Anniversary of Give Kids A Smile Day was celebrated by opening the NASDAQ market and touring Give Kids A Smile events at the New Jersey Dental School and Bergen Community College Hygiene Program.

The funding will help the ADA Foundation provide grants in support of Give Kids A Smile programs to help achieve GKAS objectives of raising awareness of the high level of oral disease suffered by children primarily in underserved areas and to enable volunteer dental teams to provide free dental care and education.

In 2011, CareCredit’s contribution was used by the ADA Foundation as continuity-of-care grants awarded to 11 non-profit organizations to:
• Provide screening and preventive services during the annual Give Kids A Smile Day held in February.
• Establish a liaison/case management system to ensure children cared for during the event receive necessary follow-up treatment and ongoing care.
• Implement oral health awareness initiatives for the public and medical professionals on a community basis.

Cindy Hearn, senior vice president of marketing for CareCredit and a member of the ADA Give Kids A Smile National Advisory Committee, said, “Research shows that poor oral health directly impacts a child on critical levels, including the child’s ability to eat, sleep and focus in the classroom. Each year, the grant recipients use the funds to greatly improve the lives of children in their communities, and we’re proud to have helped increase access to dental care through our support of the ADA Foundation and our involvement with the American Dental Association’s Give Kids A Smile program.” Gene Wurth, executive director, ADA Foundation, said, “The ADA Foundation greatly appreciates CareCredit’s continuing support of the Give Kids A Smile Fund, which we will use for grants to support programs that help achieve the GKAS program goal of cavity-free kids by 2020.”

For more information or to donate, visit www.givekidsasmile.ada.org.

For 25 years, CareCredit has helped patients get needed and desired care. CareCredit is a health care credit card that can be used as a payment option for certain expenses not covered by insurance or to bridge payment when desired care exceeds insurance coverage, and it is accepted at more than 90,000 dental practices. For more information on CareCredit, visit www.carecredit.com or call (800) 300-3046.

(Source: CareCredit)

From left, Steven W. Kess, vice president, global professional relations, office of Chairman & CEO Henry Schein and chair, Give Kids A Smile National Advisory Committee; Cindy C. Hearn, senior vice president, marketing CareCredit and Give Kids A Smile National Advisory Committee Member; Dr. William R. Calnon, president, American Dental Association and Give Kids A Smile National Advisory Committee Member; and Gene Wurth, executive director, ADA Foundation.

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Dr. John Knepper, Endodontist, Denver, CO
A hygienist goes to Hollywood

Call of Tinseltown presents perfect opportunity to pursue perfect teeth

By Patricia Walsh, RDH, Hygiene Tribune Editor in Chief

After 30 years of clinical practice and only a few years of journalism, I decided it was time to learn about digital filmmaking. I signed up for a week of intensive training at Universal Studios. After two months of diligent home study, the last-minute, girly girl travel preparations began. Spray tan? Check. Shellac nails? Check. Teeth bleached? Check. Ear-to-ear veneers at the last minute? Hmm. Perhaps not. Not enough time and not enough cash.

Sure, I’ve dreamed about retiring from dentistry with perfect “Hollywood” teeth. In form and function, I’m in tip-top shape. But I am certainly not a magazine cover girl. Sometimes I wonder what my “smile line” will look like when I’m an old hiddy in spite of my night-guard. I plead my vanity is genetic. My mother asked about braces to move one shifting lateral when she was 80.

Ear-to-ear veneers

Recently, while watching a favorite actress in a 1999 movie, I couldn’t help but fixate on her overly dark bicuspids. They weren’t there for her last major film, and yet, even 20 years ago, she was certainly a millionaire. Have Hollywood’s demands for perfection changed? Perhaps she finally allowed herself to indulge in ear-to-ear veneers since she is now “of a certain age.” I anticipated being in a New York Film Academy movie. What if that easy, broad smile of mine shows my amalgam-stained (and slightly lingually rotated) pesky bicuspid? Normally I would say, “Who cares!” But this is Tinseltown, where everyone is beautiful — even without airbrushing. Perhaps absolutely perfect ear-to-tear teeth would look too artificial. Would I lose my unique cultural characteristics? As the saying goes, I have the “map of Ireland on my face.” Leprechaun ears notwithstanding, I decided to try out a temporary dive into the realm of perfection.

I brightened up my mandibular arch with Henry Schein’s new Sheer White whitening films. Great adhesion ensured that even the cuspids were up to OM1 standards for a second impression, which was sent via FedEx along with a shade and thickness choice.

Rent-a-smile

Two weeks later my new maxillary “smile line” arrived. Not quite ready to invest in 10 veneers, I’m willing to “rent” them via a temporary fix. Coworkers mumbled, “Why are you doing this? I would kill for your teeth!” I muttered, “Why are you doing this? I resist the transition for artistic reasons.”

My reinvented self after film boot camp has given me a fresh perspective on business appearances and stereotypical campusoras. I’ve never had to hold a smaller digital camera vs. the old shoulder-borne style. I’ve never had to hold a camera for hours, but wrist pain; I can relate to that.

I’m ready for my close-up now Mr. Spielberg. Perhaps our collaborative blockbuster film could be titled “Close Encounters of the 32 Kind.”

Contact Patricia Walsh, RDH, at pwalshrdh@uberhygienist.com for more information on her volunteer work in oral health. She may be contacted at pdwalsh@uberhygienist.com.

www.dental-tribune.com
Hygienists group supports Dental Reform Act of 2012

American Dental Hygienists’ Association sees benefit of establishing new tiers of licensing to create force of midlevel dental providers.

The American Dental Hygienists’ Association (ADHA) has issued a news release commending Sen. Bernard Sanders, chairman of the Senate Subcommittee on Primary Health and Aging, and Rep. Elijah Cummings, ranking member of the House Committee on Oversight and Government Reform, for their leadership on oral health issues. The two lawmakers introduced the Comprehensive Dental Reform Act of 2012, which seeks to overcome barriers that more than 140 million Americans face in accessing oral health care services — and ensures that the public has dental coverage and access to safe and high-quality oral health care.

This ADHA news release reported that the United States is in the midst of an oral health care crisis, with nearly 48 million people living in federally designated “health care deserts” that lack an adequate number of dentists to serve the population. Less than 20 percent of Medicaid-eligible children received dental treatment services in 2010. In addition, nationwide, the number of dental-related visits to the ER jumped by 16 percent during a three-year period between 2006 and 2009 to more than 83,000 visits for preventable dental conditions.

With access to comprehensive dental coverage, the ADHA news release reported, vulnerable populations, such as the elderly, children in low-income families and members of racial and ethnic minority groups, are able to receive treatment for oral disease while it is still manageable. This diminishes the need for more costly restorative services and emergency care.

In addition to expanding dental coverage, the Comprehensive Dental Reform Act seeks to raise the public’s awareness of the importance of oral health and expand the dental workforce to accommodate the millions more Americans who may become eligible for dental coverage in 2014. More than 50 countries have used midlevel dental providers for decades to help deliver much-needed oral health care to patients.

Minnesota recognized the need for midlevel dental providers — and their ability to increase access to care — by passing legislation establishing two new members of the dental team: the dental therapist (DT) and the advanced dental therapist (ADT). The DT, like the physician’s assistant, requiring the onsite supervision of a dentist for most services provided. The ADT, however, is modeled after the nurse practitioner, and collaborates with a dentist in the treatment of patients but does not require onsite supervision. This collaborative relationship allows the ADT to provide services in communities where no dentist is regularly available, creating a pipeline to care for those disenfranchised from the current delivery system.

At a Feb. 29 hearing on access to dental care, Christy Fogarty, RDH, MSOH, told members of the Senate Subcommittee on Primary Health and Aging about her experience practicing as a dental hygienist and ADT in the Minneapolis area, and the impact she has had on increasing access to care for vulnerable populations. Her patients include children (under the age of 21) and pregnant women who currently have limited or no access to oral health care.

“Christy’s testimony spoke to the advantage of [how] being educated first as a dental hygienist and then as an ADT allowed her to provide important preventive care combined with restorative services within the ADT scope of practice. This combination greatly benefits patients as they receive comprehensive care,” said ADHA President Pam Quintero, RDH, BS. “Our goal is to improve access to dental care throughout the country and to ensure that the public is receiving the best care possible.""
Advanced Laboratory Services, in collaboration with a research team at the University of Southern California, has developed a new test that can assist health care professionals in the early detection, diagnosis and treatment of oral cancers.

Advanced Laboratory’s saliva biomarker test measures three specific biomarkers that play a role in cancer development. As a monitoring tool, the test has the potential to be an essential part of every patient’s annual general-health or dental check-up.

With monitoring of biomarker levels determined by the saliva biomarker test, cancer development in patients can be detected far earlier than previously possible. On average, one person in the United States dies every hour from oral cancer, but it’s not because the cancer is difficult to discover or diagnose. It’s because the cancer is often detected late in its development.

One of the advantages of the saliva biomarker test is that it does not rely on localization of a lesion to detect cancer, and can thus detect oral cancers at treatable stages.

Health care professionals can utilize this test during multiple stages of diagnosis and treatment:

- As a yearly screening tool: The test can be used as an annual screening to assess cancer risk levels in patients 18 and older.
- As a prognosis tool: Patients already diagnosed with oral cancer with higher biomarker levels tend to have poorer outcomes, and may require more aggressive treatment.
- As a post-treatment monitoring tool: The test can be used to assess whether reoccurrence is likely before a new cancer lesion has developed.

Advanced Laboratory’s test is a simple, noninvasive saliva test that can detect biomarkers across a range of cancers in the oral cavity, including cancers of the tongue, floor of the mouth, cheek lining, gums, palate, salivary glands and tissues that line the mouth and lips.

Health care professionals interested in the effort to find and fight oral cancer can consider use of the test for patients with risk factors for oral cancer — including tobacco and alcohol users and those with persistent viral infections such as the human papilloma virus, or HPV. Patients who have been diagnosed but not yet treated for oral cancer, or who have undergone treatment for oral cancer can also take the test to help with prognosis or detect reoccurrence.

Collection kits consist of a saliva collection tube, instructions, refrigerator pack, requisition form and FedEx mailer. Collection kits are provided to health care professionals free of charge, with no upfront fees or set-up costs. The cost of the test, billed when the sample is received, is $179.99 for all three biomarker levels.

Kits are shipped to Advanced Laboratory Services’ lab in Pennsylvania. The lab is certified by the Clinical Laboratory Improvement Amendments (CLIA) and COLA (formerly Commission on Laboratory Accreditation), and it is HIPAA compliant.

To order collection kits or for additional information, you can send an e-mail to questions@advanced-lab.com.

About Advanced Laboratory Services

Advanced Laboratory Services Inc. is a state-of-the-art laboratory located just outside of Philadelphia, Pa. With both clinical and research divisions, the company is committed to developing and releasing new, cutting-edge laboratory tests to aid clinical diagnosis and treatment, including its recently launched, exclusive Oral Cancer Saliva Screening test.

(Source: Advanced Laboratory Services)
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