

ADA News

THE NEWSPAPER OF THE AMERICAN DENTAL ASSOCIATION

7.8.24

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PRACTICE

Keeping your team safe

How to de-escalate encounters with aggressive patients

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Waterline systems are susceptible to bacterial growth

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BY MARY BETH VERSACI

During her 25 years of practice as a periodontist, Ann Blue, D.D.S., has encountered fearful and upset patients, but she and her staff are trained to de-escalate these situations to resolve them in a calm manner.

"Managing these patients and keeping my team and other patients in the practice safe is definitely an important skill to develop," said Dr. Blue, a member of the ADA Council on Communications.

Recent violence against dentists, including the fatal shooting of a California dentist by a former patient in February, underscores the dangers dentists may face in their workplace.

Survey data from the 2024 ADA Council on Communications Trend Report found more than half of responding ADA member dentists sometimes or often encounter aggressive patients.

The survey was conducted this spring and included responses from about 560 member dentists who are part of the Advisory Circle research

panel. Generally representative of overall ADA membership, the panel is made up of members who participate in surveys typically focused on practice-related topics.

Encounters with aggressive patients were more common among dentists younger than 35 and dentists working at federally qualified health centers and dental school clinics, according to the survey. About 30% of respondents reported they have felt their safety threatened by a patient. These instances were more common among female dentists, dentists working at FQHCs and dentists working as employees or associates at dental support organizations.

While health care workers make up 10% of the workforce, they experience 48% of nonfatal injuries caused by workplace violence, according to 2023 data from the Bureau of Labor Statistics.

The Occupational Safety and Health Act's General Duty Clause requires employers to provide their workers with a workplace free from recognized hazards that are causing or likely to cause

death or serious physical harm. OSHA also requires employers to establish an emergency action plan for workplace emergencies such as workplace violence, natural disasters, fires and more.

For employers with more than 10 employees, the plan must be in writing, kept in the workplace and available to employees for review. An employer with 10 or fewer employees may communicate the plan orally to employees. The plan must include emergency escape procedures and route assignments.

OSHA's Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers call upon employers to establish a workplace violence prevention program as part of their overall safety and health program. The violence prevention program should have clear goals and objectives for preventing workplace violence, be suitable for the size and complexity of operations, and be adaptable to specific situations and facilities, according to the guidelines.

The guidelines encourage employers

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See SAFETY, Page 8

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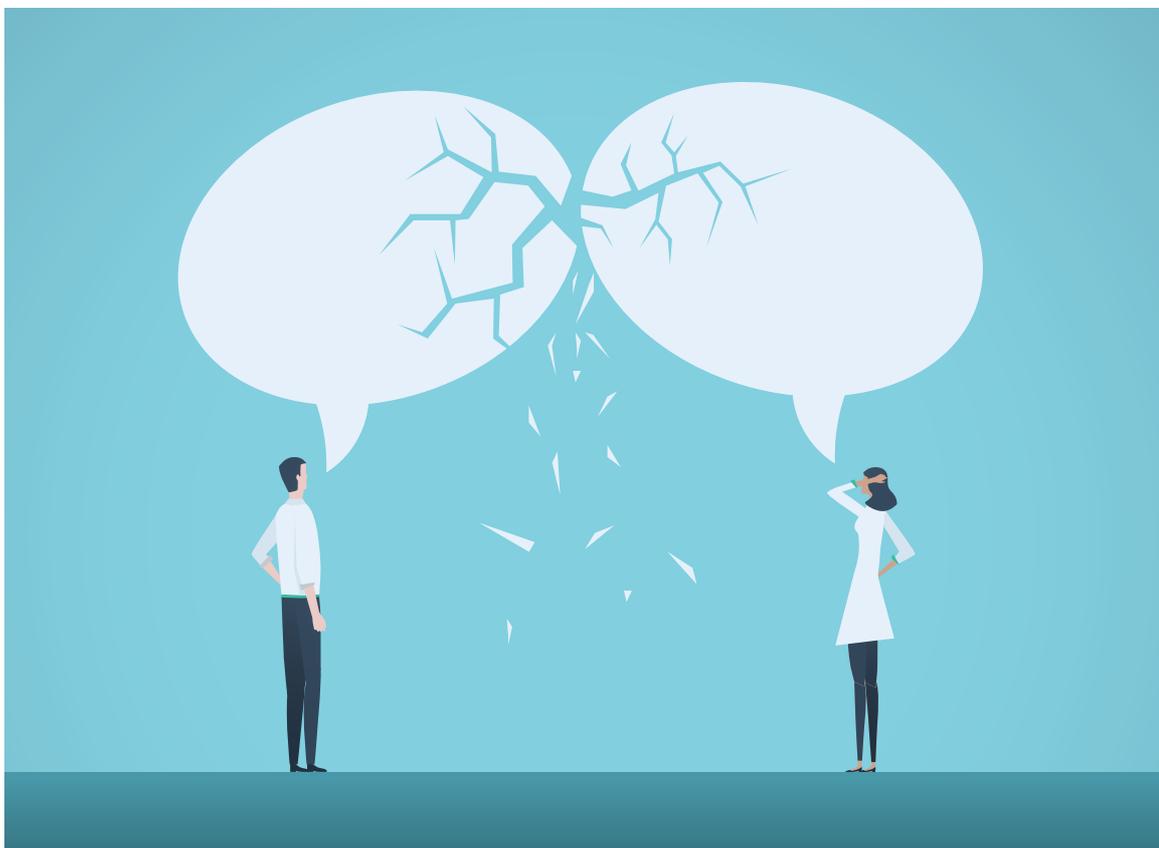
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PRACTICE

Keeping your team safe

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to conduct surveys to determine if employees feel threatened, solicit employee input to reduce the threat of violence, make structural and procedural changes that protect employees from enraged clients or customers, and provide training and education in the early warnings and prevention of workplace violence as part of their violence prevention program.

OSHA is considering establishing a standard for the prevention of workplace violence in the health care and social assistance sector that would include requirements rather than guidelines for employers. A May 2023 report on the proposed standard by the Small Business Advocacy Review Panel — which includes representatives from OSHA and other federal agencies — identified dentists and dental hygienists as direct care occupations that are at risk of workplace violence.

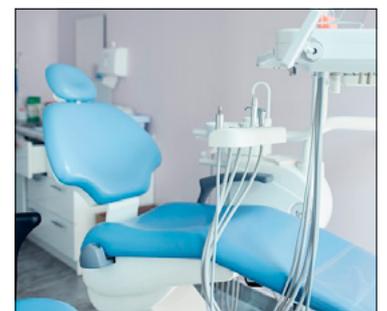
"Sadly, our reality as dental professionals is that what should be a safe place at our office is no longer the case," said Kami Dornfeld, D.D.S., chair of the ADA Council on Dental Practice's Dental Team Wellness Advisory Committee. "We must pivot and provide our teams with de-escalation techniques to safely manage aggressive or upset patients and prevent workplace violence. Training on these techniques could keep the entire dental team prepared to defuse

See SAFETY, Page 8



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Dentists' role in monitoring, managing care of patients using buprenorphine

BY DAVID BURGER

The possible connection between caries and buprenorphine should prompt dentists to teach patients about proper oral hygiene practices.

These patients should also be monitored while

they are taking buprenorphine, according to a study published in the July issue of the Journal of the American Dental Association.

The cover story, "Orally Dissolving Buprenorphine for Opioid Use Disorder Linked to Caries," was authored by Stuart L. Segelnick, D.D.S., and Mea A. Weinberg, D.M.D., and references

a U.S. Food and Drug Administration warning in 2022 about the connection between xerostomia and caries and taking transmucosal buprenorphine, used for managing opioid use disorders.

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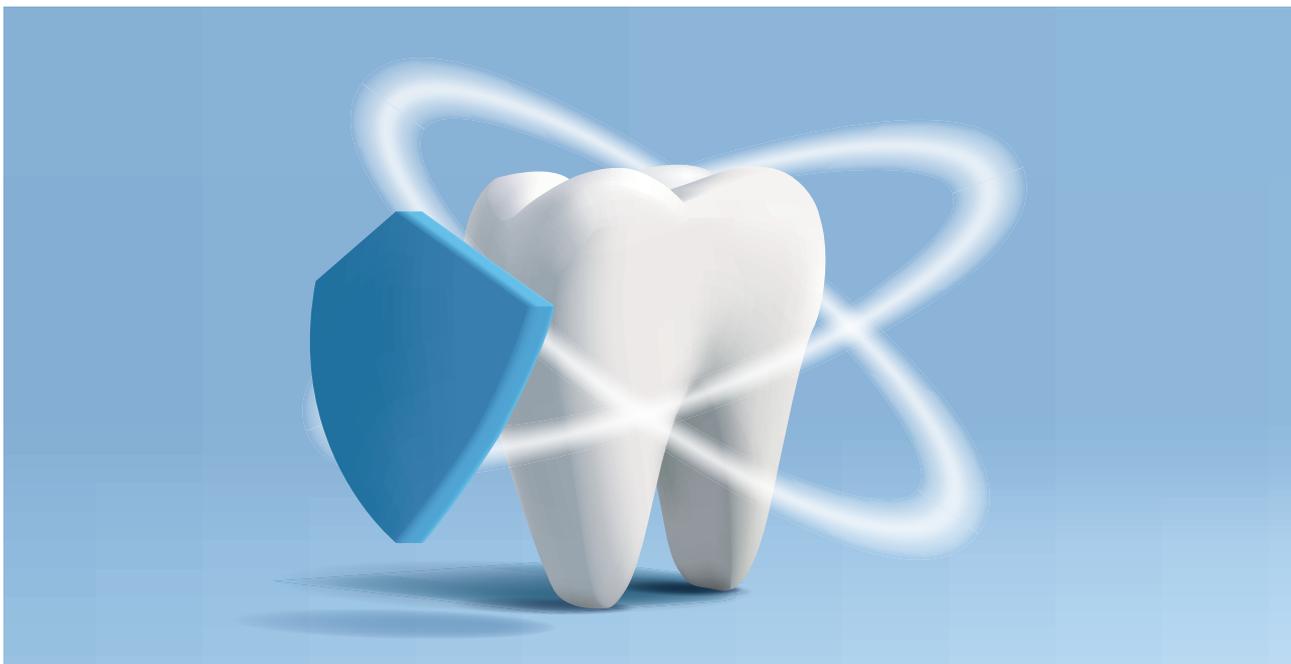
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Senate committee holds hearing on dental affordability and availability

ADA releases statement supporting prioritization of oral health



BY OLIVIA ANDERSON

A Senate committee discussed various ways to make oral health care more accessible and affordable for Americans, including support for workforce strategies, Medicaid adult dental benefits, oral health literacy and student debt relief.

The ADA issued a news release May 23 applauding Congress for prioritizing oral health as an important part of overall health and well-being, as well as emphasizing the need for bipartisan action.

“The importance of oral health and its connection to physical health deserves priority focus in federal and state health policy to address the current barriers to accessing care,” the ADA statement reads. “The ADA is dedicated to advocating for legislation that will improve oral health. We thank the leaders of the Senate Health, Education, Labor and Pensions Committee for shining a light on this critical issue.”

The ADA also had a Statement for the Record submitted during the Senate Health, Education, Labor and Pensions Committee’s hearing, *Examining the Dental Care Crisis in America: How Can We Make Dental Care More Affordable and More Available?*

At the top of the May 16 hearing, HELP Committee ranking member Sen. Bill Cassidy, R-La., said dental workforce issues are particularly acute in rural and underserved communities, acknowledging the importance of reauthorizing the Action for Dental Health Act.

“Working to address workforce shortages should continue to be top of mind for the committee as there will be additional re-authorizations. This includes the Title VII programs of the Public Health Service Act, which contains a number of important programs bolstering dental workforce and access to care,” he said. “I look forward to the testimony and learning more how we can responsibly improve dental care for all Americans.”

The hearing featured testimonies of representatives from Harvard Medical School, CareQuest Institute for Oral Health, the National

Dental Association and the Academy of General Dentistry. Rep. Cassidy officially entered the ADA’s statement into the committee’s record.

The Association’s statement focused on the state of oral health in America, including dental workforce, the policy choices America has made along the way and considerations for policymakers moving forward.

Regarding the state of oral health, the ADA highlighted key data trends in different age groups. The past two decades have shown steady improvements among children, particularly for low-income and non-white children, with several states’ dental care utilization rates for Medicaid-insured children rivaling those provided to privately insured children. However, trends are different for working-age adults and seniors, according to the statement. Rates of untreated disease among adults have not changed significantly over the years, and dental care utilization rates for seniors have increased over time.

The statement also notes there have been different policy approaches toward dental care for children compared with working-age adults and seniors, resulting in “vastly different degrees of financial barriers to dental care.” For instance, while more than 90% of children are covered by dental insurance because it is an essential service and required in Medicaid and CHIP programs, more adults and seniors report they cannot access needed dental care services due to affordability issues. The ADA noted that cost is the top reason adults and seniors cannot access dental care, and financial barriers are more severe than other health care services for these age groups.

“This is a direct consequence of policy choices. Essentially, our health policy approach disconnects the mouth from the body when you become an adult,” the ADA said.

The Association offered policy approaches to address the lack of affordability for many Americans, including improving transparency and accountability within the private dental insurance market through applying medical loss ratios to dental insurance plans, setting out-of-pocket payment limits for patients or requiring better data reporting.

At the hearing, many of these topics were addressed. Myechia Minter-Jordan, M.D., president and CEO of CareQuest, suggested that one way to address the dental crisis is by integrating medical and oral health, which would result in cost savings for various conditions like diabetes and heart disease. Lisa Simon, D.M.D., a faculty member at Harvard Medical School, added that oral health literacy programs in schools and homes can help with prevention.

The panel also discussed student debt relief strategies, agreeing that the exorbitant costs of dental school often influence where a dentist practices. Gordon Roswell Isbell, D.M.D., a past trustee of the Academy of General Dentistry, said in order to increase access to care, there should be an emphasis on federal programs that allow dentists to practice in rural and underserved communities.

The ADA has expressed commitment to working with the Senate HELP Committee and other congressional leaders to continue addressing how to make dental care more affordable and more available. ■

ADA files amicus brief with Supreme Court

Federal ERISA law should not supersede states’ authority

BY OLIVIA ANDERSON

The ADA is asking the U.S. Supreme Court to review a decision from a lower appeals court on the Employee Retirement Income Security Act of 1974 that limits states’ traditional authority to regulate health care and insurance.

Dental plans have often claimed that a federal law called ERISA allows them to avoid complying with state laws impacting dental coverage if the plans are operating as administrators for an employer self-funded plan. In its amicus brief to the Supreme Court, the ADA continues to advocate that most state laws, particularly those that protect patients and dentists from abuse by dental insurers, can be applied to all carriers, including those administering self-funded dental plans for employers.

The Tenth Circuit Court of Appeals held last year that ERISA preempts provisions of an Oklahoma law regulating pharmacy benefit managers, which manage prescription drug benefits on behalf of health plans by negotiating prices with drug manufacturers and contracting with pharmacies. However, the ADA

called this decision “a very expansive view” of ERISA, citing the Supreme Court’s October 2020 decision in the *Rutledge v. Pharmaceutical Care Management Association* case that “makes it clear ERISA preemption is not extensive.”

In a June 10 ADA news release, the Association states that the ADA brief supports Oklahoma’s position that state laws, such as the one it passed, should not be preempted by ERISA. This law regulates the administration of employee benefits plans, including dental care. Some insurance carriers administering self-funded plans argue that the federal law supersedes state insurance laws that protect patients and providers.

But in the brief, the ADA and several other health care provider organizations state that the appeal court’s decision takes an overly expansive view of ERISA preemption and conflicts with *Rutledge v. Pharmaceutical Care Management Association* by reintroducing the very confusion that the *Rutledge* decision eliminates.

The brief was developed with the American Optometric Association, American Association of Orthodontics, American Academy of Pediatric Dentists, Association of Dental Support Organizations and American Association of Oral and

Maxillofacial Surgeons. It was also supported by the American Academy of Oral & Maxillofacial Pathology, American Association of Endodontists, Academy of General Dentistry and American Academy of Periodontology.

“The regulation of insurance and health care quality are parts of the historic powers reserved for the states and not the federal government. If states cannot enforce laws regarding how health care is provided and paid for, then no one can,” according to the release.

The brief goes on to support mitigating confusion in the area of ERISA preemption, as well as advocating for states’ traditional authority to regulate health care and insurance.

“We believe that the Supreme Court should consider this case because the appellate court’s opinion appears to introduce confusion and inconsistency in an area the Supreme Court recently attempted to clarify and make uniform in a different case. The ADA and numerous health care organizations urge the court to take the opportunity to reemphasize its holding in *Rutledge* before other lower court decisions further muddy the waters,” ADA President Linda Edgar, D.D.S., said in the news release.

For more information on the topic, visit ADA.org/ERISA. ■

ADA supports expanding eligibility for health savings account reimbursement

Over-the-counter oral health products would qualify

BY OLIVIA ANDERSON

The ADA is supporting a new bill that would allow health savings account and flexible spending account reimbursement eligibility for over-the-counter

oral health care products, including toothbrushes, toothpaste and dental floss.

“Oral health care products are not only essential for good oral health but for health in general,” the ADA said in a letter signed by ADA President Linda J. Edgar, D.D.S., and Executive Director

Raymond Cohlma, D.D.S. “Americans should not be taxed on products like toothbrushes, toothpaste and dental floss that are necessary for maintaining their health.”

The letter, which was addressed to Reps. Nicole Malliotakis, R-N.Y., Jeff Van Drew, D.M.D., R-N.J.,

and Brad Schneider, D-Ill., noted the bill would allow menstrual care products and oral health care products to be eligible for HSA and FSA reimbursement. The ADA expressed appreciation to Rep. Van Drew for the leadership he’s shown on this topic as well as other oral health issues.

The ADA said brushing has been shown to achieve significant plaque removal, the use of fluoride toothpaste enhances fluoride concentration levels in biofilm fluid and saliva, and dental floss or other interdental cleaners remove food trapped between the teeth. It added that evidence “links systemic health to oral health, making it clear that oral health products are essential to Americans’ health.” ■

ADA thanks Senate committee for support of mental health bill

BY OLIVIA ANDERSON

The ADA is thanking the U.S. Senate Committee on Health, Education, Labor and Pensions for efforts to reauthorize the Dr. Lorna Breen Health Care Provider Protection Act. The committee passed the legislation by a vote of 19-2.

The ADA was one of 63 organizations that signed on to a May 23 coalition letter addressed to Sen. Bernie Sanders, D-Vt., and Sen. Bill Cassidy, R-La., thanking them for their “critical effort” to reauthorize the mental health bill.

If enacted, the legislation would reauthorize a federal grant program aimed at increasing mental health resources for health care workers. Lorna Breen, M.D., was a supervising physician in the emergency department of a New York hospital who died by suicide in 2020 after treating COVID-19 patients.

“Access to mental and behavioral health support and treatment has improved and more employers are able to engage with their workforce on these issues, provide greater resources and accelerate ‘promising solutions,’” the letter said.

The letter states health care professionals still face high rates of behavioral health conditions, suicide and burnout, emphasizing the importance of continued commitment to the health care field and the patients it serves.

“We must continue working to ensure an environment where each and every health care professional always has access to the necessary mental health care services they need and deserve, without fear of loss of licensure, loss of income or other meaningful career setbacks associated with the stigma of getting the help they need,” the letter reads.

The ADA has previously expressed support for reauthorization of the mental health bill. The Association signed onto a coalition letter in February urging the bill’s reauthorization and supported the originating legislation in 2022. ■

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Dentist competing to be America's next MasterChef

Baby boomer is contestant on new season of TV show airing all summer in primetime

BY DAVID BURGER

Chef Gordon Ramsay brought Christopher Walinski, D.D.S., to tears.

The famed chef is known to do so to contestants on his numerous televised cooking competitions. Mr. Ramsay can intimidate even the most intrepid.

But in this instance, Mr. Ramsay and the other judges didn't reject Dr. Walinski's dish.

Rather, Mr. Ramsay savored his bites of the meal and in dramatic fashion, presented a teary-eyed Dr. Walinski with the coveted apron.

The apron meant the dentist passed his audition to be one of 20 final contestants on the new season of MasterChef, called "MasterChef Generations," airing all summer on Fox in primetime.

"Gordon Ramsay is the most high-energy person I've met," Dr. Walinski said. "He expects a lot out of people, but he obviously expects a lot out of himself as well. In the end, I think he really just wants everyone to do well and exceed their own expectations. He really seems to get everything out of people. He is someone you just don't want to let down."

In its 14th season, MasterChef whittled down 45,000 applicants. Of those, the show's producers invited 80 people to audition in Los Angeles. Over the course of two days, potential contestants were interviewed and created a dish. The next day, 40 people disappeared, and 40 were left to cook in the apron rounds. Of those, the top 20 are competing for the grand prize of \$250,000.

This year, there is new twist, with five home cooks from each generation: Gen Z, millennials, Gen X and baby boomers.

Dr. Walinski, 59, was deemed a baby boomer.

"I have always thought of myself as a Gen Xer," Dr. Walinski said. "I played outside until the streetlights came on and drank out of a garden hose. All those things. A MasterChef producer had



Pressure cooker: Christopher Walinski, D.D.S., poses in his MasterChef apron. At left, Dr. Walinski prepares his dish during his televised audition on "MasterChef Generations" with his father cheering him on.

a different opinion. I kept referring to myself as Gen X, but the producer stopped me and said, 'You've been invited here as a baby boomer, sorry.'"

In the second episode, Dr. Walinski earned accolades from the judges during his televised audition of Japanese chicken karaage with yuzu mayo, gomoku rice and pickled red dragon fruit.

One of the judges, restaurateur Joe Bastianich, said the crispy chicken was "comfort food I want to eat."

"I'm half-Japanese, so I'm very familiar with Japanese flavors, which are more subtle, but on any given night, I might prepare a dish with a Vietnamese, Thai or Chinese twist," Dr. Walinski told ADA News.

Dr. Walinski is an associate professor and director of laser dentistry at the Touro College of Dental Medicine. Before that, he held the same position for three years at the University of Tennessee Health Science Center College of Dentistry. He is now transitioning to private practice.

"I'm not sure exactly how I ended up as a dentist," Dr. Walinski said. "Honestly, I always hated going to my dentist and have only bad memories. But I remember my mother guiding me in that direction and it just sort of stuck. I think she saw my artistic abilities but wanted me to be a doctor. Then, any time someone asked me what I wanted to be when I grew up and I told them I wanted to be a dentist, they seemed pretty satisfied with that answer, so here I am. My bad memories are what drive me to be the gentlest dentist I can be."

Dr. Walinski said he knows many dentists who are wonderful cooks and consider themselves connoisseurs and critics.

"Being a dentist is a very artistic and creative profession. Dentists have to be engineers as well as sculptors in order to rebuild a smile in a way that is aesthetically pleasing," he said. "Cooking is a very creative and personal skill as well. As they say, we eat with our eyes before we eat with our mouths. Looking at delicious food on a plate should inspire an emotional response before we actually eat the food. So, I think both professions offer creative people a way to express themselves."

Dr. Walinski was diagnosed with prostate cancer two years ago, which spurred his decision to apply.

"At some point, we all think about our own timeline," he said. "And even though no one knows where theirs ends, it really wakes you up when you realize things have changed overnight. Your priorities definitely change. What's important in life changes. Who and how you let people use your time changes. As my wife, Veronica, says, 'I thought you were a driven man before, but now you're on hyperdrive.' I have a lot of living to do."

This season, the cooks are facing a multitude of cooking crucibles, including a restaurant takeover challenge, cooking a meal at the Major League Soccer LAFC stadium, and a tag-team event, where they must create a Michelin star-quality three-course meal.

Just one home cook will win it all and take home the cash prize and the title of America's newest MasterChef.

Dr. Walinski can't reveal who wins the title — the show was recorded earlier this year — but he relishes his opportunity to compete on his favorite TV show.

Maybe there are more happy tears to come. ■

The next big move: ADA headquarters to relocate

BY OLIVIA ANDERSON

After having spent nearly 60 years at its current Chicago location, the ADA is moving its headquarters.

During the first quarter of 2025, the Association will move from 211 E. Chicago Ave. to 401 N. Michigan Ave. Ann and Robert H. Lurie Children's Hospital of Chicago, which in recent years has been the ADA's largest tenant, closed June 5 on the purchase of the ADA building. The purchase allows Lurie Children's to expand its clinical capacity by moving its administrative offices out of the main hospital, which has occupied the building next to the ADA headquarters since 2012.

The building where ADA's new headquarters will be located is on the southern end of Chicago's Magnificent Mile and overlooks the Chicago River. Less than one mile from the current headquarters, it offers robust employee amenities and ample conference facilities to host volunteers.

"The ADA is excited to pass the torch of 211 E. Chicago's health care legacy to Lurie Children's," said ADA Executive Director Raymond Cohlma, D.D.S. "We are proud to continue to call Chicago's Mag Mile home and, more importantly, remain part of the health care landscape in Chicago and beyond."

Because local staff works in a hybrid modality and some staff work remotely, leaders said the ADA doesn't need as much office space in Chicago as it once did. Additionally, with the

formation of the ADA Forsyth Institute, the ADA's science operations and research facilities will soon move to Massachusetts.

The ADA originally purchased the land at 211 E. Chicago Ave. from the American Red Cross in 1962, and the headquarters officially opened in 1965.

The ADA's operations will remain at 211 E. Chicago Ave. until the first quarter of next year.

"We're looking forward to our new offices at 401 N. Michigan Ave., and leadership is working to ensure a well-appointed environment for the staff and volunteers whose hard work supports the dental profession," ADA President Linda Edgar, D.D.S., said. In a joint letter announcing the sale to volunteers, Drs. Edgar and Cohlma also emphasized that nearly 60 years after 211 E. Chicago Ave. opened, "our Association is primed for growth and fresh possibilities once again. The ADA's leadership believes our next big move is a step in the right direction." ■



Dental Olympics returns at SmileCon 2024

Four-team challenge pits dental students against one another in now-annual highlight

BY DAVID BURGER

The NCAA Southeastern Conference football schedule is always a powder keg in October, and four teams from the spirited conference will battle each other the same month in a competition quite different — but no less impassioned.

The University of Alabama at Birmingham, the Louisiana State University School of Dentistry, the University of Mississippi Medical Center School of Dentistry and the University of Oklahoma College of Dentistry will duke it out for dental school supremacy at the third annual ADA Dental Olympics at SmileCon in New Orleans on Oct. 18.

The competition features students using their wits, hand and eye coordination, and knowledge of dental trivia to come out as the victor, complete with bragging rights in the South.

“I love the energy the students bring to SmileCon,” said Gabriel Holdwick, D.D.S., past host of the Dental Olympics’ Dental Jeopardy who will return as host of the trivia contest this year. “Dental students are so smart and engaged by nature, and adding a healthy dose of competition to the mix really makes for a fun event. The Dental Olympics puts the students right in the middle of the action at SmileCon, giving them the chance to meet ADA members and see what the profession looks like outside of the walls of their schools.”

Camryn Bryant, D.D.S., who represents the 12th District — which fittingly includes Louisiana — for the New Dentist Committee, is emcee of the Dental Olympics.

Students from the University of Puerto Rico School of Dental Medicine won the Dental Olympics at SmileCon 2023 in Orlando, Florida, and the UT Health San Antonio School of Dentistry won the first Dental Olympics at SmileCon 2022 in Houston.

Amer Sbeih, now a fourth-year dental student, was a member of the Nova Southeastern University College of Dental Medicine team that competed in the 2023 Dental Olympics.

It was a “joyful experience,” he said.

“My heart was full [of] pride and excitement representing my school,” Mr. Sbeih said. “The air was electric with anticipation as I competed alongside peers, forging bonds and memories that would last a lifetime. From the intense competition to the shared laughter and camaraderie, every moment was a testament to the passion and dedication of the dental community.”

Pacific Dental Services is the sponsor of the Dental Olympics.

“It’s a privilege to support an event that not only showcases the incredible skills of these emerging professionals but also strengthens the community

among the future leaders,” said Stephen E. Thorne IV, founder and CEO of PDS Health.

SmileCon is Oct. 17–19 at the New Orleans Ernest N. Morial Convention Center.

Learn more and register at ADA.org/SmileCon. ■



Rallying: The team of dental students from the University of Florida College of Dentistry competes in the 2023 Dental Olympics in Orlando, Florida.



Competitive: The winning team of the 2023 Dental Olympics, from the University of Puerto Rico School of Dental Medicine, celebrates its win at SmileCon 2023 in Orlando, Florida.



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SmileCon discussion explores women's role in AI revolution

BY DAVID BURGER

A continuing education course at SmileCon will explore artificial intelligence's pivotal applications in dental practice management, diagnosis treatment planning and patient care and how women can be empowered to lead the way.

Dental AI: Thriving Together (6111) is part of the Women's Leadership track sponsored by Crest + Oral B and scheduled for Oct. 18



Ms. Duffy

from 10:15 a.m.–noon.

It is worth 1.75 CE credits.

Moderating the presentation is Anne Duffy, a dental hygienist and founder and CEO of Dental Entrepreneur Media in Charlotte, North Carolina.

"As AI increasingly assists in data analysis

and clinical decision making in dentistry, it will allow women in the field to focus more on the 'soft' elements of leadership," Ms. Duffy said. "Empathy, communication and collaboration will become even more vital as women dentists leverage their innate skills to foster patient trust, create supportive team environments and drive innovation in oral health care. Excelling in these areas will not only enhance patient satisfaction but also empower women leaders to shape the future of dentistry with a compassionate and inclusive approach."

Also speaking is Margaret Scarlett, D.M.D., a Lucy Hobbs Taylor award recipient from the American Association of Women Dentists. Her keynote, "The Truth, the Whole AI Truth, and Nothing But the Tooth," will discuss how AI is revolutionizing dental practices and why female dentists are poised to transform their diagnostic, treatment, business and leadership skills, today and tomorrow, to advance their leadership roles in organized dentistry.

To register for SmileCon 2024, visit ADA.org/SmileCon. ■

SAFETY *continued from Page 1*

aggressive behavior through proven communication methods or other safety and security measures."

At her practice, Dr. Blue and her team regularly practice patient management skills, including communication and conflict resolution. She offers the following advice for dealing with upset patients:

1. De-escalation: Employ active listening, maintain a calm demeanor, use nonconfrontational language and acknowledge the patient's feelings. It is important to maintain empathy and avoid reacting defensively when a patient may be accusatory.

2. Maintain communication: As a team, attempt to explain diagnoses, treatment recommendations, alternative options and potential negative outcomes as clearly as possible in layman's terms. A well-informed patient will be less likely to be upset if a negative outcome does occur.

3. Be observant for signs of patient agitation: These signs may include frustrated facial expressions and demeanor, snide comments, raised voice volume, clenched fists, pacing, or threatening body language. By identifying these signs early, dental teams can attempt to intervene before the situation escalates.

4. Establishment of boundaries: It is important for dental practices to have clear policies for proper professional behavior. Teams should show respect for patients and their concerns while also establishing boundaries for patients and encouraging them to maintain acceptable behavior and avoid offensive remarks.

5. Team collaboration: If a situation escalates, a colleague should be nearby to help, including by contacting on-site security or law enforcement if needed. Role-playing potential conflicts can help to develop team members' confidence in dealing with patient concerns and disruptive behavior and avoid escalation to violence.

6. Ability to seek assistance: Ensure team members know it is always acceptable to ask for help if they feel overwhelmed or unsafe. Calling law enforcement may be necessary if they believe they are in danger.

"Following these steps and continuously refining your communication and conflict resolution skills will help you manage upset or aggressive patients in your practice and keep you, your team and your patients safe," Dr. Blue said. ■



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Study highlights importance of waterline infection control

BY DAVID BURGER

Ongoing education around dental unit waterline infection control is an important opportunity for dental team members, according to a

new study conducted by the ADA Science & Research Institute, now known as the ADA Forsyth Institute.

In the study, researchers assessed dental facilities' current infection control procedures by surveying those who directly manage or supervise maintenance of dental unit waterlines. Researchers discovered gaps in knowledge regarding the correct protocol.

About 700 dentists, dental hygienists and dental assistants responded to an online survey authored by the researchers. According to the survey results, 85% of respondents recognized the importance of preventing infection via waterline systems, which are most often maintained by dental hygienists and dental assistants.

HuFriedyGroup, a manufacturer of instrumentation, infection prevention and instrument reprocessing workflows including dental unit waterlines, funded the study, which is published in the June issue of The Journal of the American Dental Association.

The study, "Dental Unit Waterline Infection Control Practice and Knowledge Gaps," was conducted by Rashad Vinh, Sarah E. Stream, Laura A. Eldridge, Kristy A. Azzolin, David Carsten, D.D.S., Cameron G. Estrich, Ph.D., and Ruth D. Lipman, Ph.D.

"The nature of dental unit waterline systems makes them susceptible to bacterial growth, which is why having a team that appreciates the importance of testing and maintaining these lines is of utmost importance," said Dr. Carsten, chair of the Washington State Dental Commission, chair of Infection Control in the Dental Commission for the Washington State Department of Public Health, assistant professor at the Oregon Health and Science University's School of Dentistry and an author on the study.

The report also illustrated opportunities for continued education about the Centers for Disease Control and Prevention's dental unit waterline guidelines.

About one-third of dental professionals surveyed were uncertain if their dental facility complied with the CDC guidelines to ensure the safety and efficacy of dental treatments. One-quarter of respondents were not confident in their own ability to maintain and test these waterlines.

Nearly half of respondents said their practice did not have a designated infection control coordinator, which is recommended by the CDC.

Factors including time constraints, staffing shortages and financial barriers were cited as challenges for dental facilities in following recommended infection control practices.

A key principle in medicine is to correctly diagnose the problem if you hope to cure it, said Dr. Carsten.

"Identifying current practices and potential barriers to implementation is an important step in improving compliance," he said. "Data like this is essential in designing continuing education programs and updating existing dental waterline infection control recommendations. Practitioners need a clear message of best practices, what to do and why."

To read the study, visit JADA.ADA.org. Educational and training resources, including a quick reference guide to current dental unit waterline infection control guidance, is available at ADA.org/waterlines. ■

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1. Kerr M, Allen B, Park N. Clinical and radiographic evaluation of tapered implants with an aggressive reverse buttress thread and crestal microthreads: a retrospective study. For the full report, visit glidewell.com/ht-2-year.



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Dr. Anthony Ponzio, based in Oak Park, Illinois, has dedicated his practice to ensuring patients feel at ease during dental procedures. He recalls a pivotal moment from early in dental school when his nervous father, Alexander, a dentist himself, refused his son's offer for treatment emphasizing the importance of understanding and alleviating patient anxieties. This lesson led Ponzio to adopt his father's slogan "We Welcome Cowards," reflecting his commitment to addressing patient concerns and creating a welcoming environment in his practice.



Dr. Anthony Ponzio

When Ponzio opened his practice, the focus was "on making patients comfortable," he says. "We understand nerves, so we use technology to make procedures easier, completing many treatments in our office." This approach served Ponzio well through his career; he is the clinical director of a DPO supporting 45 offices, in addition to running his own practice.

Ponzio's focus on providing a broad range of procedures led him to pursue education in orthodontics. He has been offering clear aligners for approximately 15 years. During that time, he tried several clear aligner systems with SureSmile® providing superior results thanks to technology. Ponzio had already been using Dentsply Sirona's products for several years when, in 2019, he decided to try the company's SureSmile® Clear Aligners. "I tried some cases and got great results in conjunction with Primescan", he says. "I eventually stopped using other systems."

In a study published in 2020, data indicated that 73% of all the clear aligner cases needed refinements,¹ while 96% of dental providers who responded to a separate survey agreed reducing the need for refinements is one of the biggest

improvements clear aligner manufacturers could make.² By contrast, a recent 3-year retrospective analysis by Dentsply Sirona of more than 150,000 completed SureSmile® Clear Aligner cases showed that 75% of those cases required no refinements³. "With other clear aligners, refinements sometimes take longer than the initial treatment times, but with SureSmile, we have confidence in its predictability," says Ponzio.

According to Ponzio, everything starts with Primescan. "The scanner's accuracy allows extremely accurate models," he says. And "Dentsply Sirona's SureSmile® Digital Lab technicians help create optimal treatment plans with a real person interacting with software tools.

The aligners are crystal clear - patients like the esthetics, and comfort. Thanks to Dentsply Sirona's software and tray designs, SureSmile aligners can provide more efficient movement with fewer attachments, which can shorten treatment times. "Because of the way aligners are designed to engage teeth so predictably," Ponzio says, "treatments go as planned, without the need for extra refinements at the end."

SureSmile aligners have improved patient comfort and expanded access to care, especially for apprehensive patients. Adding orthodontics further enhanced his ability to address patient needs comprehensively. "Adding orthodontics makes you see everything differently," Ponzio explains. "Patients cannot always accurately express what they don't like about their teeth or what they want to change."

Ponzio commends Dentsply Sirona's commitment to innovation and user feedback, noting their continuous efforts to enhance the SureSmile platform. "Working with Dentsply Sirona for more than a decade, I have seen real commitment to employing technology, staying on the cutting edge, and trying to make our workflows easier and more predictable" he says.



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Predictable, minimally invasive treatments maximize patient comfort, which is Ponzio's ultimate goal for his practice. "SureSmile provides everything I hoped for in terms of using technology to provide a better patient experience," he says. "There's really no other system that can compete."

1. Keim RG, Vogels DS III, Vogels PD. 2020 JCO study of orthodontic diagnosis and treatment procedures part 1: results and trends, *J Clin Orthod.* 2020;54(10):581-610
2. Survey among 433 U.S. Adult Dental Patients. Conducted by a third-party market research vendor, August 2020.
3. Based on an internal analysis in excess of 150,000 global SureSmile® aligner cases conducted between Jan. 2021 – June 2023. Data on File.
4. Only available in the United States.



Key Takeaways:

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ADA says exploratory study should not change public health recommendation

Association supports fluoride's benefit for oral health

BY DAVID BURGER

The ADA is affirming its support of water fluoridation in light of a study in the Journal of the American Medical Association that examines fluoride exposure during pregnancy.

The study, published May 20, looked at whether prenatal fluoride exposure is associated with neurobehavior in children. Researchers concluded that prenatal fluoride exposure may increase the



Dr. Pollick

risk of neurobehavioral problems among children living in an optimally fluoridated area of the United States.

In response, the ADA released a statement saying it has seen no peer-reviewed research that would change its long-standing recommendation to the public to brush twice a day

with fluoride toothpaste and drink optimally fluoridated water.

The statement also expanded upon the limitations of this study, which the study authors also acknowledge, said Howard Pollick, B.D.S., a professor at the University of California San Francisco's School of Dentistry and member of the ADA's National Fluoridation Advisory Committee.

Dr. Pollick said while new research is always welcome, this particular study is flawed.

"Most of the measures of behavior were not statistically significant and it is irresponsible of the authors, based on this study, to suggest that recommendations be changed on the beneficial use of fluoride to prevent dental problems," Dr. Pollick said.

"The JAMA study should be considered exploratory," according to the statement. "The study is not nationally representative and has a number of limitations, including a small sample size from one population group in one U.S. city. Also, the study did not measure the actual consumption of fluoridated water."

Public health policy is based on a collective weight of scientific evidence, not a single study, the ADA said.

"Decades of research and practical experience indicate that fluoride — in topically-applied dental products, such as toothpaste, rinses and

fluoride varnish, as well as in fluoridated drinking water — is safe and beneficial to oral health," according to the statement.

"Tooth decay is one of the most common chronic diseases among children. There are decades of research and practical experience indicating community water fluoridation is safe and effective in reducing cavities by 25% in both children and adults."

To help separate fact from fiction, the ADA provides science-based answers to common questions about water fluoridation via the Fluoridation FAQs on the ADA's website.

To learn more about the benefits of fluoride, visit MouthHealthy.org/fluoride. ■

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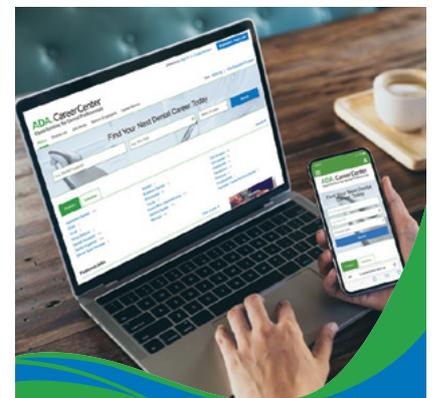


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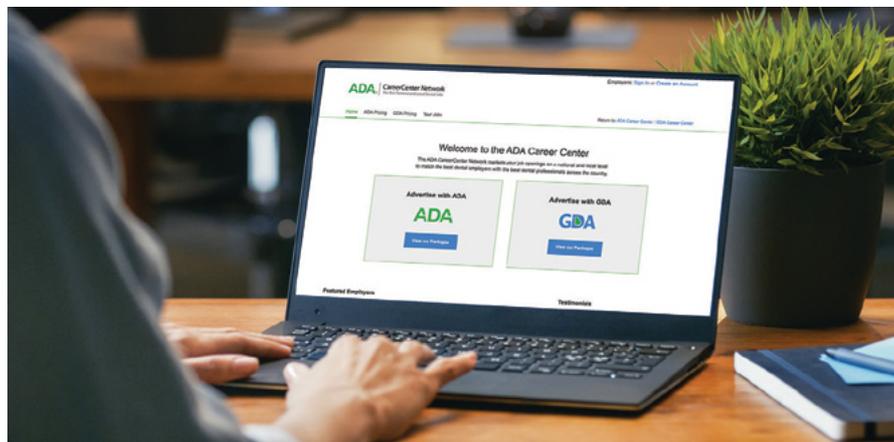
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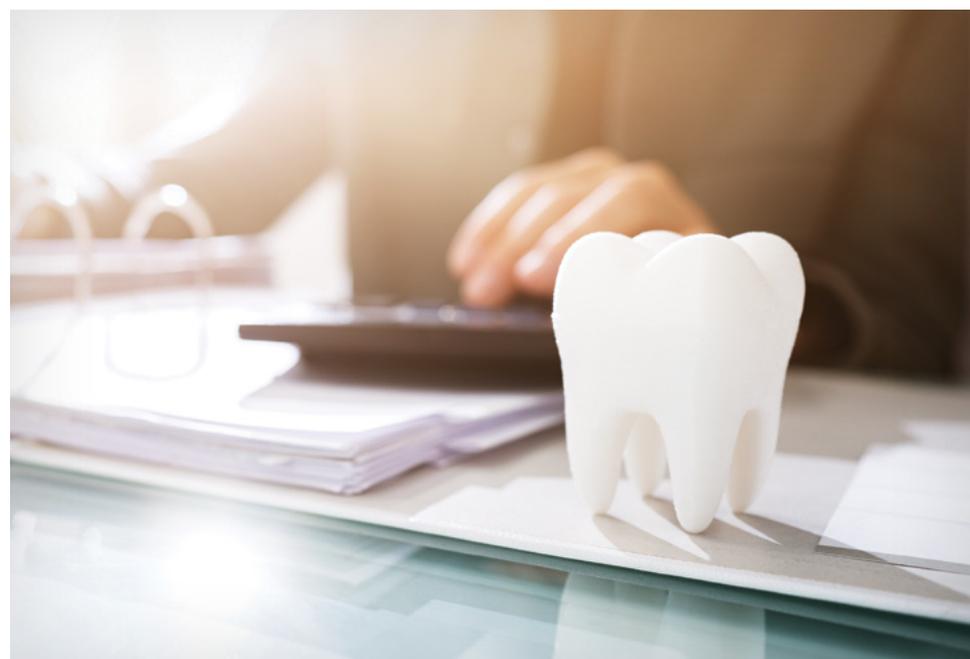


**BY HALLIE MASON AND
REGINA COBB, D.D.S.**

Have you ever had the experience of being excited about a very good deal? Maybe you had a coupon for a purchase or you've negotiated a great price for a new car, only to find out that because of the fine print or some other minor detail you've not noticed the deal is not nearly as good as you originally thought. In fact, it might not be much of a deal at all.

That's the way many of our members feel about a federal law called the Employee Retirement Income Security Act of 1974, or ERISA. Both of us have been successful in the last few years working with member dentists in our states to pass laws to reform dental insurance. And while we celebrated the wins we were able to achieve, dental carriers continue to cite "ERISA preemption" as a way they can ignore these new laws that are meant to protect patients and dentists alike. In effect, because around 50% of the coverage offered in the U.S. is provided through a self-funded plan governed by ERISA, it means that the "good deal" of the new dental insurance laws seems like no deal at all. Like many of the other executive directors at state dental societies around the country, we have members contacting us saying, "Didn't we pass a law that stopped them from doing that?"

It is frustrating, and because ERISA is a federal law, solving the issue can seem like a herculean task. But thankfully this doesn't have to turn into a Greek tragedy. Both of us have taken part in recent meetings with the attorney generals' offices in our states to talk about ways they can engage to change how the states approach ERISA preemption. We were able to tell them about a recent Supreme Court decision — *Rutledge v. Pharmaceutical Care Management Association* — that upheld an Arkansas state law that applied to pharmacy benefit managers. The decision narrowed the scope of the ERISA preemption,



ERISA commentary: States should take back ability to regulate health care

empowering states to take more control of how health care is provided for in their states.

In the meantime, we need more states to recognize the power they have to enforce dental insurance reform laws they have on the books. Both of us have recently seen the enactment of assignment of benefit laws in our states. Our dentists have let us know that some of the dental carriers don't abide by these and other laws. We worked with the ADA to set up a meeting with the attorney general's office in our states. In Arizona, we talked through not just assignment of benefits but five other laws that were being inappropriately ignored. The Arizona Dental Association was able to share how our department of insurance directly cites ERISA, saying it has no jurisdiction over self-funded plans. In West Virginia, we had a similar experience when meeting with our attorney general's office. The staff heard from a local dentist about the frustrations of navigating laws that the insurance carriers choose not to comply with without ever giving a rationale behind why they choose not to. Both meetings were fruitful in terms of getting the conversation started. The attorney general's staff seemed very interested in the information

we shared, and we plan to follow up with them as the U.S. appellate courts grapple with *Rutledge* and other cases dealing with the ERISA preemption. We plan, for example, to share the June 10 amicus brief put forward by the ADA and other health care organizations that supports limiting the scope of ERISA preemption.

In short, we want the providers we work with to have a good deal when it comes to dental insurance, especially when we have fought so hard to get a law put in place. Patients and providers shouldn't be shortchanged because of a quirk in how their dental benefits are contracted with the employer group. We look forward to supporting the ADA and our fellow state dental societies as they pursue this strategy going forward. ■

Ms. Mason is the executive director of the West Virginia Dental Association and previously worked for the West Virginia Legislature as a budget analyst and was the policy director under a former governor. Dr. Cobb is the executive director for the Arizona Dental Association and was an Arizona state legislator from 2015-23 and a practicing dentist from 1993-2018.

Letters

WAR ON SUGAR

We want to commend the ADA, particularly former ADA President George R. Shepley, D.D.S., for his persistence in the war on sugar ("New Nutrition Standards Limit Added Sugar, Sodium," June ADA News). The time for a culture shift in diet is long overdue, and dentists have an important role to play.

In the book "Magic Pill" by Johann Hari, which reviews contemporary weight loss drugs like Ozempic, one of Mr. Hari's main conclusions

parallels the argument for the war on sugar made by Dr. Shepley. Mr. Hari demonstrates how countries like Japan have not fallen into this trap of bad food choices with poor eating habits beginning in childhood. In Japan, student lunches are devoid of added sugars, and the students are encouraged to stop eating when 80% full.

The obesity epidemic — and, specifically, the role sugar plays — has an oversized impact on our teeth, brains, hearts and ability to avoid disease later in life. A landmark study showing causation between the gingivitis bacteria, *Porphyromonas gingivalis*, and Alzheimer's disease is just another reason for a shift in culture and further medical-dental integration. As practitioners who have completed an integrative medicine fellowship, we appreciate a need for drugs when appropriate, but nothing beats prevention.

Drugs like Ozempic can help many people. We would also like to think of an environment where a litany of drugs, injections or medical interventions is not required.

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Report makes economic case for investing in oral health

Oral diseases lead to \$710B in treatment costs, productivity losses worldwide each year

BY MARY BETH VERSACI

Investing in oral health not only improves overall health outcomes but also leads to economic growth, according to a new World Economic Forum report released May 23. The report, "The Economic Rationale for a Global Commitment to Invest in Oral Health," demonstrates how a lack of investment in oral health globally has created a significant health

crisis and placed an economic burden on many governments, businesses and individuals. It was published in collaboration with the American Dental Association, Colgate-Palmolive Company and Henry Schein Inc. "We are paying an economic penalty for neglecting oral health," said Marko Vujicic, Ph.D., chief economist and vice president of the ADA Health Policy Institute and the lead author of the report.

Oral diseases affect about 3.5 billion people annually and lead to an estimated global economic burden of more than \$710 billion in treatment costs and productivity losses each year. Vulnerable populations worldwide are disproportionately paying the substantial economic penalty associated with unmet oral health needs, including in the job market, according to the report.

In particular, better oral health has been associated with improved outcomes for pregnant people and people suffering from heart disease, respiratory disease, diabetes, dementia and arthritis. Presenting the economic rationale for a global commitment to invest in oral health, the report explores the roles of various stakeholders in improving oral health. It outlines key measures for consideration, including:

- Integration of oral health within public health insurance programs and benefits packages by governments as part of universal health coverage policies.
- Expanded coverage for oral health care services by businesses in their employer-provided health insurance programs.
- Inclusion of oral health when multilateral organizations, such as the World Economic Forum and World Health Organization, discuss strengthening health systems.
- Philanthropic investment in oral health activities by civil society organizations to help strengthen their countries' health systems.

The World Economic Forum is an international not-for-profit organization that encourages public-private cooperation to shape global, regional and industry agendas. The forum launched the Oral Health Affinity Group in 2023.

The Oral Health Affinity Group, which Dr. Vujicic co-chairs, brings together leaders from sectors and industries, highlights the impact of poor oral health on health outcomes and the global economy, and recommends actions governments and companies can take to advance global oral health. Following the report findings, the group will work with partners to accelerate public-private partnerships and investment to improve oral health globally. ■

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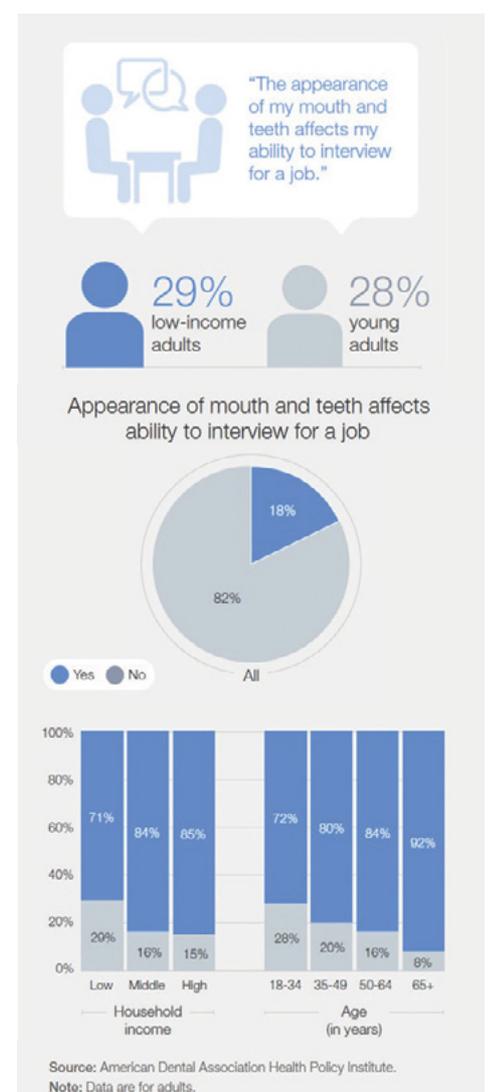
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Organization for Safety, Asepsis and Prevention rebrands as Association for Dental Safety

BY MARY BETH VERSACI

The Organization for Safety, Asepsis and Prevention, which promotes patient and provider safety and dental infection prevention, is now the Association for Dental Safety.

OSAP announced the rebranding May 31 during its annual conference. The organization

decided to refresh its brand identity to better reflect its values, vision and commitment to members and stakeholders, according to a news release.

“Our decision to rebrand to ADS represents an exciting milestone in our 40-year journey as an organization,” Executive Director Michelle Lee said in the release. “As we continue to evolve and grow, it’s essential for our brand to resonate with



and signals our dedication to patient and provider safety, science-based learning, integrity, competent community, and collaborative leadership.”

The rebranding process involved collaboration

the diverse dental community. We believe that ADS captures the spirit of who we are

with stakeholders and branding experts to ensure the new name accurately reflects the organization’s core values and strategic direction. The organization also introduced an updated logo and visual identity to complete the rebranding process.

Visit osap.org for the latest updates as OSAP transitions to the Association for Dental Safety. ■

OSHA updates standard to improve hazard information on labels

Final rule takes effect July 19

BY MARY BETH VERSACI

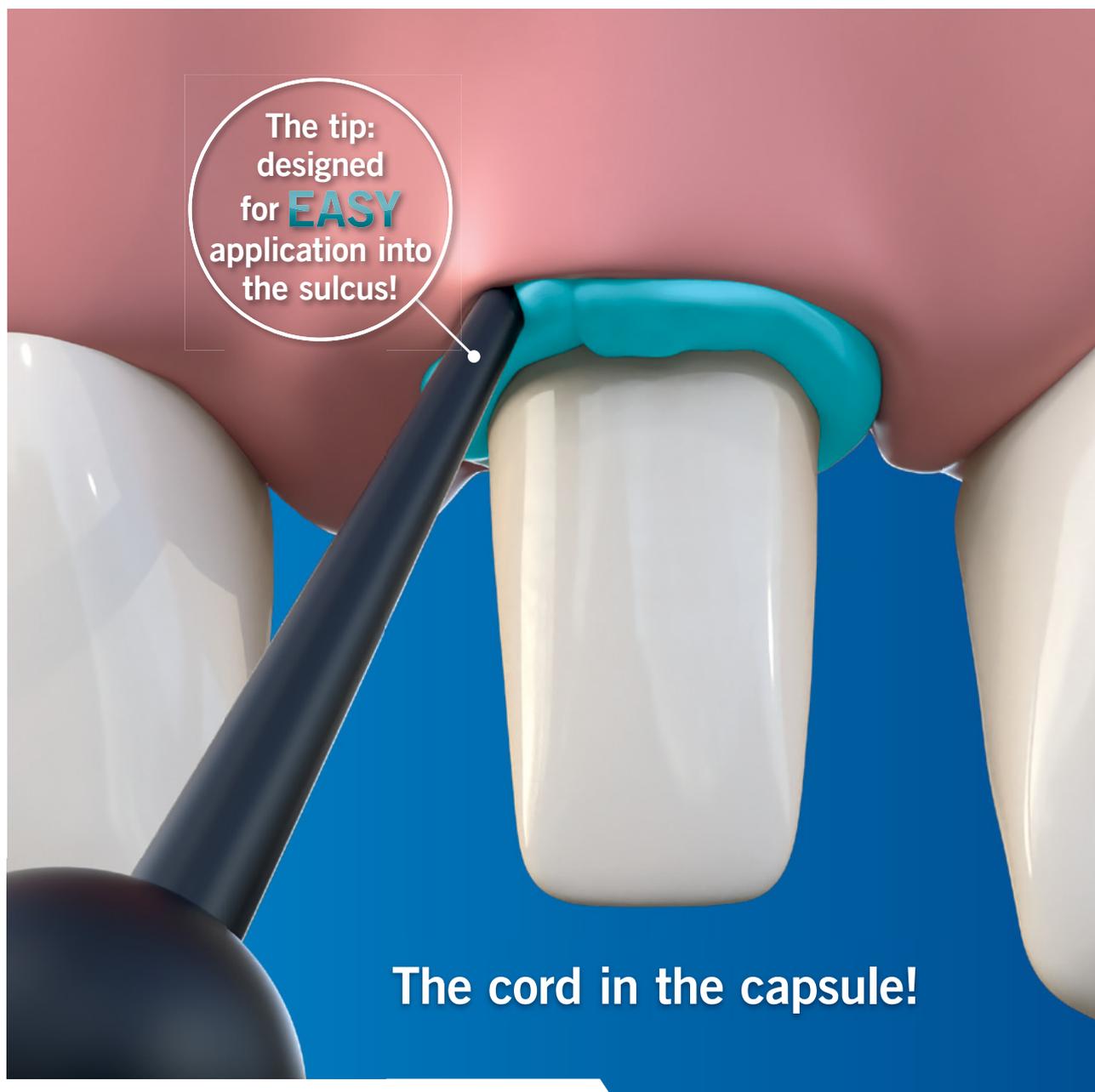
The Occupational Safety and Health Administration has issued a final rule that will improve the amount and quality of information on labels and safety data sheets to better protect workers.

The final rule updates the current Hazard Communication Standard to align with the seventh revision of the United Nations’ Globally Harmonized System of Classification and Labelling of Chemicals. The changes take effect July 19.

The updated Hazard Communication Standard requires labels on small packaging to be more comprehensive and readable and makes changes to help ensure trade secrets no longer prevent workers and first responders from receiving critical hazard information on safety data sheets, according to an OSHA news release.

Other changes in the updated standard include: a clearer hazard classification process to provide more complete and accurate hazard information on labels and safety data sheets; updated physical hazard classes to better inform users on safe handling of explosives, aerosols and chemicals under pressure; and updated precautionary statements on how to safely handle, store and dispose of hazardous chemicals.

The final rule addresses issues that arose since the implementation of the 2012 standard and improves alignment with other federal agencies and Canada. ■



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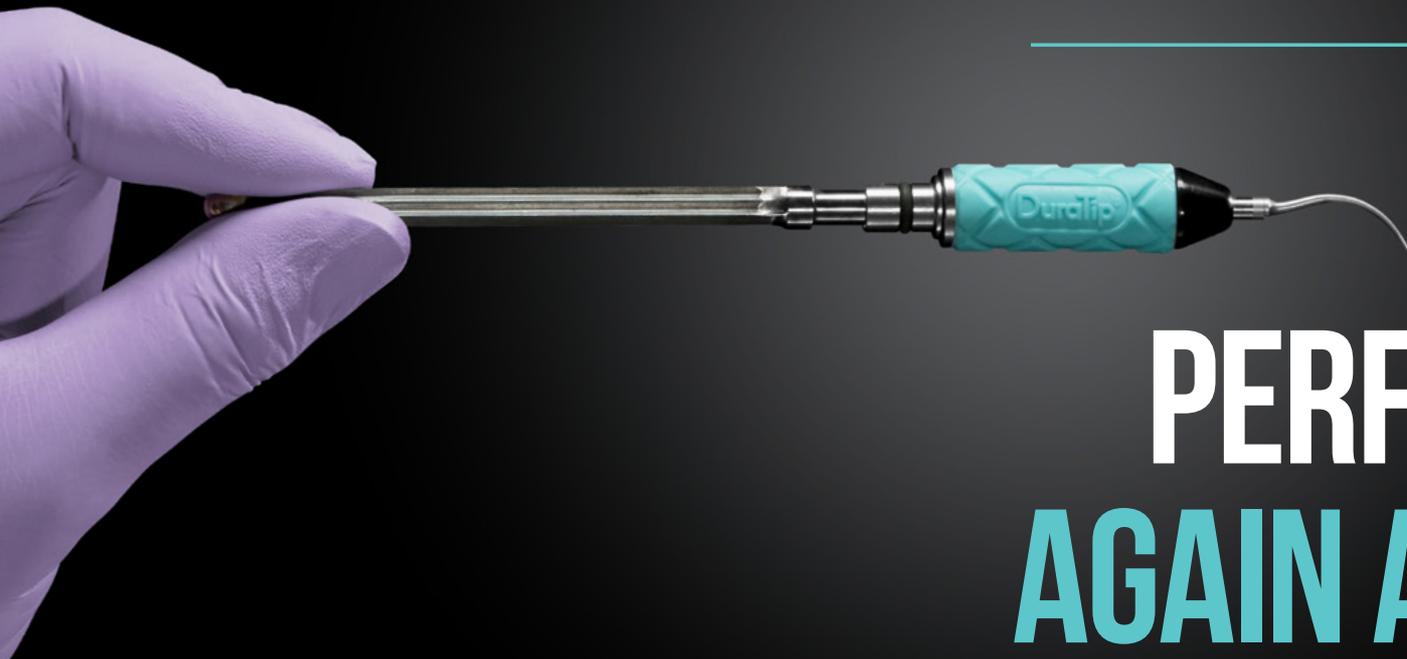
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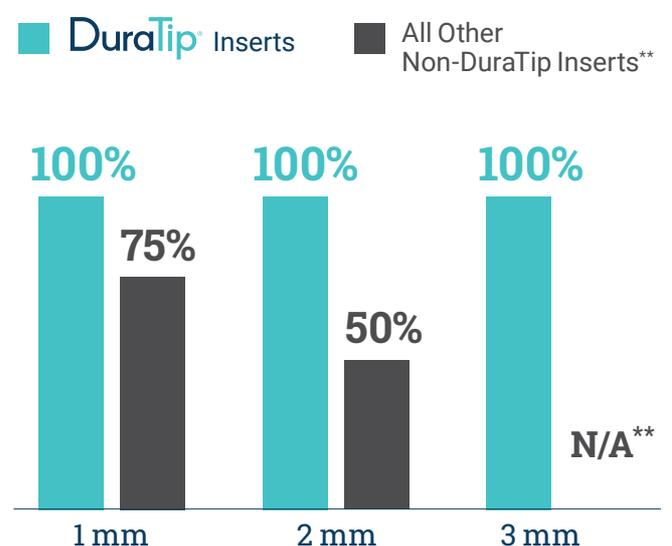
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