



TENNESSEE

SEPTEMBER/OCTOBER 2023 VOLUME 29, ISSUE 5

DENTAL

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///// Bimonthly news and information for TDA members

Q&A

WITH THE NEW DENTIST COMMITTEE CHAIR

Meet Dr. Brooklin Byrd, the fresh face at the helm of TDA's New Dentist Committee. In this special Q&A, she shares her expertise and vision, covering everything from high-tech advancements to what patients expect, and the incredible role dentists play in this shifting landscape. As the New Dentist Committee Chair, Dr. Byrd not only advises the Board of Trustees but also champions new dentists' causes. With a focus on the first 10 years after dental school, the TDA New Dentist Committee, under her guidance, fosters connections and amplifies the voices of those transitioning from graduates to seasoned practitioners. So, whether you're a seasoned pro or just starting, Dr. Byrd's insights provide valuable guidance and inspiration.

BACKGROUND

AND INTRODUCTION

Q Congratulations on your new role as the New Dentist Committee Chair! Tell us a bit about your background. What motivated you to pursue a career in dentistry, and how did your early experiences shape your perspective on the field?

I was born and raised in Memphis, Tennessee. My family is in construction and heavy equipment, so I was raised by a fix-it type of family. The fix-it part of dentistry where you use your hands to build someone's smile is the most exciting part for me, and I love laughing and bonding with patients.

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Q Can you provide a brief overview of your journey in dentistry, from your educational background to your current role as the New Dentist Committee Chair?

I went to dental school at the University of Tennessee College of Dentistry in Memphis, where I was involved in ASDA as the Community Service Chair. I enjoyed helping organize dinners and crafts at the St. Jude Target House for patients and their families, which was a great way to show families you cared and get their minds off the rigors of cancer treatment. I still enjoy organizing events that get people together in a relaxed way and help them connect with others.

Q As patients become more informed through online resources, how can dentists maintain their role as trusted oral health advisors and educators?

It's really important to maintain a website with accurate information and patient care sheets. There's a lot of conflicting articles out there (not from reputable journals) that patients come in and talk about, on topics such as charcoal toothpaste, oil pulling, etc. I've prepared a few pieces of literature to keep in my office for patients who are interested in learning more.

ROLE OF DENTISTS IN THE CHANGING LANDSCAPE

Q How do you see the role of dentists evolving as oral healthcare becomes increasingly interconnected with overall health and wellness?

I love that dentists are increasingly aware of whole-body health and its effects on the oral cavity. A patient with bad breath may be diabetic and doesn't know it. A patient with a toothache may have a concerning skin lesion on their ear. I think dentists are playing much more of a role in referrals to other medical disciplines and I think that's only helping patients.

Q With the emphasis on preventive care, what steps can dentists take to promote oral health awareness and encourage early intervention?

Forming relationships in the community and having an open attitude toward discussion are things that I find helpful for oral health awareness. I've had a few lunch meetings with people in the community who feel comfortable enough to ask about various dental issues, from fluoride to brushing technique and everything in between. I love being a source of information for them.

Q Collaboration between healthcare professionals is becoming more important. How can dentists collaborate with other medical disciplines to ensure comprehensive patient care?

Having a collaborative relationship with medical professionals begins with a thorough head and neck exam. I think that's one of the most overlooked aspects of a routine dental visit. I went to a pathology lecture recently where I saw consequences of overlooked skin cancer on the back of a patient's ear, and I'm checking all over the head and neck for that kind of thing now. The other thing that I find helpful is partnering with specialists in the area. I have a go-to gastric doctor, ENT, oral cancer specialist, etc. I've made it a point to go meet them or at least have a phone conversation with them to establish who I am and let them know the usual circumstances of referrals so it's easy for both of us to communicate.

Q In your opinion, what are the essential skills and qualities that dentists should possess to thrive in this dynamic landscape?

I think communication and listening are the most important qualities to deliver patient care predictably and well.

LEADERSHIP AND ADVOCACY

Q As the New Dentist Committee Chair, you play a significant role in advocating for young dentists. What unique challenges do new dentists face in this changing environment?

There are a lot of warring voices for who to trust in dentistry, ranging from articles to TikTok videos to Netflix series. It's difficult these days to argue with Google. Dentists must show that they care for their patients by being consistently patient centric, foremost with open and honest communication. Patients have the right to disagree, but it's always good to have respectful discussions, and that's a lot easier when you've tried to get to know the person before getting to know their teeth.

Q Could you share some insights into the initiatives and programs that the New Dentist Committee is currently focusing on to support dentists?

We're actively looking to engage new dentists (10 years after graduation or less) with social events to encourage networking with peers. It's strangely refreshing to hear that others are going through the same stressors as you, and it's always nice to have a sounding board to bounce ideas off others and to learn some new approaches to common frustrations. I'm not entirely convinced that there are any new problems in dentistry, just different technology with the same old stressors.

Q What advice do you have for aspiring dentists who are entering the field amidst these transformative changes?

Connect with like-minded dentists who share your practice philosophy. Encourage your staff to treat patients well and like family.

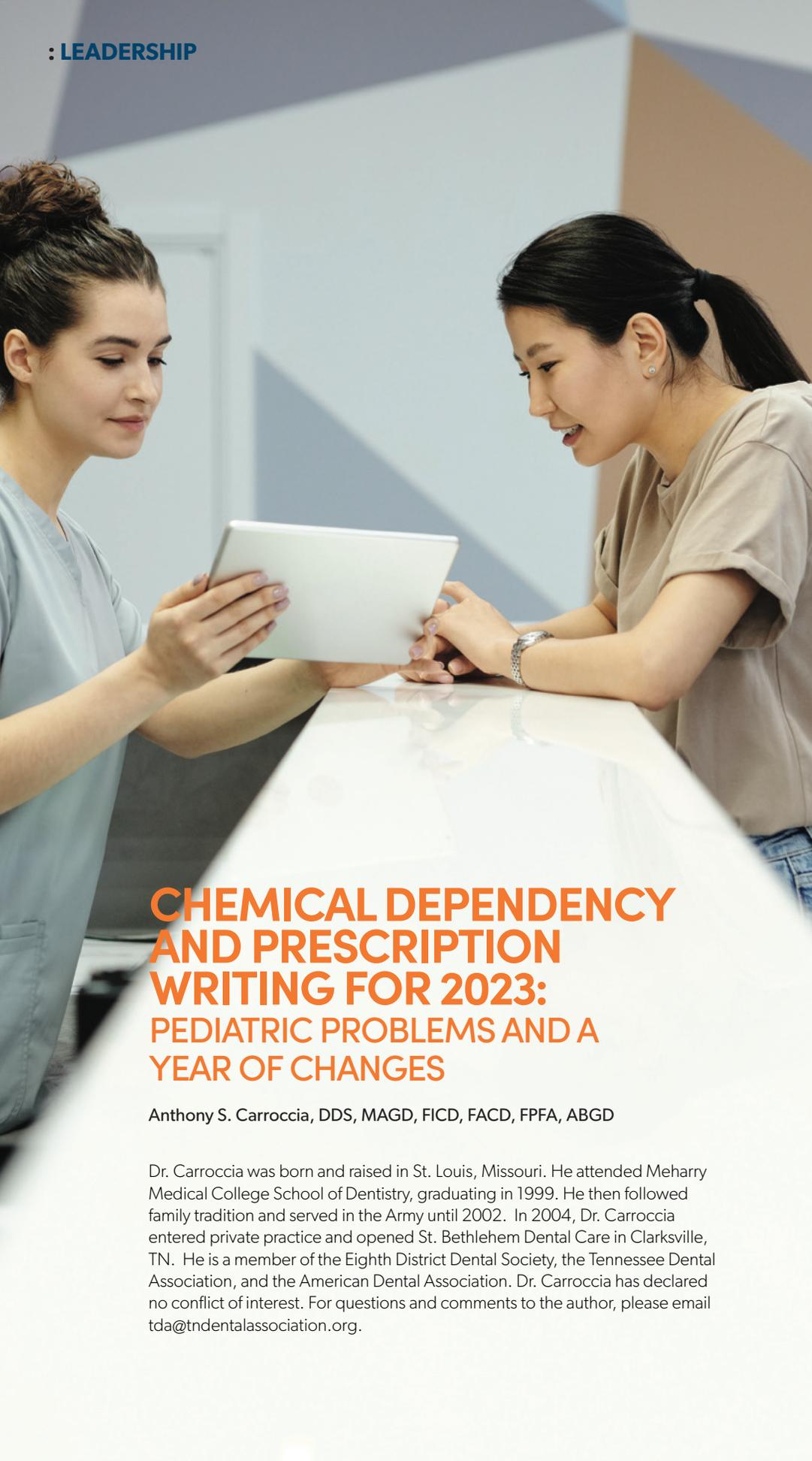
CLOSING THOUGHTS

Q Looking ahead, what excites you the most about the future of dentistry, and how do you envision contributing to its continued growth?

I'm excited to see dentistry becoming more tailored to each patient and helping them have a great experience. It's not a one-size-fits-all model anymore, and I'm looking forward to contributing in more ways to customize patient treatment.

Q Is there anything else you would like to share with our readers?

If you're interested in networking with dentists in your area, don't hesitate to reach out to other dentists within your area. It's always such a nice surprise when another dentist drops by my office to say hello or reaches out by phone. I'm developing a habit of meeting dentists in my area for lunch, and it's been so nice to know I'm surrounded by professionals who practice in a different style and deliver quality care to patients.



CHEMICAL DEPENDENCY AND PRESCRIPTION WRITING FOR 2023: PEDIATRIC PROBLEMS AND A YEAR OF CHANGES

Anthony S. Carroccia, DDS, MAGD, FICD, FACD, FPFA, ABGD

Dr. Carroccia was born and raised in St. Louis, Missouri. He attended Meharry Medical College School of Dentistry, graduating in 1999. He then followed family tradition and served in the Army until 2002. In 2004, Dr. Carroccia entered private practice and opened St. Bethlehem Dental Care in Clarksville, TN. He is a member of the Eighth District Dental Society, the Tennessee Dental Association, and the American Dental Association. Dr. Carroccia has declared no conflict of interest. For questions and comments to the author, please email tda@tndentalassociation.org.



SEPTEMBER/OCTOBER 2023
VOLUME 29, ISSUE 5

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The Tennessee Dental Association News (USPS 013358) is published bimonthly: January, March, May, July, September and November, by the Tennessee Dental Association, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067-6461.

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“Kids are not routinely considered as addicts or persons suffering from substance use disorder (SUD), but they can be.”

Objectives:

- Understand how kids can be affected by dentists in regard to opioids.
- Comprehend the Fentanyl problem, reversal agents and recoveries.
- Appreciate how 2023 is a year of change for substance use disorders, especially for children.

EDUCATION CREDIT

This article is available to dentists, dental hygienists and dental assistants licensed or registered in Tennessee. With a passing grade, individuals will earn one (1) hour of chemical dependency and prescription-writing continuing education credit.

To obtain credit, read the article, answer the questions that follow and return the completed exam page with the appropriate fee to: TDA, 660 Bakers Bridge Ave., Suite 300, Franklin, TN 37067 or fax to 615-628-0214 or take the exam online, pay with a credit card (MasterCard or Visa) and print your CE certificate. Visit the TDA's website at www.tndentalassociation.com. If you answer seven (7) questions correctly you will earn one (1) hour of continuing education credit, you will earn one (1) hour of continuing education credit. If you have any questions, call the TDA at 615-628-0208. ADA Principles, Code of Professional Conduct & Advisory Opinions state under 2.D. Personal Impairment that “It is unethical for a dentist to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society.” If you know of a colleague (dentist, dental hygienist or dental assistant) who is impaired, contact the Tennessee Wellness Foundation at 615-628-3200.

Does the present predict the future?

“I believe the children are our future; teach them well and let them lead the way.”⁽¹⁾ These immortal words sung by the late, great Whitney Houston in 1985 in her song “Greatest Love of All” echo throughout eternity, but are they really being taught all that well?

Or is there a false hope that this education will happen due to the schools they are in? Kids are not routinely considered as addicts or persons suffering from substance use disorder (SUD), but they can be. Providers (and parents who are health care providers) may lack the clinical knowledge skills to begin the aforementioned teaching at home as well as in their clinics. Therefore, as dental professionals, more must be done to lead the way to ensure as much opportunity for their safe futures.

There were 72,151 overdose deaths in 2019. In 2020, the number rose to 93,331. It rose again to 107,622 in 2021, where 63% of the deceased were attributed to fentanyl. The numbers continued to climb to 109,680 deaths in 2022.⁽²⁾ Those depressing statistics are the overall numbers for the last four years and they are sickening.





In 2023, Gaw et al. reported that opioids were involved in the deaths of 24.1% of fatal poisonings in infants and children (5 and under) back in 2005, and that number tragically more than doubled in 2018 to 52.2%.⁽³⁾ Also in 2023, Gomes and her team stated that 10.2% of teen deaths ages 15-19 are due to opioids.⁽⁴⁾ It is encouraging to see that that figure has improved compared to the number of younger children whose health care is solely dependent upon care givers, even though the loss of lives so young is unimaginable. Increased autonomy comes with age; decisions are being made for themselves.



Why us?

Moore et al. postulated the question, “why do we prescribe Vicodin?” in 2016, revealing that 80% of patients get a script for pain management that they do not need.⁽⁵⁾ This is true for children and teens as well, perhaps even more so. Dentists are often portrayed as one of the top prescribers of pain medication. Dentists are often portrayed as one of the top prescribers of pain medication, but as Chandrashekar, et al. illustrated, nurse practitioners prescribed for dental diagnoses, at 3x the rate that dentists did. The statistics on pain medication received for dental needs could be skewed since not all perceived dental needs were and are being handled by dentists on this matter.⁽⁶⁾ In other words, it could appear that the nurse practitioners were clearing the room by prescribing antibiotics and opioids to those presenting with dental needs. Harbaugh, et al. stated that more than twice the number of teens whose caregiver filled prescriptions after extractions (third molars especially) developed persistent opioid usage.⁽⁷⁾ That is a disturbing fact when coupled with the knowledge that almost half of teens are opioid naive and therefore a higher risk.⁽⁸⁾

Dentistry can and must do better. Dentists need to face themselves in the mirror and understand their shortcomings. This is most evident in an article by Heron, et al. They named dentists as the biggest prescribers of opioids to those under 18 years of age. They also cited that 84% of dentists believed in the combination of acetaminophen and ibuprofen. Yet, 43% of dentists were regular writers for opioids. And this was done knowing that 50% of patients have leftovers and 69% of them misuse/divert these pain killers. Indeed, they were correct in naming the article as “a survey of opioid prescribing among dentists indicates need for more effective education regarding pain management.”⁽⁹⁾ More education is needed and the more effective the better.



Why are the young so susceptible?

Many could and will cite a familial history. This is not entirely wrong as one only needs to see a neonate suffering from SUD as a tough way to begin life. There can also be a genetic factor. Parents with depression, anxiety, PTSD, and bipolar disorder can have children up to 50% more at risk⁽¹⁰⁾ Nguyen demonstrated that one in 35 pregnancies showed the mother using opioids, and 86% of those began with prescriptions.⁽¹¹⁾ Vanderbilt University, in 2014, cited that there were 10.1 babies born out of 1000 with Hepatitis C and that they were mostly from intravenous drug abuse.⁽¹²⁾ Given that the number of overdose deaths has risen since that time, it is logical to assume that this number has risen as well, though it is not known if it is proportional.

Teens make poor decisions sometimes. This could be because their brains are still developing as the brain develops from back to front. Liu et al. wrote in the Clinical Journal of Sports Medicine that misuse of drugs can affect frontal lobe development and alter reward pathways. Up to 33% could suffer from SUD if they have had drugs before their high school graduation, and 10% could start after a three-day supply. Risk factors for opioid misuse include mental health problems such as attention-deficit/hyperactivity disorder, use of other illicit substances, housing instability, social absenteeism, friends who misuse opioids, and living in a rural area.⁽¹³⁾ Sports medicine is a non-dental avenue for children and adolescents to be exposed to opioids. Injuries can result from hockey, karate, gymnastics, basketball, baseball, softball, football, cheerleading, track and field events among other sporting activities.

“Gone are the days of yesteryear with a stereotypical corner drug dealer wearing a trench coat with many drug choices inside the folds.”

Suicide is another area where concern is great. Many teens will try to use pills to make an attempt on their own lives. It is the second highest reason for deaths in those aged 10-19, and suicide increases with opioid usage. Many cited feelings of sadness and hopelessness.⁽¹⁴⁾ This was echoed by Oquendo and Volkow in the New England Journal of Medicine by listing depression.⁽¹⁵⁾ Opioids are not an acceptable treatment for depression. Naloxone will not interfere with antidepressants, so a healthcare provider should feel secure in this knowledge should the need arise.

Many kids will not eat leftovers when it comes to meals. Sadly, this is not true when it comes to leftover prescription medications. In a post-COVID world texting study in 2021, the University of Pennsylvania showed that 61% of opioids went unused.⁽¹⁶⁾ This number echoes the works of others cited within. A Tennessee study published in 2022 showed that 90% of parents still had leftover opioids despite the state’s three-day acute pain guidance. Moreover, 68% of parents kept the narcotics in an unlocked location.⁽¹⁷⁾ Some caregivers threw them out but it is quite possible for the youths to recover them from the trash. This is why trashed pills are recommended to be crushed in kitty litter or coffee grounds. Children and teens are also taking pills that were prescribed for other family members and abusing them.⁽¹⁸⁾

Gone are the days of yesteryear with a stereotypical corner drug dealer wearing a trench coat with many drug choices inside the folds. Technology has made life easier in many aspects and, yet much more complicated. Kids are using social media more and beginning to use technology earlier in their lives. It is not all YouTube videos, Roblox, Minecraft, Instagram, Facebook, etc. Social media is a drug dealer’s dream and any caregiver’s nightmare. A middle school boy was found dead, still clutching his teddy bear, from fentanyl he acquired from Snapchat, thinking he was buying oxycodone.⁽¹⁹⁾ The dark web is also an avenue for drug dealing. A 2021 study revealed almost 250,000 listings over ten marketplaces, extending to 1.1 million threads on buying drugs.⁽²⁰⁾ Thankfully, the government is aware of this newer problematic source. Operation Dark HunTor in 2021 netted a haul. There were 150 suspects of which 65 were Americans out of the ten nations involved. Authorities recovered \$32 million in cash, 45 weapons, and 500 pounds of illegal drugs, of which there were 4 million doses of fentanyl.⁽²¹⁾

Why is fentanyl such a problem?

Fentanyl abuse has been rising rapidly. It has 75 times the morphine milligram equivalent (MME) of hydrocodone or morphine. It is cheap. As actual opioid issues drop, fentanyl and other synthetics rise. Such is the case with children abusing this drug. In 2023, Gaither reported that there have been over 5,000 deaths of children/adolescents from specifically fentanyl during 1999-2021. A shocking 50% of those mortalities happened in the years post-COVID.⁽²²⁾ Fentanyl is often mixed with other drugs like opioids, cocaine or methamphetamine.

“NOT ALL MONSTERS ARE THE IMAGINARY ONES HIDING UNDER THE BED.”



In Giles County, where the city of Pulaski, TN is, a warning was posted in 2022 about person(s) placing a trace amount of fentanyl inside folded dollar bills at gas stations.⁽²³⁾ Kids could pick up the loose free money, thereby encountering the powerful drug, which could have resulted in overdoses similar to those suffered by first responders who unknowingly came into contact with the drug. In Clarksville, TN, a court case in 2022 saw a woman plead guilty to second-degree murder by injecting her domestic significant other with methamphetamine and fentanyl.⁽²⁴⁾ These issues are not unique to Tennessee. Georgia has seen fentanyl deaths in adolescents aged 10 to 19 increase 800% from 2019 to 2021.⁽²⁵⁾ In California, local bars give away test strips to kids to see if the drugs are laced with

fentanyl.⁽²⁶⁾ Back here in Tennessee, in November 2022, at Sewanee Elementary School, a bust was made by the school's resource officer. It yielded 7.6 ounces of suspected fentanyl, 9 ounces of suspected marijuana, a loaded 9mm handgun and \$4,463 in cash.⁽²⁷⁾ In Bakersfield, CA, in September 2022 at Chipman Junior High School, a 13-year-old child was arrested for fighting with another student while he had 150 pills laced with fentanyl and \$300 cash. A school supervisor overdosed by touching the container and was given Narcan to reverse the contacted fentanyl.⁽²⁸⁾ These are recent examples of children possessing, dealing, and encountering drugs and their trade in the kids' alleged safe spaces. There is a lot of fentanyl and its derivatives in Tennessee.

What about reversal agents and recoveries?

The American Academy of Pediatrics recommends buprenorphine for opioid use disorder for at least 12 weeks with counseling and behavioral therapy. Federal regulations prohibit most methadone programs for those under 18 years old.⁽²⁹⁾ As of July 1, 2022 in Tennessee, when dentists prescribe over three days or 180 MME and a benzodiazepine, an offer for an opioid reversal agent must be made. This is on par with other states as nationally, the number of naloxone prescriptions dispensed by U.S. retail pharmacies doubled from 2017 to 2018, rising from 271,000 to 557,000.⁽³⁰⁾ The old saying of, "an ounce of prevention is better than a pound of cure" is best represented by checking the Controlled Substances Monitoring Database (CSMD) for every patient, even the young ones. Doctors should also check their profiles to monitor for unusual activity. From 2011 to 2018 in Tennessee, potential doctor-pharmacy shoppers dropped 85% by doctors using the CSMD.⁽³¹⁾

“The American Academy of Pediatrics recommends buprenorphine for opioid use disorder for at least 12 weeks with counseling and behavioral therapy.”



Tennessee Code Annotated (T.C.A.) 63-1-402 states that prescription writing/ chemical dependency courses should discuss the muscle relaxer carisoprodol (Soma) as well as barbiturates. ⁽³²⁾ Carisoprodol potentiates opioids and is dangerous with alcohol as well. The reversal agent is bemegride. Barbiturates are central nervous system depressants that were essentially replaced by benzodiazepines but still have use today for treating epilepsy, migraines and in anesthesia. Barbiturates act by affecting the chloride pore on GABA-A receptors similar to the mechanism of action of benzodiazepines. As with carisoprodol, bemegride is also the reversal agent for barbiturates.

Narcan or the generic version, naloxone, can be given to any age patient if opioid overdose is suspected. There is no downside to being wrong and erring on the side of caution. It is considered a gold standard for opioid antagonists, though there are others. A Good Samaritan Law protects Tennesseans who administer naloxone to an unconscious patient that they have reason to believe has overdosed.

How is 2023 a year for change?

A lot has happened in 2023 to help us educate our patients, our children and ourselves for the future. Perhaps it is the light that needs to be seen with all these dismally dark statistics. First, the Drug Enforcement Agency (DEA) passed the Medication Access and Training Expansion (MATE) act. Beginning on June 27, 2023, all healthcare prescribers need to complete a one-time eight-hour on treatment and management

of patients with opioids or SUD. It is a requirement before renewing their DEA license next cycle of renewal. ⁽³³⁾ Next, the Centers for Disease Control and Prevention (CDC) released new guidelines for acute pain management. The CDC updated the 2016 guidelines in 2022 and those were last reviewed in March 2023. The main messages were to use nonopioids primarily, do not co-prescribe opioids with benzodiazepines and use short-acting opioids for no more than 3-5 days. ⁽³⁴⁾

The state of Tennessee released a list of the top ten drugs being abused in 2023. This was done to further educate all the citizens, not just providers, patients and parents. Number ten is Delta-9 THC, a cannabis-based derivative. Xylazine was next and it is also known as: tranq, tranq dope, sleep-cut, Philly dope and/or zombie drug. It is often observed with severe necrotic skin ulcerations. Buprenorphine was next. Heroin or diacetylmorphine, with its 2-4x MME potency, came in seventh. The first fentanyl, Fluorofentanyl, is next. Cocaine is in fifth place. The fourth is 4-AANP. It is a precursor to fentanyl and acetyl fentanyl. Fentanyl itself comes in third place. Marijuana is the second most abused drug in Tennessee. The top offender is Methamphetamine. ⁽³⁵⁾ Here in Tennessee, it is often mixed with fentanyl, acetaminophen, and finally bromphine to make it a purple color, hence the nickname Purple Fentanyl. Bromphine makes other drugs purple and appealing as well. In and of itself, it is a synthetic opioid that has no DEA approval. ⁽³⁶⁾

Help is on the way. Reversal agents are hyped on

roadside billboards in Tennessee. As of September 2023, the reversal agents will be hitting the shelves in grocery stores and pharmacies for over-the-counter purchase. ⁽³⁷⁾ Initially, these will be naloxone or Narcan. A "new" reversal agent is also back in 2023. Opvee from Indivior is nalmefene hydrochloride. It comes as a nasal spray as well. It is indicated for opioid overdoses in adults and children over 12. Nalmefene (Revox) was available from 1995-2008, but it was costly. It is equipotent to naloxone but longer acting. In Europe, it is used to help treat alcoholism. Another choice for a "new" reversal agent for 2023 is ReVive. ReVive is a naloxone hydrochloride from Harm Reduction Therapeutics. In July 2023, Food and Drug Administration (FDA) approval was granted for it.

Finally, the American Dental Association (ADA) in August 2023, released guidelines for treating acute dental pain in children under 12 years of age. It appeared in their September 2023 journal. This was a collaboration between the ADA Science and Research Institute, the University of Pittsburgh School of Dental Medicine, and the Center for Integrative Global Oral Health at the University of Pennsylvania. This is the first part, as the second part will deal with adolescents. The "evidence-based clinical practice guideline for the pharmacologic management of acute dental pain in children" spells out a great many things. It reminds dentists that tramadol and codeine in children has been contraindicated by the FDA since 2017. Essentially, it recommends acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) as first-line treatments for managing short-term pain in children. The guideline also recommends not using benzocaine topicals for teething in the very young children due to a fear of methemoglobinemia. ⁽³⁸⁾ Combining acetaminophen and ibuprofen has long been known to be an excellent choice for pain relief and is safer for children who are wholly opioid naive (and adults).

Not all monsters are the imaginary ones hiding under the bed. Some are on the streets, and some are living right in the homes of the children. There are types of monsters at school and on the web and social media. Education helps shine the light of truth and knowledge to assist in banishing the demons that could plague children and society. By teaching the children well and leading the way, dentists and other providers can help them achieve their futures.

Thank You!

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AN OPEN LETTER TO ADA MEMBERS

THE VALUE OF A UNITED TRIPARTITE AND THE ADA

The American Society of Constituent Dental Executives (ASCDE), representing state dental association executive directors and CEOs, believes that a unified tripartite is crucial for advancing the dental profession and its values.

Many ADA programs that provide direct assistance to dentists, regardless of practice modality, are highly visible and well known. Other ADA programs are less visible but no less valuable to dentistry, the public, and the tripartite. This includes critical



"MANY ADA PROGRAMS THAT PROVIDE DIRECT ASSISTANCE TO DENTISTS, REGARDLESS OF PRACTICE MODALITY, ARE HIGHLY VISIBLE AND WELL KNOWN."

As Executive Directors/CEOs of state dental associations, we often focus on the value of organized dentistry at the state and local levels. However, the American Dental Association is also an important, valuable partner in the tripartite structure of organized dentistry.

A dentist's membership in organized dentistry means the individual gets the benefit of the tripartite – the local dental society, the state dental association, and the ADA – all working together to support dentists and their practices, while also protecting dentistry as a profession and promoting the oral health of the public. The strong tripartite of organized dentistry helped to build the modern dental profession that we have today – a profession that is compassionate, inclusive, trusted, and respected.

support services to state dental associations and local dental societies. A discussion of some of the amazing benefits provided by the ADA can be found below.

Not every state dental association and local dental society uses all the support services offered by the ADA, but most have used several of these benefits at some point. Whether it is a grant to help advance a legislative issue, financial assistance with litigation, or an invitation to the ADA to weigh in on an important scientific issue, we all benefit from having access to ADA's resources. And similarly, we all benefit every time the ADA assists one of our sister state or local dental societies as it strengthens our collective body. We know that issues that are not adequately addressed in one state can blossom into problems in other states, which is why we stay unified in support of the tripartite and the dental profession wherever issues arise.

While dentistry's challenges continue to evolve so does organized dentistry as we rise to meet those challenges together as a strong, influential, and unified profession. Organized dentistry's engagement and membership market share are the envy of nearly all other professional associations, especially in the health care professions. The ASCDE strongly believes unity is critical as we address the unique challenges and opportunities facing dentistry today and build on our strong foundation to achieve continued success into the future. We are better together.

ESSENTIAL ADA BENEFITS:

The Voice of the Dental Profession

The ADA is the public authority on all dental topics. When the national media outlets cover dental issues, they seek input from the ADA. The ADA's team of trained spokespeople and subject matter experts speak to the collective wisdom of the profession to the media, policymakers, and the public. For state or local level inquiries, we often turn to ADA resources or messaging to add validity and heft to our own communications. The ADA communications efforts protect and promote

the dental profession and oral health from a position of credibility and authority unmatched by any other organization.

A Reliable Advocate

The ADA's federal advocacy has had a significantly positive impact on dental care, dental practices, and oral health. The ADA defends and promotes the profession and patients before Congress and federal regulatory agencies. The ADA routinely and successfully advocates to eliminate or reduce the impact of burdensome regulations on the practice of dentistry. No other organization can do that with such credibility. The recent passage of the Competitive Health Insurance Reform Act, which limits the antitrust exemption available to health and dental insurance companies under the McCarran-Ferguson Act, and the development of the dental licensure compact and other efforts that promote licensure portability, are recent examples of how the ADA's advocacy benefits patients and the profession.

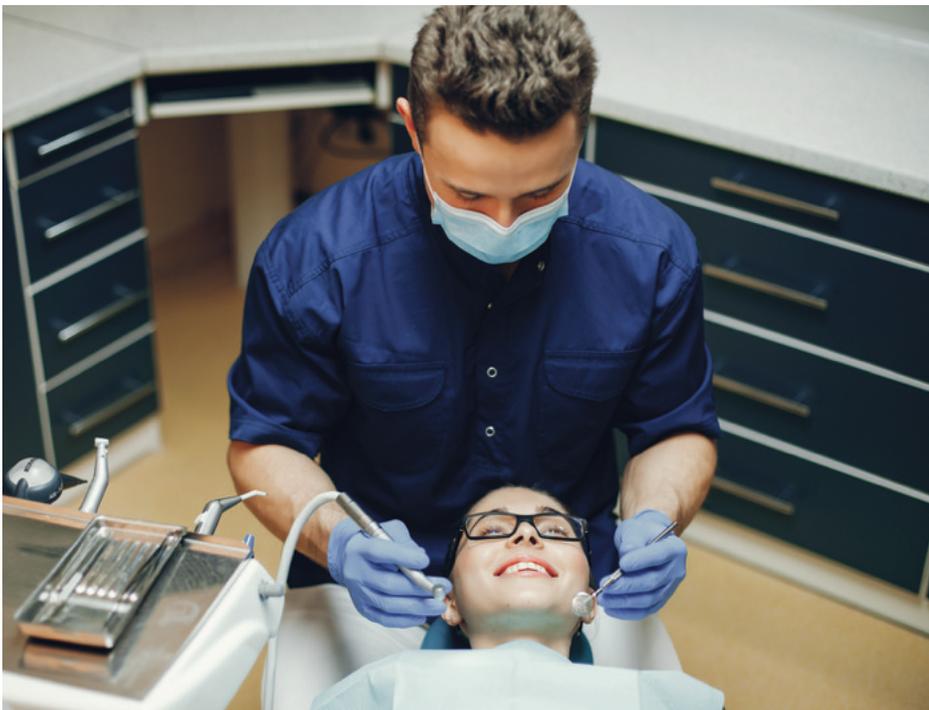
ADA Standards Program

Setting standards is one of the most crucial roles of the ADA. From the specific torque at which dental handpieces spin to the

wavelength at which dental curing lights cure, the ADA Standards cover almost every aspect of dentistry. These standards promote safety, reliability, and efficacy for dentists and the public. The U.S. Food and Drug Administration encourages dental product manufacturers to use FDA-recognized ADA consensus standards in their product submissions. No entity other than the ADA has the national presence and credibility to provide this crucial and valuable service.

Maintaining Strong Ethics

The ADA maintains the "ADA Principles of Ethics and Code of Professional Conduct." This is the universally accepted dental code of ethics in America and it serves as a publicly accessible reminder that patients come before commercial or financial interests. The ADA is the only organization that has the credibility to promote a code of ethics for the entire profession. The code is integral to ensuring dentistry remains a profession that is trusted by the public.

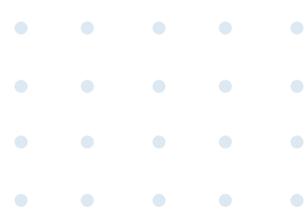


THE VOICE OF THE DENTAL PROFESSION

When the national media outlets cover dental issues, they seek input from the ADA.

ASCDE

AMERICAN SOCIETY
OF CONSTITUENT
DENTAL EXECUTIVES



“THE ADA IS THE RECOGNIZED PREEMINENT RESOURCE FOR THE SCIENCE OF ISSUES RELATED TO DENTISTRY.”



Creating Universal Codes

The ADA maintains the Code of Dental Procedures and Nomenclature (the CDT Code). The CDT code is the universally accepted standard for documenting dental treatment and ensures a level of consistency for payment of dental services. Only the ADA has the credibility that ensures these codes are universally accepted by payers, the government, and dentists. The ADA also ensures these codes are regularly reviewed and updated – keeping up with changes in technology and dental practice.

Science and Research

The ADA Science and Research Institute is crucial for advancement of dentistry through scientific research and provision of information that is practical, useful, and free from outside bias. The ADA’s research allows for development of evidence-based best practices and clinical practice guidelines that drive innovation and support the delivery of optimal oral health care.

The ADA is regularly called upon by state and local dental societies to provide science and evidence-based information to regulatory bodies about dental amalgam, water fluoridation, and other dental-related issues. The ADA is the recognized preeminent resource for the science of issues related to dentistry.

Health Policy Institute

The ADA Health Policy Institute (HPI) conducts innovative studies on a wide range of topics impacting the U.S. dental economy, including access to dental care, the dental workforce, utilization and benefits, dental education, health care outcomes and more. A recent example of the importance of HPI is the COVID-19 Economic Impact on Dental Practices polling that was instrumental in providing valid data and guidance to policymakers and industry stakeholders during the pandemic.



ADA Credentialing Service

The ADA Credentialing Service allow dentists to avoid the repetitive, slow, and cumbersome method of submitting error-prone traditional paper applications for credentialing and re-credentialing. Through the ADA Credentialing system, dentists are able to retain ownership and control over access to their data while simultaneously reducing the administrative burden of filling out repetitive information for multiple dental plans. More than 100,000 dentists have used the ADA Credentialing Service, clearly illustrating its value.

Additional ADA Benefits and Programs

We could continue to go on about invaluable ADA programs and benefits like diversity leadership training, wellness and mental health support, and the ADA seal of acceptance program for consumer products that helps the public make informed decisions about dental-related products. There simply isn't enough space to list all that the ADA does to benefit the profession, the public, and oral health.

ADA Support for the Tripartite

One of the least visible aspects of the ADA is its support for state and local dental societies. Just as providing roads, electrical service, and water and sewer lines are important to our communities, the ADA provides important infrastructure that sustains and enhances the work of state dental associations and local dental societies across America. These "public works" may not be as visible as the direct benefits like advocacy and dental practice support, but they are no less vital to the success of organized dentistry and the dental profession.



For example, the ADA aggregates best practices and provides toolkits for various issues, including membership recruitment and retention and in-office dental plans. The ADA also provides expert information about dental insurance reform legislation, which encompasses dental loss ratio, noncovered services, prior authorization, and virtual credit cards. All of these tools can be modified to fit specific specifications and help state dental associations save time and resources while advancing issues that benefit member dentists.

Perhaps the most underpublicized aspect of the ADA's support for the tripartite is its investment in technology to provide local dental societies and state dental associations with a shared membership management database and software that enhance our ability to meet and track member dentists' specific needs, streamline processes, assist with governance, and aid meeting planning. The ADA's investment in this technology saves state and local resources and enhances our effectiveness.



NEW DENTIST CORNER

8 ways to better engage patients

As dental practitioners, we want to ensure the patient's oral health as well as overall wellbeing. However, the fact is that a large part of the patient's wellbeing is determined by how invested they are in their own health. It is by working on patient engagement strategies that can offer lasting results for patients. Let's look at what patient engagement is, what it entails, and importantly what are some patient engagement steps I've found helpful based on my experience.

WHAT IS PATIENT ENGAGEMENT?

Essentially patient engagement makes sure that the dental health provider and the patient work together for the patient's wellbeing. Patients who become involved with their treatment, care and play an active role in their recovery are said to be engaged patients.

It ensures that the patient is actively engaged in gathering information as well as making decisions about treatment options and overall have a voice in the health care experience.

BENEFITS OF PATIENT ENGAGEMENT

Patient engagement offers a wide range of benefits, including but not limited to:

- The patient feels respected and heard. In turn, this leads to them being more loyal to the health care provider.
- It improves the long-term health of the patient. Engaged patients tend to make better choices related to their health.
- Once again, engaged patients tend to follow aftercare instructions which reduce the possibility of preventable readmissions.
- With engaged patients decreasing the no-show rates, it reduces overall costs. It is the unengaged patients that are likely to delay care and to have unmet medical needs.

STRATEGIES TO IMPROVE PATIENT ENGAGEMENT

Here is an 8-step patient engagement model that can go a long way in improving health outcomes. These are based on years of

experience of dealing with innumerable clients & determining what works in keeping them involved in their overall well-being. While typically patients tend to underestimate their own role in the recovery process, these strategies keep them motivated throughout their journey.

#1. AUTOMATION

There is no doubt that patient engagement can prove to be extremely time intensive. It is thus recommended to leverage technology for this purpose. Technology offers a wide range of advantages. From improving effectiveness to helping you stay connected with the patient, and dealing with staff burnout and shortages, there are a wide variety of benefits. A potent example of the use of technology includes the use of a CRM software such as Salesforce for Customer Relationship Management. Salesforce Health Cloud is a highly beneficial adaptation of CRM for healthcare. Patient portals can also offer patients 24-hour access to data on their personal health.



DR. SHARDA PATEL

Dr. Sharda Patel runs a family dentistry in Pleasanton, California. She is a graduate from the Tufts University of Dental Medicines. She is a member of the American Dental Association, California Dental Association, and the American Dental Education Association. She is thorough, caring, and dedicated to patient satisfaction and comfort. You may find her reading a paperback on weekends.



#2. SEGMENTING PATIENT POPULATION

Whether or not you use technology, you need to treat every patient as an individual. An engagement strategy that works well for one patient may not work for the other. It is therefore important to follow the process of segmentation for your patients. I recommend these parameters when doing segmentation:

- By demographics: age, sex, ethnicity.
- By psychographics: such as motivations, opinions, beliefs.

The right segmentation can help craft messages that speak to each segment and ensure that engagement rates improve. For instance, when I am dealing with a young working professional who is extremely busy in his or her job and who tends to skip regular checkups, the frequency of reminders may be more. In fact, the use of text messages may work well as they would likely put the appointment on their calendar.

#3. BEGIN ENGAGEMENT PRE-VISIT

Beginning the engagement process once the patient checks in to the clinic might be too late. The patient engagement process is best begun with simple pre-visit procedures such as appointment reminders, intake forms and more. By resolving the paperwork before the appointment, the intake can be streamlined. Also, as a dental care provider, you have the information and full medical history to be able to address their needs accurately. It would be in rare case that you attend a patient for emergency dental care, and in that case, you won't have their medical history available in advance.

#4. SHARED DECISION MAKING

Traditionally we are taught to think that it is the health care provider who can use their knowledge and training to make a diagnosis and fix the problem, and that the patient isn't qualified to talk about their illness. Shared decision-making turns this model on its head. It democratizes health care and puts the patient on an equal footing. The patient and the health care provider work together in discussing treatment options. Inviting the patient to participate increases their engagement and patient satisfaction.

#5. AFTERCARE

Aftercare is an important aspect of the treatment plan, and it is here more than ever that patient engagement is required. This is because non-adherence to aftercare instructions can lead to poor health outcomes and complications. Aftercare engagement can mean following up on medication, symptoms to watch out for, and more.

#6. ALL-ROUND CARE

You need to ensure that patient care does not end once they have recovered. Instead, engaging with your patient on an ongoing basis is a valuable tool in building trust. When patients hear from their health care providers when they are not in the throes of a dental problem, they are more likely to come to you, when they are. In addition, through continuous care, you can also offer preventive care measures.

#7. USING THE RIGHT CHANNELS

In doing all of this, it is imperative that you go with the patient's preferred channel of communication, be it email, social media, phone, or text messages. It is best to, at the

time of onboarding, include the option to opt-in for communication. Also, due care has to be taken to ensure that the patient does not feel overwhelmed by the quantum of communication.

#8. ENSURE YOU TRACK METRICS CLOSELY

It is only by tracking the right metrics that you will be able to understand the efficacy of your patient engagement program.

Some of the metrics to track, include:

- Patient satisfaction
- Response rates
- Health outcomes
- Preventable Readmissions

TO SUM UP

By inviting patients to work closely with the health care team, you can ensure that you take that important step in making health care better. COVID-19 has in many ways brought about a dramatic shift in what patients expect from their health care providers and how they prefer to engage. The right steps can go a long way in improving both patient health outcomes as well as health care provider loyalties. In fact, the next wave of health care innovation is bound to rely strongly on patient involvement and engagement. It is imperative for health care providers, therefore, to not miss the bus when it comes to devising the right patient engagement strategies well in time.

This article originally appeared June 29, 2022 in the ADA New Dentist Now blog, newdentistblog.ada.org

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sible for the interior pest control, medical waste removal, natural gas, electric and communication services. All maintenance inside the space is the renter's responsibility as well as all the mechanical equipment. For more information, contact Michael Hart 615-394-4870.
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* Free to TDA members: one ad per year — three (3) month maximum — after third month the \$50.00 minimum and additional character charge will apply.

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