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The term *globalization* encompasses an increasing integration of economies around the world, a movement of people and knowledge across international borders, with cultural, political and environmental dimensions. These are the same market forces that have operated for centuries at all levels of human economic activity—village markets, urban industries or financial centers. Globalization presents both challenges and opportunities to dentists and the ADA.

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## WORKING WITH DENTAL LABS THAT OUTSOURCE TO FOREIGN LABS



A few years ago, there was little talk of dental laboratories outsourcing their work to foreign dental laboratories. How quickly things can change. The focus of articles in dental lab publications has rapidly moved from, “What are we going to do about this?” to “How can we take advantage of this?” Domestic labs typically outsource in one of two ways: they either ship directly to an overseas lab, or they ship through a U.S.-based broker laboratory that sends the work offshore.

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## What do YOU think?



How has globalization affected you personally or professionally?

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## PATIENTS TRAVEL IN PURSUIT OF LOWER-COST DENTAL CARE



Picking up on a discussion in the 2006 ADA House of Delegates, ADA officers and trustees devoted half a day at the Board's February meeting to look at the phenomenon of "dental tourism," patients crossing borders and oceans in pursuit of lower-cost dental care. Speakers for this session included Arnold Milstein, M.D., M.P.H, medical director at the Pacific Business Group on Health, the nation's largest employer health care purchasing coalition, and Thomas Fleszar, D.D.S., M.S., president and CEO of Delta Dental of Michigan, Ohio, Indiana and Tennessee.

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## NEW ADA HUMANITARIAN AWARD CALL FOR NOMINATIONS



The ADA is pleased to announce the new ADA Humanitarian Award, to be conferred by the Association's Board of Trustees on the recommendation of a nominating committee. The award recognizes individual volunteer commitment and leadership that has had a broad impact on oral health and the improvement of the human condition.

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## ADA Community Brief

March, 2007

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### Introduction

The term globalization encompasses an increasing integration of economies around the world, a movement of people and knowledge across international borders, with cultural, political and environmental dimensions. These are the same market forces that have operated for centuries at all levels of human economic activity—village markets, urban industries or financial centers. Globalization presents both challenges and opportunities to dentists and the ADA.

### Working with Dental Labs that Outsource to Foreign Labs

A few years ago, there was little talk of dental laboratories outsourcing their work to foreign dental laboratories. How quickly things can change. The focus of articles in dental lab publications has rapidly moved from, “What are we going to do about this?” to “How can we take advantage of this?” Domestic labs typically outsource in one of two ways: they either ship directly to an overseas lab, or they ship through a U.S.-based broker laboratory that sends the work offshore.

Several employment and economic conditions currently affecting the dental lab industry seem to favor an outsourcing business model. These trends include rapid advances in costly technology; an aging workforce that includes a high number of single-person labs; less training and education opportunities available for young workers; increasing demand for cosmetic restorations; desire for lower costs and an abundance of new restorative materials.

As the dentist ultimately responsible for patient care, you will want to know the following about lab work:

- The prostheses have been made as specified in your prescription or work order authorization.
- All materials used in the prostheses are identified.
- All materials can be verified per FDA requirements [manufacturers have completed a pre-

market notification 510(k)].

- Both recommended and required infection control standards have been followed.
- If your lab outsources to an offshore lab:
  - Is your lab registered with the FDA, as required?
  - Is an imported case marked “distributed by” rather than “manufactured by,” as required by the FDA?

On the last two points above, some dentists want to know this information prior to receiving the prostheses, sometimes called **advance disclosure**. Finding this out could be as simple as asking your lab if it outsources to offshore labs. If the reply is yes, you might request the lab's FDA registration number for verification. The Missouri Dental Association has developed an advance disclosure form that its members can download from its Web site to send to a dental lab.

One of the key elements to a successful working relationship between a dentist and a dental lab is **good communication**. The relationship depends on mutual confidence, understanding and respect. The dentist should provide the dental lab with accurate impressions and detailed procedure authorizations. Most state practice acts specify what should be included on the written laboratory authorization or prescription form and how long these forms should be kept.

The dentist selects a lab based on many factors, including level of quality, variety of services performed, size and capacity, fees, ethics and service needs such as delivery and accountability. With ultimate responsibility for patient care, the dentist needs to weigh all these factors in selecting and working with a dental lab.

### **Find Out More**

Online: [ADA News article May 19, 2006](#)

May 2005 JADA, [Dental laboratory technology in crisis](#), by Dr. Gordon Christensen and Dr. William Yancey,

June 2005 JADA, [Dental laboratory technology in crisis, part II](#), by Dr. Gordon Christensen and Dr. William Yancey

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### **Patients Travel in Pursuit of Lower-Cost Dental Care**

Picking up on a discussion in the 2006 ADA House of Delegates, ADA officers and trustees devoted half a day at the Board's February meeting to look at the phenomenon of “dental tourism,” patients crossing borders and oceans in pursuit of lower-cost dental care. Speakers for this session included Arnold Milstein, M.D., M.P.H, medical director at the Pacific Business Group on Health, the nation's largest employer health care purchasing coalition, and Thomas Fleszar, D.D.S., M.S., president and CEO of Delta Dental of Michigan, Ohio, Indiana and Tennessee.

Dr. Milstein, who has authored articles on health care tourism published recently in *Health Affairs* and the *New England Journal of Medicine*, said that offshore providers are being added to U.S. insurer networks as a hedge against spiraling costs. He noted that overseas pricing of dental and medical procedures is 50 to 80 percent less than U.S. fees, though he predicted it would be another five years before overseas travel for dental care rose to a significant level. For now, this is a larger issue in medicine, but it is on dentistry's horizon as employers push major insurers to curb costs.

Foreign claims are a miniscule portion of Delta's business, reported Dr. Fleszar. He predicted that the "balance of trade" for U.S. dental care will not shift negatively for a decade or more. Processing foreign claims requires additional time and expense. He said all such claims are thoroughly scrutinized, and Michigan Delta pays only about 60 percent of them.

Dr. Jack Brown, associate executive director, ADA Health Policy Resources Center, offered an economist's perspective on dental tourism. His full report is available on [ADA.org](#) (PDF).

The Board will continue dialogue with external agencies to address treatment, payment and claims-related issues connected with dental tourism and report findings to the 2007 House in September.

### Find Out More

Online: [Report of the Chief Policy Advisor: Globalization](#)  (PDF)

[Globalization and its implications for dentistry](#) (ADA News)

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## New ADA Humanitarian Award Call for Nominations

The ADA is pleased to announce the new ADA Humanitarian Award, to be conferred by the Association's Board of Trustees on the recommendation of a nominating committee. The award recognizes **individual volunteer commitment and leadership** that has had a broad impact on oral health and the improvement of the human condition and will be given to a member who exemplifies humanitarian ideals and attributes by:

- Contributing significantly to alleviate human suffering and improve the quality of life and oral health of those served
- Demonstrating significant leadership and outstanding humanitarian volunteer accomplishments that bring honor to the profession
- Serving as an inspiration to the dental profession
- Showing through the scope of work undertaken a commitment to humanity and selflessness in regard to direct personal or organizational gain or profit
- Establishing a legacy that is of ongoing value and benefit to others

Any active, life or retired ADA member may **nominate a candidate** by submitting a nomination to the Office of the Executive Director by October 15. Nominations received after the October 15 deadline will be retained for consideration the next year. A nominator is limited to one Humanitarian Award nomination per year. Required documentation must be included with the nomination.

### Find Out More

Online: [ADA Humanitarian Award](#)

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## Hot Button

## One Million Dentists Worldwide

According to the FDI World Dental Federation, the number of dentists who practice throughout the world is close to one million. If the ADA's recent trend of increasing its number of affiliate members is any indicator, the ADA will likely continue to experience growth in the global marketplace not only through membership but in other areas such as ADA Catalog sales, attendance at Annual Session and the purchase of online continuing education.


At the end of 2006, the ADA had 1,360 affiliate members representing more than a hundred countries, an increase of 46.5% over 2005. Almost 800 international dentists attended the 2006 ADA Annual Session in Las Vegas, of which 70% were affiliate members. The largest number of affiliate members comes from Canada, followed by Brazil, the Philippines and India.

Although ADA affiliate members come from every corner of the globe, their professional concerns echo those of U.S dentists. According to a recent online affiliate member poll, affiliate dentists want to provide optimal care for patients; stay current on materials, techniques, medication and whatever can make them better dentists; maintain the integrity of the dental profession and keep up with the latest advancements in dentistry.

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## **ADA Annual Session Is Going Global**

Discover golden opportunities to expand your world view at Annual Session, September 27-30, 2007, in San Francisco. As part of its ongoing effort to increase the participation of international attendees, dental exhibitors and dental dealers, the ADA is offering the following programs:

- Special amenities for international attendees, including a dedicated registration area and hospitality lounge, assistance from multilingual staff, and a reception where international attendees can network with each other and ADA leadership.
- International attendees also can [request an official letter of invitation](#) , intended to help facilitate travel and visa arrangements, by filling in a form.
- A tour for dentists who practice outside of the United States, with visits to a local dental office, a dental school and a dental lab.
- Naming the exhibition the "World Marketplace" to reflect participation of vendors from all over the world.

### **Find Out More**

Online: [2007 ADA Annual Session](#)

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## **ADA Works with Growing Global Dental Community**

The ADA recognizes that oral health is the shared concern of dentists everywhere, beyond the confines of national boundaries. In recognition of the growing global dental community, the ADA Center for International Development and Affairs (CIDA) was established in 2002. CIDA is the ADA's international liaison in the worldwide exchange of knowledge and experience in oral health matters, improving the quality of health care worldwide, and linking dental professionals to events, organizations, professional activities and volunteer opportunities around the world.

CIDA is liaison to the FDI World Dental Federation and facilitates the activities and work of the ADA/ FDI delegation. CIDA also administers international volunteer opportunities for ADA member dentists through its partner, Health Volunteers Overseas (HVO). The ADA and HVO together manage multiple volunteer programs that focus on education and training in developing countries through ADA member volunteers teaching sustainable techniques and procedures.

With the Division of Membership, CIDA coordinates communication with ADA member dentists who practice outside of the United States to keep them involved in the ADA community.


### **Find Out More**

Online: [ADA International Activities](#)

Call: 312-440-2726

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## **ADA Shared Global Resources**

As part of the ADA's Shared Global Resources initiative, the ADA has begun to market ADA Catalog products in select foreign countries. The focus is on adapting and translating certain products to markets where they will have the most impact. The ADA's goal is to increase revenue and raise its profile as a leader in the international dental community. In recent years the ADA has attended some of the largest and most influential dental meetings abroad, generating dialogue with key countries and interest in ADA products. You can visit [ADA Product Catalog](#) , or call 1-800-947-4746 to order products by phone.

### **Find Out More:**

[ADA Product Catalog](#) 

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## **Check This Out: Ideas from the ADA Library Staff**

Since it began in 1927, the ADA library has had international journal titles in the collection. English language international journal titles include the International Journal of Oral and Maxillofacial Surgery, the International Journal of Oral Surgery and The International Journal of Periodontics & Restorative Dentistry. National and international members can request articles for e-mail delivery. Requests are accepted by phone, fax or e-mail, and there is a per article charge of \$7.00 (less than half the average rate charged by commercial document vendors).

### **Find Out More:**

[Library Services](#)

[Online Library Catalog](#)

Call for assistance: 312-440-2653 or 800-621-8099, x2653

Fax: 312-440-2774

E-mail: [library@ada.org](mailto:library@ada.org)

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## Member Profile: Jason Stroom, D.D.S., Practiced in Iraq

A third-generation dentist, Jason Stroom, D.D.S, from Oxnard, CA, practices with Naval Mobile Construction Battalion FIVE. He is responsible for the dental care of over 850 Seabees. Recently his battalion deployed in support of Operation Iraqi Freedom, and he practiced for six months in a tent with a field operating unit.

### Find Out More

[Dr. Stroom's Profile](#)

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## Member Discounts at Dream Vacation Destinations

Do white sand beaches call to you? Starwood, ADA Member Advantage's endorsed provider of hotel discounts, has them everywhere from the Bahamas to Bora-Bora. Perhaps mountains are more appealing—think Aspen or Austria. Whatever vacation you may dream about, there likely is a Westin, Sheraton, W, St. Regis or other Starwood property to meet your needs. With over 850 to choose from in over 60 countries, you can travel the globe in style.

This spring golf on a championship course, relax at an award-winning spa or lounge poolside at a luxury resort in Scottsdale, Phoenix, Aspen, Dallas or San Antonio. Exclusive rates for ADA members start at **\$129 per night from now through May 31, 2007**. Wherever your travels take you, use your Starwood Preferred Guest Plus card to ensure that you are recognized as an ADA member and earn bonuses.

### Find Out More

[ADA Member Discount Offers at Starwood Hotels](#) 

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## 2007 Request For Proposals: Harris Fund for Children's Dental Health

The Samuel Harris Fund For Children's Dental Health Grants program will award up to \$300,000 in 2007. Community-based, not-for-profit oral health promotion programs in the United States and its territories are eligible to submit proposals by July 17 for up to \$5,000. The grant program's main objective is to help children whose socioeconomic status impedes their access to professional oral health care and adversely affects their oral health habits at home. Examples of eligible programs/projects include those that:

- conduct dental health education at schools, health fairs and social agencies, via mobile dental clinics or outreach programs;
- offer dental health education programs in conjunction with preventive programs such as fluoride and dental sealant application programs;
- distribute oral health and nutrition education materials designed for parents and/or dental professionals;
- provide instruction in the proper use of oral care products;
- develop public service announcements to increase awareness of, and appreciation for, proper childhood oral care.

Grants will be awarded based on:

- originality, creativity and innovation;
- potential for, or history of, continuous program operation;
- community involvement including volunteer support;
- oral health awareness education and promotion content;
- potential impact on the target audience and/or community.

### **Find Out More:**

For more information, or to download the Request for Proposals and grant proposal summary form, visit [www.adafoundation.org](http://www.adafoundation.org).

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### **What do you think?**

**Question:** *How has globalization affected you personally or professionally?*

[Respond Now](#) 

### **Responses to Last Issue's Question:**

*Did you participate in Give Kids A Smile® on February 2 and do you have any observations to share?*

- Yes. It was an amazing experience. For the most part the kids were very cooperative. The cases varied from excellent hygiene to very poor. I only hope that the parents and children follow up with the treatment recommended to them. All in all, I loved it and would definitely participate in this program next year.
- No. It may seem strange for someone who feels they are a children's advocate to not participate in GKAS day, but it's only one day. What about the rest of the year? I work with Public Assistance patients nearly every working day of the year. It takes a substantial part of my day and reimburses me next to nothing, certainly not enough to pay my expenses. I can't use the good feelings we get from doing this kind of work to pay the rent or our salaries. Charity is not a health care system, but even so, if more dentists would treat these patients, there might be better care and less need for GKAS days. I'm frustrated by both the lack of dentists who will treat PA patients and government legislation that passes the burden of paying for these services to the private sector instead of funding payment.
- Yes, not enough dentists participate. In my county in California, less than 20% volunteer. As usual a small minority do the good works for which the majority gets credit! I will personally continue to give, but it does irritate me with the lack of participation by our fellow members!!!
- At UB (University at Buffalo) school of dental medicine, our program has grown out of partnership with local Head Start organizations and the Buffalo Public Schools. Their coordinators, principals and school nurses were able to pinpoint children in need and underserved. Screening in the schools prior to the day's event really helped. Having translators for our refugee children was a must, and we will have to work on this for next year too. Teenagers seemed to need the most care, as well as a group of Mennonites whom we were so pleased took the invitation to travel two hours to visit us for care. We appreciated seeing so many children in dire need because now we know that they have an

opportunity for access to care. We provided preventive and surgical treatment, consultations and just lots of loving care and fun. We created a Teddy Bear Clinic for the little ones—collaborating with medical and nursing students to provide comprehensive health information. And we included a very important social work program unique to our school—The CARES program—to help discuss with families ways to remove barriers to dental care. Thanks to Dr. Paul Creighton, Rebecca Baty MS, Cheryl Divita RDH, Barb Marino RDH and Sylvia Cohen RDH, Rochelle Martin RDH, Colleen Bryan, Sue Ventrasca, Jackie Vinson RN, Tracie Hill RDH and Fest RDH and our up to 200 volunteers (including students), who even dressed up like Superman and made animal shaped balloons to keep patients happy. Observation: Teamwork makes the dream work. Meelin Chin Kit-Wells D.D.S.

- Although Give Kids A Smile Day is filled with so many positive experiences, it does break one's heart to see the few children who describe living with months of discomfort and pain because their parents cannot afford dental care. You can't help but ask what could be changed so that all children have access to care.
- We were able to treatment plan, do prophys and fluoride treatments on 34 children. Children who need additional treatment are to be seen at the Knox County Department of Health or in private dental offices of the Second District Members. It was a fun day! Susan Orwick-Barnes D.D.S., Second District Dental Society Knoxville, TN
- May I share a seldom seen opinion? Unfortunately, I do not appreciate the recognition given to those that serve. I and my staff decided to give without the recognition. It seems more altruistic.
- Yes, and I will be doing further care for some of those children.
- Yes, and it was a fantastic experience. I can't wait to do it again next year.
- Yes we did. We have had a great experience with GKAS.
- Yes. It was a very worthwhile day. We did exams and work that day for as many as the school nurse thought were in need of care. We will treat these patients to completion with no cost to the families concerned. More offices should do this as it is a very positive experience and the children for the most part do appreciate the dental visit.
- Yes, we provided care to seven patients, who were pre-screened by our local community free pediatric clinic (Kemple Clinic), and provided nearly \$5,000 in free care. I highly recommend getting the word out specifically to CEREC doctors, as these kids typically get prefabricated SSCs placed on permanent molars due to cost. We were able to place three crowns using CEREC for these kids, providing them with long-term, gorgeous crowns that they would otherwise not have received. I requested kids who needed crowns placed, and it was a great service to them, and their parents were greatly appreciative.
- Our office provided almost \$5,000 worth of free dental care in the half day we allotted to GKAS. Many of the patients required emergency extractions in lieu of preventive/ educational care. Perhaps we should consider twice a year to allow more prevention services to be provided. Dr. Cynthia Becker
- Yes I did, but in a well off area where my practice is located. It was extremely difficult to solicit patients to come to me so we used the materials donated by going to schools and educating about dentistry and prevention to the best of our ability.
- I did not specifically participate in GKAS Day. I and many of my colleagues provide free care throughout the year in our community. Dale Nickelsen
- The program I participated in at SIU-E Dental Clinic was staffed primarily by students. I question the amount of oversight by clinical instructors. Oh well, the kids had a good time.
- Lets say you ask someone, "Would you like to go out for lunch?" They reply, "Yes, thank you." Then you say, "Well there's a restaurant, so go get yourself some lunch." Sucker! This seemed to be akin to the GIVE KIDS A SMILE day ADA asked, "Would you like to help some kids?" I said, "Why I'd be happy to." The ADA's response, "Great! Go find some kids and give them a smile." So I spent Friday Feb. 2 with an empty office, a staff that still got paid, and no kids to give a smile to. Fortunately I got my Certificate of Participation from the

ADA. Well at least that gave ME a smile. Spencer Schwartz, Nutley, NJ

- I participated at Southern Illinois University School of Dental Medicine. The organizer, Dr. Poonam Jain, did a superb job. The whole day went well and I felt as though I provided a valuable service. This is either the fourth or fifth year that SIU-SDM held a GKAS. By far, this was the best. Kevin E. Kays, DMD.
- Our office provided dental hygiene and operative dentistry to children from the Washtenaw Children's Dental Clinic for half a day. This clinic provides basic dental services to children of low-income families in the Washtenaw county of Michigan area. We regularly do this two to three times per year. L. H. Lofstrom, D.D.S..
- I planned to give a presentation to one class (2nd grade) of 20 students at St. Joseph School in Keene, NH, but I received 50 oral care kits, so I gave presentations to kindergarten, 1, 2 and 3 grades and had enough toothbrushes for all. The 8th grade science teacher also asked me to do a presentation for his class, which I did. Thanks to Colgate and Sullivan-Schein for the oral care kits they donated. It was a great experience for all. Karen Rodden, D.D.S..

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