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CODA approves accreditation process for dental therapy education programs

The Commission on Dental Accreditation (CODA) voted in August to implement the accreditation process for dental therapy education programs. The CODA adopted accreditation standards for dental therapy education programs at its Feb. 6 meeting. Subsequent to that, the CODA requested additional information from communities of interest surrounding criteria 2 and 5 in its Principles and Criteria Eligibility of Allied Dental Programs for Accreditation document. Criteria 2. The allied dental education area been in operation for a sufficient period of time to establish benchmarks and adequately measure performance. Criteria 5. Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline? On Aug. 7, the CODA determined that these criteria had been met and voted to implement the accreditation process for dental therapy education programs. Currently there are two dental therapy education programs in Minnesota. “The adoption and implementation of dental therapy education standards is a significant milestone,” said American Dental Hygienists’ Association President Jill Rethman, RDH, BA. “These new programs are helping to address unmet oral health needs of the public and create a new career path for dental hygienists.”

ADA, AGD response
The American Dental Association and Academy of General Dentistry separately issued statements in news releases in response to the accreditation step by CODA. The ADA believes it is in the best interests of the public that only dentists diagnose dental disease and perform surgical and irreversible procedures. “This decision makes it clear through testimony and written comments to CODA that the AGD has opposed the standards and their implementation. The standards require a curriculum of only three years post-high school, and the AGD has repeatedly contested the contention that challenges with populations not receiving adequate oral health care cannot be addressed through expansion of existing programs.”

In response to the decision by CODA that criteria 2 and 5 had been met, AGD President W. Mark Donald, DMD, MAGD, said, “Clearly, the required criteria have not been met. Dental therapy educational programs are operational in only two states, and diagnoses and surgical procedures by non-dentists are illegal in all states. There is an obvious lack of widespread support from public or professional communities for dental therapy programs.”

Highlights in the approved standards
Following are a few highlights from the approved dental therapy standards-
Program length. The educational program must include at least three academic years of full-time instruction or its equivalent at the postsecondary level.
Advanced standing. The program may grant credit for prior coursework toward completion of the dental therapy program. This credit may be given to dental assistants, expanded function dental assistants and dental hygienists who are moving into a dental therapy program.
Supervision. The dental therapist provides care with supervision at a level specified by the state practice act.
Scope of practice. Dental therapy’s minimal scope of practice is outlined in the standards by listing the competencies required within the dental therapy curriculum. Some of the assessment skills such as evaluation, charting, patient referral and radiographs are listed. Preventive functions include, but are not limited to subgingival scaling and dental prophylaxis, application of preventive agents, dispensing and administration of non-narcotic medications via oral or topical routes as prescribed by a licensed health-care provider based on state laws. Restorative/surgical procedures include simple extractions of primary teeth, fabrication of temporary crowns, pulp capping, preparation and placement of direct restorations.
Relation to state statutes. All authorized functions of dental therapists in the state in which they practice must be included in the curriculum at the level, depth and scope required by the state.
Program director. The dental therapy program director must be a licensed dentist or a licensed dental therapist who possesses a master’s or higher degree and must have a full-time administrative appointment as defined by the institution. You can learn more about the dental therapy standards for accreditation online via www.adha.org/resources-docs/CODA_Accreditation_Standards.pdf.

Commentary
Appointments in Williamsburg
Some things don’t change: Patients are looking for you. There are apps that help them find you and show up as scheduled

By Patricia Walsh, RDH
Editor in Chief

Summer comes early to Colonial Williamsburg. Poppies, our national symbol of remembrance, are in full bloom by Memorial Day. I just love the town’s wig maker’s shop, which also would have doubled as the town barber shop. It was fashionable for well-to-do young ladies to have their hair shaved at such shops prior to being fitted for a wig. By 1775, the year this living-history site is modeled on, the barber no longer extracted teeth. In 1745, by royal decree, tooth extractions and blood letting could be done only by physicians. It was the French king who first decided this was the right way to go. England’s George II soon followed suit.

This was my first long road trip in many years. It struck me how simplified traveling had become. I gleefully zoomed past the Virginia toll booths at 65 mph with my EZ Pass My “navigation lady” quickly directed me to a gas station when I was lost in the woods of Quantico. The Marriott app allowed me to check in for extra points in advance. Ten years ago, it is unlikely I would have understood what WiFi actually was, and an app was still a mystery. If our Colonial forebearers had spotted me staring down at a rectangular lighted object, it would have been an episode right out of Star Trek.

My phone is now tuned to the business of dentistry — and appointment making. If you were living in a small town in Virginia where there was no physician, the barber would still step up and extract your tooth for you, royal decree or not. Unless, of course, his street pole was painted blue and white versus red and white. Blue and white stripes signified that the business did not involve blood.

When patients are in pain, they wish to be seen right away. We live in a mobile society, and it’s become more and more common for people not to have an established dentist. I could write a book about societal changes and the uptick in last-minute dental-appointment cancellations at one time or another, we have certainly all muttered “That no-show space could have been used by a patient with urgent needs.”

Travels in Williamsburg, Va., inspire Editor in Chief Patricia Walsh, RDH, to thoughts of no-shows, patients in pain and some of the latest offerings in scheduling apps. Photos/ Patricia Walsh, Hygiene Tribune

In terms of hygienists working on commission, they are typically tethered to their cell phone and prefer to be the single ‘point of contact.’ Regardless of the pay structure, hygienists with too many holes in their schedule run the risk of losing office hours. While ZocDoc may enable a patient flying in from Singapore to schedule and confirm an appointment at 2 a.m., when an office is closed, I doubt this particular app would have a big edge over Everseat to ‘get the patient seen sooner’...Also, while my knowledge of computing is minimal, it seems to me some programs may offer less of a chance for a dental office computer to become hacked or potentially infected with a subscriber’s virus. Internet security questions will be prevalent as more and more scheduling apps become available.

Most of the scheduling apps have a ‘drop-down menu for medical or dental specialties. I liked the Everseat presentation which allows for the bio and photo of the hygienist to be added separately from the dentist’s information. On one of the sites, a dropdown search yielded the word ‘Discport’ under specialties. Still being in ‘dental-think’ mode, my immediate reaction was ‘what the heck is Discport?’ One of those new multicolored mouthguards for hockey players? I am now taking great delight in the fact that I am not old enough to be familiar with every popular facial filler available at the dermatologist.

Having the name of your practice visible for the tech-savvy patient has become increasingly important. It needs to be either in a search-engine return for the prospective patient or a convenient download application for the established patient. Wouldn’t it make sense to have your ‘appointment-app’ logo highly visible while patients are tap-tap-tapping onto their cell phone in the waiting room? Tech attracts tech. I would even add the app symbol to all print advertising and the office website.

Having a dental office website with an ‘appointment-request’ option is not the same as merely clicking onto a visible available-appointment time. Many hospitals are already starting to offer this app option. It’s just a matter of time before dentistry offers patients more control over their appointment slots. A patient cell phone app in the pipeline is being developed by LocalMed.com. According to its website, ‘91 percent of GenY respondents said they would switch doctors for one with better online access.’ A ‘schedule-now’ widget by LocalMed gives your office website direct integration with Eaglesoft or Dentrix. Patients also can use this widget to schedule appointments through insurance company dentist directories. Current cost is $99 a month for two providers.

Following are brief descriptions of a few other reliable medical apps that might be of interest to dental professionals. Most are free from iTunes.

BetterDoctor (BetterDoctor.com) may not support making appointments online, but it does give you the option of Yelp reviews and supports ‘location finder’ on cell phones. According to the BetterDoctor website, ‘No-show rates for same-day appointments are half that for appointments made three weeks in advance.’

The Medvana app (Medvana.com)
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Profluorid Varnish in easy dispenser

By VOCO America Staff

VOCO has introduced Profluorid’s Single-Dose, an operator-ready dispenser that helps users of Profluorid® Varnish keep the product in easier reach in the operatory, eliminating needless trips to the storeroom.

According to the company, Profluorid is a thin, pleasant tasting, white transparent, 5 percent sodium fluoride varnish that has quickly become a popular choice among hygienists and their patients.

Profluorid seals off the dentinal tubules and offers high immediate fluoride release to relieve hypersensitivity — setting up in seconds after contact with saliva.

Enhanced flow characteristics enable Profluorid to reach areas that traditional varnishes may miss.

Profluorid Varnish has an easy, non-messy single-dose delivery system, helping to make the application headache-free for users. This is complemented by a low film thickness, light taste and a variety of flavors (caramel, melon, cherry and mint) patients enjoy.

For more information on Profluorid Varnish you can visit www.vocoamerica.com.

Start conversations with patients about doing the ‘Daily 4’

Throughout the month of October, the American Dental Hygienists’ Association (ADHA) and the Wrigley Oral Health Care Program (WOHP) are partnering for the sixth straight year to provide dental hygienists and the public with a wide range of resources and information as part of National Dental Hygiene Month (NDHM). This year’s campaign is focused on dental hygienists starting a conversation with patients about “Doing the Daily 4” — brushing teeth twice daily, flossing each day, rinsing with an antimicrobial mouthrinse and chewing sugar-free gum after eating or drinking when brushing isn’t possible.

This year’s NDHM will feature a number of dental hygienist-focused initiatives, including resources and materials geared to help hygienists and patients start discussions about good oral health, samples and educational materials that can be used for community service projects and patient education; a free continuing education course of dental hygiene; a look at the important role saliva can play in preventing oral health issues; and unique dental hygienist-related contests through social media. Plus ADHA members will receive a special thank you message from the organization and the Wrigley Oral Healthcare Program to help celebrate them and the vital role they play in bettering the health of their patients.

In addition, for the sixth year the Wrigley Company Foundation, in partnership with the ADHA Institute for Oral Health (IOH), will offer community service grants of $2,500 or $5,000 to dental hygienists who are pursuing projects intended to improve their community’s oral health. Since 2010, more than 63,400 patients have already benefited from this program in the United States. More information about the grants and the IOH can be found at www.adha.org/institute-for-oral-health.

The ADHA encourages dental hygienists and the public to share their outreach efforts and thoughts on Facebook (www.facebook.com/youradha), via Instagram (instagram.com/youradha) or Twitter (twitter.com/ADHADOTORG). Include the hashtag #NDHM2015 with your submissions. Resources also can be found on the NDHM webpage at, www.adha.org/national-dental-hygiene-month, including fact sheets in both English and Spanish and research on the benefits of chewing sugar-free gum after meals to help prevent cavities and other oral health problems.

(Sources: ADHA and WOHP)

AD

Find the lowest price for prescriptions near you. I have first-hand experience of a young patient pulling up this app while still seated in the dental chair. In the time it took for the doctor to write up the chart, she already knew which pharmacy to go to. The app is in English and Spanish.

• The First Aid app by the American Red Cross, also in English and Spanish, uses simple language and icons to help with medical emergencies. It includes a preparation area for all sorts of emergencies.

• iTriage is a search app covering a broad spectrum of health care, including doctors, symptoms and care facilities. Think of it as an interactive WebMD. You tap on a body part and a list of symptoms appears. It can direct you to the appropriate specialist or facility. It supports 20 languages.

• PatientCrossing is an interactive app that features the ability to “bump” a cell phone to a patient’s phone to acquire their list of medications and allergies. Right now I patiently wait while the patient (often elderly) pulls out a crumpled piece of folded paper from a wallet. It is usually full of crossed-out lines and scribbles, leaving me to guess at the list I have to transcribe into my computer.

• Pedicine (Pedicineapp.com) has an initial download that is free, but adding additional family members is $1.99 each. This app stores useful family medical histories in a safe and convenient way.

• Who can think straight enough to remember surgery dates and every allergy when sitting stressed out in a waiting room? Your phone can.

PATRICIA WALSH, RDH, BS, has been a clinical dental hygienist for more than 20 years. She is a graduate of the Fones School of Dental Hygiene, University of Bridgeport in Connecticut. She has an extensive history in international volunteer work in oral health, including being instrumental in the creation of The Thailand Dental Project. She volunteers around the world on educational, preventive and restorative dental care to children in a tsunami-affected region of Thailand. Contact her at pwalsrdh@uberhygienist.com.
Wireless and unconnected:
‘WireLess’ headlight is self-contained

Designs for Vision’s new LED DayLite® WireLess™ not only frees you from being tethered to a battery pack, but the simple modular design also unouples the “WireLess” light from a specific frame or single pair of loupes. Prior technology married a cordless light to one pair of loupes via a cumbersome integration of the batteries and electronics into the frame. This compact design of the DayLite WireLess is in dependent of any frame/loupes.

The patent-pending design of the LED DayLite WireLess is a new concept: a self-contained headlight that can integrate with various platforms, including your existing loupes, safety eyewear, lightweight headbands and future loupes or eyewear purchases. The LED DayLite WireLess is not limited to one pair of loupes or built into a specific eyeglass frame. The LED DayLite WireLess can be transferred from one platform to another, expanding your “WireLess” illumination possibilities across your eyewear options.

The LED DayLite WireLess weighs only 1.4 ounces and, when attached to a pair of loupes, the combined weight is half the weight of integrated cordless lights/loupes. The LED DayLite WireLess produces more than 40,000 lux at high intensity and 25,000 lux at medium intensity. The spot size of the LED DayLite WireLess will illuminate the entire oral cavity. The function of the headlight is controlled via capacitive touch.

The LED DayLite WireLess is powered by a compact, rechargeable lithium-ion power pod. It comes complete with three power pods. The charging cradle enables you to independently recharge two power pods at the same time and clearly displays the progress of each charge cycle. The spot size of the LED DayLite WireLess produces 1.6 ed-field full-oral-cavity view at 3.5x magnification. The new Micro 3.5x Scopes are 23 percent smaller and 36 percent lighter than traditional 2.5x telescopes, and enlarge the entire oral cavity at true 2.5x magnification.

The Micro Series is fully customized and uses the proprietary lens coatings for the greatest light transmission. You can “See the Visible Difference™” yourself by visiting the Designs for Vision booths, No. 800 or No. 3029, at the ADA meeting and booth No. 491 at the AAP meeting, or arrange a visit in your office by calling (800) 345-4009 or emailing info@dvimail.com.

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