New ACP Service
Helps You Market Your Practice Online!
Establish a Dynamic Presence in the ACP Online Web Pages Directory

ACP's popular new web site helps visitors locate prosthodontists. Your individual listing provides your name and office address. So far so good - but your short directory listing doesn't even begin to tell your story, or to provide the in-depth information that referring dentists and prospective new patients need to choose your dental practice.

Now, through a unique new ACP service, you can expand your current listing and create excellent visibility for your practice in the ACP Prosthodontists Online section, which provides attractive, information-rich web pages for your practice. Best of all, ACP will build and host your pages quickly and economically from easy-to-compile information you provide either online or by completing and sending the forms on page 4.

Your new web pages will substantially increase your visibility, reach new patients and referral sources, and project a positive professional image, with the key areas listed below.

- Name of your practice; plus general information such as history, special characteristics or philosophies.
- Office location, address, phone, fax, e-mail, other web site address (if any); hours of operation, directions. This information can be provided for any number of locations.
- Specialties of your practice and services provided.
- Names and biographies of your practice’s dentists and other professionals, with photos, if desired.
- Payment policies and insurance information.

In addition, your ACP Prosthodontists Online web pages will feature a patient referral form by which others can refer patients to you via your e-mail.

To sign up for this service, complete the attached form(s) on page 4. If you plan to enter your web page information online, just complete the form asking for payment information. Our web site services firm, SDI WebLink, will e-mail you a password giving you access to online forms for entering your information directly into the system.

Or, for a modest additional cost, SDI WebLink will enter your information for you. If you choose this service, follow the instructions on page 4. We'll get your new pages up and running within a few days.

ACP’s “Prosthodontists Online” offers a simple and affordable, yet effective, way to advertise your practice on the World Wide Web. We’ve greatly simplified the process of getting you up and running. Follow the easy steps below and we’ll have you on the web in just a few days after we receive your information or forms.

If you’d like to get up and running immediately and at the same time save money, simply complete and fax back the second column on page 4 with payment information, and we’ll send you a password to access an online form where you can quickly and easily enter the necessary information yourself.

—OR—

If you want us to enter the information for you, provide the following categories (see page 4) of web site text in word processing format on disk, and send it by mail or e-mail it to us (info@sdieweb.com) as an attached file. Or print or type the information legibly on the forms on page 4 and fax (312/280-9893) or mail it to: Attention: SDI WebLink, 645 N. Michigan Ave., Suite 800, Chicago, IL 60611.

Continued on page 4
In the past few years, I have written many articles predicting significant changes in the disability income industry, and many of those predictions have occurred. Significant changes have made the selection of the plan and company more important than ever.

I believe that there are four primary needs for disability income insurance:

- To replace lost earnings
- To provide office overhead expenses
- To fund buy/sell agreements
- To avoid the consumption of capital

This article will concentrate on the replacement of lost earnings, and the evaluation of disability contracts.

The premium for a disability insurance plan is based on four factors, as described below.

The Strength of the Contract
The contract should be non-cancelable and guaranteed renewable with guaran-
teed level premiums. This gives the dental specialist, not the insurance company, control of the policy. He or she may change benefits and make other modifications when they are desired.

The Waiting Period
Most companies do not currently provide any waiting periods shorter than 90 days, and this is our usual recommendation. In the financial planning process, it is usually not advisable to purchase wait-
ing periods longer than 90 days, as the premium savings are not significant enough to justify longer periods.

The Benefit Period
Most dental specialists need long-term benefit periods providing coverage to age 65. Occasionally, with a loan situation or a dental need, a shorter benefit period may be desirable. This is usually not recommended.

The Amount of the Benefit
This, of course, is a strong factor in the premium and I certainly recommend that the dental specialist purchase as much disability income that is available. The amount of disability income available is based on a individual's current income and should be analyzed.

In financial planning, should a disability occur, we must evaluate what alternative sources of money would be available if we have not purchased disability income insurance. Other methods would be:

Savings: If you save 10% of your income each and every year, one year of disabili-
ty could wipe out 10 years of savings.

Loan: Can you adapt as an individual, who would lend you money?

Working Spouse: Can your spouse be a partner, parent, private nurse, and an employee, all at the same time?

Sale of Assets: Will a sale under forced conditions bring true value?

Family, Friends, and Charity: Would these sources have funds for you and would you want to depend on them?

Social Security: 70% of those who apply are rejected and the definition of disabili-
ty is stringent.

Let us briefly analyze what may be your most valuable asset. For example (for a 35-year-old), an individual's automo-
tobiles may be worth $50,000, personal property $100,000, liquid assets $100,000, retirement plans $150,000, a home $300,000, and yet with an average income of $150,000 this individual's future uninsured income is $4,500,000. This tremendous asset must be insured against loss.

Therefore, I recommend an annual analysis of your present disability income and any increases in earnings. Without question, the potential earnings must be constantly be reevaluated and proper insurance provided. Your present association's plan provided through Treloar and Heisel, Inc., is a "state of the art" contract and you may call us at 1-800-345-6040 for any information or evaluation or visit our web site: www.treloarandheisel.com.
The American College of Prosthodontists invites you to attend the revised
Lights, Action, Learning® ACP Marketing Seminar to be held
Wednesday, October 20, 1999, at the New York Hilton and Towers. The
first seminar, held in April, elicited both pro and con feelings. We took
the valued opinions of those who attended and conducted an independent
survey of the April participants. The result was that we have made significant
to

The program will still include the popular subjects: successful ways of cre-
ating new patients; increasing dental referrals; marketing to patients in a
way that will prove invaluable in designing your own marketing strategy.

Learning Objectives
• Learn how marketing coincides with education.
• Evaluate the need for marketing in your practice.
• Target the marketing to the right audience.

2:20 pm – 3:35 pm
Concurrent Session
Dr. Kenneth Hilsen
Dr. Cosmo DeSteno
Developing Professional Referrals: The Lifeblood of a Prosthodontic Practice
A marketing program for a prosthodontic practice is unique yet has many ele-
ments common to all practices. One of the most important aspects is to build a
large and diverse professional referral base. Years of experience in methods
needed to create such a base have helped these prosthodontists to develop a
successful multidisciplinary group practice of nine practitioners. Their tips
and secrets will prove invaluable in designing your own marketing strategy.

Learning Objectives
• Learn how to develop professional referrals.
• Create a database of professional referrals and use it properly.
• Observe brochures and letters designed to increase professional referrals.

10:15 am – 11:30 am
Concurrent Session
Ms. Marti DeGraaf
President, SDI WebLink
Getting Started on the Internet:
“Web Beginner Session”
If you don’t yet have a web site or are just getting started, this workshop is
designed for you. New insights on the World Wide Web and how to get your web site
started. Learn what elements to consider for your site, explore content consider-
tations and what to look for in site design. Leave armed with information to prepare
you for the “next step” in your practice’s web site development.

Learning Objectives
• Learn the basics about the Internet and getting a web site started.

11:45 am – 12:45 pm
Lunch
1:00 pm – 2:15 pm
Dr. George Freedman
Marketing is Not a Four Letter Word
The evolution of dentistry has dramati-
cally changed the role of the practitioner in the
dentist/patient relationship.
Today, more than 75% of the services
that are provided by dentists are dis-
scretionary. The patient thus has options
both in treatment and teaching profes-
sionals. The education of patients, who
are faced with a wide array of treatment
choices, is an obligation for the dentist.
Good marketing of dental services will
ensure that patients make informed
decisions and is an essential part of the
successful practice.

Learning Objectives
• Gain more advanced information about maximizing your site’s effec-
tiveness.

3:40 pm – 6:35 pm
Dr. Keith Robinson
The Importance of Becoming a
“Media”dentist
Print, radio, and television health media
needs are constantly expanding. As
prosthodontists, it is important that we
are trained to provide accurate health
information in all venues of the media.
This course will provide important
material necessary to access the power
of the media as the ultimate tool for
public education.

Learning Objectives
• Understand strengths and weaknesses of each media form.
• Understand used and proper format of news releases.
• Understand use of the current sound-byte form as a communication tool.

Registration Information
1. If you want to attend the revised ACP Marketing Seminar, please complete this form and fax it back to ACP at 312-378-8792.
2. If you have already registered for the ACP Marketing Seminar and still plan to attend, you do not need to complete this form.
3. If you have already registered for the ACP Marketing Seminar and do not wish to attend the revised seminar, please call the
ACP at 800-378-1260 to request a refund.

3 Ways to Register:
Fax: 312-378-8792
Phone: 888-378-1260
Mail: The American College of Prosthodontists
211 E. Chicago Ave. Suite 3000 Chicago IL 60611

Payment must accompany this form or your registration will not be processed.

Make checks payable to the American College of Prosthodontists, Checks must be in US funds, or they will be returned. A charge of $20.00 will be applied to all checks returned without sufficient funds.

Account Number
Expiration Date
Signature
Print Name

Cancellation Policy: The American College of Prosthodontists will refund 95% of the Marketing Seminar fee if you cancel before the seminar date. No refunds will be made after the seminar date.
Step 1: Your Logo

If your practice has a logo or an identifying graphic of some kind (e.g., a picture of your building) that you would like at the head of your site, please attach it here. Note: we need a high-quality color print to scan for a good on-screen image. Don’t worry about the size. While not necessary, your image on a disk mailed to us with this form (or e-mailed to the above address) will give the best result.

Step 2: Basic Practice Information

Name of Practice:
Main E-mail Address:
Other Web Address:
About Your Practice (background, history, philosophies, etc.)

Step 3: Office Location(s)

Office Location #1
Name of Office:
Address:
City: State: Zip:
Phone: Fax:
E-mail:
Hours of Operation:
Directions to Office:
About This Office (special services, etc.)

(Copy and attach additional sheets for other office locations)

Step 4: Specialties and/or Special Services of Your Practice

List/Describe Specialties:
1.
2.
3.
4.

Step 5: Brief Biographies of the Professionals in Your Practice

Professionals' Biographies:

(Attach sheets with brief biographies of additional dentists and/or other professionals you would like listed. Enclose disk images or glossy photos if desired.)

Step 6: List Insurance and/or Payment Policies

Insurance and/or Payment Policies:
1.
2.
3.
4.

Send to:
SDI WebLink
645 N. Michigan Avenue, #800 Chicago, IL 60611
Voice: 312.280.8833 Fax: 312.280.9893 Email: info@sdiweb.com

1999 ANNUAL SESSION CLARIFICATION

New York Hilton & Towers Sleeping Room Rates

The 1999 Annual Session is fast approaching. We look forward to another successful meeting in wonderful New York City!

Unfortunately, there has been confusion with the New York Hilton & Towers sleeping room rates, which were published in the 1999 Annual Session Registration Brochure. The following are the Hilton sleeping rooms rates for ACP attendees:

- $225.00 King/Single OR (1) person in the room
- $245.00 King/Double OR (2) people in the room
- $245.00 Double-Double/ (2) beds OR (2) people in the room
- $25.00 Add for more than (2) people in any room type

The ACP apologizes for any inconvenience this may have caused members while making room reservations for the 1999 Annual Session. If you have additional questions concerning accommodations at the New York Hilton & Towers, please contact Marcella Crigiulinas, Director of Meetings and Programs at 800-378-1260, ext. 15.
Japan Section of ACP Holds its First Annual Meeting

The Japan Section of the American College of Prosthodontists held its first annual meeting on July 24-25, 1999, in Tokyo. The theme for the scientific program was Prosthodontics and Periodontics. The meeting’s keynote speaker was Dr. Ned Van Roekel, Immediate Past-President of the ACP. The day-and-a-half program also featured Dr. Kouichi Ito and Dr. Yoshinori Nameta. In addition to the 8 members, 55 guests attended the scientific program. The attendees came from all regions of Japan.

The Japan Section has 10 members and is the largest foreign section in the ACP. Dr. Takeo Iwata serves as President and Dr. Tesuo Fujita is the Secretary-Treasurer. The members and the institutions where they received their postgraduate education are listed below:

Masaichi Nishihori—University of Pennsylvania
Itakazu Murakami—New York University
Takeo Iwata—Indiana University
Junhe Fujimoto—Indiana University
Takemaru Tanaka—SUNY Buffalo
Tesuo Fujita—U.C.LA.
Kuniaki Sakai—Boston University
Kimihito Hoasi—University of Michigan
Mitsunobu Okamura—Indiana University
Yasuo Kishimoto—University of Oklahoma

The Japan Section has its permanent headquarters in Tokyo, in a private teaching institute directed by Dr. Iwata. In addition to the annual meeting, a members-only interim meeting is planned by Dr. Iwata for January 2000. Due to the size of the membership, there are only two officers, the President and Secretary-Treasurer, who serve three-year terms.

Prosthodontics is the dental specialty pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/of the replacement of missing teeth and oral and maxillofacial tissues with artificial substitutes including dental implants.

Pulse of the ACP Membership

In light of the changes in the specialty of prosthodontics, an ACP task force was charged to review the Definition of Prosthodontics as approved by the ADA in 1976. The task force proposes the three following definitions (the first definition is the original ADA-approved definition with no changes; the second and third definitions were created by the task force). The ACP would like your vote. Please select one of the following definitions by checking the box next to the definition you prefer. Results will be tabulated for the next issue of the ACP Messenger.

You can complete this form and fax it to the ACP at 312-573-1260, or visit our web page at www.prosthodontics.org and submit your answer online in the Members Only section.

Definition #1

Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

Definition #2

Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes including dental implants.

Definition #3

Prosthodontics is the dental specialty responsible for the diagnosis, treatment planning, rehabilitation, and maintenance of patients with missing or deficient teeth and/or oral/facial tissues using compatible substitutes including dental implants.

Or,

I do not agree with any of the above definitions.

Pulse of the ACP Membership Survey Results

A total of 20 members responded

1. I believe that general dentists perceive prosthodontists as competition for patients.
   Yes: 19 (95%)
   No: 1 (5%)
   Total: 20 (100%)

2. I believe that, with appropriate market research and adequate funding, the ACP should develop marketing strategies and tools to increase professionals' referrals to prosthodontists.
   Yes: 20 (100%)
   No: 0 (0%)
   Total: 20 (100%)

3. Please list, in order, the sources of your patients by percentage. Also, Dr. include your geographic area (Northeast, Southeast, Midwest, West; AND Urban, Suburban, Rural. For example, Northeast Suburban, 25% general dentists, 25% all other specialists, 25% patients, 25% marketing.)
   1. Not applicable (foreign member)
   2. Northeastern Suburban, 70% other specialists, 25% patients
   3. I am in the Military now (was previously in private practice as a general dentist for 17 years before U.S. Navy service). I established a working relationship with the local prosthodontist and referred him complex cases. I felt no competition from him but many of my peers did. After he established himself in the community and offered CE training to the local dental society, most of the general dentists used him as a referral source for complex cases. He also was willing to assist general practitioners in expanding their knowledge of and abilities in prosthodontics.
   4. I am in the VA
   5. Midwest (retired, no longer treat patients)
   6. Northeast Suburban, 50% other specialists, 20% general dentists, 20% patients, 10% marketing
   7. West Suburban, general dentists 60%, periodontists 20%, patients 20%
   8. Northeast Suburban, 75% general dentists, 25% other specialists
   9. West Suburban, 35% patients, 35% other specialists, 20% other dental professionals, 10% general dentists
   10. Southeast Suburban, 50% other specialists, 25% patients, 25% general dentists
   11. Southeast, 50% patients, 20% marketing, 20% Internet, 10% general dentists
   12. Midwest (retired)
   13. Mid-Atlantic, 75% other specialists, 25% patients
   15. Midwest Urban, 30% other specialists, 30% patients, 20% general dentists
   16. Southeast Suburban, 85% general dentists, 10% other specialists, 3% patients, 2% marketing
   17. [No region given] 60% self, 30% other specialists, 10% general dentists
Advertising by Non-Specialists in California

(T he following is from a report submitted by Dr. David Pfefler)

The California Board of Dental Examiners is engaged in a series of open hearings in order to change the advertising regulations in the State of California, giving specific regard to dentists with credentials in areas not recognized as specialists. Pressure has been brought against the Board by several organizations seeking the ability to announce their credentials when advertising (e.g., in the telephone yellow pages). These groups appear to have little concern about the ADA’s advertising standards and, if their efforts are successful, identification of the existing eight recognized specialty areas could become very confusing for the general public. The most significant organization in pursuit of these changes is the American Academy of Implant Dentistry (AAID). They have forced the Board of Dental Examiners to take action regarding the wording for advertising. There were debates define “advertising” and there was a review of the medical model in the state, but this appears to be a very cumbersome and unacceptable approach.

The second open hearing took place May 14th in San Diego; approximately 50 people attended (Dr. Al Fehling represented the ACP). The meeting had an organized format but did not stay focused on the issues. There was an attempt to define new regulatory language to define “advertising” and there was a revision of the California Dental Association’s proposed wording for advertising. There were debates and exchanges from interested parties, who became mired in specifics, such as a) the inability to identify or define the term “general dentist” and b) the desire to overrule the CDA’s version allowing non-specialists to advertise as specialists using qualifiers such as “practice limited to” — without requiring the disclaimer of being a general dentist. There was also a move to recognize the general dentist as specialty-qualified based on one year of training in a dental school or hospital. This, however, was lost in the debate as to what constitutes “a year of training.”

The final open hearing will take place August 19th-21st, after which, the proposed regulatory language that is approved by the California Board of Dental Examiners will be forwarded to the state’s Office of Administrative Law. At this point, if the regulatory language is unacceptable to our membership, it will be extremely difficult to change. I personally believe the specialty has a great deal at stake.

California Dental Association Proposed Modification, Sections 1054, et seq.

1054 Recognized Dental Specialty Boards and Associations

For purposes of this article and Section 651 of the code, the Board recognizes those private or public dental specialty boards affiliated with those specialties which are recognized by the American Dental Association, including: American Board of Dental Public Health, American Board of Endodontics, American Board of Oral Pathology, American Board of Oral and Maxillofacial Surgery, American Board of Orthodontics, American Board of Pediatric Dentistry, American Board of Periodontology, and American Board of Prosthodontics.

1054.1 Advertising Credentials

(a) A dentist may advertise or otherwise communicate to the public that he or she is certified by, or a diplomate of, one of the dental specialty boards recognized by the board pursuant to section 1054.

(b) A dentist may not advertise credentials issued by a board or agency which is not recognized pursuant to section 1054 unless:

(1) The private or public board or agency which grants the credential does so based on the dentist’s:

(A) Successful completion of a full-time, formal advanced education program of at least one year beyond the predoctoral curriculum at an accredited dental or medical school; and

(B) Sufficient related training and experience; and

(C) Successful completion of an oral and written examination based on psychometric principles; and

(2) The dentist discloses that he or she is a general dentist in any advertising which references the dentist’s credential and

(3) Any advertisement or public communication which references the dentist’s credential also includes the following statement: “[Name of announced dental discipline] is not recognized as an area of specialization by the California State Board of Dental Examiners or the American Dental Association.”

1054.2 Advertising a Limited Practice

A dentist may not advertise or in any other way communicate to the public that he or she “specializes” or is a “specialist” in, or that his or her practice is limited to, a specific field of dentistry unless that dentist is certified or eligible for certification by a dental specialty board recognized pursuant to section 1054. A dentist who is not certified or eligible for certification by a dental specialty board recognized pursuant to section 1054 may announce a practice limited to a particular area of dentistry if all of the following are strictly adhered to:

(1) Other general dental services are not provided;

(2) One hundred percent of the dentist’s time is devoted to the particular area of dentistry; and

(3) The dentist discloses that he or she is a general dentist in any advertising which references the dentist’s practice limitation.

In addition, if the particular area of dentistry is not a specialty recognized by the American Dental Association, any advertisement or public communication which references the dentist’s practice limitation must also include the following statement: “[Name of announced dental discipline] is not recognized as an area of specialization by the California State Board of Dental Examiners or the American Dental Association.”
Report of the Planning Committee of the American Association of Orthodontists Conference on Interdisciplinary Treatment

The American Association of Orthodontists (AAO) is hosting a conference on the interdisciplinary management of the dental patient. The two-day conference will be held in Dallas, February 9-10, 2001. It will be jointly sponsored by the AAO, the American Academy of Periodontology, the American College of Prosthodontists, the American Academy of Pediatric Dentistry and the Academy of General Dentistry. A Planning Committee consisting of representatives of the above organizations met for the first time on January 23, 1999, at the AAO headquarters in St. Louis. The following is a brief summary of the committee’s report.

The goal of the conference will be to promote the concept of interdisciplinary patient care through the cooperation and joint efforts of the various specialties. Approximately 2,400 attendees are anticipated; they are encouraged to attend in multidisciplinary groups. After a plenary session to open the conference, there will be approximately 15 two-hour presentations given by multispecialty teams over the two days. Teams will consist of periodontists, orthodontists and prosthodontists whenever possible, and will be given problem-based subjects to cover. Subjects to be discussed will include:

- Management of the patient with congenital anomalies
- Management of debilitated dentition
- Treatment of the patient with cranio-facial anomalies
- Treatment of the periodental patient who requires orthodontic and prosthodontic care
- Management of the patient with missing multiple anterior teeth
- The combination of orthodontics and implant placement
- Treatment of the partially edentulous patient
- Two plenary sessions will be held on the conference’s second day. The first will offer 20-minute updates from each of the participating specialties on recent advances in those specialties. The final plenary session will close the conference with a well-known practice management expert, who will speak on the development and marketing of the interdisciplinary dental team.

Financial arrangements for the conference also were discussed. The AAO will make all the conference arrangements and will request that participating organizations assist in marketing efforts. The attendance fee discussed was approximately $400. Manufacturers’ table-top exhibits will be encouraged. All profits will be divided based upon the number of attendees from each organization.

The ACP Messenger

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ACP Marketing Seminar Revised

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