The ACP’s 1999 Annual Scientific Session, October 20-23 in New York City, was a tremendous success. The meeting lauded both the quality of the professional program as well as New York as a great meeting site. The Annual Session, which adds new and innovative programs each year, also draws increasing membership participation yearly, with the 1999 meeting drawing the largest attendance to date.

The Wednesday seminars and meetings have become an essential part of the Annual Session. This year, the ACP Marketing Seminar was added to the program in conjunction with the Board Preparation Course, the Writer’s Workshop, the Classification Workshop, the Educator/Mentor Seminar, and the Prosthodontic Educational Seminar. All of these seminars were enthusiastically received and provided vital information to college members with various professional focuses.

The Thursday Scientific Session included eminent speakers in a plenary session and also introduced the John J. Sharry Prosthodontic Research Competition in a new format, which guaranteed strong audience participation. Dr. Bruce Valauri produced a record 71 table clinics, which showcased the abilities of the participants to select the topics they most wanted to hear. The changeover offered wisdom and insight to the audience. A special “Thank you” goes to Dr. Joseph Preston, who demonstrated great grace in a particularly difficult ending to the session. Jack has made tremendous contributions to our specialty and his concluding remarks, directed at young prosthodontists, provided a special moment for the ending of the Annual Session.

The meeting’s social aspects were as impressive as its educational offerings. The Welcome Reception was as grand as New York itself, and provided a great kick-off to the meeting. The opportunity to attend Broadway shows and enjoy the Big Apple experience added immensity to the “New York-ness” of the meeting. The ACP owes a great debt of gratitude to Ms. Marcella Grigaliunas, who coordinated all the time at the Central Office, did an excellent job of putting the meeting together and ensuring that members had great in-hotel arrangements. The 1999 Annual Scientific Session was truly an unqualified success. Attendees returned to their professions refreshed by old and new friendships, as well as professional enrichment.

New ACP Executive Director Named

We are pleased to announce that Ed Cronin, Jr., has been named Executive Director of the American College of Prosthodontists (ACP) effective December 1st, Ed, who comes to us from his position as Chief Operating Officer for the Foundation Fighting Blindness, will be more than 20 years from Northwestern University’s prestigious Kellogg School of Management. His knowledge and experience will be most beneficial to the College as we work toward the future.

Ed’s accepting the search committee’s offer brings to a close a long search process that began last June when we are presenting him with. Members are encouraged to contact us with your comments and ideas for the future of the specialty and the College. Ed’s email address is edcronin@prosthodontics.org.
W
ell, we’re “back in business,” thanks to the efforts of ACP Immediate Past-President Dr. Tom Taylor, and the members of the Executive Director search committee. We are deeply indebted to Dr. Taylor and to Ms. Marcella Grigaliunas, who shared interim executive director duties this past summer and fall.

With our new Executive Director, Mr. Edward Covin, in place, we are ready to move forward on the most pressing issues facing the specialty. For the immediate future, these issues are 1) recruitment of graduate students, 2) promotion of the Classification System, 3) recruitment of new members into the ACP, and 4) promotion of the specialty of prosthodontics. I will comment briefly on these major initiatives.

Graduate prosthodontic program directors are having difficulty attracting the best-quality general dental students to the specialty of prosthodontics. We have the highest percentage of foreign applicants of any of the recognized specialties. This situation has implications for the future of the specialty, as well as for our organization. ACP Vice President Dr. David Pelletier, chairing a task force, has addressed the issue of graduate student recruitment.

The classification implementation working group, chaired by ACP President-Elect Dr. Thomas McGarry, will be implementing an aggressive educational and marketing plan this year. It is our goal to get the classification system for complete edentulism into the dental curriculum. We need to educate dentists in diagnosing the edentulous patient and in making an evidence-based decision on whether to treat the patient or refer to a specialist in prosthodontics.

To have an impact as an ADA-recognized dental specialty, we need to have resources. To have resources, the ACP needs to have a greater market share. During the past year, the Central Office has compiled a list of educationally qualified prosthodontists who are not ACP members. Dr. Bruce Valauri, division director for membership services, will be working closely with Ms. Colleen Ryan of the ACP staff to promote the value of ACP membership to these non-members. Ultimately, I hope that we can count on your help in bringing these individuals into the ACP.

The public and professional relations division, headed by Dr. Kenneth Hilsen, is initiating a study on the issue of professional referral. A public relations research group, investigating whether general dentists refer patients to periodontists and orthodontists but not to prosthodontists.

Some additional projects include our ongoing evaluation of the ADA-approved definition of the specialty of prosthodontics, as well as our consideration of a possible name change for the specialty to improve public and professional recognition. In addition, we will be analyzing the process traditionally used to select examiners for the American Board of Prosthodontics.

None of these issues is likely to be completely addressed in 2000. We are fortunate to have many of you volunteer your time to participate in our many projects. I am looking forward to working with you this year on these projects and others.

THE MESSENGER schedule

Winter issue: February 2000
Spring issue: April 2000
Summer issue: July 2000
Fall issue: October 2000

Editor’s Message

by DR. THOMAS J. MCGARRY

The specialty of Prosthodontics has struggled with a “so called” identity crisis for many years. I believe the recognition of this dilemma began as prosthodontists started to define their private practice as their primary occupation. The shift in the primary occupation from academics and institutional positions to private practice highlighted the lack of recognition that prosthodontists had in the “real” world of dentistry. Within the academic community and the armed services and other salaried positions, the specialty of prosthodontics was recognized, but in the environment of fee-for-service private practice, the role of a prosthodontist was non-existent. Many of the huddles prosthodontists have faced have been self-imposed and perpetuated by traditions. As the specialty enters the new millennium, many of these outdated traditions and beliefs are again creating division within the specialty. The issue of a name change for the specialty and/or a redefinition of the specialty will once again highlight the limitation of defining the specialty by procedure and technique and “quality” instead of identifying the disease process and conditions afflicting patients. If we commit ourselves to a definition that describes the physical conditions that we treat then we will not have to change our name or definition as new advances in research and technology become available to the specialty. We must not be a technique-oriented specialty—fixed prosthodontics, removable prosthodontics or maxillofacial prosthodontics. We must be a specialty whose expertise is the diagnosis and successful management of diseases independent of the treatment technique utilized to achieve success. The specialists in prosthodontics are a small group of people that must stay united and not be drawn into internal divisions. We must not let outside opinions or influences detract or divide us from supporting the specialty. The specialty gains the process of self-examination to explore a new name and definition, each of us must strive to be open-minded and futuristic in our discussion of possible as possible can be accommodated. The most private practice prosthodontists

The ACP is pleased to welcome three staff members to the Central Office: Jill Dixon, CPA, brings to the College her expertise in public/corporate accounting. Her extensive financial background includes positions as Senior Auditor, Senior Financial Analyst, and Accounting Manager at such organizations as Marshall Field’s, Griffith Laboratories, and the accounting firms of Murphy, Hauser, O’Connor & Quinn (now merged with Deloitte & Touche), and McHenry & Nisweth. Jill received her Bachelor of Science degree in Accounting and an MBA in Finance from DePaul University.

Vanessa Pugh is the College’s Administrative Coordinator. She brings to the ACP a varied background in administrative skills and computer expertise. Her previous experience includes positions at Pullman Bank and Trust and the Community Renewal Society, both in Chicago; and at Loew’s Vanderbilt Plaza Hotel in Nashville, TN. Vanessa, who attended Tennessee State University, is currently a student at Columbia College.

Colleen Ryan, ACP’s Director of Membership and Sections, comes to the College from the prestigious management firm of Smith, Bucklin & Associates, where she served as Membership Services Coordinator. Her responsibilities there included engineering membership recruitment and retention campaigns; and evaluating, expanding and utilizing available technology to provide cost-effective and timely communications with members.

Colleen earned a Bachelor of Science degree from Indiana University, and is currently pursuing a Master’s degree in Education from DePaul University.

We welcome these three talented individuals to the College and look forward to a long and satisfying working relationship.
The ACP’s new Board of Directors took office at the Annual Session in October. The new board members are as follows:

**Officers**

Dr. Arthur Nimmo, President
Dr. Thomas J. McGarry, President-Elect
Dr. David Felton, Vice President
Dr. Jonathan L. Ferencz, Secretary
Dr. Richard E. Jones, Treasurer
Dr. Thomas D. Taylor, Immediate Past-President

**Directors**

Dr. Nancy Arbree, Prosthodontic Practice and Patient Services Division Director
Dr. Kenneth L. Hilsen, Public and Professional Relations Division Director
Dr. Bruce G. Valauri, Membership Division Director
Dr. Dennis Weir, Education and Research Division Director
Dr. James Farer, Director, Prosthodontic Forum
Dr. Patrick M. Lloyd, Editor-in-Chief, Journal of Prosthodontics
Dr. Kenneth Kent, 2000 Speaker of the House of Delegates

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**Board Preparation Course a Success**

The 1999 ACP Board Preparation Course, held in conjunction with the Annual Session in New York, had a record attendance of 140 participants. The objective of the course, moderated by Dr. John Agar, was to demonstrate and explain how the American Board of Prosthodontics (ABP) examination process works.

The course featured two simulated oral examinations. Dr. Sreenivas Koka and Carol Lefebvre questioned Dr. Jack Morris about his patient’s treatment, for Part II of the Boards. Previous Board Examiners Drs. Howard Landesman and Brien Lang examined Dr. Kevin Oakes about his patient presentation, for Part III of the Boards. These parts of the course received exceptionally high ratings on written evaluation by participants. Dr. Steve Eckert also provided an educational summary of maxillofacial prosthodontics.

A philosophy of how to get the most benefit from preparing for the Board Examination was emphasized by Dr. George (Chip) Clayton explained how to do excellent photography, and Dr. Geoff Thompson discussed the best ways to organize study about dental materials. Dr. Dave Felton addressed Part IV of the Boards and a philosophy for success in challenging the examination.

Dr. Hiroshi Hirayama demonstrated a new Board Preparation Course a Success

Dr. Richard Jones, the study guide author, explained the Board Preparation administration and study about dental materials. Dr. David Felton addressed Part IV of the Boards and a philosophy for success in challenging the examination. Dr. Hiroshi Hirayama demonstrated a new Board Preparation Course a Success

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**Classification of Prosthodontic Patients Project**

by Dr. Thomas J. McGarry, Chairman

The Classification of prosthodontic patients involving complete and partial edentulism continues to build momentum as a critical initiative for the specialty. With our new Executive Director, Ed Cronin; and additional support staff, the implementation phase of the Classification project into dental schools is set to move forward. More than 15 dental schools have requested material concerning the complete edentulism classification. Money has now been budgeted so that the ACP can provide the slides and teaching module cases to every dental school free of charge. On-site faculty orientation has occurred at the University of Oklahoma, University of Texas-San Antonio and the University of Illinois-Chicago dental schools in addition to the Classification Seminar held at the Annual Session each year.

Development of a Web-based teaching module is currently being researched, along with the production of a CD-ROM module. This initiative is imperative for the specialty to identify those patients most in need of advanced care. The Partial Edentulism Classification is set for subsequent submission for publication to the Journal of Prosthodontics later in 2000. The Partial Edentulism Classification will be officially presented at the AADS meeting in April 2000.

If you are in education, please consider adopting these Classifications as soon as possible so that the specialty can uniformly advance the diagnosis of complete and partial edentulism. If you are in practice, make sure to include the classifications in your communications with referring doctors and third party payers. Repetition is the key to success of this project!

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**Canadian Association Elects Officers**

The Association of Prosthodontists of Canada held its Annual General Meeting on October 16, 1999, in conjunction with the joint APC/ARDT Team Spirit ’99 Meeting, at the Colony Hotel in Toronto. The following officers were elected for the 1999/2000 term:

- Lt. Col. James C. Taylor
- Dr. Peter W. Stutman
- Dr. Henry C. Levant
- Dr. Donald F. Reikie

**Lieutenant-Colonel James C. Taylor**

President:

1st Vice-President:

2nd Vice-President:

Secretary-Treasurer:

Past President:
Meeting Patient Needs in the New Millennium

1999 Annual Session
A Special “Thanks” to Bill Ryan and Straumann for all their support of the 1999 Session!
The new Fellows were presented at the Annual Session by ACP President Dr. Thomas Taylor and ABP President Dr. Ed Plekavich.

- Dr. Brent L. Beyak
- Dr. Michael D. Litvak
- Dr. David R. Cagna
- Dr. Marty G. Moon
- Dr. Craig W. Comrow
- Dr. Steven K. Nelson
- Dr. Bryan D. Dye
- Dr. Brian C. O’Connell
- Dr. C. Weldon Elrod
- Dr. Larry Michael Over
- Dr. Karl K. Furukawa
- Dr. Fonda G. Robinson
- Dr. Mark C. Hutton
- Dr. Dimitri Svinsky
- Dr. Michael W. Johnson
- Dr. Farhad F. Vahidi
- Dr. Chotiros Kuphasuk
- Dr. Jose J. Villalobos
- Dr. Todd Howard Lerner
- Dr. Gerald K. Wong

The Private Practice Workshop Subcommittee is working on a program for the Annual Session in Hawaii. Several private practice prosthodontists were contacted in an attempt to gather information to better address the needs of the practitioners at future private practice workshops. The following topics were felt to be the most important:

- Attracting new patients to the prosthodontic practice.
- Increasing clinical productivity in a prosthodontic practice.
- Generating referrals from internal sources.
- Implementing business administration for a successful prosthodontic practice.
- Encouraging satisfied patients to attract new patients.

When questioned as to who they would like to hear speak at future private practice workshops, several member prosthodontists suggested having a speaker who has proven to be successful in private practice. A few particular prosthodontists have been identified as potential speakers.

Some of this information will help our Private Practice Subcommittee to develop this year’s and future private practice workshops. The next workshop will take place on Wednesday, November 15, 2000, at the Hilton Waikoloa Village on Hawaii’s Big Island. The Private Practice Committee hopes to attract the highest quality speakers. Anyone with any suggestions or comments is invited to e-mail Glenn Wolfinger, PITeam@aol.com or fax 215-643-1149.
The Big island of Hawaii is the site of our next Annual Session, November 15-18, 2000. The serene oceanfront setting offers a unique opportunity for professional development, as well as a special place to be shared with your family and staff.

The Annual Session Committee recognizes that the specialty of Prosthodontics has evolved dramatically. Prosthodontists are the leaders of restorative dentistry and the Annual Session in Hawaii is our opportunity to better meet the needs and suggestions of our participants," said Dr. Ana Diaz-Arnold, Program Chair. "As we celebrate "Prosthodontic Perspectives in Paradise," will feature leading clinicians to provide an excellent opportunity for our participants. We have plans to deliver the most comprehensive continuing education to date in clinical, laboratory, research and community service.

As per your requests, the Limited Attendance sessions will offer a hands-on course showcasing magnification for esthetics, led by Drs. Cheryl Sheets and Jacintie Pacquette. In other Limited Attendance sessions, Dr. Steven Eckert will troubleshoot the malaligned implant and Dr. Tony Daher will discuss cost-effective complete-dentures. Seminars in financial planning by Dr. Patrick Naylor and personal nutrition and professionalism by Dr. Kathy Jamieson will appeal to all dentists, as well as to spouses and office staff.

The plenary session will feature the interdisciplinary expertise of Dr. Vincent Kokich, the internationally acclaimed ceramist of Mr. Charley Berber and others. "The future of our specialty by Dr. Ted Jacobson. Concurrent sessions in dental materials, fixed and removable prosthodontics, and implant and aesthetic reconstructions will feature an array of more than 40 distinguished clinicians, in addition to the many oral and maxillofacial radiology presentations. The dentist-technician dynamic duo of Dr. Steven Aquilino and Mr. Todd Fridrich, CDT, will highlight the synergy between clinician and laboratory to enhance predictability of prosthodontic outcomes. The "Perspectives in Head and Neck Treatment" session will bring together speakers in the fields of endodontics, oral surgery, pharmacology, and law to share their unique perspectives in the delivery of optimal patient care. All sessions aim to be fresh, informative, and thought-provoking.

"We have not taken the location for granted, so the timing of the presentations has been carefully designed, allowing time to experience the recreational opportunities special to this lovely island," states Ms. Marcella Griglianus, ACP Meeting Planner. The Hilton Waikoloa Village Resort is an incredible property offering a multitude of restaurants, water activities, exciting attractions and a spectacular scenery to be enjoyed by all. Planned events include mountain biking, golf, deep-sea fishing, helicopter tours and a luau. The Kohala Spa is a 25,000 sq. ft. full-service facility designed to promote health and well-being. Children will enjoy swimming among dolphins in DolphinQuest, a one-of-a-kind educational encounter. We encourage you to bring your spouse, children, extended family and all of your staff to experience this Paradise. This is a meeting you will want to miss! You deserve the trip. Aloha!

The Island of Hawaii is the largest island in the Hawaiian chain, which consists of 8 islands: Kauai, Niihau, Oahu (Honolulu), Molokai, Lanai, Kahoalawe and Hawaii. The ACP 2000 Annual Session is on the Big Island of Hawaii, which is far different from the Honolulu experience. Our goal is to continuously erupting volcanic island, the Big Island of Hawaii includes rainforests, waterfalls, tropical beaches with black sand, deep-sea fishing, snorkeling, scuba diving, snow-capped peaks and that delicious Kona Coffee. It will be a balmy 85 degrees for our conference dates in November, and you can look forward to a wonderful experience. The Big Island has such a diversity of natural wonders and activities, and perfect climate; and the Hilton Waikoloa Village offers exceptional accommodations. Remember—when arranging your travel plans to The Big Island, attendees fly into the Kona Coast, Keahole-Kona International Airport. It is then a quick 20 minutes to the Hilton Waikoloa Village. The flight into Kona is less than one hour from Honolulu (Oahu), and one can fly directly into Kona from Los Angeles or San Francisco. United, American and Hawaiian Airlines all offer this connection. Please contact Premier Travel for your flight arrangements at 800-274-8506. Hotel accommodations can be made after February 15, 2000, and the rate will range from $198.00-$200 depending on your choice of views. For more information about this exciting event, please see the ACP Messenger.

ADA In Hawaii by Dr. Thomas J. Mcgarry
The burden of attending the ADA meeting in Hawaii fell heavily on the shoulders of the ACP officers. Perhaps the greatest challenge of the whole trip however, was having to watch President John Burton learn to surf.

The critical issue at the ADA House of Delegates this year was the application for 3 new specialties – Anesthesiology, Oral Medicine and Oral and Maxillofacial Radiology. The ACP, through its delegation, gave reference committee testimony opposing each of these applications based on the surveys that they did not demonstrate the criteria for need or the criteria for the necessary resources to establish and maintain a specialty. A key resource issue is that there are currently underfunded faculty positions in U.S. dental schools. In addition, other than Orthodontics and Endodontics, the remaining specialties are not able to fill the residency positions currently being vacated. Dentistry cannot support the existence of new specialties, much less create new ones with particularly limited scopes. Despite these many concerns, the House of Delegates of the ADA did approve a new specialty of Oral and Maxillofacial Radiology, but it did not grant for the third time the application by Anesthesia, and the application by Oral Medicine.

The lack of dental school faculty, both predoctoral and postdoctoral, is becoming a major focus of organized dentistry. This issue is on the ADA agenda, the AADS agenda, and the Dental Specialties Group agenda. In addition, as cited earlier, most of the specialties are having trouble recruiting students for graduate training. If you can be a positive influencer on a student to consider prosthodontics, please make the effort. The specialty must have its share of the best and brightest students to further the advancement of prosthodontics.

The ACP sponsored a reception for the incoming ADA President, Dr. Richard Mascola, an AAC member. The other specialties were invited to meet with Dr. Mascola at this reception, which was a great event for the ACP. As ADA President, Dr. Mascola described his mission of the specialty. Of course, his message to the specialty was that every member of the ACP should be active in their local dental society so that when issues arise that could affect the specialty, we can garner the necessary support in the ADA House of Delegates. Make sure that you know your ADA trustee and that he knows you and your concerns!

Dr. Massola has honored the ACP since the ADA Annual Session in Hawaii by appointing an ACP member to the ADA Future of Dentistry Task Force. This prestigious appointment will allow the ACP to participate fully in the creation of the ADA's vision of the Future of Dentistry. If possible, thank Dr. Mascola for his support.

The Big Island of Hawaii — Not the Same as Honolulu
The Island of Hawaii is the largest island in the Hawaiian chain, which consists of 8 islands: Kauai, Niihau, Oahu (Honolulu), Molokai, Lanai, Kahoalawe and Hawaii. The ACP 2000 Annual Session is on the Big Island of Hawaii, which is far different from the Honolulu experience. Our goal is to continuously erupting volcanic island, the Big Island of Hawaii includes rainforests, waterfalls, tropical beaches with black sand, deep-sea fishing, snorkeling, scuba diving, snow-capped peaks and that delicious Kona Coffee. It will be a balmy 85 degrees for our conference dates in November, and you can look forward to a wonderful experience. The Big Island has such a diversity of natural wonders and activities, and perfect climate; and the Hilton Waikoloa Village offers exceptional accommodations. Remember—when arranging your travel plans to The Big Island, attendees fly into the Kona Coast, Keahole-Kona International Airport. It is then a quick 20 minutes to the Hilton Waikoloa Village. The flight into Kona is less than one hour from Honolulu (Oahu), and one can fly directly into Kona from Los Angeles or San Francisco. United, American and Hawaiian Airlines all offer this connection. Please contact Premier Travel for your flight arrangements at 800-274-8506. Hotel accommodations can be made after February 15, 2000, and the rate will range from $198.00-$200 depending on your choice of views. For more information about this exciting event, please see the ACP Messenger.

AAMP and ICMP Announce World Conference
The American Academy of Maxillofacial Prosthetics (AAMP) is pleased to announce its 48th Annual Meeting, to be held jointly with the International Congress of Maxillofacial (ICMP). The meeting will take place November 10-14, 2000 (immediately preceding the ACP Annual Session), on the Big Island of Hawaii at the beautiful Marriott Resort and Beach Club. Kauai is just a short shuttle flight to Hawaii, the Big Island.

Dr. Jonathan P. Wiens, the President of AAMP, and Dr. Jan Zlotow, President of ICMP, extend an open invitation to the members of the College to attend the World Conference on Maxillofacial Prosthetics. For more information, contact meeting planner Elizabeth W. Osvec, REX, Inc., P.O. Box 9119, San Diego, CA 92169-1159, 858-272-2185, fax 858-272-7667, e-mail res-inc@msn.com. Non-Member registration fee for each of either the AAMP or the ICMP will receive a discount voucher of $100 that may be applied to their Non-Member registration fee. Additional information will be reported in the next issue of The ACP Messenger.

Call for Table Clinic Presentations
The American College of Prosthodontists Annual Session
November 15-18, 2000
(Hilton Waikoloa Village, Waikoloa, HI)
Table Clinics Session: Thursday, November 16 12:15 to 2:30 p.m.
Poster or Display Presentations of Research Results, Clinical Outcomes, Laboratory Techniques, and Topics of Interest
No Slide Projectors Allowed
Application Deadline: July 15, 2000
Please Contact:
Michael A. Manussetti, DDS, MS
Department of Prosthodontics (7972)
University of Texas Health Science Center
San Antonio, TX 78229-3490
Tel: (210) 567-3700
Fax: (210) 567-6637
manussetti@uthscsa.edu
House of Delegates Comes of Age
by Dr. Kenneth Kent

The 1997 ACP House of Delegates, meeting in the stimulating surroundings of New York City, conducted an impressive array of business. Landmark decisions were made, such as the House adopting a complete Bylaws revision and provided direction to the ACP Board of Directors and specific committees regarding activities to be completed prior to the next House of Delegates session in Hawaii. Meetings of the Board of Directors and Alternate Delegates and interested members at the Mayo Clinic, where he is Graduate Editor, Dr. Kent L. Knoernschild, who has added to the Editorial Board because of the increasing volume of research manuscripts submitted for publication consideration. The House of Delegates also mandated the establishment of brainstorming sessions focused on developing and strengthening our sections, as well as the development of new and improved methods of financial interaction for the sections. The Membership Services Division was directed to support all sections in complying with the Bylaws and to update credentialing and re-certification process. The Board of Directors was mandated to review section dues collection processes and provide recommendations on modifications these processes to the next House of Delegates. In addition to the approval of the proposed ACP budget for the year 2000 and the continued funding of the project “Just the Facts,” a $20 dues increase for all dues-paying members was implemented. The qualifications for life membership were also modified. Delegates decided that a summary of the minutes of each Board of Directors meeting highlighting action items of the Board and recent College activities will be forwarded to all Section Officers, Delegates and Alternates. In an ongoing effort to improve effective utilization of the Internet, the Central Office staff was mandated to study the logistics and costs of maintaining a Web page for each chapter. The Delegates, on behalf of the entire College membership, expressed their appreciation to Dr. Tom Taylor and Ms. Marcella Gragliulianus for their successful efforts at maintaining our site at our Central Office during the recent period of transition. Without their stellar efforts, our successful operation in New York could not have taken place. Delegates also expressed their appreciation for the efforts of our prior Director of Membership and Sections, Mary Kaszubowski, and welcomed her replacement, Colleen Ryan. The Speaker of the House of Delegates, Dr. Kenneth Kent, and Vice-Speaker, Dr. John Ivanhoe, appreciated the efforts of all the Delegates and Alternate Delegates who took part in the 1999 House of Delegates Meeting and look forward to welcoming all Delegates, Alternates and interested members at the 2000 House of Delegates Meeting in Hawaii.

Eckert Selected as Co-Basic Science Section Editor

by Richard F. Fehrs, CLU

Long-Term Care Insurance
by Richard F. Fehrs, CLU

President, Treloar and Heisel, Inc.

This article will address questions an individual may have regarding long-term care insurance.

Question #1 Will the government pay for long-term care needs? It is highly unlikely that the government will ever pay for this need. Many believe that Medicare will pay for long-term care needs. Medicare covers you if you are over 65, have been hospitalized for three days, and are receiving skilled nursing care. It will then pay some portion of the expenses for the first 100 days. Thereafter, it pays nothing.

The other government program is Medicaid, which will pay a percent-age of nursing home stays. However, to be eligible, your assets must be minimal and you must no longer be independent.

Question #2 Will I really need long-term care insurance? The risk is extremely high, as approximately 50 percent of individuals over age 65 will spend some time in a nursing home. Compared to other risks, this is an extremely strong potential loss.

Question #3 Should I wait until I retire? Our experience is that most people under age 60 will qualify for benefits, as long-term care insurance costs are based on age and health. Over age 60, health conditions deteriorate and premiums escalate rapidly. In addition, those who are under age 50 have more flexibility in the selection of plans available. The opportunity to select paid-up plans is more realistic from a premium paying analysis and more benefits are likely to be available.

Question #4 What services do long-term care policies cover? Most policies will pay for various options of care such as home care, adult day care, nursing home, and assisted-living facilities. Long-term care insurance with various options could assist you in staying out of a nursing home. I truly believe most people would prefer this option.

Question #5 How does my health affect my ability to purchase a policy? One must be in reasonably good health; companies will vary on providing insurance to the unhealthy. Progressive conditions are usually uninsurable, but I would advise that you inquire for analysis of your situation.

Question #6 Why all the discussion on long-term care insurance in the 90s? I believe the public finally understands that there are no government programs providing benefits for nursing homes. Also, we are seeing the demand escalate due to longer life expectancies, and are seeing our own families affected.

Question #7 How much do long-term care services cost? The average cost for one year in a nursing home is approximately $40,000 nationally, and can reach as high as $100,000 in major cities. These costs could escalate with the “baby boomers” becoming “senior boomers.”

Question #8 Can long-term care premiums be increased? Most long-term care policies are guaranteed-renewable contracts, which do not allow the contract to be cancelled by the insurance company. However, the premiums could be increased if the experience of the company deteriorates or it is actuarially necessary. However, please understand that you cannot be singled out for a premium increase, as it has to be accomplished through an entire classification of policyholders.

Question #9 Is it possible to buy a paid-up policy? Yes, some companies have begun to offer the ability to pay premiums over a time limit such as 5, 10, or 20 years. Also, single-pay policies are available. I want to stress the paid-up policy option, as I think it is of tremendous importance. This is also another reason to purchase long-term care insurance at a younger age. For example, a preferred non-smoker, with a cost-of-living benefit, $200 per day lifetime nursing home, and $100 per day home and policy with a 90-day elimination period could cost a couple age 55 approximately $4,000 annually for a 10-year period. However, at age 65, the policy is paid-up and no additional premiums are required. Therefore, there is always the question about the possibility of premium increases or premium paying in the retirement years.

Question #10 Are premiums deductible? Premiums for a qualified long-term care policy will be treated as medical expenses under the itemized deduction rules. The individual may combine other reimbursed medical expenses and deduct a portion that exceeds 7.5% of adjusted gross income.

However, the total premium is deductible for C-Corporations, as long-term care is considered accident and health insurance. For the professional operating as a C-Corporation, this provides a tremendous opportunity for the selection of a paid-up plan.

I have listed only a few questions and various answers regarding long-term care insurance. Your Treloar and Heisel, Inc., representative can provide you with more details and more premium information. Contact us by calling our office at 800-345-6040 or e-mail us at info@treloarandheisel.com.
What do you think is the biggest threat to the future of our specialty?

Many of the procedures they have been taught in school need to be revised on dental instrumentation as it relates to the

dentists?

denturism is for the specialty?

What suggestions would you have in promoting and strengthening the future of the specialty?

I have been always liberal in expanded duty auxiliaries. I currently work with expanded duty technicians in fixed and removable prosthodontics (in-house).

What can the specialty do to strengthen referral patterns coming from general dentists?

Denturism is a reality. We need to work with these people to upgrade and control their activity in the small area of prosthodontics in which they are involved. I have always been liberal in expanded duty auxiliaries. I currently work with expanded duty technicians in fixed and removable prosthodontics (in-house).

You are in favor of prosthodontists placing their own implant fixtures. Do you feel this has a detrimental effect on referrals from periodontists and oral surgeons?

I place more than 60% of my own implants and refer the remainder. I still have referrals from all surgical specialties because I emphasize to my surgical colleagues that there is no such thing as a periodontist or oral surgeon, but only prosthodontist. In my opinion, a prosthodontist not placing at least some implants is like a car manufacturer who makes the car body only and doesn’t make the car frame. We need to have an overall understanding of the total challenge, not just our portion. I feel oral surgeons have the ability to do some complex implant surgical procedures better than periodontists and prosthodontists. Periodontists can do some esthetically-oriented implant procedures better than oral surgeons or prosthodontists, and prosthodontists can do some prosthodontically complex implant surgery better than periodontists and oral surgeons. In my opinion, all three groups are needed for the surgical aspects of implantology. Many years ago I was doing implant surgery. I would not consider returning to the prosthodontic aspects only.

What areas within our specialty do you feel need revising to reflect current research and new treatment modalities?

Many techniques in prostodontic dogma were old in 1960. We need a total updating of all areas of academic prosthodontics. In continuing education programs, I evaluate many new dental graduates each year. Many of the procedures they have been taught in school need to be revised or replaced as they enter practice, to allow financial and clinical success.

What do you feel is the biggest threat to the future of our specialty?

Our greatest threats in my opinion are: less-than adequate PR with other dentists, lack of public education about prosthodontics, our own fears and worries, our lack of keeping prosthodontics up-to-date, and the low esteem of some prosthodontists. Prosthodontics has an enormous growth and need expectation. The procedures in our area could become the largest position of dentistry. Currently, fixed prostodontics accounts for about 1/3 of the money spent by patients on dentistry in the U.S. We need to aggressively educate the public and dental students about the need for our specialty, the desirable nature of the specialty to patients and dentists, and the attractiveness of the field to dentists and their families.

What do you feel is the best opportunity for the future of our specialty?

The increase in fixed and implant prosthodontics will dominate our specialty in the upcoming years. Let’s educate the public on what we can do and how our specialty can change their lives positively.

How did you get involved with clinical research to the level that you have today with your research facility?

I felt the strong need for unbiased, practical, practice-oriented, non-profit research to aid practitioners, when Clinical Research Associations was initiated by Dr. Reilla Christensen and myself. Rapid evaluation of new products was non-existent and there were far fewer products then. Now there are more products, more hype, more commercial competition, and some practitioners are being encouraged to make a living from their evaluations. Practitioners need guidance and it appears to be necessary to have that guidance come from private volunteer organizations to provide timely, non-biased, useful information before the research is out of date. In summary, the need was obviously there in 1976 and it is more present today by far.

Can our specialty achieve the same referral recognition from general dentists that periodontists, endodontists, and oral surgeons enjoy?

Yes! Much of the positive recognition we now have has come from a few visible prosthodontists who have high self-esteem and who project the image of clinical and financial success with a research and teaching foundation. We need to encourage more participation by these types of prosthodontic leaders in the national and international clinical and political arena to change our image and influence more referrals from other specialties and general practitioners.

In my opinion, the following statements are facts that will continue to be a positive influence for prosthodontists:

• Prosthodontics is important, broad, deep, and is a specialty.
• General dentists who need help call on us.
• Oral surgeons and periodontists recognize the clinical difference competent prosthodontists bring to their practices.
• Plastic surgeons and ENTs also recognize the value of prosthodontics.
• General dentists who need help call on us.
• Prosthodontists are more critical of their general colleagues.
• We need to promote ourselves more as essential, successful, but open and helpful specialists.
• We need to become more efficient and productive. Some prosthodontists have extremely low incomes, while others are at the top level of income for the profession. Let's emphasize success!

I would sum up it in a few words: We are great – but we don’t know it and we don’t tell others enough!

Have we developed better methods to evaluate our crown and inlay margins since the method you described in your classic 1966 paper?

In the 1960s, margins on gold inlays were a highly pertinent topic, because cements were relatively soluble and subsequent caries was encouraged by open margins. Today the most used cement in the U.S. is hybrid ionomers, which is almost insoluble in mouth fluids; or resins which is insoluble in mouth fluids. Therefore, the topic is less critical.

Electron microscopy and other methods have significantly increased our ability to access margins.

In summary, prosthodontics is a highly essential specialty! It needs more aggressive PR, excited and successful practitioners, integration with other specialties, help and acceptance of general practitioners, promotion to the public, and more outgoing, socially capable, financially successful, research-based practitioners.

It can and will be done, but not without immediate and direct attention.

New Section on Dental Instrumentation

A new Section on Dental Instrumentation was introduced in the September issue of Prosthodontics. It will be a more focused section than others in the Journal, dealing exclusively with dental articulators and related aspects. Dr. Edgar N. Starcke, of the Houston Dental Branch of the University of Texas Health Science Center, is serving as the Section Editor for the new addition to the College’s journal.

Dr. Starcke has had a long professional interest in dental related technologies. As Graduate Prosthodontic Program Director at the Houston VA Medical Center for more than two decades, he has shared his thoughts on dental instrumentation as it relates to the specialty of prosthodontics. Articles in the

section initially will feature instruments from the University of Texas Dental Branch collection along with the latest information on dental instruments and illustrations from the collection. Dr. Starcke’s historical narratives will document how the profession has refined its use of articulators and related dental instrumentation.

Edgar N. Starcke, DDS

“I was so pleased to have an opportunity to join the Editorial Board of the Journal so that I could share this information with prosthodontists.

Dr. Starcke said. “I believe that we all need to be aware of how articulators and related instrumentation have developed over the years so that we can better appreciate the systems available to us today.”

Initial articles in this section of the Journal will be authored by Dr. Starcke, who will introduce readers to the earliest information on dental systems and techniques. As he brings us closer to systems available today, Dr. Starcke will solicit others for their insights and viewpoints. The Editorial Board of the Journal wishes to acknowledge and express appreciation to the Teledyne-Hanau Company for supporting this new section of the Journal.
1999 ADA House of Delegates Recognition of a New Dental Specialty: Oral and Maxillofacial Radiology

The following information has been prepared to describe the procedures and events required to complete the necessary steps not only to determine oral and maxillofacial radiology as a newly recognized special area of dental practice.

1. What next?

The 1999 ADA House of Delegates’ approval of oral and maxillofacial radiology as a newly recognized area of special practice is the first step in a series of events that must occur in order to establish this specialty as a board recognized area of dental practice. This will be accomplished by promulgating a new definition to establish a specialty within the ADA and establishing a certifying board that will protect and help you to:

- preserve your assets
- plan for retirement
- reduce your taxes
- protect your family
- provide for your future
- maximize your income
- have a flexible benefit
- invest in your dental health
- have a qualified plan

2. Dentists who announce as specialists must have successfully completed an education program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the ADA-recognized Education and Licensure, or be diplomates of an American Dental Association recognized certifying board.

3. The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist.

4. How soon can a certifying board for a newly designated specialty in oral and maxillofacial radiology be established by the ADA?

It is anticipated that this process can begin in January 2000 with the appointment of a representative of a delegation of six people to the governing board for oral and maxillofacial radiology. This delegation consists of four individuals who, along with the oral and maxillofacial radiology Commissioner will comprise the newly recognized dental specialty. Information describing these events will be made available to officers and members of the Board of Trustees, members of the CDEL and ADA staff, and to individuals with questions regarding the process.

Requirements for the recognition of a certifying board recognized by the ADA?

- The special area of practice and appropriate certification to establish the specialty as a board recognized area.
- Approval of a definition of oral and maxillofacial radiology.
- Approval of an education program.
- Approval of an examination.
- Approval of a certifying board.

5. Are these procedures for the recognition of a certifying board recognized by the ADA the same as those for the American Board of Endodontics (ABE), the specialty of endodontics which was recognized in 1963, the ABE was recognized by the CDEL in 1964.

6. How soon can the Commission on Dental Accreditation begin accrediting the advanced specialty education programs for oral and maxillofacial radiology?

The procedures as described in this document are consistent with the procedures followed for the currently recognized specialty certifying boards. The long specialty certification board recognizing the ADA was the American Board of Endodontics (ABE). The specialty of endodontics was recognized in 1963, the ABE was recognized by the CDEL in 1964.

End-of-year Financial Planning

by Richard F. Fehrs, CLU, President, Treloar and Heisel, Inc.

This article will provide some considerations for your end-of-year financial planning. I will concentrate on three areas of insurance that should be evaluated during this period.

The purchase of non-cancelable disability income insurance is always a consideration at this time, with a new evaluation of income and family needs. Treloar and Heisel, Inc., is also providing a new dental plan that provides dental services at a fraction of the cost of a comprehensive dental plan. Individuals are eligible to announce as "a specialist in oral and maxillofacial radiology" in accordance with the following General Standards of the ADA Principles of Ethics and Code of Professional Conduct.

The following are included within the standards of the American Dental Association in determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:

1. The special area of practice and appropriate certifying board must be approved by the American Dental Association.
2. Dentists who announce as specialists must have successfully completed an education program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the ADA-recognized Education and Licensure, or be diplomates of an American Dental Association recognized certifying board.

The certification board for the special area of practice and appropriate certification for the recognition of the certifying board to the CDEL for consideration at its April 2000 meeting. The application must demonstrate that the House Committee on Certification, Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists have been met. The CDEL has responsibility, as assigned under its duties in the Bylaws, for the recognition of a dental specialty certifying board. Additionally, the Board of Directors of the ADA approved a specialty certifying board is not required. The application for recognition of a specialty certifying board will go through two levels of review. It will be reviewed by the CDEL and the Standing Committee on Certification (CDEL) and it will be reviewed by the Council. The Council will inform the House of Delegates in its Annual Report with an informational report of any actions it has taken with regard to consideration of an application for approval of a certifying board.

The Requirements allow the founding certifying board to petition the Council for permission to waive the formal education requirements for candidates who apply for examination (grandfathering procedure).

The application for recognition of a certifying board can not be made after December 30th. The waiver for a petition for waiver can be made after the certifying board has been approved. This means that the certifying board may propose to the Council the qualifications of individuals who will be considered eligible to sit for the specialty board examination. This group of individuals would be comprised of those who were not educationally qualified to complete an accredited advanced specialty education program (two or more years in length in the designated specialty). The petition for waiver would also be expected to describe the period of time for which the waiver was proposed, the waiver would be granted, the provisions of the ADA Code of Ethics; and evidence of additional requirements for the specialty as described in the Annual Report and the ADA publications, ADA News and ADA Newsletters.
MEMBERS IN THE NEWS

Dr. Glenn J. Wolfinger, past editor of the ACP Messenger and a Diplomate of the American Board of Prosthodontics, is the new editor of the ACP Messenger and a Diplomate of the American Board of Prosthodontics, chairs the College’s subcommittees for the Prosthodontic Classification System, Parameters of Care, and the American Academy of Dental Implantologists.

Dr. Thomas J. Balshi, president-elect of the ACP and a Diplomate of the American Board of Prosthodontics, chairs the College’s subcommittees for the Prosthodontic Classification System, Parameters of Care, and the American Academy of Dental Implantologists.

EMPLOYMENT OPPORTUNITIES

Director, Dental Implant Center
The University of Medicine and Dentistry of New Jersey - New Jersey Dental School invites applications for a full-time position in the Section of Prosthodontics and Biomaterials as Director of the Dental Implant Center.

The selected candidate will focus on developing and implementing dental education, research, and patient care initiatives in the school’s postdoctoral, predoctoral, and Continuing Education programs. Responsibilities will include teaching at the postdoctoral and predoctoral levels, full patient care, and research participation in the faculty practice. Candidates must possess a DDS/DMD degree from an accredited institution, have completed graduate training in prosthodontics and have a record of administrative and teaching experience. It is preferred that the candidate have a Diplomate of The American Board of Prosthodontics, with evidence of clinical experience with dental implants.

Salary and academic rank will be commensurate with experience and qualifications. Review of applications will begin immediately and continue until the position is filled. Qualified applicants should submit a curriculum vitae and letter of intent to: Dr. Gary Cook, Chair, Search Committee. Applications accepted until position is filled.

Candidate should have evidence of previous independent research program and teaching experience. There is an opportunity for private practice or consulting one day per week. Salary will be commensurate with experience and credentials. Curriculum vitae and letter of intent should be sent to: Dr. Gary Cook, Chair, Search Committee and Department of Restorative Sciences, 9-470 Moos Tower, University of Minnesota School of Dentistry, 4-700 Moos Tower, University of Minnesota School of Dentistry.

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Hawaii–The Big Island
Hilton Waikoloa Village

Annual Session in NYC a Resounding Success

New Executive Director Named

Classification of Prosthodontic Patients Project

9th Specialty Recognized by ADA