



Dental Professional Advisory Committee Newsletter

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February 2017

In this issue of the Dental Professional Advisory Committee Newsletter

COVER STORY

ADA Meeting 2016

FEATURES

CPO Column	2
Outgoing DePAC Chair	3
Incoming DePAC Chair	4
DePAC Vice Chair	5
Agency Article	13
Specialty Article	14
Clinical Article	15
Senior Officer Spotlight	18
Junior Officer Spotlight	19

ITEMS OF INTEREST

PHS Workgroup: Recruiting Experience	18
Dental Coin Order Form	21
Dental Category Website- Updates	22
CCMIS Security	23
AMSUS Meeting	24
Hails and Farewells	27
Upcoming Events	28
Educational Resources	29

NEWSLETTER STAFF

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The USPHS Dental Newsletter is published 2 times annually, and is distributed electronically through the USPHS Dental Bulletin Board, agency distribution lists, and the USPHS Dental Directory. The next issue of the Newsletter will be published in the summer of 2017. If you have suggestions or comments about the newsletter, or would like to submit an article, please contact the NEW co-editors [CDR Lori Snidow](#) or [LCDR Masih Soltani](#).

American Dental Association Presidential Citation to the U.S. Public Health Service!

CAPT SHARON RAGHUBAR, YOUR PHS DELEGATE TO THE ADA



PHS Dental Officers at the 2016 ADA Meeting: Back row (left to right): CAPT Suzanne Saville (ret), CDR Nixon Roberts, LCDR Carol Wong, CAPT Minh Kevin Lee, CAPT Paul Wong, CAPT Rob Lloyd, CAPT Michael Johnson. Front row: CDR Michael Donaleski, CAPT Sharon Raghubar, CDR Vicky Ottmers, CAPT Renée Joskow

Greetings to our fellow United States Public Health Service Dentists! You were represented at the 2016 American Dental Association (ADA) meeting by the PHS Delegation to the ADA: CAPT Michael Johnson, CAPT Renée Joskow and CAPT Sharon Raghubar. ADA 2016 – America’s Dental Meeting was held at the Colorado Convention Center in Denver, Colorado from 20-24 October. It was a great opportunity for professional development, networking with peers, making new professional acquaintances and re-connecting with old friends. [Continued on page 6.](#)

DENTAL PROFESSIONAL ADVISORY COMMITTEE

CHIEF PROFESSIONAL OFFICER COLUMN

RADM NICHOLAS MAKRIDES, DMD, MPH

FEDERAL BUREAU OF PRISONS

Happy New Year everyone!!! I trust each of you had a relaxing holiday with your family and friends.

2016 was a memorable year for our category and Corps. This year, we published the HHS Oral Health Strategic Framework 2014-2017 in its entirety in Public Health Reports (March/ April 2016). In addition to the Framework, a companion piece, The Surgeon General's Perspective, was submitted on behalf of Vice Admiral Murthy. Since the release of the Framework, the Oral Health Coordinating Committee (OHCC) web page has had over 2,000 downloads of the Framework. This is largely due to the efforts of fellow officers referencing the Framework to colleagues. According to CAPT Renée Joskow, she has noticed a considerable increase of activity (downloads) after presentations and conferences where the Framework is referenced.

In addition to the publication, we were able to roll out the Framework to stakeholders on a live Webinar (June 2016). According to the Publications Coordinator, at Public Health Reports, we had 522 registrants. This was one of the largest online webinars that they have sponsored. My thanks to my co-presenters, CAPTs Cherry-Peppers, Joskow, and Dye for their help on this important project.

While all of our agencies have been busy with oral health initiatives, I did want to highlight one publication that affects all clinical programs: The CDC's release of the 2016 Infection Prevention Checklist for Dental Settings. This is the companion piece that should be used with the CDC's 2003 guidelines for Dental Health-Care Settings. Following this instruction will be critical for clinics being reviewed by external auditors such as the Joint Commission.

With each New Year, our Professional Advisory Committee says good bye to our past Chair and welcomes a new Chair. It has really been a privilege to work with CDR Ottmers. The energy and the time she has spent to advance our category are not only noteworthy, but very much appreciated. Thank you, CDR Ottmers, for your dedication and hard work. Welcome CAPT Lewins.

This past October, I learned that one of our previous Chief Dental Officers, RADM John C. Greene, passed away at the age of 90. RADM Greene was legendary in dental public health. He conducted numerous studies in oral epidemiology, oral hygiene, and periodontal disease. In addition to being the Chief Dental Officer (1973-1978) RADM Greene was also the Deputy Surgeon General (1978-1981). Upon his retirement he became Dean of the University of California San Francisco's (UCSF) Dental School retiring in 1994. The UCSF School of Dentistry will have a memorial service for RADM Greene this coming April. I will provide more information on the List Serve as it becomes available.

Before I close, I also want to recognize the good work and support of our colleague Dr. Kathy Weno. This January, Kathy will be leaving her post at the CDC. She has been instrumental in so many of our dental public



RADM Nicholas Makrides

health successes from the release of the new fluoridation guidelines to supporting us in the release of the Strategic Framework.

As we enter into the new year, I am cognizant of the uncertainty that a new administration may bring. While we await the pending HHS leadership transition, I am confident that we will remain vigilant in our commitment to provide our agencies, constituents, and patients with an improved oral health future. Thank you for all you do for our Corps and the programs you are assigned to. I wish you all the best in 2017.

DENTAL PROFESSIONAL ADVISORY COMMITTEE OUTGOING - CHAIRPERSON COLUMN CDR VICKY OTTMERS, DDS DEPARTMENT OF HOMELAND SECURITY

2016 was jampacked with goals, initiatives, and implementation of process improvements that will continue to impact the Dental Category for years to come. All of 2016's productivity was the result of our hardworking and innovative DePAC Voting members, the Executive Committee, our Chief Dental Officer, Agency Leaders, Ex-Officios, Past DePAC Chairs, and the non-voting members of all 10 DePAC Workgroups and Subcommittees. Together we embodied team, collaboration, and unity for the common goals of representing and advancing the Dental Category. These accomplishments have been communicated via the All Hands Call, the Dental Bulletin Board (DBB) 2016 Year in Review, the Newsletter, and the 2016 DePAC November and December Meeting minutes available on our Dental page <https://dcp.psc.gov/osg/dentist/> in the secure area (link to login is at the upper left of the page).



CDR Vicky Ottmers

As 2016 DePAC Chair, I was honored and fortunate to have served with such talented and remarkable colleagues and friends. I will cherish 2016 for the impacts and the connections not only within the Dental category but with all 11 categories, sister services, and our partners in Oral Health. For 2017, I embrace my new role as Ex-Officio and will support CAPT Lewins and the Dental Category in whatever capacity is needed.

2017 easily brings continuity with tremendous passion, experience, and leadership with CAPT Shani Lewins as the 2017 DePAC Chair. CAPT Lewins has served the Dental Category as the Newsletter Co-Editor for 3 years, 2014 Communications Co-Chair, 2015 Executive Secretary, and of course the 2016 Vice Chair. CAPT Lewins has been in the trenches, experienced behind the scenes happenings, participated in all past initiatives and all ongoing projects. I have witnessed firsthand her amazing work ethic, her ability to unify, her advocacy to always accomplish for the right reasons, and her ability to endure for the sake of what is best for the Dental Category. CAPT Lewins has made a tremendous impact to the Dental Category already even before her 2017 DePAC Chair year! Along with CDR Dan Barcomb (Vice Chair), LCDR Dane McClurg (Executive Secretary), all 2017 Voting Members, RADM Makrides, and Ex-Officios, I have no doubt 2017 will be exceptional and outstanding in every way.

DENTAL PROFESSIONAL ADVISORY COMMITTEE

INCOMING - CHAIRPERSON COLUMN

CAPT SHANI N. LEWINS

UNITED STATES COAST GUARD

The Dental Professional Advisory Committee has been a longstanding group of incredibly hard working Dental Category members who are not often known to our dental officers in the field. We are scattered throughout the country, representing all agencies, and advocating for our fellow dentists. We recruit, mentor, foster readiness, advocate for deployments, address women's and minority issues, collaborate with other categories of the Commissioned Corps, work to learn from our retired and separated officers how to improve the quality of life as a USPHS Commissioned Corps Dentist and more. Our outgoing DePAC Chairperson, CDR Vicky Ottmers, under the guidance of our Chief Professional Officer, RADM Nicholas Makrides, lead the DePAC in 2016 with incredible energy, commitment and leadership. I am humbly honored to be picking up where CDR Ottmers left off.



CAPT Shani Lewins

It is with great responsibility that I accept the position of DePAC Chair for 2017. CDR Ottmers worked tirelessly in 2016 on a number of projects which I look forward to continuing this year. The updated Category benchmarks for 2016 better enable our officers to represent themselves to promotion boards and we are looking forward to updating the Category CV to better align with the benchmarks. With the goal of decreasing the call to active duty time, and streamlining the appointment process, candidates for the new virtual appointment boards are being vetted. We regrettably bid farewell to retiring senior officers each year and will continue to focus DePAC efforts on recruiting as well as many more initiatives this year. With the support of the 2017 DePAC Vice Chair, CDR Daniel Barcomb, Executive Secretary, LCDR Dane McClurg, and our amazing group of voting and non-voting members I look forward to serving you all this year.

2017 will be the year of connectivity for the Dental PAC. With our Social Media Workgroup up and running I would like to invite our members to join the Dental PAC Facebook page <https://www.facebook.com/PHSdental/> and consider membership on one of the DePAC subcommittees or workgroups. Visit the DePAC website <https://dcp.psc.gov/osg/dentist/> to familiarize yourselves with each group and review other resources available. Officers can contact the Subcommittee or Workgroup Chairs or feel free to email me directly at shani.n.lewins@uscg.mil if you have any questions.

With each year that I have served on the DePAC, from workgroup member in 2004 to DePAC Chair for the 2017 calendar year, I have been increasingly amazed with the caliber of dentists in the Corps. We are diversified, highly trained, committed and compassionate health care providers, but how do we connect better with each other? How do we inspire the new generation of graduates to choose the career path we have chosen? How do we boost Junior Officers and develop our category for the future? Get involved! Get connected! Let's build a stronger Dental Corps together!

DENTAL PROFESSIONAL ADVISORY COMMITTEE

VICE-CHAIRPERSON COLUMN

CDR DANIEL T. BARCOMB

UNITED STATES COAST GUARD

Happy New Year Dental Category! I am proud to serve this year as the Vice Chair of DePAC and I am excited to work with RADM Makrides, CAPT Lewins and the voting members of DePAC to help ensure our category remains strong. I joined DePAC as a voting member last year in order to make a positive impact in our category. I think I've done so as the Chair of the Recruitment workgroup and hope to again this year as DePAC Vice Chair and next year as DePAC Chair.

As you may already be aware, the PHS Dental Corps is currently top heavy with over half of our officers at the rank of Captain and only a handful at the rank of Lieutenant. This means that a good percentage of PHS dentists are either eligible or close to being eligible for retirement. Additionally, there are currently a lot of dental officer vacancies throughout the PHS, more so than in years past. In order to keep the Dental Corps strong it is crucial for us to ensure that we are continually and effectively recruiting new officers to re-fill our ranks.

We need everyone's support in recruiting new officers. To make this easier, DePAC is in the process of updating the category's website so that everyone has easy access to the latest recruitment information and materials. Be sure to visit our website at: <https://dcp.psc.gov/osg/dentist/>.

One of the things DePAC has done to make recruiting easier is tracking PHS dental officer vacancies and compiling them in a monthly list. The list is distributed on the Dental Bulletin Board and posted to our website. It will allow new recruits to see where the current vacancies are across our agencies, as well as make it easier for current PHS officers to seek out positions of greater responsibility. DePAC has also constructed a pay comparison table that contrasts the pay and retirement of general dentists in the private sector with those in the PHS. This can be used to demonstrate that the take home pay and retirement for PHS dentists is equal to or better than what most dentists receive in the private sector.

Please take a look at the resources available to you for recruiting on our website and feel free to forward any questions, concerns or comments to CAPT Lewins and myself. Consider taking some time to talk with dental students or other dentists about the benefits of a career in the USPHS. With everyone working together we can help keep the dental category strong!



CDR Daniel Barcomb

ADA MEETING CONTINUED...

The meeting featured more than 300 continuing education courses, more than 500 exhibitors in the ADA exhibit hall, a variety of special events, networking opportunities, and the annual House of Delegates meeting.

The conference started with the Opening General Session which contained an inspirational one-hour program featuring the annual address from ADA President, Dr. Carol Gomez Summerhays, who emphasized that we should be proud of what we've accomplished together, and be excited about the future. She stressed that the ADA exists to support our members' efforts to improve oral health. The morning was dedicated to celebrating the positive impact that "we have together on our patients, our communities, and our world." Dr. Peter Dawson received the Distinguished Service Award, and Dr. Frank Andolino was honored as the ADA's Humanitarian of the Year for his efforts in Africa.

Via a video message to the American Dental Association, Surgeon General Murthy spoke about ending the opioid epidemic. Dr. Carol Gomez Summerhays expressed the association's support of the Surgeon General's *Turn the Tide* campaign. The ADA has asked dentists everywhere to take the online pledge (<http://turnthetiderx.org>) to help curb the widespread abuse of opioid pain medications.

Malala Yousafzai, the youngest Nobel Peace Prize recipient and a global activist for girls' educational rights, was the distinguished speaker. She attracted international attention in 2012 at the age of 10, after being shot by the Taliban in a school bus in northern Pakistan. Malala's speech was informative, inspirational, and delivered with a level of maturity not expected from someone so young. After the speech, there was an opportunity to text a donation to the Malala fund for refugee children's education.



*The ADA Distinguished Guest Speaker:
Malala Yousafzai*



*Meet your 2016 ADA Delegates: (left to right)
CAPT Sharon Raghubar, CAPT Michael Johnson,
CAPT Renée Joskow*

The PHS Delegation attended the sessions of the 2016 House of Delegates (HOD) which is the legislative governing body of the ADA. As such, the HOD represents the 158,000 dentist members of the Association and the dental profession in the United States. We represented the PHS Dental Category, participated in several days of ADA HOD sessions, and attended reference committee hearings where testimony and open comments are permitted by stakeholders, the profession, or the public on proposed resolutions or business changes. The six reference committees were Legislative, Health, Governance and Related Matters, Membership and Related Matters, Dental Education, Science and Related Matters, Dental Benefits Practice and Related Matters, and Budget, Business and Administrative Matters. The function of these committees is to present well-informed

recommendations to the House of Delegates. As your PHS delegates, we caucused with the ADA's Fourth District (which includes the Federal Services) the following day.

A summary of 2016 ADA resolutions which may affect us as PHS dentists are highlighted below. The ADA:

- **10. Has increased annual dues by \$10 to \$532.00, effective January 1, 2017.**
- **11. Rescinded its policy of “Identification Through Prosthetic Devices”**
Background: The Council reviewed ADA policy, Identification through Prosthetic Devices and found the policy to be outdated and concurred that Uniform Procedure for Permanent Marking of Dental Prostheses (listed below) adequately describes the essential elements necessary to identify dental prosthetics.
 1. Patient specific identification, used with patient consent, should be incorporated into the dental prosthesis.
 2. The identification should be legible and permanent.
 3. The procedure for applying the identification markings should be clinically safe, economically practical, and cosmetically acceptable.
- **64RC. Adopted the ADA Statement on the Use of Opioids in the Treatment of Dental Pain**
Background: The misuse and abuse of opioid pain medications has become a serious public health problem. In 2014, over 47,000 people died from drug overdoses, and 40% of those involved opioid analgesics. Nearly two million Americans reported abusing or being dependent on prescription pain relievers.
ADA Statement on the Use of Opioids in the Treatment of Dental Pain
 - When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications, potential drug interactions, and history of substance abuse.
 - Dentists should follow and continually review Centers for Disease Control and State Licensing Boards recommendations for safe opioid prescribing.
 - Dentists should register with and utilize prescription drug monitoring program (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of these substances.
 - Dentists should have a discussion with patients regarding their responsibilities for preventing misuse, abuse, storage, and disposal of prescription opioids.
 - Dentists should consider treatment options that utilize best practices to prevent exacerbation of or relapse of opioid misuse.
 - Dentists should consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
 - Dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.
 - Dentists should consider coordination with other treating doctors, including pain specialists, when prescribing opioids for management of chronic orofacial pain.
 - Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.
 - Dental students, residents, and practicing dentists are encouraged to seek continuing education in addictive disease and pain management as related to opioid prescribing.
- **37. Amended the Guidelines for the Use of Sedation and General Anesthesia by Dentists and the Guidelines for Teaching and Pain Control and Sedation to Dentists and Dental Students**
(below are only a few excerpts from a 31 page appendix)

The administration of local anesthesia, sedation, and general anesthesia is an integral part of dental practice. The American Dental Association is committed to the safe and effective use of these modalities by appropriately educated and trained dentists. The purpose of these guidelines is to assist dentists in the delivery of safe and effective sedation and anesthesia.

- Dentists must comply with their state laws, rules, and/or regulations when providing sedation and anesthesia and will only be subject to Section III. Educational Requirements as required by those state laws, rules, and/or regulations.
- Level of sedation is entirely independent of the route of administration. Moderate and deep sedation or general anesthesia may be achieved via any route of administration and thus an appropriately consistent level of training must be established.
- For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.
- Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.
- For all levels of sedation, the qualified dentist must have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

- **19S-1. Recognized that operative dentistry is an interest area in general dentistry** and sponsored by the Academy of Operative Dentistry, and be it further Resolved that the Council on Dental Education and Licensure work with the Academy of Operative Dentistry to develop a name for a deserved interest area that more closely represents the expertise and focus described in the application.

Background: “Operative dentistry” resides within the center of the wheelhouse of “general dentistry.” Current specialties reside on the periphery of the central or “core” competencies present in all general dental practice. Other dental workforce participants (dental hygienists, ADHP, dental therapists) are grouping on the edge of the general dental practice sphere of influence and are seeking to move inside. Recognition of advanced education, research or “interest” in distinct areas of general dentistry deserves recognition, but these specific areas, or components of that recognition should also be closer to the periphery so not to diminish the absolute strength of dentistry – a broad, well trained general dentistry based dental home.

Perception becomes reality in the eyes of the public we serve when special distinctions are established. Those perceptions begin with a name that soon becomes a “brand.” The recognition desired by the Academy of Operative Dentistry for an interest area with proposed outcomes of enhancing advanced operative dentistry education opportunities and research can be realized with more appropriate naming. An interest area that more accurately acknowledges the specific areas of expertise and focus serves both the profession and the public. An example of a possible name would be “operative dentistry education, research and technique development.”

- **40. Amended its Policy on Community Health Centers**

Resolved, that the ADA shall, and constituent societies are urged to, continue to lobby to support the accurate, timely determination of federal and state dental health professional shortage area designations, and be it further, Resolved, that the ADA shall, and constituent societies are urged to, support efforts to improve the efficiency and effectiveness of Federally Qualified Health Center oral health programs in order to increase capacity to improve the oral health of underserved populations seeking care at these facilities,

and be it further, Resolved, that ADA members are encouraged to participate on health center Boards of Directors and other administrative bodies to ensure the clinics' effectiveness in treating underserved patients in the community, and be it further, Resolved, that the Association encourage improving access to underserved populations through increased private contracting between health centers and private sector dentists.

- **44. Rescinded its Policy on Federally Qualified Health Centers**

Background: Federal law prohibits Federally Qualified Health Centers (FQHCs) from refusing care based on ability to pay. In fact, the law establishes a policy that requires FQHCs to serve all, regardless of their ability to pay. By design, public funding is not sufficient to meet all of the FQHCs expenses, so they must also serve individuals who can afford to pay. FQHCs are required to use a sliding fee schedule to accommodate uninsured/low-income individuals and accept Medicaid/CHIP patients. With an increased emphasis on access to oral health care services, such as the ADA's Action for Dental Health program, this policy could be viewed as counterproductive. Finally, it is not politically feasible given the very strong support in Congress for the current FQHC law by both parties.

- **45. Rescinded its Policy on Guidelines for Neighborhood Health Centers**

Background: Medicaid has grown and expanded since 1968 and the ADA has moved towards more collaborative engagement with Federally Qualified Health Centers to utilize private practicing dentists to improve efficiency and increase access to dental services. The Health Resources and Services Administration, through the Bureau of Primary Care, maintains oversight for health centers. Health centers are required to serve designated medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing and designated medically underserved areas. Health centers must follow specific rules in order to maintain funding under section 330 of the Public Health Service Act to continue to operate. This includes maintaining staff that are appropriately licensed and credentialed.

While Neighborhood Health Centers do exist, the currently accepted generic umbrella term for such public health entities is Community Health Centers. The term "Neighborhood Health Center" is antiquated and does not reflect how Health Centers have evolved, particularly as outreach training sites for dental professionals. The Council has proposed new health center policy in an amended "Community Health Centers" provision that calls for the ADA to support efforts to improve the efficiency and effectiveness of Federally Qualified Health Center oral health programs in order to increase capacity to improve the oral health of underserved populations seeking care at these facilities; to encourage ADA members to serve on health center Boards of Directors and other administrative bodies; to increase private contracting between health centers and private sector dentists; and to lobby to support the accurate, timely determination of federal and state dental health professional shortage area designations.

- **50. Amended its ADA policy on "Utilization of Private Practitioners by Indian Health Service."**

Resolved, that the ADA support federal appropriations to increase the number of dentists to meet the needs of Alaska Natives and American Indians and be it further, Resolved, that the ADA collaborate with the Indian Health Service to seek ways to meet the number of dentists needed to address current and future oral health needs of these populations, including the use of dentists in private practice.

- **55. Amended its policy on Health Center.** Resolved, that the ADA support collaboration between health centers and community private dental providers, especially those with specialty experience in disease management and those participating in the Medicaid program, and be it further Resolved, that each constituent dental society is urged to collaborate with the primary care association in their state to address oral health care access and is encouraged to facilitate the formation of dental advisory boards in

cooperation with the staff in Health Centers in their area, and be it further, Resolved, that constituent and component societies be urged to report on these efforts to the Council on Government Affairs.

- **57. Amended its policy on National Health Service Corps Policy.** Resolved, that the ADA work to expand the availability of National Health Service Corps (NHSC) loan repayments and scholarships for dentists and dental students who agree to work in a NHSC-approved site.
- **59. Amended its policy on “Use of Federal Funds to Provide Loan Repayment Grants to Dentists.”** Resolved, that the American Dental Association supports the use of federal and state funds to provide loan repayment opportunities to dentists in return for service in recognized underserved communities or population groups.

- **65. Amended Section 5.H. - Announcement of specialization and limitation of practice - of the ADA Principles of Ethics and Code of Professional Conduct**

A dentist may ethically announce as a specialist to the public in any of the dental specialties recognized by the American Dental Association including dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, and in any other areas of dentistry for which specialty recognition has been granted under the standards required or recognized in the practitioner’s jurisdiction, provided the dentist meets the educational requirements required for recognition as a specialist adopted by the American Dental Association or accepted in the jurisdiction in which they practice.

Dentists who choose to announce specialization should use “specialist in” and shall devote a sufficient portion of their practice to the announced specialty or specialties to maintain expertise in that specialty or those specialties, Dentists whose practice is devoted exclusively to an announced specialty or specialties may announce that their practice “is limited to” that specialty or those specialties. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

All members of the ADA have the right to attend and participate in the discussion during the reference committees. Anyone may attend the meetings of the House of Delegates as a guest, upon display of an ADA badge.

Participation is highly encouraged to see the inner workings of organized dentistry; if you would like to join us in 2017, please email me at sharon.a.raghubar@uscg.mil.

The Federal Service Day (FDS), in its second year, was a tremendous success with a unique continuing education series for federal dentists. It was followed by the FDS Social, a great venue to socialize with our colleagues from various sister services. The Federal Services (PHS, Navy, Air Force, Army, VA) and their Chief Dental Officers were presented with ADA Presidential Citations. The citation to the PHS reads “[the] American Dental Association [presents the] Presidential Citation [to the] United States Public Health Service in recognition and gratitude of your work to promote and improve oral health through service to your country.” The citation to Admiral Makrides reads “[the] American Dental Association [presents the] Presidential Citation [to] Rear Admiral Nicholas S. Makrides in recognition and gratitude of your service to our country in the United States Public Health Service, and for your work to promote and improve oral health.”



Presidential awards presented to the PHS and Admiral Makrides received by the PHS Delegation to the ADA: (left to right) Dr. Jeffrey Cole (Fourth district trustee), CAPT Renée Joskow, CAPT Sharon Raghubar, and CAPT Michael Johnson



Federal Dental Services Leaders with their ADA Presidential Awards - joined by Dr. Jeffrey Cole - MAJ GEN Roosevelt Allen (Air Force), RADM Stephen Pachuta (Navy), COL Ann von Gonten (Army), CAPT Michael Johnson (PHS), CAPT Sharon Raghubar (PHS), CAPT Renée Joskow (PHS), Dr. Patricia Arola (VA)

The new ADA president, Dr. Gary Roberts, was installed during the HOD meeting. The president-elect, Dr. Joseph Crowley, campaigned on a platform of change to include dental licensure portability.

The American Association of Women Dentists (AAWD) also held their annual meeting in Denver. CAPT Renée Joskow and LCDR Carol Wong met with the AAWD Board of Directors (BOD) to discuss opportunities for collaboration and explore topics of common interest. The AAWD BOD expressed interest in our DePAC newsletter and all agreed to share newsletters –AAWD's *Chronicle* and the DePAC Newsletter. Several other topics were considered for future collaboration including joint mentoring opportunities as a way for non-federal dentists to learn about careers in the USPHS and for federal dentists to learn about and network with private practice dentists regarding business tips and opportunities after federal service. The meeting was initially proposed by the DePAC's Women's Issue Subcommittee and turned out to be a productive first step in reacquainting AAWD and USPHS representatives.

The New Dentist Conference which offered networking, education, and fun for recent graduate dentists was held in conjunction with the ADA annual meeting. This was a great opportunity for new dentists to learn more about

leadership, student loan management, maintaining a comfortable work-life balance, and staying updated on the future of dental care.

Our PHS Recruitment booth was successfully coordinated by CAPT Kevin Lee. Volunteers included CAPT Renée Joskow, CAPT Kevin Lee, CDR Michael Donaleski, CDR Robert Nixon, CDR Vicky Ottmers, and LCDR Nikki Langenderfer.



PHS Recruitment booth at the ADA: CDR Nixon Roberts, LCDR Nikki Langenderfer, CAPT Minh Kevin Lee, CDR Michael Donaleski, CDR Vicky Ottmers.



PHS Recruiters in action: CDR Nixon Roberts, CDR Michael Donaleski, LCDR Nikki Langenderfer, CDR Vicky Ottmers with a potential PHS candidate.



PHS recruiting fervently at the ADA: Future probable PHS candidates with CDR Vicky Ottmers.



Active recruiting at the ADA: CDR Michael Donaleski signing up another possible candidate.

I leave you with a borrowed quote that was shared by the ADA president-elect, Dr. Crowley: “If every job in the world paid the same, or shall we say, \$2 an hour, would you do the same job, in this case be a dentist or more specifically a PHS dentist?”

Thank you all for giving CAPT Michael Johnson, CAPT Renée Joskow, and me the opportunity to represent the U.S. Public Health Service to the ADA. We look forward to serving you at the next American Dental Association House of Delegates.

Please save the dates to join your friends and colleagues at future ADA Annual Sessions:

October 19-23, 2017 **Georgia World Congress Center, Atlanta, GA**
October 18-22, 2018 **Hawaii Convention Center, Honolulu, HI**
September 5-9, 2019 **Moscone Convention Center, San Francisco, CA**

AGENCY UPDATES:

CAPT DAVID LUNDAHL

UNITED STATES COAST GUARD

RDML Kelly, the Assistant Commandant for Human Resources, stated in his recent FLAG VOICE 465, the following foundational challenges are currently being addressed by our Coast Guard leadership:

- (1) Electronic Health Record (EHR) acquisition – We continue our efforts to acquire an EHR program that meets our members’ needs; a health care record that is secure yet accessible to a member’s health care provider at every juncture of his or her career, to ensure continuity of care.
- (2) U.S. Public Health Service (PHS) workforce support – We have chartered a PHS recruitment and retention workgroup to identify key PHS workforce challenges, with the goal of cultivating a thriving PHS workforce.
- (3) Requirements analysis – As part of the HS IPT effort, a small team of subject matter experts and field representatives are developing the requirements (statutory, regulatory, policy) of our Health Services Program. This effort will be completed in the coming months and will inform focused efforts that follow.



CAPT David Lundahl

SPECIALTY ARTICLE: “AN ORTHODONTIST’S STORY”

CDR JONATHAN CHIANG

INDIAN HEALTH SERVICE

As a United States Public Health Service (USPHS) orthodontist, I have the incredible fortune of truly loving what I do. To date, I have been an orthodontist at the Albuquerque Indian Health Service Dental Clinic for 6 years and am currently the chief orthodontist. My Indian Health Service (IHS) experience stems almost 13 years and I have been a commissioned officer for almost 10 years.

The mission in the IHS is to “raise the physical, mental, social, and spiritual health of Native Americans”. As an orthodontist, I am charged with improving a child’s physical smile dynamics. As an IHS orthodontist, however, we also aim to “reach” Native American children by developing mutual trust, respect, and friendship. Being able to support, encourage, and help children in their formative years to improve the future generations of Native Americans and their communities has been incredibly rewarding and an unbelievable gift.

For as long as I can remember, I’ve always had a desire to help empower and shape kids to their mental and physical potential. Growing up in Hawaii, my interest in giving back to the community through public service was cultivated by the ‘ohana (family) mentality of my tightly knit community. For me, Dentistry provided the vehicle that was the perfect balance of art, science, and community service. I liked the idea of helping and connecting with people while practicing a discipline I was interested in, and enrolled in the University of Michigan’s undergraduate and concurrently the preferred admissions in Dentistry program.

In dental school I was influenced by many educators, the most significant of them being a clinician who shared his passion for the IHS and his adventures in Alaska and remote tribal sites, and whom I most identified with. I enjoyed the idea of public service, helping others in need, and experiencing the outdoors in remote places, which steered my path to the IHS. Shortly after receiving my dental degree, I sought IHS dental positions in the “four corners” area, which had been highlighted in many issues of “Outside Magazine”, and accepted a civil service position in the Gallup Service Unit in the satellite clinic of Tohatchi in New Mexico thereafter. My first dental job was better than I imagined; I enjoyed providing dental care to the Native American community in a remote village, and being able to help establish mountain bike trails in the Mesas of Gallup and verify new rock climbing routes in Mentmore in my spare time.

Soon after, I transferred to the Commissioned Corps of USPHS and underwent Long Term Orthodontics and Dentofacial Orthopedics Training through a match at the University of Illinois at Chicago. Through my residency, I was able to address the core problem of providing “culturally acceptable care” in my master’s thesis. Specifically, I was able to develop treatment norms for Native American kids, where none had existed previously. These treatment norms addressed facial esthetics and lip positions which now serve as the orthodontic objectives for Native American ideal lip configuration and esthetics, and assist in providing a 3D facial reference for craniofacial anomalies, trauma and surgical treatment objectives.

Though it was a great privilege to receive the Charley Schultz Resident Scholar Award from the American Association of Orthodontists for my research, the greater achievement was being able to fulfill the IHS goal of “culturally acceptable” treatment for Native American children without any moral compromises. The research



CDR Jonathan Chiang

also effectively expanded the healthcare treatment options and benefits the IHS is able to provide to Native American children. It has been such an honor to assist our community and advance my profession in this way.

If, like me, you have a passion for public service, the sciences, and the outdoors, the IHS provides great career opportunities. USPHS has definitely lived up to my expectations, and it has been an honor to serve the United States in this capacity.

I thank the hard working individuals in the Albuquerque IHS Dental Clinic, the IHS, and USPHS for the many opportunities they provide junior and senior commissioned corps officers.

To all- thank you for your diverse efforts in protecting and promoting the health and safety of our nation.

CLINICAL ARTICLE: RESTORATION OF ENDODONTICALLY TREATED TEETH



Clinical Update

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Navy Medicine Professional Development
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Restoration of Endodontically Treated Teeth

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Captain Scott Kooistra, DC, USN

Introduction

Bacteria have been shown to be the cause of endodontic infections.¹ To minimize reinfection of the root canal system, a permanent coronal restoration is necessary. The permanent restoration of endodontically treated teeth is one of the most important aspects of root canal therapy and should be placed as soon as possible.² The purpose of this Clinical Update is to review the factors associated with the restoration of endodontically treated teeth.

Evaluation

Before making an endodontic referral, the provider should examine the tooth for restorability. An understanding of the available materials, including the limitations of those materials, is critical when planning the ideal restoration for endodontically treated teeth.² The referring provider's evaluation and treatment should include the removal of all caries and defective restorations prior to referring the patient for endodontic therapy. In certain instances, prior to endodontic therapy, replacing the existing defective restoration is necessary to provide an adequate coronal seal and a reservoir for irrigants used during endodontic therapy. Communication between the endodontist and restorative provider is crucial in achieving the best outcome for the patient. As an integral part of root canal therapy, the tooth must be restored with a definitive restoration as soon as possible.² In accordance with BUMED instruction, cusps of posterior endodontically treated teeth should be covered

with a full-coverage amalgam or cast restoration.³ In most instances; permanent restorations are not placed the same day the root canal is completed. This necessitates the timely replacement of the temporary with a permanent restoration.

Timing

A delay in placement of the permanent restoration may result in leakage around the temporary, which may lead to the tooth requiring endodontic retreatment. A retrospective study of 775 root canal treated teeth showed a higher survival rate if restored within 2 weeks.⁴ Delaying placement of the permanent restoration can also lead to loss of tooth structure due to fracture. Safavi and others reported higher success rates in teeth with permanent restorations versus those with temporary restorations,⁵ and a meta-analysis by Ng and others reported the main condition that increased the survival of endodontically treated teeth was a crown restoration.⁶

Dental Dam Isolation

All restorative procedures involving root canal treated teeth should be performed utilizing dental dam isolation in order to minimize contamination of the canal space. The American Association of Endodontists states that only "dental dam isolation minimizes the risk of contamination of the root canal system by indigenous oral bacteria."⁷ There is no published literature to determine the isolation efficacy during root canal treatment using Isolite[®]. Therefore, providers should only use a dental dam for isolation during placement of the core build-

up. A dental dam is also indicated during post fabrication or placement.

Without proper isolation, these procedures allow the canal to become contaminated with bacteria. In a retrospective, chart review study, teeth restored without a dental dam had a 73.6% success rate, while teeth restored using dental dam isolation had a 93.3% success rate.⁸ This contamination, which can occur in as little as three days,⁹ may necessitate endodontic retreatment.

In addition to minimizing contamination of the root canal system, the dental dam protects the patient from swallowing or aspirating materials used during treatment.

Intraorifice Barriers

Intraorifice barriers (IOB) are restorative materials placed in the coronal 1-2 mm of root canals immediately following obturation. Placing a barrier over the coronal gutta percha reduces the chance of recontamination of the root canal system. Wolcott noted IOBs should be a different color than tooth structure, not interfere with the final restoration, be easy to place and bond to tooth structure.¹⁰ One of the most commonly used materials for IOB is Fuji Triage[®], a glass ionomer. This material has been tested in numerous studies and fulfills the criteria discussed by Wolcott. A Navy study by Maloney and others demonstrated 1 mm of Triage was as effective as 2mm when evaluated in an in-vitro leakage model.¹¹ Vitrebond[™] has also proven to be an effective IOB,¹² however, due to the material's color, it is not as distinguishable from tooth structure as Triage. When restoring endodontically treated teeth with IOBs, the barrier should not be removed unless canal retention is needed to retain the core. However, it is important to remove cotton pellets beneath the temporary prior to placing the core. Cotton fibers can wick moisture and harbor bacteria that can contaminate the root canal system long after the permanent restoration is placed.¹³

Post Space

The need for a post should be clearly noted in the dental record, and conveyed to the endodontic provider. Studies indicate less leakage potential when the post space is prepared with a heated plugger versus post drills.¹⁴ This, combined with the aseptic technique used during root canal therapy, reinforces the idea that post space should be prepared during root canal therapy by the endodontic provider. If a post is used, the apical extent of the post should be in contact with gutta percha. Moshonov and others reported that 83% of the cases were evaluated as normal with no radiolucency. When a gap between the gutta percha and post was present, the rate decreased to 54% (>0 - 2mm) and 29% (>2mm) respectively.¹⁵ However, the need for a post or extension of core material into the canals may not be necessary when at least 4mm of chamber height is present.¹⁶

Core Materials

Strength may be the most important property of an ideal core material. The stronger the material, the more resistant the core

is to deformation and fracture. Greater strength will also provide better stress distribution and more stability to the tooth. All of these factors can increase the long-term retention of the tooth. Amalgam has been the traditional material used for core build-ups. However, adhesive dentistry has offered an alternative to amalgam cores. A study by Kalay and others determined that adhesive cuspal coverage increased the fracture resistance of premolars with MOD cavity preparations to a level comparable to intact teeth. Adequate cuspal reduction of at least 2.5 mm provided the most favorable results.¹⁷ When using composite as a core, highly filled materials are preferred due to their superior physical properties and improved clinical performance. In addition, injectable self- and dual-cured composite core materials such as ParaCore[®] offer advantages over visible light-cured composites by providing better adaptation to the tooth walls and require little or no photopolymerization, an important consideration in difficult access situations.¹⁸

Full Cuspal Coverage

When restoring posterior endodontically treated teeth, full cuspal coverage is recommended.¹⁹ Studies report the placement of a crown is directly correlated to long-term survival of root canal treated teeth.²⁰ Teeth, not restored with crowns, were lost at a rate 6 times more than crowned teeth.²¹ Multiple studies echo this finding. Salehrabi and Rotstein reported 85% of root canal treated extracted teeth did not have full cuspal coverage.²² A Swedish study confirmed that crown placement was a significant predictor of the survival of endodontically treated teeth.²⁰ Removal of enamel and dentin due to endodontic access or caries weakens the tooth even though restorative materials are used to replace the missing tooth structure. In fact, access cavity preparation for endodontic therapy is reported to be the greatest influence on weakening teeth.²³ A study comparing adhesive versus non-adhesive restorations showed that gold crowns exhibited the highest resistance to fracture, while teeth restored with bonded ceramic partial crowns showed a higher fracture resistance than fillings and inlays. Noncuspal coverage amalgams demonstrated the worst outcomes.¹⁹

Anterior teeth

While full cuspal coverage is the standard for posterior teeth, the same is not always required for anterior teeth. The amount of remaining tooth structure influences the choice of restoration. A study by Abduljawad and others reported the placement of a glass fiber post significantly improved the fracture resistance of maxillary central incisors with cervical cavitations or abfractions.²⁴ In addition, a study by Dastjerdi and others demonstrated the fracture resistance of composite was less favorable than cast posts or fiber posts when restoring anterior teeth with significant tooth loss.²⁵

Conclusion

The topic of restoration of endodontically treated teeth is very extensive and broad. This Clinical Update attempts to reinforce some of the important aspects of this topic from an endodontic perspective. Root canal therapy is an effective treatment with high success rates. However, root canal therapy is not complete

until the permanent restoration is placed. Dental dam isolation must be used during endodontic therapy and should be utilized in every phase of treatment where the canal space or gutta percha could be exposed to saliva. If there are questions regarding restorative materials, the use of a post or preparation design, an advanced trained restorative provider should be consulted. All providers involved should begin with the end result in mind and plan the treatment accordingly. Communication between the restoring dentist and endodontist will help provide the patient the optimal outcome.

References

1. Kakehashi S, Stanley HR, Fitzgerald RJ, Oral Surg Oral Med Oral Pathol. 1965;20:340-9.
2. Eliyas S, Jalili J, Martin N. Restoration of the root canal treated tooth. Brit Dent J 2015;218:53-62.
3. BUMEDINST 6320.82A 22 JAN 2009.
4. Willershausen B, Tekyatan H, Krummenauer F, Briseno Marroquin B. Survival rate of endodontically treated teeth in relation to conservative vs post insertion techniques—a retrospective study. Eur J Med Res 2005;10:204-8.
5. Safavi KE, Dowden WE, Langeland K. Influence of delayed coronal permanent restoration on endodontic prognosis. Endod Dent Traumatol 1987;3:187-91.
6. Ng YL, Mann V, Gulabivala K. Tooth Survival following non-surgical root canal treatment: A systemic review of the literature. Int Endod J 2010;43:171-89.
7. AAE Position Statement on Dental Dams. 2010.
8. Goldfein J, Speirs C, Finkelman M, Amato R. Rubber dam use during post placement influences the success of root canal-treated teeth. J Endod 2013;39:1481-4.
9. Swanson K, Madison S. An Evaluation of Coronal Micro-leakage in Endodontically treated teeth. Part I. Time Periods. J Endod 1987;13:56-9.
10. Wolcott JF, Hicks L, Himel VT. Evaluation of Pigmented Intraorifice Barriers in Endodontically Treated Teeth. J Endod 1999;25:589-92.
11. Maloney SM, McClanahan SB, Goodell GG. The Effect of Thermocycling on a Colored Glass Ionomer Intracanal Barrier. J Endod 2005;31:526-8.
12. Chailertvanitkul P, Saunders WP, Saunders EM, Mackenzie D. An evaluation of microbial coronal leakage in the restored pulp chamber of root-canal treated multirooted teeth. Int Endod J 1997;30:318-22.
13. Newcomb BE, Clark SJ, Eleazer PD. Degradation of the Sealing Properties of a Zinc Oxide-Calcium Sulfate-Based Temporary Filling Material by Entrapped Cotton Fibers. J Endod 2001;27:789-90.
14. Haddix JE, Mattison GD, Shulman CA, Pink FE. Post preparation techniques and their effect on the apical seal. J Prosthet Dent 1990;64:515-9.
15. Moshonov J, Slutzky-Goldberg I, Gottlieb A, Peretz B. The effect of the distance between post and residual gutta percha on the clinical outcome of endodontic treatment. J Endod 2005;31:177-9.
16. Kane JJ, Burgess JO, Summitt JB. Fracture resistance of amalgam coronal- radicular restorations. J Prosthet Dent 1990;63:607-13.
17. Kalay TS, Yildirim T, Ulker M. Effects of different cusp coverage on the fracture resistance of endodontically treated maxillary premolars. J Prosthet Dent 2016 EPUB.
18. Taubock TT, Buchalla W, Hildebrand U, Roos M, Krejci I, ttin T. Influence of the Interaction of Light- and Self-Polymerization on Subsurface Hardening of a Dual-Cured Core Build-Up Resin Composite. Acta Odontologica Scandinavica 2011;69:41-7.
19. Frankenberger R, Zeilinger I, Krech M, Morig G, Naumann M, Braun A, Kramer N, Roggendorf MJ. Stability of endodontically treated teeth with differently invasive restorations: Adhesives vs. non-adhesive cusp stabilization. Dent Mat 2015;31:1312-20.
20. Boren DL, Jonasson P, Kvist T. Long-term Survival of Endodontically Treated Teeth at a Public Dental Specialist Clinic. J Endod 2015;41:176-81.
21. Aquilino SA, Caplan DJ. Relationship between crown placement and the survival of endodontically treated teeth. J Prosthet Dent 2002;87:256-63.
22. Salehrabi R, Rotstein I. Endodontic treatment outcomes in a large patient population in the USA: an epidemiological study. J Endod 2004;30:846-50.
23. Zelic K, Vukicevic A, Jovicic G, Aleksandrovic S, Filipovic N, Djuric M. Mechanical weakening of devitalized teeth: three-dimensional Finite Element Analysis and prediction of tooth fracture. Int Endod J 2015;48:850-63.
24. Abduljawad M, Samran A, Kadour J, Al-Afandi M, Ghazal M, Kern M. Effect of fiber posts on the fracture resistance of endodontically treated anterior teeth with cervical cavities: an in vitro study. J Prosthet Dent 2016, EPUB.
25. Dastjerdi MR, Chaijan KA, Tavanafar S. Fracture resistance of upper central incisors restored with different posts and cores. Restor Dent Endod 2015;40:229- 35.

LCDR Bradley is a second year endodontic resident, CDR Suffridge is the Endodontic Residency Program Director & CAPT Kooistra is the Chairman of Operative Dentistry at the Naval Postgraduate Dental School, Bethesda, MD.

The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense or the US Government.



The Naval Postgraduate Dental School is affiliated with the Uniformed Services University of the Health Sciences' Post-graduate Dental College.



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SENIOR OFFICER SPOTLIGHT:

CAPT JOYCE BIBERICA

INDIAN HEALTH SERVICE

Can you provide a brief summary of your training and education?

I attended the University of Medicine and Dentistry of New Jersey – New Jersey Dental School (now Rutgers) for my dental degree. I completed a one-year GPR at St. Barnabas Hospital in the Bronx – NY, after which, I spent six years with the Indian Health Service and was selected to do long-term training for pediatric dentistry at Eastman Dental Center – University of Rochester in Rochester, NY. I also completed a certificate in core Public Health on-line through the University of North Carolina.

Can you tell our readers how long you've been a PHS officer and describe your duties at your present site?

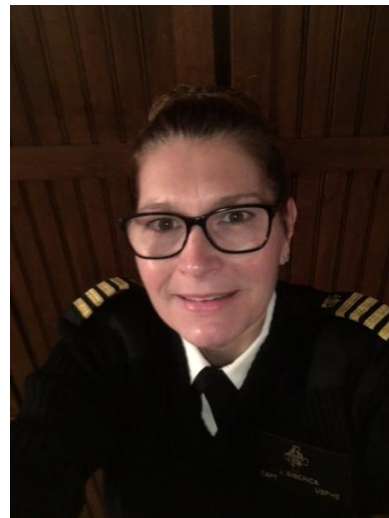
I have been a PHS officer for over 19 years. At the Cherokee Indian Hospital Authority, I am the chief dental officer of a program that has a 21-chair clinic and two 3-chair satellite clinics. We have a staff of 25 including five general dentist and two dental specialists. I am also the community's pediatric dentist and direct patient care is my primary duty. I provide services at the main hospital, operating room services at on off-site hospital and in the community at the school and daycare centers.

What led you to consider a career in the PHS dental program?

While in dental school, we were visited by an IHS recruiter and given the opportunity to do an externship over the summer. Though I did not do an externship (I broke my back instead – literally I broke my back during my junior year of dental school – was in a body cast for 3 months), Marshall, one of my friend's from dental school did an externship in Tuba City. This was between my 2nd and 3rd years of dental school. Marshall was a year ahead of his brother, Keith, and me in dental school – having nothing to do for the summer Keith went with his brother and spent the summer out west. I had never been to Arizona so I flew out to spend a couple of weeks with them. I fell in love with Indian Health Service and had planned on doing the externship the following year – but like I said I broke my back instead. As my GPR drew to an end, IHS was still on my radar and I decided that I did not want to be 40 years-old and say could have, should have, would have, so I applied to become a Commissioned Officer and set off to New Mexico – sight unseen. I packed up the Rodeo and never looked back.

What did you find to be the most challenging aspect of your transition into the Public Health Service?

I was city-folk, I moved to a rural community with 4 closets full of clothes and 70 pairs of shoes. Work-wise it was a breeze. I went to a 24-chair clinic in Shiprock, New Mexico and could not have asked for a better supervisor and mentor than Dr. Rick Champany. My peers were a mix of young dentists like myself and experienced dentists. I was able to learn a lot from them and the wonderful expanded function dental assistants most of whom had been in dentistry since the time I was in grade school.



CAPT Joyce Biberica

What has been the most rewarding aspect of your service thus far?

The highlight of my career was a few years back; each year the Eastern Band of Cherokee Indians gives awards to elementary school children for academic achievements. When asked by the Chief what she wanted to be when she grew up, one of the little girls said she wanted to be a pediatric dentist like Dr. B.

Describe some of your hobbies and activities outside of the PHS?

I love to cook and feed people, travel and spend time with my family and friends.

Has your experience in the PHS thus far lived up to your expectations?

I could not imagine having done anything else.

JUNIOR OFFICER SPOTLIGHT: LCDR ANNA WOODS INDIAN HEALTH SERVICE

Can you please provide a brief summary of your training and education?

I completed my undergraduate dental prerequisite coursework at the University of Minnesota, Morris in 2004. I was selected for early admission through the University of Minnesota, School of Dentistry and completed the Doctor of Dental Surgery program in 2008. I went on to complete a one year dental General Practice Residency at the VA in Minneapolis, MN in 2009. I worked as an associate dentist in a private practice for a few years before entering Federal Service.



LCDR Anna Woods

Can you tell our readers how long you've been a PHS officer and describe your duties at your present site?

I became a PHS Officer in January of 2013. I am currently a Staff Dental Officer with the Indian Health Services in the Bemidji Area, Cass Lake Service Unit. My duties include providing general dentistry in a public health setting, for a well and medically compromised adult and pediatric Native American patient population. I provide oral health education, diagnosis, treatment planning, local anesthesia, N2O administration, and clinical care in restorative, difficult surgical and non-surgical oral surgery, rotary endodontics, periodontics, and fixed/removable prosthodontics including dentures, partial dentures and crowns. I work closely with pharmacists, physicians and nurses in the hospital in order to provide quality care for shared patients.

What led you to consider a career in the PHS dental program?

I originally learned of the PHS and the IHS during a career fair at the University of Minnesota, School of Dentistry. I remembered this meeting through my other experiences, and I found that I wanted to focus most on clinical practice and less on maintaining a business. The student loan repayment options, benefits, and work/life balance were significant incentives for me also. In addition, I wanted to work in a team of healthcare professionals and know that I was contributing to providing oral health care to a population in great need of more dentists.

What did you find to be the most challenging aspect of your transition into the Public Health Service?

The desperate need for more dentists in underserved communities is the most challenging aspect.

What has been the most rewarding aspect of your service thus far?

I have been working at the same duty station for four years now. It has been so rewarding to get to know members of the community. Daily, patients stop to tell me "thank you". Many patients have expressed surprise that I am still working here and haven't moved yet. But the truth is, I enjoy working here. The community has been very welcoming to me and my family.

Describe some of your hobbies and activities outside of the PHS?

I enjoy spending time with my family. We have fun visiting the many lakes and parks, participating in community/recreation events, and exploring the beautiful landscape through hiking, canoeing, and camping.

Has your experience in the PHS thus far lived up to your expectations?

My experience with the PHS has exceeded my expectations. I enjoy where I live, the people I serve, and the community I am a part of.

PHS WORKGROUP: "RECRUITING EXPERIENCE"

LCDR TITANIA MARTIN

UNITED STATES COAST GUARD

How did it happen?

Within the last two years, I have had the opportunity to talk to dental students about being a Dental Officer with the United States Public Health Service – one was at a lunch and learn at Meharry Medical College and the other was a Vendor Fair at Case Western Reserve University. Though they were different set-ups, the same questions surfaced at both locations. Previous to this, when I attended dental conferences I found that too often, I'd see students that were 2-3 years behind me in dental school and they would ask me what I was doing now, always followed by, "What is the United States Public Health Service?" I would frequently have open conversations about my day to day routine, what I like about it, and the benefits of being a dental officer... until one day, someone asked if I would come and talk to the students.



LCDR Titania Martin

Why did I do it?

When I think back to when I first decided I wanted to be a Dental Officer for the United States Public Health Service, I was in my 3rd year in Dental School. I was not aware of the Public Health Service until the year before during the 2007 American Dental Association Annual Meeting. I had been walking around the exhibit floor being overlooked by so many representatives. They would look at my badge, see "STUDENT" and avoid eye contact. It wasn't until I walked up to this Blue and Gold booth that the representative looked me dead and my eye and proceeded to ask me questions about me and what my plans were for the future. He asked if I had ever heard of the

Public Health Service and told me that there are ample positions for dentists. I was initially apprehensive because the man standing before me was in a military uniform. I told him that I was not in any mind set to make any commitments. As our conversation continued, he went on to say that he was recruiter and to come back in about 30 minutes or so and there would be dentist that would be able to talk with me more about life as a dentist in the Public Health Service. From there, it was a wrap.

What can you do?

I think that it is important to share experiences with those that will follow in our footsteps. That includes the Good, the Bad and the Ugly. Someone once told me, "I knew private practice was not for me but I tried it anyway and yep, wasn't for me." Sometimes our schedules and prior obligations allow very little time to ourselves, however think about what a difference an hour can make at the nearest dental school, residency program or even at an annual dental conference. Work with the DePAC Recruitment Workgroup to make it happen. It could have a lasting impact on someone's life.



CWR Vendor Fair: Case Western Reserve University ASDA President, Britni Skoda '18, LCDR Martin, and Vice President, Allan Siu '18



Winner of our Door Prize: CWR First year student and LCDR Martin

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DENTAL CATEGORY WEBSITE: IMPORTANT UPDATES

CAPT M. KEVIN LEE, FEDERAL BUREAU OF PRISONS

CDR LI-KUEI HUNG, UNITED STATES COAST GUARD

The **NEW (2016) Dental Category Website** can be found at: <https://dcp.psc.gov/osg/dentist/default.aspx>.

The Dental Category website now has a built-in dental directory whereby officers can access USPHS dental officer information, such as duty station, telephone number, and email. The built-in dental directory is updated quarterly based on information from the Direct Access. At this time, only USPHS officers can access the dental directory. This may change in the future.

The built-in dental directory is somewhat hidden and difficult to find. To access the built-in dental directory, the user must first log in to the website. Then from the horizontal navigation menu towards the top of the page, click into Admin>Our Membership. The list can be sorted by name or rank or for specific search terms. For more detailed information about a member, click on the right arrow under the Options heading.

The built-in dental directory is still in development and has a few limitations:

- The list cannot be sorted by agencies.
- Hygienists, civil service dentists, and tribal dentists are not included in the list.
- Hygienists, civil service dentists, and tribal dentists cannot access the list.

This may change in the future. The website is still under development. For now, we are still maintaining our customary DePAC dental directory (spreadsheet). Another important note: Always use your government (public) email account for the dental directory. Third party emails are personal information and should not be used.



CAPT M. Kevin Lee



CDR Li-Kuei Hung

*****To login, your **EMPLID** (not PHS number) should be entered as user name*****

Website Log-in Information:

1) First time user: The user name is your **EMPLID #**. You will need to request a temporary password by clicking “CLICK HERE IF YOU MISPLACED YOUR PASSWORD”. A temporary password will be sent to your email account listed in Direct Access. Follow the instructions to create a new password. The password requires at least one number, an upper case letter, a lower case letter, and a special character. Your password should be at least 8 characters in length.

2) Reset password after two unsuccessful attempts: It is best to request a password reset rather than getting your locked account after three unsuccessful attempts. Follow the instruction for first time user (#1 above) and you will receive a temporary password via the email account you have listed in Direct Access.

3) Locked account: If you enter the incorrect password three times or more, your account will be locked and you will need to have it reset by an administrator in OSG Headquarters. Follow step #1 to request a temporary password. Important note: Once you receive your temporary password, wait 2-3 days before logging in and changing the password. Any attempt to change the password before the locked account is reset will result in an error message saying the new password does not meet the password requirement. It normally takes 2-3 days to reset a locked account.

Currently, only PHS Officers can log into the Dental PAC website.

Questions?

The webmasters deal with the day-to-day maintenance, Section 508 compliance, technical, and artistic presentation of the Dental website. The webmasters work under the DePAC Communications Workgroup. If you have any questions about the Dental Category Website, please contact one of the webmasters, CAPT M. Kevin Lee (mklee@bop.gov) or CDR Hung (Li-Kuei.G.Hung@uscg.mil).

Check out the NEW Dental Category Website!

<https://dcp.psc.gov/osg/dentist/default.aspx>

SECURITY OF COMMISSIONED CORPS MANAGEMENT INFORMATION SYSTEM (CCMIS)

The Surgeon General announced November 18, 2016 that the new secured CCMIS website was operational and available for use at: <https://dcp.psc.gov/ccmis/> after the security issue reported September 20, 2016.

For more information on this topic please go to <https://www.surgeongeneral.gov/ccinfo.html>. Any questions can be sent directly to: CCinfo@hhs.gov.

2016 AMSUS ORAL HEALTH SESSION – RAISING THE BAR

CAPT LYNN VAN PELT, CDR VICKY OTTMERS AND LT TIFFANY SMITH, RDH

AMSUS ORAL HEALTH SESSION COORDINATORS

The 2016 AMSUS Annual Meeting with the theme of “Raising the Bar” was held at the Gaylord National Resort & Convention Center in National Harbor, MD from November 28 – Dec. 2, 2016. On Thursday, Dec. 1st a special session (USPHS lead and organized) on oral health topics occurred and it was a huge success. Speakers representing USPHS, US Army, US Air Force, US Navy, and an International delegation from the France Health Service presented on multi-disciplinary trending topics that included Tobacco signs/symptoms/treatment, HPV/Squamous cell carcinoma, Vaping, Oral Medicine, Sleep Apnea, Combat zone care, and Epidemiology. This Oral Health Track targeted all our Primary Care partners in Oral Health (e.g. Physicians, Physician Assistants, Nurse Practitioners, Nurses, Behavioral Health, Dentists, Dental Hygienists, & all allied Health professionals). During the 30 minute networking break, sponsored by Henry Schein Dental with refreshment, AMSUS Executive Director made a rare special appearance to express their appreciation to presenters, attendees, organizers, and volunteers.

Special purple pens marketing the Oral Track Session were handed out to all AMSUS attendees. Purple was used for two reasons - purple represents the military collaboration signifying collaboration on all levels and purple is used for the Dental profession. Attendance was higher than expected with 30 constant attendees at any given time and 50 total attendees for the entire 4 hour continuing education (CE) session.



Henry Schein sponsored networking & snack break



*RADM Makrides presented CAPT Bruce Dye, USPHS with the AMSUS Certificate of Appreciation and 125th AMSUS special coin for presenting **Oral Epidemiology of Key Dental Diseases & Conditions in the United States.***

All AMSUS conference abstracts were reviewed for dental CE by CAPT Van Pelt and CDR Ottmers with a final maximum of 19.25 CE hours available if a dental professional attended all approved dental CE approved courses. These approved courses were identified with a molar tooth next the CE session in the official color program. The tooth symbols created quite a buzz to other presenters (non-dental) in which they were pleased their session qualified for dental CE and some made reference to dental professionals in their presentations. In addition to the Oral Track session and the tooth symbol approved CE, the AMSUS program had a full page informational ad about the Oral Track session that no other group had.

The Oral Track Session brought about positive national visibility for USPHS and the Dental Category; collaboration with our medical health care partners, our sister services, and our International colleagues; and excellent continuing education. The Oral Track session was the first to include all five services, the only to incorporate official speaker

introductions, to present speaker AMSUS certificates, gift the uncommon AMSUS coin, and have AMSUS Executive Leadership presence. AMSUS Executive Leadership is using our Oral Health Track session and the process to obtain dental specific CE hours as the model example for other groups to follow. The USPHS Dental Category easily followed the AMSUS's theme of "Raising the Bar" and then some. Special acknowledgement and appreciation extends to all Oral Health Track presenters, RADM Nick Makrides, and CDR William Lopez for their AMSUS contributions.



*LTC Paul Colthirst, US Army representative, presented **Longitudinal Analysis of Dental Emergencies in Overseas Contingency Operations.***



*RADM Nick Makrides presented CDR Pierre Haen, French Health Service with the AMSUS Certificate of Appreciation and 125th AMSUS special coin for presenting **Management of Severe Combat Maxillofacial Injured Soldiers.***



*RADM Nick Makrides presented CDR Bradley Jones, US Navy with the AMSUS Certificate of Appreciation and 125th AMSUS special coin for presenting **HNSCC, Vaping and HPV; Enhancing our Diagnostic Abilities and Knowledge Base.***



*Major Ryan Sheridan, US Air Force representative, presented **Dental Management of Obstructive Sleep Apnea: Part of an Interdisciplinary Team.***



CDR Vicky Ottmers (left) and LT Tiffany Smith, RDH (right) presented RADM Nick Makrides (center) the AMSUS Certificate of Appreciation for his outstanding contributions as Master of Ceremonies. Not pictured is CAPT Lynn Van Pelt.



USPHS Officers attending the 2016 AMSUS Continuing Education Meeting at the Gaylord Convention Center, National Harbor, MD.

2017 AMSUS Annual Continuing Education Meeting

<http://www.amsus.org/annual-meeting/>

27 November- 01 December 2017

Gaylord National Resort & Convention Center, National Harbor, MD



HAILS AND FAREWELLS:

WELCOMING OUR NEWEST DENTAL OFFICERS AND CIVIL SERVANTS

CAPT JUAN PACKER	USCG	20-JUN-2016
CDR STEPHANIE BURRELL	USCG	04-AUG-2016
LT GARY WRIGHT	BOP	SEP 2016
DR. JAMES PATTEN	BOP	Nov 2016
DR. JIMMY DANIELS	BOP	DEC 2016
DR. KENNETH RICE	BOP	DEC 2016

FAIR WINDS AND FOLLOWING SEAS

CAPT SALLY HU	NIH	30-SEP-2016
CAPT WILLIAM CAVANAUGH	BOP	DEC 2016
CAPT BILL ROSADO	USCG	1-FEB-2017

***“WHAT YOU LEAVE BEHIND IS NOT WHAT IS ENGRAVED IN STONE MONUMENTS,
BUT WHAT IS WOVEN INTO THE LIVES OF OTHERS.” – PERICLES***

UPCOMING EVENTS FOR 2017

Agency/Organization	Web Link/info	Meeting date	Meeting Location
Chicago Dental Society Midwinter Meeting	http://www.cds.org/midwinter_meeting/midwinter_meeting.aspx	Feb. 23-25, 2017	Chicago, IL
American Dental Education Association Annual Meeting	http://www.adea.org/EventDetail.aspx?id=21328	Mar. 18-21, 2017	Long Beach, CA
IADR/AADR Annual Meeting & Exhibition	http://www.iadr.org/i4a/pages/index.cfm?pageID=4526	Mar. 22-25, 2017	San Francisco, CA
Hinman Dental Meeting	http://www.hinman.org/	Mar. 23-25, 2017	Atlanta, GA
American Association of Women Dentists	http://www.aawd.org/?page=AnnualConference	TBA	TBA
Academy of Prosthodontics	http://www.academyofprosthodontics.org/2016_Palm_Springs_California.html	Apr. 25-29, 2017	Sarasota, FL
American Association of Endodontists	http://www.aae.org/annualsession/	Apr. 26-29, 2017	New Orleans, LA
Western Regional Dental Convention	https://www.westernregional.org/2016/	Apr. 6-8, 2017	Phoenix, AZ
Academy of Laser Dentistry	http://www.laserdentistry.org/index.cfm/conference	Apr. 6-8, 2017	Tucson, AZ
National Oral Health Conference	http://www.nationaloralhealthconference.com/	Apr.24-26, 2017	Albuquerque, NM
American Academy of Cosmetic Dentistry	http://www.aacd.com/conference	Apr.18-21, 2017	Las Vegas, NV
The Texas Meeting: Annual Session Texas Dental Association	http://texasmeeting.com/	May 4-6, 2017	San Antonio, TX
California Dental Association Spring Scientific Session	http://www.cdapresents.com/Anaheim2015.aspx	May 4-6, 2017	Anaheim, CA
American Academy of Pediatric Dentistry Annual Session	http://www.aapd.org/annual/	May 25-28, 2017	Washington, D.C.
USPHS Scientific & Training Symposium	http://symposium.phscof.org/	Jun. 6-8, 2017	Chattanooga, TN
Pacific Northwest Dental Conference (WSDA)	http://www.wsda.org/pndc/	Jun. 15-17, 2017	Bellevue, WA
Academy of General Dentistry Annual Meeting	http://www.agd.org/am2016.aspx	Jul. 13-15, 2017	Las Vegas, NV
National Dental Association	http://ndaonline.org/nda-convention/	Jul. 19-23, 2017	Dallas, TX
American Academy of Esthetic Dentistry	http://www.estheticacademy.org/?page=AAEDMeetings	Aug. 3-5, 2017	Dana Point, CA
American Academy of Periodontology Annual Meeting	http://www.perio.org/meetings/am/index.html	Sept. 9-12, 2017	Boston, MA
American Dental Association Annual Meeting	ADA: American Dental Association - ADA Annual Session	Oct. 19-23, 2017	Atlanta, GA
Mid-Continent Dental Congress	http://www.gslds.org/education-mcdc.php	Nov. 09-10, 2017	St. Charles, MO

ONLINE ORAL HEALTH RESOURCES & CONTINUING EDUCATION OPPORTUNITIES

**DePAC Does not advocate for any of the products, materials or information in articles included in this list, it is merely a compilation of online resources and continuing education opportunities for category members.*

Agency/Organization	Description	Web Link
American College of Dentists	CE - Dental Ethics Course	www.dentaethics.org
ADA	CE – online continuing education opportunities	http://ebusiness.ada.org/education/default.aspx
Centers for Disease Control and Prevention (CDC)	Resource - Oral Health Resources	http://www.cdc.gov/oralhealth/
Colgate	CE – Free Live and On-Demand Webinars for continuing education	http://www.colgateoralhealthnetwork.com/Dental-CE-Course/
Health Resources and Services Administration (HRSA)	Resource - HRSA Home page	http://www.hrsa.gov/publichealth/clinical/oralhealth/
Hu-Friedy	CE – online continuing education opportunities	http://www.hu-friedy.com/education/continuing_education_classes
IHS Division of Oral Health	Resource - Early Childhood Caries Initiative	http://www.doh.ihs.gov/ecc
Inside Dentistry	CE - online continuing education opportunities	https://id.cdeworld.com/courses
National Institute of Dental and Craniofacial Research	CE - Practical oral health care for patients w/ developmental disabilities	http://www.nidcr.nih.gov/EducationalResources/HealthCareProviders/POCPDD.htm
National Institute of Dental and Craniofacial Research	Resource - Dental Providers Oncology Pocket Guide. Reference on treating pts before, during and after cancer treatment	http://www.nidcr.nih.gov/oralhealth/Topics/CancerTreatment/ReferenceGuideforOncologyPatients.htm
National Maternal & Child Oral Health Resource Center	Resource – OH Resource Center	https://www.mchoralhealth.org/
Naval Postgraduate Dental School	Resource - Clinical updates archives	http://www.wrnmcc.capmed.mil/ResearchEducation/NPDS/SitePages/Research/ClinicalUpdatesIndex.aspx
Naval Postgraduate Dental School	CE - Correspondence Course Program	http://www.wrnmcc.capmed.mil/ResearchEducation/NPDS/Shared%20Documents/Correspondence%20Course%20Brochure.pdf
Northwest Center for Public Health Practice	CE - Basic Public Health principles study modules	http://www.nwcphp.org/training/training-search#b_start=0
Ohio Department of Health, the Indian Health Service, and the Association of State and Territorial Dental Directors	Resource - Safety Net Dental Clinic Manual	http://www.dentalclinicmanual.com/
Proctor & Gamble	CE – online continuing education courses	https://www.dentalcare.com/en-us/professional-education/ce-courses
The University of Iowa	Resource - Oral Pathology Photos	http://guides.lib.uiowa.edu/c.php?g=131885&p=864394