We Look Forward to Seeing You at the Hawaii Dental Association Convention

Visit us at the HDA Convention on January 15 & 16, 2015! Be sure to schedule time to visit us at our new location (booth #96), to pick up your participating dentist gift, letter openers, pens and to enter our social media contest!

Win a Round Trip for Two to the Neighbor Island!*

HDS is now on social media and we want you on our Facebook page! Follow these three simple steps to enter our contest and you could win a round trip for two on Hawaiian Airlines to the Neighbor Island of your choice!

It’s Simple
1) “Like” us on Facebook
2) Visit our booth #96 at the Hawaii Dental Association Convention
3) Post a picture of yourself and/or friends at our booth using hashtag #winwithHDS

*Round trip airfare must be within the State of Hawaii. Contest Rules and Terms and Conditions can be found at www.hdsonline.com

Dentist Volunteers Needed at HDS Tooth Fairy Fun Day

Join us as we celebrate National Children’s Oral Health Month in February! This will be HDS’s 11th annual Tooth Fairy Fun Day at the Hawaii Children’s Discovery Center on Sunday, February 22, from 10 a.m. to 2 p.m.

We’re looking for volunteer dentists to conduct oral health screenings for children. If you’re interested in volunteering for a two-hour shift, please call Professional Relations at (808) 529-9222.

Please let your HDS patients know that admission to the event and Hawaii Children’s Discovery Center is free to the first 500 HDS members and their families. An informational flyer regarding this exciting event can be downloaded online at www.HawaiiDentalService.com.
**New Year Clean-Up!**

**Follow Up on Your 2014 Aging Reports!**
January is a great time to run your insurance aging reports to identify claims that have not been processed. As a reminder, claims must be submitted to HDS no later than 12 months from the date of service. Claims received after 12 months will be **disallowed** and are not chargeable to the patient.

**HDScan - Purge Your Files**
Each time you use HDScan, the scanned images are stored on your hard drive. Although the files are small in size, it’s a good idea to delete them from time to time. **Follow these easy steps:** Open HDScan, Select [File], [Purge Files], Select [delete all attachments] OR [only delete attachments between specific dates], Click [Purge].

**Change Your HDS Online Password Regularly**
HDS encourages dentists and their staff to change their HDS Online password periodically. By changing your password you can be assured that only you and your current staff are able to view your account.

When changing your HDS Online password, HDS requires the passwords to be between 6 and 9 characters and contain at least one alpha and one numeric character.

**Teeth-On-The-Go!**
**HDS Offers Oral Health Resources for Loan**
HDS is pleased to offer “Teeth-On-The-Go!” a collection of oral health educational resources available to participating dentists when educating the community about good oral health. Some of the oral health resources available are teeth models, children’s books, ADA flip charts, DVDs and more.

To view the materials, visit HDS Online to download a copy of the Teeth-On-The-Go! flyer. The flyer includes a check list of the materials and a reservation form. Materials can be mailed to your office and may be borrowed for up to two weeks at a time. Please submit your request at least two weeks in advance of your presentation.

For more information, call HDS Professional Relations at (808) 529-9222 or e-mail hdsprofessionalrelations@hawaiidentalservice.com.

**Ask HDS**
If you would like to submit a question, please e-mail askhds@hdsonline.org.

**Q:** Does the Benefit Estimator provide an estimate for the NEW implant benefit?
**A:** Yes! The Benefit Estimator is a handy tool which provides a benefit estimate based on basic patient eligibility information such as plan maximums, wait periods, benefit percentages, frequency and age limitations.

**Q:** Is “D9440 office visit-after regularly scheduled hours” a benefit if I treated a patient after hours?
**A:** Yes, HDS will benefit this procedure as long as the office was closed and the dentist had physically left the office and returned to provide services after regularly scheduled hours.

The narrative must include the time and nature of the after hours visit and a documentation of regular office hours.

**New Groups/New Group**
4713 Abelmann Rollins LLLC
4707 Cafe 100, Inc.
6186 COW PIG BUN
4719 Four Seasons Agency of Hawaii
6183 Hanks Auto Body & Paint LLC
6184 Hoomaikai, LLC. dba Na Mea Haw
4714 K. C. Co., Ltd.
6187 KL Management inc.
4709 Los Habaneros, Inc.
4708 Maguro Zanmai LLC
4710 Mary Savio Healthcare Services
6189 Mimaruya LLC
4723 Pacific Style Construction LLC
4715 Proworks Inc.
4718 Sleep Center Hawaii LLC
6185 Social Hour, Inc.
4711 Ting’s Place, Inc.
4712 Windward Grill, Inc.
Consultant’s Corner: Image Gently Campaign and ALARA
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Dental Director, HDS

Purpose: The purpose of this Consultant’s Corner is to:

1. Provide dental offices with current information on the newly established Image Gently Campaign in dentistry.

2. Discuss the general principles of ALARA (as low as reasonably achievable) and ALADA (as low as diagnostically achievable) designed to reduce unnecessary exposure to dental x-rays.

Background: HDS recently sponsored a continuing education seminar titled Current Concepts in Oral and Maxillofacial Radiology on Oahu and the neighbor islands. The seminar featured Dr. Juan F. Yepes a pediatric dentist and oral and maxillofacial radiologist who is board certified in oral medicine, pediatric dentistry, and dental public health and a current Associate Professor at the University of Indiana School of Dentistry.

During the seminar, Dr. Yepes discussed the 2012 controversial study published in Cancer that links dental x-rays to brain meningioma together with indications for cone beam imaging in dental practice, advantages/disadvantages of digital x-ray imaging, radiology quality assurance, and radiation biology/physics. He also discussed the essential principles of radiation safety and the importance of understanding the basic components of ALARA / ALADA and taking appropriate steps to reduce unnecessary exposure to dental x-rays. He stated that thyroid cancer is the fastest growing cancer in the United States among adults and that the thyroid and salivary glands are routinely exposed in dental imaging and are both highly sensitive to radiation exposure in children. Thyroid collars should always be mandatory in children and used together with digital oral imaging or the use of E or F speed conventional film. The application of a thyroid collar only blocks fifty percent of the radiation exposure to the thyroid due mainly to the scatter phenomenon of x-ray beams. However, by incorporating a rectangular collimator (instead of the standard circular collimator), the x-ray beam is reduced to the size of the dental film or image receptor and will produce less scatter radiation while producing a higher quality dental image.

Additionally, he reiterated that the 2003 National Council on Radiation Protection and Measurements (NCRP) report No. 145 report and the 2012 update to the ADA and FDA Guidelines for X-ray Selection both mandate that dentists initially perform a clinical examination of each patient prior to the prescription and taking of x-ray images. The routine practice of dental patients undergoing x-ray imaging prior to receiving a clinical examination often results in patients being needlessly exposed to radiation and should be ceased. Image selection criteria must always be based on the clinical examination findings, individual patient risk factors, and
dental history and not on a predetermined routine or administrative schedule set in the dental practice. A recent review conducted by the author of claims history for HDS dentists across the HDS Hawaii network clearly demonstrated that the x-ray prescription pattern is not based on disease risk but more likely on an administrative time table set by the dental office. It is quite evident that many dental offices routinely take bitewings (2-4 images) together with two or more periapical images usually mandibular/maxillary anterior teeth as part of their x-ray routine and without regard for patient’s dental disease risk. This review also showed no apparent difference in dentist’s x-ray prescription pattern whether the patient was of low, moderate, or high risk of dental disease.

Dr. Yepes also discussed the need for establishing a radiation safety and quality assurance program in all dental offices. He discussed the importance of periodic darkroom inspections, calibration of x-ray tube heads, film processor maintenance and the need for dental offices to maintain a daily x-ray retake logbook. This logbook should list the x-ray operator, type of x-rays taken, the number of retakes and the reason for the retake. According to Dr. Yepes, the typical x-ray office should average less than 10 percent retakes of dental x-ray images. By maintaining this log book, the dentist can determine if his/her office has an excessive retake rate, help identify those staff members who may have high retake rates and determine the need for additional radiology training and enable the office to focus on reducing the number of unnecessary x-ray retakes.

A copy of Dr. Yepes presentation is available for HDS participating dental offices by accessing HDS Online and downloading the Current Concepts in Oral and Maxillofacial Radiology presentation found in the Training and Education section.

Image Gently in Dentistry is a campaign that began on September 24, 2014 and has been reviewed in publications such as the ADA News, JADA, Journal of Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and various dental web sites. It is an education and awareness campaign designed to focus and encourage the safe use of oral and maxillofacial radiology in pediatric dental care.

The campaign has a very informative website (www.imagegently.org) that contains educational material for medical/dental professionals, parents, caregivers and the general public. The web site contains important information for dental professionals such as the FDA/ADA Guidelines for Dental Radiographic Examinations, the American Academy of Pediatric Dentistry (AAPD) Guidelines on Prescribing Dental Radiographs for Infants, Children, and Persons with Special Healthcare Needs and various American and European position statements and guidelines on dental imaging for implants, endodontics and orthodontics.
The campaign has received overwhelming support from the U.S. Food and Drug Administration (FDA), National Council on Radiation Protection and Measurements (NCRP), various medical organizations, and numerous dental professional Alliance Organizations such as the American Dental Association (ADA), American Association of Oral and Maxillofacial Radiology (AAOMR), American Association of Oral and Maxillofacial Surgery (AAOMS), American Academy of Periodontology, American Academy of Pediatric Dentistry (AAPD), American Academy of Endodontists (AAE), American Association of Dental Consultants (AADC), American Dental Education Association (ADEA) and other international dental organizations.

The *Image Gently* website lists six specific guidelines for dental offices to consider when treating pediatric patients. When it has been determined that x-rays are necessary (after a clinical examination), dental offices are encouraged to consider the guidelines listed below.

1. **Child-size the exposure time and dose.** Be sure to reduce/adjust the tube head setting for dose and exposure time on pediatric patients otherwise children will be exposed to excessive radiation. Exposure time/dose is always lower in children when compared to adults.

2. **Select x-rays for individual need, not merely as a routine.** After the initial review of patient history and prior to ordering/taking any x-ray images, perform a thorough clinical oral examination to determine only the types of x-ray images necessary to arrive at a proper clinical diagnosis and to provide proper treatment.

3. **Use the fastest image receptor feasible.** For conventional dental film offices, use E or ideally F speed film. Digital x-ray imaging can lower the exposure dose to the pediatric patient but care must be taken to reduce the number of retakes that often occur with digital sensors and titrate the exposure settings as low as diagnostically possible.

4. **Use rectangular collimation.** Collimate the size of the x-ray beam to the specific area of interest. A rectangular collimator can decrease radiation exposure by limiting the exposure area to the size of the image receptor while also reducing unnecessary scatter radiation.

5. **Cone-Beam CT imaging** should not routinely be used in children (i.e. orthodontics) unless absolutely necessary for diagnosis and treatment. The beam should always be restricted to the appropriate volume necessary to obtain the proper cone beam image and the diagnosis.

6. **Thyroid Collars.** Always use a thyroid collar on pediatric patients to reduce x-ray exposure by 50 percent to the radiosensitive thyroid gland.
HDS supports the *Image Gently Campaign* and will undergo a review of current dental radiology policies to better align them with the mission of this campaign. For instance, effective January 1, 2015, HDS will only provide a benefit for two bitewing images in children under age 10 as most children in this age group do not have erupted second molars. The practice of taking extra bitewings in this population often exposes the child to excessive and unnecessary radiation and very likely does not contribute any additional diagnostic information. This unnecessary practice was most apparent in a recent review of the HDS network database which clearly showed that in children under age 10, pediatric dentists ordered 3-4 bitewing images less than one percent of the time while general dentists ordered 3-4 bitewing images 18 percent of the time. HDS will not reimburse for x-ray retakes or when an image is non-diagnostic.

HDS encourages all participating dental offices to visit the *Image Gently* website for additional information and to take the pledge (see page 5) to *Image Gently* and reduce unnecessary exposure to dental x-rays in children.

**References:**


2. JADA 145(9): Image Gently Campaign Centers on Safety. [http://jada.ada.org/content/145/9/922](http://jada.ada.org/content/145/9/922) September 2014 pg 922


4. Image Gently website: [www.imagegently.org](http://www.imagegently.org)
Image Gently Pledge

Yes, I want to image gently.

Recognizing that every member of the healthcare team plays a vital role in caring for the patient and wants to provide the best care, I pledge:
- to make the image gently message a priority in staff communications this year
- to review the protocol recommendations and, where necessary, implement adjustments to our processes
- to respect and listen to suggestions from every member of the imaging team on ways to ensure changes are made
- to communicate openly with parents Thank you for committing to the goal to image gently when you image or treat children.

Spread the word in your department, practice, hospital or clinic

Name *

- [ ] First
- [ ] Last

Email *

- [ ]

Profession/Role *

- [ ] General Radiologist
- [ ] Pediatric Radiologist
- [ ] Dental Hygienist
- [ ] Pediatrician
- [ ] Physicist
- [ ] Parent
- [ ] Internist
- [ ] General Interventional Radiologist
- [ ] Dental Student
- [ ] Neuroradiologist or Interventional Neuroradiologist
- [ ] Technologist
- [ ] Dentist
- [ ] Dental Assistant
- [ ] Nurse
- [ ] Hospital/Dept. Administrator
- [ ] Family Practitioner
- [ ] Physician Assistant
- [ ] Medical Student
- [ ] Pediatric Interventional Radiologist
- [ ] Other