



Illustration: Lee Ann Engle

Collection: How to Ask for Money

Most dentists and their staffs report that the least-liked part of their jobs is collecting past-due accounts, according to Gerald Rosen, DDS, in the May 2003 *Alpha Omegan*, journal of Alpha Omega International Dental Fraternity.

Rosen said that one reason dentists have a problem motivating themselves to collect is because of their own outstanding

debts. Dentists may relate empathetically to patients who owe money, so they don't have the heart to ask for payment.

Another reason for not collecting past-due accounts is that no one likes to hear the reasons patients give for not paying. Rosen also noted that no one likes to be yelled at; and some debtors can become abusive and accusatory, putting staff on the defensive or upsetting them.

Seven Steps to Collecting

1. Set the ground rules before the patient's first visit.
2. Have late charges and finance charges.
3. Set front-desk strategies for collection.
4. Include statement notes about past-due amounts.
5. Send letters when a past-due balance is approaching 45 days.
6. Make telephone calls.
7. Send the account to a collection attorney.

Rosen said one approach to sending past-due notices is to have the name on the letter be that of a third party, an imaginary bill collector who can act as the collection department, allowing the dentist and staff to continue to be the friendly, caring office.

After three statements and two letters,

it's time to make a personal telephone call. Rosen maintains that the most effective person to place the call is the dentist. In making this call, the tone should be more of compassion and surprise at the dilemma rather than confrontation.

According to Rosen, the rate of collection should ideally be no less than 98 percent. At this rate, for every \$1,000 produced, \$20 is uncollectible. He said that although this may sound acceptable, it amounts to assessing an extra 5 percent income tax. Every 2 percent uncollected is actually 5 percent of net profit, Rosen noted.

Rosen wrote that collection is a serious part of a practice, but too few offices pay enough attention to it. He said dentists must have a system to stay on top of accounts receivable, and that someone in the office must be in charge of collections.

Burning Mouth Syndrome Has Varied Responses

Results of a recent study confirm that burning mouth syndrome is a disease affecting predominantly middle-aged women, with multifactorial etiologies and varied response to treatment.

Writing in the March 2003 *New York State Dental Journal*, researchers noted that effective treatments for patients with burning mouth syndrome appear to be awareness, followed by tricyclic antidepressants, multimodal therapy, and benzodiazepines.

Patients with burning mouth syndrome are characterized by a burning sensation of the oral cavity in the absence of physical abnormalities of the mucosa or a detectable underlying medical disorder. Burning mouth syndrome is a multifactorial disorder with unclear etiology, according to the study.

For their study, researchers Andres Pinto, DMD; Thomas P. Sollecity, DMD; and Scott S. Derossi, DMD, constructed a database of 150 consecutive patients diagnosed with burning mouth syndrome and reviewed the charts. Patients were classified according to previously published criteria.

Burning mouth syndrome without any identifiable cause (idiopathic) was diagnosed in 33 patients (46.6 percent). Prevalence of burning mouth syndrome in the United States has been reported at 0.7 percent, with numbers in Europe reaching 7 percent.

Burning mouth syndrome most commonly involves the anterior two-thirds of the tongue, the hard palate, lips, and, to a lesser extent, gingival tissue. On rare occasions, symptoms involve the floor of the mouth or soft palate.

According to the study's authors, their study group consisted of a population of health-seeking patients, which skewed their sampling. They noted that diagnosis and classification of this elusive condition are arbitrary and based on observation and patient feedback during the initial states of the history and exam. They concluded that a controlled, prospective clinical trial is warranted.



Assessing Development of the Facial Profile

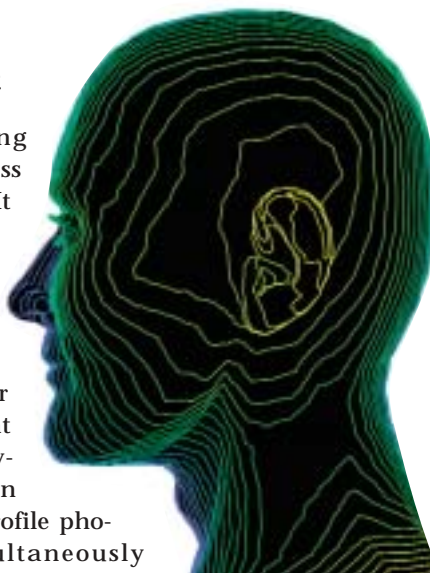
Until recently, craniofacial studies addressed facial growth, facial asymmetry, and gender differences by examining changes in size. Size changes alone do not fully represent the complicated process of craniofacial growth, which also involves changes in shape, wrote researchers in the March/April issue of *Pediatric Dentistry*. According to the article, the shape of the facial profile can now be quantified with Fourier analysis, contributing to a better understanding of growth. The study of growth and development of the facial profile is of interest to clinicians and researchers in pediatric dentistry, orthodontics, and craniofacial surgery.

The researchers noted that a mathematical approach to quantify shape in biological forms has been developed in the form of a Fourier analysis. The analysis was first described by Jean Baptiste Joseph Fourier (1768-1830). It is a development from pure mathematics now applied in fields as diverse as physics, astronomy, optics electrodynamics, and, more recently, pattern recognition, biology, and medicine.

Fourier analysis is a curve-fitting pro-

cedure representing boundaries that address the outline of objects. It is based on the separation of complex waveforms with a mathematical function to form a series of sinusoidal waves, or harmonics, of different frequencies. The analysis is conducted on scanned frontal and profile photographs taken simultaneously using an orthogonal camera system.

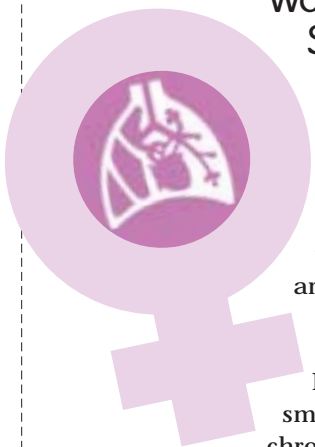
The researchers noted that while metric measurements are sufficient to assess dimensions of craniofacial components and size, they are inadequate to quantify shape and changes in shape that occur with growth and development. Better understanding of genetic and environmental influences during the process of growth and development of craniofacial structures is also required. Advances in the knowledge of craniofacial growth should include both size and shape changes in all dimensions.



Women Benefit More From Quitting Smoking Than Men Do

New findings from the Lung Health Study indicate that, in general, women's lung function improves significantly more than men's after sustained smoking cessation. Lung Health Study researchers previously published results showing that both men and women benefit from smoking cessation; this new analysis indicates that the benefits to the lungs are greater in women. The results were published in the June 1 issue of the *American Journal of Epidemiology*.

Supported by the National Heart, Lung, and Blood Institute, the study followed more than 5,300 middle-aged smokers for five years. All participants had mild or moderate chronic obstructive pulmonary disease. In the first year after quitting, women's lung function improved more than twice that of the men's. Among those who quit, improved lung function remained greater for women than for men throughout the study, although the differences between the genders narrowed over time. The decline in lung function in those who continued to smoke was on average similar for men and women.



Many adults who complain of a loss of taste have experienced only a loss of smell.

Alteration in Taste a Common Oral Disorder

Disorders of taste are usually due to a reduction in the dissolution of solutes into saliva and the transport of solutes to the taste pore of taste buds, according to an article by researchers at the University of Texas-Houston published in the April issue of the *Texas Dental Journal*.

A decrease in taste sensitivity, hypogeusia, has many causes, they wrote. Dentures could cause stomatitis or burning mouth syndrome because of a poor or unsatisfactory fit. A denture covers the hard palate and several taste buds, reducing the sensory tactile input of food during chewing.

According to the article, one study found that Sjögren's syndrome was reported in 55 percent of patients seeking treatment for salivary gland disorders. Acute or chronic xerostomia must be considered in dental patients who complain of a decrease in taste sensitivity, they said.

Treatment results vary among different patients and temporally within each patient, the researchers noted. A distortion or a partial loss in the sense of taste can be inherited. Systemic diseases or disorders —



such as renal disease, untreated diabetes mellitus, or hypothyroidism — produce alteration in taste.

Another important factor in determining the etiology of altered taste sensation is the patient's medication profile. The article noted that both over-the-counter and prescription medications should be investigated for their effects on taste. Some drugs are secreted in the saliva and may affect taste directly.

Antibiotics such as penicillins are reported to cause dysgeusia, the article noted. Penicillins may also cause stomatitis, glossitis, and black furred tongue, all of which affect normal taste sensation.

The authors point out that many adults who complain of a loss of taste have experienced only a loss of smell, often due to upper respiratory infections. A more chronic loss of smell is due to head trauma or exposure to toxic-chemical solvents.

U.S. Birth Rate Reaches Record Low Numbers

The U.S. birth rate fell to the lowest level since national data have been available, according to the latest Centers for Disease Control and Prevention birth statistics. The rate of teen births fell to a new record low, continuing a decline that began in 1991.

The birth rate was 13.9 per 1,000 people in 2002, a decline of 1 percent from the rate of 14.1 per 1,000 in 2001 and down 17 percent from the recent peak in 1990 (16.7 per 1,000),

according to a new CDC report, Births: Preliminary Data for 2002. The current low birth rate primarily reflects the smaller proportion of women of childbearing age in

the U.S. population.

There has also been a recent downturn in the birth rate for women in the peak child-bearing ages. Birth rates for women in their 20s and early 30s were generally down while births to older mothers (35-44) were still on the rise. Rates were stable for women over 45.

Birth rates among teenagers were down in 2002, continuing a decline that began in 1991. The birth rate fell to 43 births per 1,000 females 15 to 19 years of age in 2002, a 5 percent decline from 2001 and a 28 percent decline from 1990. The decline in the birth rate for younger teens, 15 to 17 years of age, is even more substantial, dropping 38 percent from 1990 to 2002.

"The reduction in teen pregnancy has clearly been one of the most important public health success stories of the past decade," said Health and Human Services Secretary Tommy G. Thompson.



New Efforts Promote Paperless Health Care System

Two new steps in building a national electronic health care system will allow patients and their doctors to access their complete medical records anytime and anywhere they are needed, leading to reduced medical errors, improved patient care, and reduced health care costs.

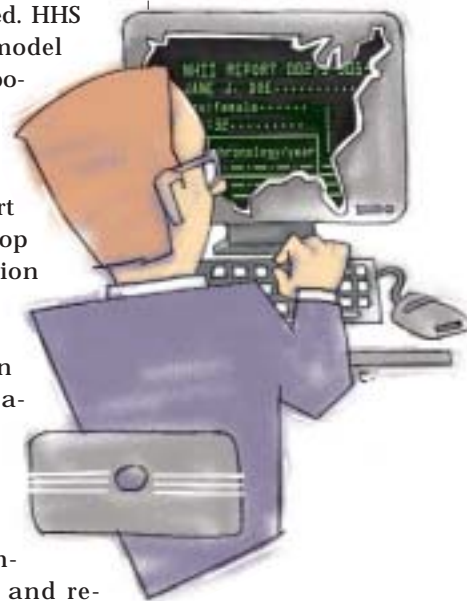
First, Health and Human Services Secretary Tommy G. Thompson announced that the department has signed an agreement with the College of American Pathologists to license the college's standardized medical vocabulary system and make it available without charge throughout the United States. This action opens the door to establishing a common medical language as a key element in building a unified electronic medical records system.

Second, Health and Human Services has commissioned the Institute of Medicine to design a standardized model of an electronic health record. The health care standards development organization known as

HL7 has been asked to evaluate the model once it has been designed. HHS will share the standardized model record at no cost with all components of the U.S. health care system. A model record is expected to be ready in 2004.

The announcements are part of the ongoing effort to develop the national health information infrastructure by encouraging and facilitating the widespread use of modern information technology to improve the nation's health care system.

"Banks and other financial institutions all across the country can talk to each other electronically, which has streamlined customer transactions and reduced errors," Thompson said. "We want to do the same thing for the American health care system."



Honors

Arthur A. Dugoni, DDS, has received the Northern California American College of Dentists Willard Fleming Award for exceptional merit to the profession.

ACD also gave Distinguished Faculty Awards to **Mark Hagge, DMD**, from the University of the Pacific; and **Peter Loomer, DDS, PhD**, from the University of California at San Francisco.

The **Journal of the California Dental Association** has been named Platinum Publication of the Year for 2002 in the International College of Dentists U.S.A. Section Journalism Awards.

Upcoming Meetings 2003

Oct. 23-26	ADA Annual Session, San Francisco, (800) 232-1432.
Nov. 2-7	U.S. Dental Tennis Association Annual Meeting, Palm Desert, Calif., (800) 445-2524.
Nov. 8-9	International Conference on Evidence-Based Dentistry, Chicago, j.riley@elsevier.com
Nov. 16-22	Annual Meeting of the United States Dental Golf Association, Scottsdale, Ariz., (631) 361-7127, usdga@optonline.net.
Dec. 5-7	California Academy of General Dentistry Annual Meeting, San Diego, (877) 408-0738, www.cagd.org.

2004

March 3-6	Academy of Laser Dentistry 11th Annual Conference, Palm Springs, Calif., (954) 346-3776, www.laserdentistry.org.
April 15-18	CDA Spring Scientific Session, Anaheim, (916) 443-3382, Ext. 4470.
Sept. 8-11	International Federation of Endodontic Associations Sixth Endodontic World Congress, Brisbane, Queensland, Australia, www.ifea2004.im.com.au.
Sept. 10-12	CDA Fall Scientific Session, San Francisco, (916) 443-3382, Ext. 4470.
Sept. 30-Oct. 3	ADA Annual Session, Orlando, Fla., (312) 440-2500.

To have an event included on this list of nonprofit association meetings, please send the information to Upcoming Meetings, *CDA Journal*, P.O. Box 13749, Sacramento, CA 95853 or fax the information to (916) 443-2943.