

Special Points of Interest:

Dental Corps

- ◆ Army Dental Corps Page
- ♦ HRC (DC OPMD)
- ◆ <u>Dental Corps Leader</u> <u>Development Guide</u>
- ♦ DC Dashboard
- ◆ <u>Projected Vacancies</u> <u>FY 19-21</u>
- ◆ Projected Vacancies FY 20-21

Military CE

- ♦ Army CE
- ◆ Army BlackBoard CE Instructions
- **♦** Air Force CE
- ♦ Navy CE

MILPER Messages

◆ <u>Index</u>

Board Schedule/Results

- ◆ FY20 Army Selection Board Schedule
- **◆** <u>ILE</u>
- **♦** <u>SSC</u>
- **◆ LTHET FY20 Results**

Patient Safety

- ♦ WSS Guidebook
- ♦ <u>URFO Guidebook</u>
- ♦ MHS leadership Engagement toolkit

Miscellaneous

- ♦ <u>Army Medicine Dispatch</u>
- ◆ 2018 Army Medicine Campaign Plan
- **◆ AMEDD Placemat**
- **◆ AMEDD Mercury**
- ♦ Understand the ORB
- ♦ My Board File
- ♦ <u>AC HPO Pay Plan</u>
- ♦ Broadening Opportunities program (B.O.P)
- ◆ Post 9/11 GI Bill Benefits/Transferability & Yellow Ribbon Program

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BERNIER RESEARCH COMPETITION 2020 Joseph L. Bernier Award Competition

The 2020 Joseph L. Bernier Award Competition is sponsored by the Dental and Craniofacial Trauma Research Department (DCTR), U.S. Army Institute of Surgical Research.

The competition is designed to recognize dental research in the U.S. Army Dental Corps and to select the best scientific research papers written by graduating or recently graduated dental residents. There is one consolidated competitive category for research performed in conjunction with a Master of Science degree program, bench top project, literature review or case study. The announcement memorandum along with required documents for entry into this year's competition was distributed to the Directors, U.S. Army Dental Residency Programs.

For additional information, please contact MAJ Brian Kirkwood,

Bernier Awards Committee Chair at brian, j.kirkwood.mil@mail.mil.

ARMY ACADEMY OF GENERAL DENTISTRY YOU COULD WIN \$1000

The Army Academy of General Dentistry (AGD) Constituency is awarding 3 scholarships of \$1000 towards the 2020 AGD annual meeting in July.

To compete: write a short essay and "Tell us why you believe Army dentists should be involved in organized dentistry."

Deadline: 1 MARCH 2020

For questions and submissions: e-mail LTC Melissa Tucker: melissatucker43@yahoo.com



AGD2020 THE PREMIER MEETING FOR GENERAL DENTISTRY LAS VEGAS JULY 15 - 18 AGD2020.ORG





DENTAL HEALTH COMMAND- CENTRAL UPDATE

Fort Leavenworth Dental Clinic Command Highlights

We are once again proud to highlight some of the most recent activities and achievements of the DHC-Central. Our success as an organization would not be possible without our amazing Soldiers, NCOs, Officers, civilians, and families who all deserve the lion's share of credit for each of our great accomplishments. This month we chose to highlight:

1) the Fort Leavenworth Dental Clinic Command, 2) an ADDP referral template update with an eye toward patient safety developed by members of the Fort Bliss DENTAC, and 3) an Army Update on Dental Sleep Medicine provided by

MAJ Nick Wilson from the Fort Riley DENTAC. Enjoy!

ACFT PREP

In preparation for the impending sunset of Army Physical Fitness Test (APFT), the Fort Leavenworth Dental Clinic Command conducted their first Army Combat Fitness Test (ACFT) diagnostic, at Sherman Army Airfield, Fort Leavenworth, Kansas.

GIVING BACK

The Fort Leavenworth Dental Clinic Command raised money in conjunction with Munson Army Health Center for a holiday gift drive for needy families at Anthony Elementary school in Leavenworth, KS.

Clockwise:

PFC Nicholas Bethards performs hand release push-ups while SGT Janai Austin grades.

CPT Wes Eggett performs the leg tuck.

Captain Tess Kornacki (OIC) and Sergeant First Class Brandon Jemison (SDNCO).







Army Dentistry



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THE DENTAL CORPS BULLETIN

DENTAL HEALTH COMMAND- CENTRAL UPDATE CONTINUED

Fort Bliss DENTAC Team Updates ADDP Referral Template With an Eye Toward Patient Safety

In response to trends identified during ADDP follow –up quality examinations, the leadership at the Fort Bliss Dental Health Activity called a meeting with all OICs, safety and patient safety personnel. COL Karen Keith (Commanding) and team discussed the step-by-step process used to refer patients off-post, as well as to verify treatment rendered. Participants provided exceptionally detailed processes - some of which were not followed as diligently as they should have been in the past. After reviewing all forms and discussing potential "break points", the team developed updated ADDP forms that allow for better narration to delineate special treatment considerations, as well as visual and written documentation of treatment needs. The team created checklists to be used before sending a patient to an off-post provider, and when verifying treatment was completed to update in CDS. The intent of the improved forms is to ensure that all parties - doctor, coordinator AND patient - are ACTIVELY involved in ensuring that the proper treatment is referred, and that all the documented needs are verified by ALL parties electronically, as well as on the hardcopy forms. An added feature also includes space to update treatment needs if an off-post provider calls with a request. This avoids confusion with additional paperwork. The updated forms are available within the DHC-C Sharepoint under the Departments / Quality Management / ADDP folder.

Special thanks to the core individuals who provided detailed insight and invested hours into formatting and developing the product.

MAJ Philip Buckler

MAJ James McCann

CPT Chase Tomcala.

CPT Dustin Nygard

Ms. Regina Tate

Ms. Sherri Chambers

Military Dental Treatment Facility (DTF) Treatment Referral							
Only the specific procedures(s) listed on this document are authorized for ADDP reimbursement. Additional or unlisted procedures will not be reimbursed.							
Referring Clinic: Date:							
(Before ADCP referral, verify that the Service Member will not PCS, ETS, Separate, or Retire within 90 days.)							
Name: Rank: SS#:							
DOB: Best Contact Phone #: Best Contact Email:							
Mailing Address: A B E D E F G	H 1 1						
Date of ETS/PCS/Retirement:							
Y N Service Member Deploying?							
Y N Service Member in Medical Board Process?							
1 2 3 Current Dental Readiness Classification	11 12 13 14 15 16						
1 2 3 Expected Dental Readiness Classification	\088 ##						
Additional Information:							
WWW\/\/\/\\\\\\	MAMMA						
T S K Q P O H M L K							
Authorized Treatment(s) Detailed on Reverse							
Referring Provider Signature, StampPrinted Name, & Date Coordinator Signature, StampPrinted Name, & Date Service member Signature, F	Vinted Name, & Date						
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To be completed at a later date by referring clinic, if necessary;							
ADDP Treatment plan updates in consultation with ADDP Provider.							
Dental Code(s). Description. Tooth # / Surfaces/ Additional Information	$\Lambda \Lambda \Omega \Omega$						

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	J99999						
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ı	Initial ADDP Authorized Treatment - Detailed						
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ı	To help prevent unauthorized treatment additions, items on this page must be either signed, initialed, stamped, or facsimile-stamped by the referring provider in order to be considered authorized.						
ı	racsimie-stamped by the reterring provider in order to be considered authorized.						
1	Code Description Provider Authentication						
1	Code	Provider Authentication					
ı	00440	Diagnostic					
ı	D0140 Limited Oral Evaluation - problem focused D0220 Intraoral - periopical first film						
ı		Intraoral - periapical first film					
п							
ı	D0272 Bitewing - two films D0274 Bitewing - four films						
ı	D0330 Panoramic film						
ı	D0330	Preventative and Periodontal					
ı	D1110	Prophylaxis					
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ı		Amalgam - 2 surfaces					
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ı		Composite resin - 1 surface, anterior Composite resin - 2 surfaces, anterior					
ı							
ı		Composite resin - 3 surfaces, anterior Composite resin - 4+ surfaces, anterior					
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ı	D6740 Bridge Crown - Porcelain/Ceramic Substrate						
D6/40 Bridge Crown - Porcelain/Ceramic Substrate D6/45 Bridge Pontic - Porcelain/Ceramic Substrate							
D6750 Bridge Crown - Porcelain Fused to High Noble Metal							
ı		Bridge Pontic - Porcelain Fused to High					
ı		Bridge Crown - Full Cast High Noble Met					
ı		Bridge Pontic - Full Cast High Noble Meta					
ı		Oral and Maxillofacial Surgery		Tooth Number(s)			
ı	D7140	Extraction - erupted tooth or exposed roo					
ı		Surgical removal of erupted tooth					
ı	D7220 Removal of impacted tooth - soft tissue						
ı	D7230 Removal of impacted tooth - partial bony						
ı	D7240 Removal of impacted tooth - complete bony						
ı	D9222 IV conscious sedation - first 30 minutes						
ı	D9223						
ı	Other Services Not Listed Above						
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DENTAL HEALTH COMMAND- CENTRAL UPDATE CONTINUED

Army Dental Sleep Medicine Update: Forging a Reliable Readiness MAJ Nick Wilson, Fort Riley DENTAC

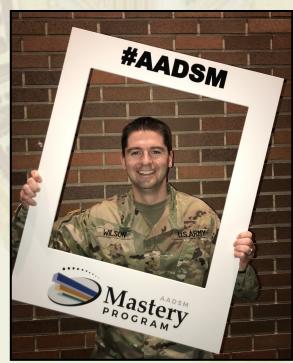


Since 2016 with the first Army Dental Sleep Medicine course developed by LTC(P) Phillip Neal, over 350 participants have successfully completed the week long training event. Doctors, assistants, and lab technicians from the US Army, Air Force, and Navy, as well as multiple participants from the Canadian military, have completed the training. The wide range of military providers trained in Dental Sleep Medicine has contributed to increased access to care and treatment for soldiers with sleep related breathing disorders worldwide. In many cases, the requirement to carry multiple additional supplies associated with a traditional CPAP has been reduced to a single oral appliance. On the multi-domain battlefield, enhancement of dental sleep medicine has allowed Soldiers to travel more easily and achieve an improved night's rest in austere environments.

The early stages of the dental sleep medicine initiative were focused on building the foundational knowledge and importance of treating patients with sleep apnea along with establishing a unified treatment protocol. Not only do individuals with untreated sleep apnea have a decreased quality of life, but the economic burden in the U.S. of undiagnosed obstructive sleep apnea has been estimated at nearly \$150 billion annually. Graduates of the Army Dental Sleep Medicine course leave with the fundamental knowledge required to successfully start treating patients.

Those that develop a passion for treating patients with obstructive sleep apnea can further their knowledge and achieve Diplomate status with the American Board of Dental Sleep Medicine. The two methods to achieve this are the Traditional and the Mastery tracks. The Traditional Track includes completing 50 CE hours, documented time in a Sleep Center, and ten documented oral appliance cases. The Mastery Track is completed through a three-phased training program (Mastery I, II, III). This method includes 60 hours of CE and two detailed cases which are followed through the program. The Mastery program can be a good avenue to achieve Diplomate status for military providers as the requirements associated with the ten patient cases in the Traditional Track can be difficult with military populations.

Right: MAJ Nick Wilson celebrates completion of Phase III of the American Academy of Dental Sleep Medicine Mastery Track.





DENTAL HEALTH COMMAND- CENTRAL UPDATE CONTINUED

Army Dental Sleep Medicine Update: Forging a Reliable Readiness (Continued)

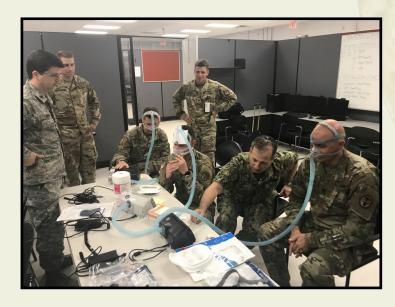


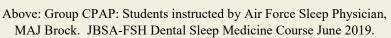
The Army currently only has two known providers that have achieved full Diplomate status.

LTC Eric Reifenstahl, Assistant Program Director AEGD 2-Year Fort Bragg, and CPT Michael Pagano, Army Reserves. They successfully completed the American Academy of Dental Sleep Medicine Mastery Program and written board exam in 2019. The most recent Mastery Program graduates are MAJ Nick Wilson, MAJ Rebecca Fronheiser, CPT Josh Matthews, and GS Dr. Sarah Keller. They will all challenge the written board exam in May. LTC(P) Phillip Neal and MAJ Matthew Dekow plan to soon achieve diplomate status through the Traditional Track.

Future Army courses will continue to focus on teaching the fundamentals of dental sleep medicine while expanding on cutting edge technology that can expedite care and increase the efficacy of treatment. Advanced methods in digital dentistry will be explored with the ability to decrease treatment time and improve the Readiness of our Soldiers. The next Army Dental Sleep Medicine Course will be held at JBSA-FSH on 27April – 01May. Two additional courses are being planned for the fall 2020 with the Pacific Region and the 502nd at Fort Hood. For those interested in attending a future course, please contact MAJ Nick Wilson at nicholas.d.wilson.mil@mail.mil

"Quality Sleep Saves Lives and Improves Soldier Lethality!" – LTC(P) Phillip Neal







Above: Appliance Delivery: CPT Michael Pagano helping instruct on appliance delivery.



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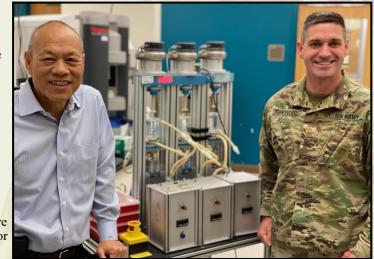
WORLD MILITARY DENTAL CONGRESS —

Section of Defense Forces Dental Services Annual Congress (SDFDS)

Congratulations Major Brian Kirkwood!

17 presentations were submitted for consideration, but only one could be selected. Major Brian Kirkwood rose to the top with his presentation on the US Army's Antiplaque Chewing Gum. He will be traveling with COL Stephen Tanner, Deputy Dental Corps Chief, to represent the US Army Dental Corps at this year's SDFDS conference in Shanghai, China!

Dr. Kai Leung, PhD (Left) inventor of the Antiplaque Chewing Gum (APCG), and MAJ Brian Kirkwood (right), APCG SME are photographed with the chewing machine specifically designed for pre-clinical testing of the APCG.



The US Army's Antiplaque Chewing Gum

Dental plaque build-up is known in dentistry to cause problems in a soldier's oral health from periodontal disease to carious decay. The development of a chewing gum with the warfighter and dental readiness in mind began at the former US Army Dental Research Detachment, WRAIR now realigned as Dental and Craniofacial Trauma Research Department, US Army institute of Surgical Research. A team led by inventor Dr. Kai Leung, discovered that a synthetic antimicrobial peptide KSL-W, which mimics the structure of naturally occurring antimicrobial peptides, when formulated in a chewing gum platform (Antiplaque chewing gum, APCG), had potential to reduce the biofilm burden in the oral cavity. The antimicrobial peptide KSL-W kills harmful oral pathogens by contact. In the past decade, the development of a KSL-W containing chewing gum advanced through three phases of FDA-regulated clinical trials showing the antimicrobial peptide to be safe and efficacious in preventing plaque formation. The product is currently being licensed to a commercial entity through Office of the Technology Transfer at the US Army Medical Research and Development Command for further development and commercialization. APCG has the potential to be fielded for improving the dental readiness of deployed service members. The addition of a Dental Corps Officer, MAJ Brian Kirkwood to the project re-energized the project enabling the APCG to be communicated on an international stage. In the past year, MAJ Kirkwood was invited to speak about the APCG at the 2019 Federal Services Dental Educators Conference and 2019 International Association Dental Research (IADR) conference. MAJ Kirkwood and Dr. Leung co-authored a manuscript on the FDA phase 2b clinical trial published in December 2019. In the upcoming year, MAJ Kirkwood is presenting at the 2020 IADR conference on the Safety and Tolerability of the APCG with a manuscript in the works. The APCG will be the focus of the presentation at the 2020 World Military Dental Congress, SDFDS.

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INSTITUTE FOR DIVERSITY IN LEADERSHIP

AMERICAN DENTAL ASSOCIATION WELCOMES LARGEST CLASS SINCE 2003

In December, the American Dental Association (ADA) welcomed 25 dentists into the current class of the Institute for Diversity in Leadership—the largest class since the program's inception in 2003. The Institute program has provided a diverse group of dentists with opportunities to enhance their leadership skills, strengthen their professional network and set new leadership paths within the profession and communities. Among the current class is Major Demarcio Reed.

"The Institute for Diversity in Leadership is designed to foster the talents of those who have been underrepresenting in leadership," said Dr. Chad Gehani, ADA president. "The class of 2020 is the largest cohort in the institute's history, and I am proud that the ADA is building a pipeline of leaders whose diverse perspectives will take our profession into the future."

Students are required to design a project within the community; therefore, Major Reed's has established a dental pipeline program for underrepresented high school students to increase diversity in dentistry. The program consists of students in the Washington DC area who participates in dental activities quarterly and will conclude with a dental school tour. With supportive ideas from a diverse class of dental leaders, Major Reed's passion to establish this type of program in the community has been a highlight of the class.

The full article was featured in January's ADA News, Volume 51, No. 1. Find it <u>HERE</u>. For more information on the Institute for Diversity in Leadership click <u>HERE</u>.





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CONGRATULATIONS!

TO THE ARMY DENTAL CORPS OFFICERS SELECTED TO ATTEND THE 2020 JUNIOR LEADER'S COURSE

ATLANTIC REGION: CAPTAIN GEORGE HANKEWYZ

CENTRAL REGION: CAPTAIN PAUL GILROY

EUROPEAN REGION: CAPTAIN PATRICK ARBUCKLE

FORSCOM: CAPTAIN COREY CARROLL

PACIFIC REGION: MAJOR JEFFREY MARRS

USAR: MAJOR ANS<mark>HUMAN</mark> RAWAT

SPECIAL ASSIGNMENTS: MAJOR BRANDON JONES

ARMY DENTAL LAB RESOURCES

Army Dental Laboratory Submission Checklist — 2020

Army Dental Laboratory Product List — January 2020

NOVEL CORONAVIRUS OUTBREAK

ALARACT 009/2020

PUBLIC HEALTH ALERT, NOVEL CORONAVIRUS OUTBREAK (FOUO), DTG: R 312010Z JAN 20. The Centers for Disease Control and Prevention (CDC), the Military Health System (MHS), and the U.S. Army Public Health Center are closely monitoring the ongoing outbreak of 2019 Novel Coronavirus (2019-nCoV). Based on available information at this time, the immediate health risk to U.S. Service Members and the general American public is considered low.

The memorandum below, from the Office of the Under Secretary of Defense, provides initial guidance to DoD personnel on the novel coronavirus (2019-nCOV) outbreak. It provides snapshots of the current situation, identifies current risk level as low, addresses how to prevent spreading the virus, healthcare guidance, patient screening and isolation, etc.

Patient screening and isolation efforts should be coordinated with your local MTF

EX200348 Force Health Protection Guidance for the Novel Coronavirus Outbreak Memorandum

CDC Guidance

Military Health System (MHS) Updates

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THE DENTAL CORPS BULLETIN

INFECTION CONTROL CORNER

QUESTION:

What is the protocol for Dental Healthcare Personnel who are themselves suffering from an illness or contagious disease? The last recommendation by the CDC was completed in 2003.

ANSWER:

Please note that most of the principles of the 2003 CDC guidelines are still valid. The "Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safer Care" released in 2016 simply provides an outline of infection prevention expectations that were originally recommended in the "Guidelines for Infection Control in Dental Health-Care Setting"—2003.

Regarding your question, because U.S Army DTFs adhere to CDC protocols, Appendix D of MEDCOM Pamphlet 40-5-1 states that decisions regarding work restrictions are based upon the mode of transmission and the period of infectivity of the disease. A detailed table found in 2003 CDC Guidelines lists the suggested restrictions. <u>LINK</u>

One can also find other helpful information about prevention of disease transmission in Appendix D of MEDCOM PAM 40-5-1. In particular, during flu season, many of our patients may be afflicted with a cough or runny nose. Useful information on respiratory hygiene and cough etiquette is outlined in Appendix D including how the DTFs must properly identify these people upon entering the DTF as well as posting required resources and signage throughout the facility in order to stop the spread of diseases amongst patients and staff.

POC: Kourtney.r.logan.mil@mail.mil

