Gummed up?
Wrigley, other confectioners make bigger play for oral health connection

Writer Elbert Hubbard grumbled more than a century ago that the United States would never be a civilized country until it spent more on books than chewing gum.

One can only wonder what Hubbard would have made of the reading material that adorned the most iconic symbol of chewing gum, Chicago’s Wrigley Building, in fall 2007. A 10-story-tall banner featured packs of three of the William Wrigley Jr. Company’s most popular sugarfree gums—Orbit, Eclipse, and Extra—tucked into a dentist’s white laboratory coat. Copy proclaimed that the trio were the “first and only” chewing gums to receive the American Dental Association (ADA) seal of approval. The patch on the jacket pocket read “ADA Accepted.”

Wrigley had made gum history. In the nearly 80 years the ADA has been endorsing oral care products, it had never before lent its seal to a pack of chewing gum. Most of its seal endorsements go to strictly oral care–related products such as toothbrushes, toothpaste, floss, and mouth guards.

“We’ve been doing extensive clinical research into the oral health benefits that chewing gum gives you for more than 20 years, and we’ve been trying to establish for certain that there are oral health benefits,” explains Brian Wright, Wrigley’s vice president of marketing and communications. “When it comes to the ADA, they have a very credible, well-respected voice for establishing the oral health benefits of a particular product.”

Sales opportunity
The awarding of the seal to Wrigley is the biggest triumph to date among gum manufacturers battling to link their products to improved oral health—while discreetly marketing them to dentists. These revamped chews are called functional or nutraceutical gums by the confection industry, and are driving rising sales.

“The gum, mint, and breath freshener category has experienced steady growth in recent years. The successful string of new flavor line extensions and new brand launches in the dynamic and highly competitive sugarless gum segment are largely attributed to this market growth,” states a recent report by Research and Markets, Ltd., a brand category research firm in Dublin, Ireland.

According to the Chicago-based trade publication Candy Industry, the sugarless gum category is projected...
to grow 5.5% annually through 2010, compared to 1.5% for the confection industry as a whole.

“A lot of this has been going on in Japan, with all these claims that xylitol [an artificial sweetener used in many sugarless gums], prevents cavities,” says Bernard Pacyniak, Candy Industry’s editor in chief. He traces the phenomenon in the United States to 2005, when Cadbury introduced the first cavity-fighting gum. It contained resveratrol, a compound found in red wine that has shown promise in curbing periodontal disease. Gums have also been introduced containing hoodia, a compound derived from plants that are claimed to aid in weight loss. Gums containing nicotine that promote smoking cessation have been available since the 1990s.

“The confectionary market is going for products that are seen as being better for you, and gum has a lot more opportunity moving forward than other categories,” says Pacyniak. “It already has a pharmaceutical [style] package, and people are accustomed to reaping benefits from it already.”

Most research indicates that chewing sugarless gum can provide oral health benefits such as increased saliva production, which is effective in reducing plaque buildup and bathing the teeth in minerals that make it stronger (see “Teeth and gums” at right). Many gum manufacturers are using that as a foundation for introducing other compounds that may promote oral health, and then marketing them aggressively.

The ADA process

In Wrigley’s case, it received the ADA seal because it proved that its chewing gums reduced the pH level in

Teeth and gums

The following are some of the gums purported to improve oral health.

Trident Xtra Care
- Manufacturer: Cadbury Adams, a division of Cadbury, Inc.
- Flavors: Peppermint, Cool Mint
- Fact to chew on: This is currently the only gum in the United States available with Recaldent, a form of milk-derived calcium that helps strengthen teeth while chewing

Breath-Freshening Eclipse Gum
- Manufacturer: William Wrigley Jr. Company
- Flavors: Spearmint, Winterfrost, Polar Ice, Peppermint, Fresh & Cool
- Fact to chew on: This gum contains magnolia bark extract, which has been effective in killing germs that contribute to bad breath and tooth decay

Eco-DenT Between! Dental Gum
- Manufacturer: Lotus Brands
- Flavors: Cool Mint, Wintergreen, Cinnamon
- Fact to chew on: Contains baking soda, slippery elm bark, and antioxidant vitamins

Dr. Ken’s Dental Gum
- Manufacturer: Floss & Go, Inc.
- Flavors: Cinnamon Fresh, Spearmint Cool
- Fact to chew on: Contains green tea extract

Peelu Dental Gum
- Manufacturer: Peelu USA
- Flavors: Fruit, Cinnamon, Peppermint, Spearmint
- Fact to chew on: Contains fibers from the peelu (more commonly known as vann) bush, which purportedly keep teeth cleaner and whiter
the mouth that contributes to plaque, helps to strengthen teeth by promoting the remineralization process, and increases saliva production, says Clifford Whall, PhD, the scientist who oversees the ADA seal program.

“We have some general guidelines for companies to submit products, and one of the things is to supply adequate clinical laboratory and objective scientific data, and Wrigley did that,” Whall says.

The data submitted by an applicant is reviewed by up to six outside consultants, usually research scientists who donate their time to the ADA. They comment on the findings, and some of the research may also be replicated in a laboratory at the ADA’s headquarters. The final decision is made by the ADA’s 17-member Council on Scientific Affairs during one of its three yearly meetings. All of its members are dentists with research backgrounds.

Seals do not come cheaply: the ADA charges $14,000 per submission to defray its costs. Submissions were free until 1995, but fees have been steadily rising since. Wrigley paid $36,000, or $12,000 for each of the three brands that received the seal. Along with the application fees, the ADA charges a $3,000 annual maintenance fee for each new product issued a seal, although earlier seal holders may be charged less.

Whall says the ADA will work as closely or as remotely as an applicant chooses. An applicant may query the ADA before making a submission, or may submit an application blindly. They may also resubmit if there is an initial rejection. About 60% of applicants will eventually receive a seal.

Whether there are other chewing gum manufacturers seeking the seal is a matter of speculation. The ADA is closed-mouthed about specific companies submitting seal applications, but a Wrigley rival showed familiarity with the topic during a brief interview.

“The ADA is still developing guidelines for gum submissions,” says Stephanie Donlan, spokesperson for Cadbury, which manufactures the Dentyne and Trident brands and is also making strong forays into the realm of oral health marketing. No doubt Dentyne’s promoters have a healthy curiosity about obtaining a seal of their own. “We are definitely aware of Wrigley’s seal of approval,” Donlan says.

Wrigley wants other people to know as well, primarily through a retooled marketing campaign. The seal appears in the top left-hand corner of the flavors of Orbit, Extra, and Eclipse that the ADA approved. It’s mentioned at the end of Orbit television commercials by Vanessa Branch, the perky British actress costumed in 1960s-style garb who proclaims the product “fabulous.” The ad campaign sports the slogan, “For stronger teeth, chew Orbit.”

Wrigley isn’t stopping there. It recently began introducing magnolia bark extract (MBE), a staple of herbal medicine, to its Eclipse gum and mint line. According to Wrigley-sponsored research published in the 2007 Journal of Agricultural and Food Chemistry, MBE has shown success not only curbing in bad breath, but killing S. mutans, the bacteria most closely linked to causing tooth decay.

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However, Wrigley isn’t operating in a vacuum. In May, Cadbury introduced Trident Xtra Care, which features Recaldent, a form of milk-derived calcium that settles into dental crevices and, according to scientific studies, can strengthen teeth.

Recent commercials for the product sport an iconic molar sitting in the center of a busy city that wears down with the passage of time. The new Trident product can stop such wear, the commercial claims.

According to data on the Cadbury Web site, Xtra Care was launched in Central America in response to oral care concerns in the region and “to improve dental health in these countries.”

Selling directly to dentists

The big gum manufacturers aren’t just selling to consumers. They sell gum in bulk to dentists as well. It’s a practice that they don’t extensively publicize, but they have had in place for years.

Wrigley has a Web site separate from its corporate site to promote oral health, www.betteroralhealth.info, and an area on the site for dental professionals, which includes scientific data on gum chewing and improved oral health. It links to Darby Dental Supply, LLC, where dentists can order Orbit patient samples. Promotional copy on the Darby site says Orbit “leaves your mouth with a crisp, ‘just brushed clean’ feeling.” Dentists can also sign up for e-mail updates about new scientific data.

Cadbury has a Web site for Trident, www.tridentgum.com, separate from its corporate Web site. The oral care program embedded on the site promises to “build on the brushing and flossing you already recommend.” For $19.99, it sells a starter kit that includes five-stick packs and 250 single-piece samples. Buyers are required to furnish an ADA or Registered Dental Hygienist identification to purchase this product.

Neither Wrigley nor Cadbury would disclose their sales figures to dentists, and industry observers say there is a lot of skepticism among providers about the positive effects of chewing gum.

Although some dentists offer mouthwash and other oral care products in their offices, “the vast majority of dentists aren’t overly enthused” about making a product such as gum available, says Marv Zatz, DDS, a senior consultant at Towers Perrin in Parsippany, NJ. He adds that many dentists will likely feel uncomfortable about the ADA endorsing gum.

Dental practice marketing consultant Jim Du Molin, who runs TheWealthyDentist.com, believes that many practitioners, particularly those who are older, have a distaste for chewing gum that was drilled into them as part of their upbringing. As a result, they are unlikely to help market such a product. “It’s always been a skeptical issue,” Du Molin says, but adds that some younger practitioners may warm to the possibilities.

In the meantime, the competitive pressures among gum manufacturers are mounting. Wrigley recently agreed to be acquired by candy giant Mars, Inc., which manufactures brands such as Snickers, M&Ms, and Twix. Partly as a result of that deal, Research and Markets predicts Cadbury and Hershey—the latter of which owns the Ice Breakers and Bubble Yum brands—will enter into a similar transaction.

Pacyniak also notes that Mars has been performing a genome study on the cocoa bean, a study that could eventually turn its chocolate candies into functional products.

However, the gum makers say their new products and marketing should not discourage buyers from regular brushings, flossings, and visits to the dentist.

“That’s definitely not our message. Our message is that we are a portable solution on the go, and a great complement to the already established dental routines of our users,” Wright says.
Three big insurers enter individual market
Response to growing market demand

Three major dental insurers have announced offerings of individual coverage this summer, part of what industry observers say is an accommodation toward changing work force demographics and a need to boost enrollment numbers in a soft economy.

Hartford, CT–based Aetna led off the round of announcements, all of which came within weeks of one another in June and early July. Aetna’s products, Aetna Individual Advantage and Individual Advantage Plus, are PPOs being offered in Arizona, Illinois, Delaware, and Pennsylvania. Plans are in the works to expand the offerings to other states in the near future.

“We believe that a stand-alone dental will help increase access to important dental care,” says Frank McCauley, Aetna’s head of consumer business.

Demographic shift
According to data from the National Association of Dental Plans, about 130 million Americans lack dental coverage—nearly triple the number without health insurance. More Americans are self-employed than in decades past, and Medicare also does not offer dental coverage, meaning there is a large segment of the market not being appropriately serviced.

“The market is saturated in the larger groups, so we’ve seen more focus on the smaller business and individual market,” says Evelyn Ireland, NADP’s executive director.

Paul Jean, spokesperson for Delta Dental of Massachusetts, concurs with Ireland’s assessment. “We were getting increasing numbers of calls for individuals whose employers had dropped coverage or were self-employed, or were retiring and had lost that benefit,” he says. In response, Delta is offering benefits to individual subscribers and their families for the first time. The Delta product provides access to its statewide network, which covers 96% of the dentists in Massachusetts. Premiums start at $38 per month, although there are a dozen overall rating categories. Most are based on age, says Jean.

The experience was similar for Golden Rule Insurance Company, an affiliate of insurance giant UnitedHealthcare. Golden Rule has begun offering individual policies in Alabama and Ohio, including exclusive coverage to children.

“Small businesses have found it more difficult to offer coverage, and that includes dental coverage,” says Golden Rule spokesperson Ellen Laden. “There is also a big market for seniors, who otherwise would not have had dental care.”

Enrollment pressures
Marv Zatz, DDS, a senior consultant at Towers Perrin in Parsippany, NJ, says he believes that the move to individual products is a sign carriers are under pressure to boost their enrollment.

“It’s really a numbers game. It’s important to say how many lives you have, that ‘This year we have 11 million, and next year we’re at 11.2.’ The inertia is such that [large employer groups] won’t move from one vendor to another, and in this general economic climate, they have to do something else,” he says. “What it does do, it increases the number of lives they cover, and there is importance in having mass and size.”

“The market is saturated in the larger groups, so we’ve seen more focus on the smaller business and individual market.”
—Evelyn Ireland

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Three big insurers  < continued from p. 5

Ireland notes that from an actuarial point of view, carriers have been able to get better control of their individual products than in previous years and are in a better position to retain enrollees.

In the past, it was not uncommon for individual plans to have a defection rate three times higher than their group counterparts. “Thus, it was far harder to price,” she says.

Zatz notes that another fear of insurers, adverse selection, is being tamped down as well. “There are enough restrictions and protections in place that the vendors are now supporting such plans,” he says.

Benefits less generous

Of the three carriers, Aetna offers the most generous annual maximum benefit of $1,200 per year; the others offer $1,000. Although Ireland says that’s in line with industrywide averages, Zatz says it pales with the average maximums of $1,500–$2,000 that are common among larger employer groups.

However, Ireland observes that only 5% of enrollees ever meet their annual maximums anyway. But many of the individual plans are more restrictive on benefits such as fixed crowns and bridges, says Zatz.

Whether individuals are likely to pay close to $500 per year for $1,000 worth of coverage remains to be seen. As is commonplace, none of the three carriers would disclose enrollment projections for their new products.

Zatz says the insurers do have one advantage in marketing to individuals: they are less likely than large employer groups to sit down and do the actuarial math.

“I’m not so sure that all patients, particularly individuals, go through this exercise,” he says.

| Individual dental plans as proportion of the total market, 2005 |
|---------------------|---------------------|
| DPPO                | 5%                  |
| DHMO                | 5%                  |
| Indemnity           | 11%                 |
| Discount            | 4%                  |
| Total               | 5%                  |

Source: National Association of Dental Plans.

| Dental plan annual maximums, percentage by plan, 2006 |

Source: National Association of Dental Plans.
Dedicated Dental settles Medicaid claims

Dedicated Dental, which operates dental clinics in the Bakersfield, CA, area, has agreed to pay $729,000 to state and federal regulators to settle hundreds of thousands of dollars of Medicaid billings one of its offices had wrongly filed between 2002–2005.

The settlement includes reimbursement of $364,500 in claims the provider had erroneously received payment for, along with another $364,500 in damages.

Dedicated Dental also agreed to new corporate compliance measures and a five-year monitoring program through the U.S. Department of Health and Human Services’ Office of Inspector General.

“This agreement allows Dedicated Dental … to move forward,” says John Steinbrun, CEO of InterDent, Inc., Dedicated Dental’s parent company.

Dedicated Dental and InterDent, of El Segundo, CA, admitted no wrongdoing. InterDent had been sued by one of its orthodontists, Guy W. Mendivil, DDS, in a federal whistleblower suit filed in June 2005. Mendivil had claimed one of Dedicated’s offices had used his name to bill Denti-Cal, California’s Medicaid dental program, for procedures performed by orthodontists who weren’t authorized to participate in Denti-Cal or weren’t qualified to perform orthodontic work.

Federal and state prosecutors deemed the suit to have merit and intervened to negotiate a settlement. Mendivil is now practicing in Mission Viejo, CA.

In addition to settling the case, InterDent recently created the position of vice president for quality improvement and regulatory affairs to improve compliance with the Medicaid program, promised regular audits of its Medicaid billings, and established an ethics hotline for employees.

It also announced plans to close four of its nine offices in the Bakersfield area.

A new tack on amalgam

FDA modifies stance on mercury fillings; ADA issues concerns

As part of an attempt to settle long-standing litigation, the FDA revised some of its communication about the use of dental amalgam containing traces of mercury—a change that has stirred concerns among the nation’s leading dental lobby.

The FDA revised data posted on its Web site in early June to settle a suit brought by a consumer advocacy group called Moms Against Mercury.

Instead of claiming that no scientific data exist linking dental amalgam with mercury to health issues, the revised questions-and-answers page on the FDA site now states: “Dental amalgams contain mercury, which may have neurotoxic effects on the nervous systems of developing children and fetuses. When amalgam fillings are placed in teeth or removed from teeth, they release mercury vapor. Mercury vapor is also released during chewing.” The FDA is also mulling a reclassification of amalgam fillings, which is expected to be announced in June 2009.

The issue about the toxicity of mercury in dental amalgam—the semiliquid metal used to fill teeth—has been debated for decades. In such amalgams, mercury makes up as much as half of the filling, combined with a powdered alloy usually comprised of tin and copper. The American Dental Association (ADA), which represents the nation’s 156,000 dentists, has acknowledged that there have been health concerns about mercury-based amalgams, but...
Amalgam < continued from p. 7

insists that the level of mercury exposure experienced by patients with such fillings is well below government safety guidelines, and that any mercury that travels out of a filling is excreted by the body without harm. It also notes that amalgam fillings are less expensive, more durable, and easier to place than resin-based fillings.

To that end, the ADA issued a statement shortly after the lawsuit’s settlement saying it believes “that dental amalgam remains a safe, affordable, and durable cavity-filling choice for dental patients.” Less than two weeks later, it issued a second statement seeking clarification of quotes made by an FDA deputy commissioner suggesting that a warning about amalgam use may be appropriate for some dental patients, such as expectant mothers.

The ADA claims that the statement made by the FDA official means the agency may have already made up its mind about how amalgam might be reclassified, and that the ADA objected to a reclassification that raises health concerns made without a sound scientific basis. (The ADA supports a simplified reclassification of amalgam that does not list any specific health concerns.) It cited a 2006 study published in the Journal of the American Medical Association that concluded children with amalgam fillings do not suffer any neurological or renal impairment compared to a control group.

“People depend on the FDA and other government health agencies to help protect their health,” says Mark J. Feldman, DMD, president of the ADA. “The ADA will continue to advocate for the best oral health of the public as part of the FDA regulatory process.”

An ADA spokesperson says the organization has since received assurances from the FDA that it has not prejudged the process, and no decisions on reclassification have yet been made.

An FDA spokesperson was not immediately available for comment.

Principal links cancer, oral care benefits

Many dental insurers are offering forms of oral cancer prevention, but the Principal Financial Group has put a new twist on the product: additional oral care benefits for some cancer patients.

The Des Moines, IA–based Principal is offering three additional fluoride treatments and cleanings per calendar year for any of its dental benefit enrollees undergoing chemotherapy or radiation therapy in the head and neck region.

Principal officials cite the link between cancer treatment and compromised oral health as an explanation for offering the benefit. According to the National Cancer Institute, head and neck cancer patients are particularly vulnerable to developing oral sores, infections, and tooth decay. They also often take more time to heal from procedures such as tooth extractions. There are about 75,000 cases of head and neck cancer diagnosed in the United States every year.

“Those undergoing cancer treatments are especially vulnerable to oral complications from dental procedures, which is why we want to give these individuals every opportunity to seek preventive care,” says Mary C. Johnson, DDS, Principal’s dental director.

The additional benefit is being offered to Principal’s employer groups free of charge, according to company officials.

“Since this is an industry-leading program, and we’re just now implementing it, we don’t have a firm estimate of how many will choose to use this benefit,” says Theresa McConeghey, Principal’s assistant vice president in charge of dental benefits. “Our hope is that all individuals undergoing chemotherapy or radiation treatments will want to take part.”

McConeghey was unable to say how much the additional benefit will cost Principal on an annual basis.
Delta Dental of Illinois issues grants
Funding to aid in indigent care

Delta Dental of Illinois has distributed three grants worth a combined $45,000 to help low-income and disabled populations throughout the Prairie State.

The recipients include:

➤ The Illinois Foundation of Dentistry for the Handicapped, which received $25,000 to help expand services to low-income elderly and disabled residents who have no regular access to dentists. The foundation treats more than 400 patients per year, primarily through services donated by dentists throughout the state.

➤ The Logan County Health Department in Lincoln, which received $10,000 to implement an oral care program at the local food pantry. Oral care products will be distributed along with foodstuffs; in addition, children, pregnant women enrolled in Medicaid, and the uninsured will receive dental care from the pantry’s mobile dental unit.

➤ The Milestone Dental Clinic in Rockford, a suburb of Chicago, which received $10,000 to expand its current patient base from 2,400 low-income and special needs individuals to about 3,500.

“Part of Delta Dental of Illinois’ mission is to continually seek ways for residents of Illinois to have access to quality oral health care and education,” says Robert Dennison, DMD, Delta Dental’s CEO. The grants are the first in a series of three that will be awarded this year. Delta Dental of Illinois, based in Lisle, has 1.4 million enrollees statewide.

Guardian offers greater transparency to enrollees
Online tool allows price comparisons

Guardian Life Insurance Company is offering an online tool to its dental plan enrollees to compare prices for procedures before making an office visit.

Available through Guardian’s Web site, the tool allows users to compare the price by practitioner, as well as the cost of using an in-network versus out-of-network practitioner.

“Price transparency is the wave of the future in dental care and empowers consumers to make better decisions that will ultimately benefit employers and employees,” says Chris Swanker, Guardian’s vice president in charge of its group dental plans.

The New York–based insurer has about 6 million enrollees nationwide. Guardian’s search tool includes a glossary of dental terms, a provider locator, and driving directions to dental providers. The tool also includes links to other Web sites that help promote better oral health.

Pricing transparency is gaining traction in some healthcare circles, with supporters saying that it will allow consumers to make more informed choices and promote competition among providers, who will then be compelled to lower prices.

However, a National Health Policy Forum examination of price transparency in healthcare in 2007 concluded that some patients forgo care if they are aware of prices, although all the studies it cited were in the medical realm, not dental.

A Guardian spokesperson did not immediately respond to a request for comments.
California hygienists win independent oversight
First state to create regulatory board

California Gov. Arnold Schwarzenegger has signed into law legislation that will create the nation’s first regulatory board specifically for dental hygienists.

The arrival of the Dental Hygiene Committee of California—which will oversee the licensure, education, and enforcement of the practice of the state’s more than 13,000 hygienists—comes as the debate about the scope of practice for the profession heats up nationwide. The committee will begin operations in January 2009 and operate under the guidance of the California Department of Consumer Affairs, which regulates a variety of professions.

The Dental Hygiene Committee will have the power to issue licenses and discipline to hygienists, as well as administer competency exams. It will have its own executive officer and a full-time management-level staff member, and will be funded by annual fees levied on the state’s practicing hygienists. Its nine members will be appointed by the governor. Four will be hygienists, one a dentist, and the remainder public members who are not required to be dental professionals.

“The committee provides practical benefits for consumers, as well as a recognition that the state’s dental hygienists possess unique expertise, stature, and skills similar to those of pharmacists, optometrists, physician assistants, and nurses,” says Noel Kelch, president of the California Dental Hygienists’ Association (CDHA). The CDHA has been lobbying for some form of independent regulatory oversight since the mid-1980s and sponsored the enacting legislation.

According to a 2007 study by the Center for Health Professions at the University of California at San Francisco, more than 42% of California’s hygienists said they were dissatisfied with how they were regulated, and 57% were willing to pay increased licensing fees in lieu of self-regulation.

Although many other states have dental hygiene committees, they are generally advisory in nature with no power to make rules or implement practice guidelines. The dental profession has been generally leery of granting too much independence to hygienists, who claim their skills can be better used to serve the mostly rural regions that lack practicing dentists. The California Dental Association (CDA) supported the legislation, but only after working closely with the CDHA for several years to craft it and convening a 10-member committee to more closely examine regulatory issues surrounding hygienists.

The cooperative effort marks a departure from past clashes between the CDA and the CDHA, including 25 years of skirmishes about expanding the scope of practice for hygienists to include drilling and filling cavities and issuing some prescriptions. Alaska is the only state in the nation that allows hygienists to perform such tasks, and only within some Native American communities who lack regular access to dentists—a result that occurred only after years of litigation between hygienists and dentists. A proposal in Minnesota to widen the scope of practice for hygienists has been strongly opposed by the American Dental Association.

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United picks up ViziLite; Zila still struggling

UnitedHealthcare Specialty Benefits has begun offering coverage for oral cancer screening via ViziLite Plus, making it the fifth major insurer to back the device. However, the Phoenix-based manufacturer of ViziLite continues to struggle financially.

The ViziLite system, developed by Zila, Inc., uses a combination of dyes and fluorescent light to help identify precancerous lesions in a patient’s mouth for biopsy. The procedure costs about $30 on the retail level.

Although oral cancer is diagnosed a relatively low 30,000 times per year in the United States, the survival rate is only 50% because the disease is often diagnosed at a late stage. Introduced in 2005, ViziLite is one of several products that has emerged in the oral care market in the past couple of years. Along with United, CIGNA, Humana, Guardian, and Safeguard also pay for ViziLite coverage. All these carriers also offer medical coverage, suggesting that covering the device on the dental end may save them from providing far more costly cancer treatments in enrollees who go undiagnosed.

Despite the pickup from major insurers, Zila is still trying to figure out how to translate the ViziLite into financial success. Although sales for the device were up 41% in the fiscal third quarter ending April 30 compared to 2007, companywide revenue was up just 3%, to $11.2 million. The company posted a loss of $4.4 million, unchanged from the fiscal third quarter of 2007. Cash on hand has shrunk to $3.5 million, compared with $15 million at the end of July 2007.

According to the company and recent filings with the Securities and Exchange Commission, seven members of Zila’s senior management, including chair and CEO David Bethune, reduced their base salaries by a total of 9% in June and agreed to forgo pay entirely for the month of July. Company officials say the move was made to accommodate the terms of recently restructured debt covenants.

“We believe the recently implemented cost reduction measures … will clear the path for financial stability,” Bethune says.
Delta Dental Insurance Company pledges $340,000 to rebuild LSU auditorium

Like many other institutions in the Bayou State, Louisiana’s only dental school was ravaged by Hurricane Katrina when it struck in 2005. In response, Delta Dental Insurance Company has made its second pledge to help rebuild the Louisiana State University (LSU) School of Dentistry.

The affiliate of Delta Dental of California is giving LSU $340,000 to rebuild its dental school’s auditorium. Delta had previously given $380,000 after Katrina struck. Much of the money went directly to the school’s 312 students in the form of $1,000 individual grants. The school relocated temporarily in Baton Rouge until returning to the New Orleans campus in August 2007. The renovation, which is expected to cost more than $500,000, will restore the facility to its previous uses for student lectures, continuing education courses, faculty development programs, and graduation ceremonies. The remainder of the money is expected to come from the Federal Emergency Management Agency. Construction is expected to begin in October.

“The aftermath of Hurricane Katrina ... still greatly affects many people,” says Marilynn Belek, DMD, Delta Dental’s executive vice president and chief dental officer.

Former UCLA professor joins Delta Dental

John Yamamoto, DDS, MPH, has been appointed the new dental director of professional services at Delta Dental of California and its affiliate plans.

Yamamoto will oversee Delta’s quality assessment, claims review, and the carrier’s consultants who work on quality issues. He will also ensure compliance with state regulatory requirements and advise on dental policy issues.

“His breadth of knowledge, leading-edge research and many years of hands-on experience mesh perfectly with everything Delta Dental represents,” says Marilynn Belek, DMD, Delta’s executive vice president and chief dental officer.

Yamamoto has served as adjunct assistant professor at the University of California, Los Angeles (UCLA) School of Dentistry and as director of the UCLA Venice Dental Clinic, a community clinic treating underserved populations. He also served as a consultant to the California Department of Managed Health Care, a government oversight agency for managed care plans. He holds a doctor of dental surgery degree from the University of California at San Francisco.