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NDA JOURNAL

Official Magazine of the Nevada Dental Association and Component Societies
A Peer Reviewed Journal

NDAJ Billy Cannon Award

NATIONAL COLLEGIATE FOOTBALL CHAMPIONS

The University of Central Florida Knights



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NDA JOURNAL

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About the Cover

The University of Central Florida is the Nevada Dental Association Journal National Collegiate Football Champion by virtue of being the only undefeated program in the nation. The NDAJ National Football Champion Award is named after dentist Billy Cannon, a former LSU two-way player who led LSU to the National Championship in 1958 and won the Heisman Trophy in 1959. Dr. Cannon was featured on an original NDAJ cover (see right) created by Dr. James Callaway in Spring 2011 along with Drs. Lennox Miller and Casey Stengel. (Cover photo courtesy of www.knightnews.com)



READ MORE ON PAGE 2

2017 NDAJ BILLY CANNON AWARD



NATIONAL COLLEGIATE FOOTBALL CHAMPIONS

THE UNIVERSITY OF CENTRAL FLORIDA KNIGHTS

Prior NDAJ ~~BC, BA,~~ ~~BCS, CFP~~ Era Champions:

- 2002 **Ohio State** 14-0
- 2003 **USC** 12-1
- 2004 **Auburn** 13-0
USC 13-0
Utah 12-0
- 2005 **Texas** 13-0
- 2006 **Boise State** 13-0
- 2007 **USC** 11-2
- 2008 **Utah** 13-0
- 2009 **Alabama** 14-0
Boise State 14-0
- 2010 **TCU** 13-0
Auburn 14-0
- 2011 **Okla. State** 12-1
- 2012 **Ohio State** 12-0
- 2013 **Florida State** 14-0
- 2014 **Ohio State** 14-1
- 2015 **Alabama** 14-1
- 2016 **Clemson** 14-1

It is well accepted that dentists are among the most trusted professionals in society.¹ The honorable precepts of the ADA's Professional Code of Conduct are second to none², including the mandate that dentists put the welfare of society ahead of self-interest. Dentists are highly educated individuals who understand the concepts of logical and ethical celebration.³

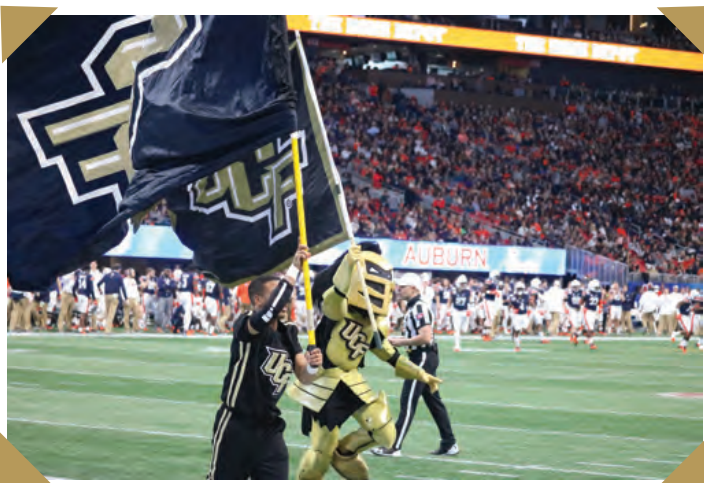
These attributes are historically absent in a program affiliated with higher education today, the fact that selects its Football Bowl Subdivision (Division I) champion primarily on the basis of eliminating competition and maximizing remuneration for "Blue Blood" member programs,^{4,5} all while ignoring logical and time-proven sports options (playoffs) in place to reward achievers in America. Since 1992 the NCAA's cartel has cosmetically changed from the Bowl Coalition, to the Bowl Alliance, to the BCS, and now the CFP. Despite the minor changes to each "objective" reiteration, predictably they have all failed miserably. Prior to the cartel, polls such as the AP and UPI at least acknowledged they were subjective and did not try to fool fans with a self-proclaimed objective paradigm. The NDAJ strongly supports the playoff model in place for every other sport in America, in this case one of 16 teams.

For these reasons and because the cartel has embraced the junior high school mentality of making selections based on perceived popularity rather than merit, and without apology to other FBS/D-1 cartel/cliq̄ue darlings jockeying for second place:

The Nevada Dental Association Journal FBS/D-1 Championship Committee is pleased to announce its selection for college football's 2017 National Champion, the *only* undefeated team in the nation: **The University of Central Florida Knights (13-0)**.

1) Harris Pole #37, Most Trusted Professionals, May 2006
2) <http://www.ada.org/194.aspx>, Accessed Jan 2011
3) American College of Dentists, Ethics Handbook for Dentists, 2010
4) Wetzel D, Peter J, Passan J, Death to the BCS, The Definitive Case Against the Bowl Championship Series, Gotham Books, 2010.

5) Bennett D, The Arizona republic takes on the corruption of the BCS, Sep 26 2011.
6) Wetzel's Playoff Plan, <http://rivals.yahoo.com/ncaa/football/news?slug=dw-play-off120208&prov=yhoo&type=lgns>, Accessed Jan 2011



No Sir, It is Not a Mechanical Trade

When Dr. Chapin Harris, a physician who practiced dentistry, approached the Maryland Medical School in 1837 his request was straightforward and logical. Dr. Harris' petition was that dentistry be incorporated into the medical school curriculum. Dr. Harris was rebuffed because dentistry was deemed to be not a profession, but a "mechanical trade." Convinced his position was right, Dr. Harris again approached Maryland Medical School in 1838 but received the same answer. Undeterred, Dr. Harris assumed the leadership role in establishing the Baltimore College of Dentistry in 1840, the first such institution in the world. Still, medicine considered dentistry a health professional stepchild. That would quickly change, not because medicine then realized that teeth and associated structures were essential to one's health, but because dentistry made itself impossible to dismiss in another neglected area.

In December 1844 dentist Horace Wells, as now recognized by the ADA, the AMA, and worldwide, discovered (first observed and made known) safe, reproducible anesthesia. Early on, many sought to minimize the value of dentistry's gift to the world, but our patients demanded the relief of pain and suffering during surgical procedures and the science rapidly grew.

Dentistry soon evolved to become the recognized profession for care of the initial portion of the gastrointestinal system, and for the provision of anesthesia. Dentists were the primary anesthesiologists for most of the 18th century, for instance for President Cleveland's palatal tumor surgery in 1893.

Dentists provided the majority of the anesthesia administered in the Civil War, Spanish American War, World War I, and World War II. The "Pitt Brigade" was a group of dentist

anesthesiologists from the University of Pittsburg headed by Dr. Leonard Monheim in the latter conflict.

Most dentists preferred to focus on restoration teeth to optimal function, but in 1918 a small group of just 39 individuals combined general anesthesia and the removal of non-restorable teeth. This group of dentists eventually grew to become what is now AAOMS. Dental anesthesiology is what "made" the nascent specialty of oral and maxillofacial surgery, which celebrates its 100th anniversary as a dental specialty next year.

In spite of these and other dental advances in the health professions, dentistry was still often viewed as separate, distinct, and in one way or another somehow inferior to medicine. In part this was because generally, but not always, dentists were trained in different academic classes from their medical colleagues. Dentistry was never fully incorporated as a surgical field in medicine although this was the common sense paradigm recognized by Dr. Harris early on. In addition, dentists did their surgery in offices, not in hospitals like medical surgeons.

For years dentists, generally OMS, fought to gain equal footing with physicians in hospitals. These battles continued through the 1980's until dentists were finally fully recognized as unrestricted members of hospital Medical and Dental Staffs. Dentistry is now recognized as a co-equal professional in all environments.

Even today however, occasionally, cases that should be optimally treated by dentists with their singular knowledge of the functional anatomy of the face, for instance occlusion, are referred elsewhere. Unfortunately, the results from such less than ideal triage are predictable. (See Figure 1 and Figure 2 on the next page.)



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In some ways, dentistry has the upper hand with regards to medicine, particularly politically. For instance, in part because of the different licensure for our legally distinct profession, dentistry is often a few years behind the curve when politicians experiment with the provision of health care (i.e. Obamacare). This is a good thing for dentistry and its patients as any objective observer will note. Dentists only have to deal with 660 codes, but if they are so inclined may also choose to bill with some of the 140,000 medical codes as needed.

Today dentists have been chiefs of hospital medical staffs, the primary physicians for professional and NCAA sports medicine programs, members of state boards of health, presidents of the Joint Commission, and on and on. Dentistry is now fully incorporated, in all the good ways, within the health professions.

This fortunate circumstance was brought home in Las Vegas October 1 after the Mandalay Bay incident, and continues to date. The American College of Surgeons requires that Level I Trauma Centers, such as University Medical Center, have dentists as members of their trauma teams. Several area dentists including Drs. Glyman, Keeley, and Saxe were the primary emergency on-call surgical providers at several area hospitals for the reconstructive surgery needed after multiple facial gunshot wounds. Many other dentists, primarily general practitioners but also specialists, are now contributing to the reconstruction of these victims.

Dr. Harris was right. If dentistry would have been incorporated into medical school curricula in 1837 or 1838 it would be the largest surgical specialty in medicine with 175,000 practitioners, compared to 1,000,000 active physicians. There is no question that dentistry is an essential component of the health professions. 🦷



(figure 1) Post-operative occlusion, after pre-trauma orthodontic therapy, developed by a non-dentist surgeon.



(figure 2) Post-operative occlusion developed by an OMS several months after the initial surgical procedure.

References

1) ADA Definition of Dentistry: "Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law." (Adopted, American Dental Association House of Delegates, 10/21/97)

2) Maloney W, The Oral Cancer Surgeries of President Grover Cleveland, NY State Dent J, 42-45, January 2010.

3) Orr D, The Development of Anesthesiology in Oral and Maxillofacial Surgery, Oral & Maxillofac Clinics, 25:3, 341-355, August 2013.

Editor's note: The NDAJ regrets that SNDS President Elect Dr. Joe Wineman's co-author for the article on the dental office impact of the 2017 NV Legislative session (NDAJ Fall 2017 p.25) was not acknowledged. Thank you to Joe Wineman and Brian Reeder.



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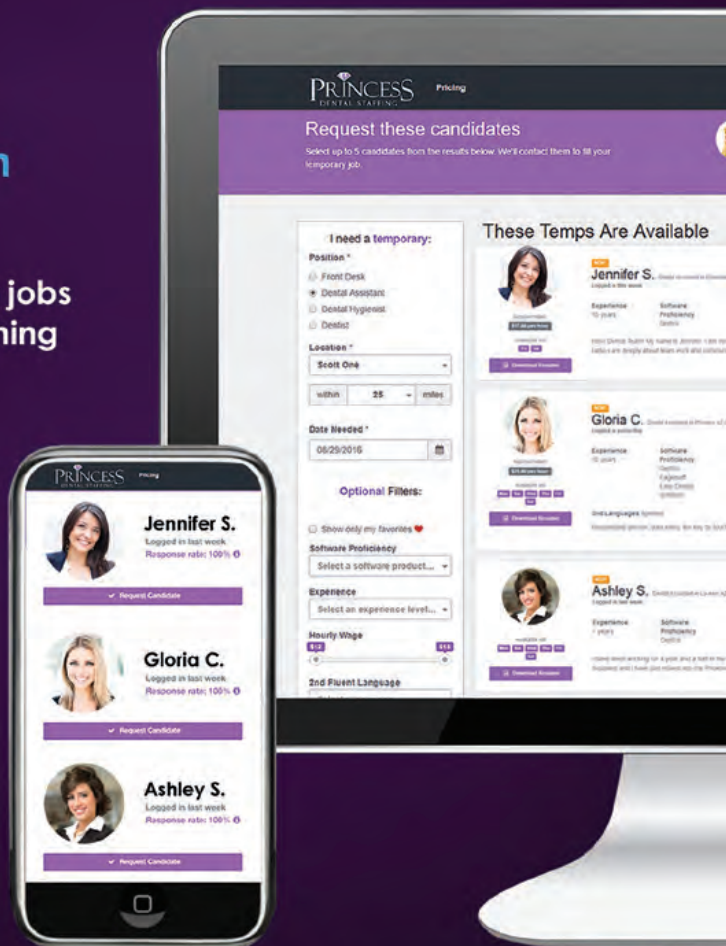
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Executive Director's Winter Message

Happy New Year to all of our members! I hope your Holiday season was happy and safe.

Let me just take a personal moment to thank all those involved in the Benefit for Smiles Gala this past month. It truly was a special moment for me and my family and I thank everyone from the bottom of my heart.

The Annual NDA Mid-Winter meeting will be held Saturday January 20 starting at 9:30am at the Springs Preserve in Las Vegas at 333 Valley View Blvd at Highway 95. Participants will have the opportunity to visit the Nevada State Museum and explore the many features of the historical park.

Save the date for the NDA Summer meeting being held in Las Vegas at

the Mandalay Bay Resort on June 22-23, 2018. A complete signup and itinerary will be on the website soon and be included in the next journal.

Dues statements have been sent out so please check and call the office if you have not received yours. There are some new options available this year. We have added a 12 payment plan to go along with our existing plans. There is also an option to "auto renew" which means we will automatically renew your membership and bill your credit card each year. You can auto renew for a full payment or for one of the payment plans.

Please check out Dr. Steve Saxe's report on the ADA annual meeting and House of Delegates in Atlanta this year. 💡

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President's Winter Message

As the holidays fast approach, I reflect on my childhood and all the wonderful Thanksgiving and Christmas times I experienced. My parents were always supportive of me. If I did something stupid, got less than stellar grades, whatever, they always said we know you can do better. Naturally, I would feel a bit embarrassed that I let them down and vow silently to do better.

During my 2nd year of college I went to see my dentist for my annual checkup and during the appointment he asked me what my future plans were. I replied something to the effect that I was "thinking" about going to medical school. He then asked "have you ever thought about dentistry?" To which I replied "no." He promptly contacted my parents and invited us for dinner at his house. A few weeks later, we showed up to his big beautiful new house with two new cars in the garage. He even had a beer tap in his family room. We sat around the dinner table and he proceeded to extol the virtues of a career in dentistry. I thought to myself, hmm, dentistry must really be a great profession!

I have to laugh at my thought processes as a 20 year old that I decided upon a career choice with virtually zero knowledge of what dentistry actually entailed. It was total serendipity that I entered a profession that I still love 44 years later. I worry about the many changes that have occurred over the last 20 years. New graduates face starting their careers

with a crushing mountain of debt and diminishing practice opportunities. Many start out in corporate offices where they are pushed to produce and are forced, on a daily basis, to battle ethical concerns with financial realities. If they don't deliver a crown because there is an open margin it affects their paycheck. It gets easier and easier to rationalize it because "the resin cement will seal the open margin". If the endo obturation is short, well, it's probably close enough. The stresses of having to earn a living can overwhelm all other considerations.

What can we do to reverse this trend, restore our profession and ensure our patients receive quality dental care? What I do know is that if we continue down our current path we deserve to end up with midlevel providers and corporate or government practices providing the majority of dental care. The private practice model will go the way of the dinosaurs minus the asteroid. It's like cooking a lobster, you put it in a pot of cold water on the stove and turn on the burner. By the time the lobster realizes there is a problem, it's too late!

On a more positive note, there are a lot of very smart, dedicated people working hard to ameliorate these problems so I do remain "cautiously" optimistic, however, we must support our local, state and national organization for us to have any hope of reversing the downward spiral our profession is in. I just hope it's not too late! 🦷



George Mcalpine, DDS

Merry Christmas and Happy New Year!

The Declaration of Dependence

By Craig J. Cantoni, reprinted with permission of the AAPS, Association of American Physicians and Surgeons

When in the course of human events the political bonds that used to tie the people together in freedom have become shackles that have made them dependent on government—then at that critical juncture, it is time to officially declare a state of dependence.

This Declaration of Dependence replaces one of the greatest political documents in history, the Declaration of Independence, which, 241 years ago, gave birth to one of the greatest nations in history.

In the context of those times, the former Declaration was a remarkable document, in that it turned upside down the prior belief that man exists only as a tool and property of the state and is thus subservient to the state. Now, 241 years later, Americans are once again subservient to the state.

The Dependency Index

As many as 70 percent of Americans are net recipients of government largess, receiving more in benefits than they pay in taxes.¹ Besides those who receive an entitlement or means-tested benefit, and direct government employment, millions have private-sector jobs that would not exist except for government regulations (e.g., tax attorneys), or work in an industry that receives government subsidies. If the black hole of the government education monopoly is included, the dependency index climbs to greater than 90 percent.

The political left wants to increase dependency even more, even though the nation has a \$20 trillion debt and many states have such huge public pension obligations that they can't properly maintain the infrastructure needed to deliver basic government services. The political right, on the other hand, wants to increase military spending even more, talking tough about cutting social welfare spending while hypocritically collecting some form of government payment.

Americans can't even go to the doctor without signing a government-mandated privacy form and then having their intimate information compiled with information from other patients and reported to the government and other third parties by medical billing and coding clerks in a backroom—clerks who outnumber doctors and have a certificate in medical billing from a diploma mill, the cost of which was likely paid with a government tuition loan. In essence, citizens are subsidizing other citizens to learn a trade that subtracts from the nation's productivity and well-being, drives up the cost of medical care, and results in patients being spied on.

The Culture of Compliance

Many physicians and others in the medical profession, having sold their Oath of Hippocrates to the government in exchange for a guaranteed income, don't mind federal agents looking over their shoulders as they are examining patients' private parts. In fact, the American Medical Association, which endorses the nationalization of medical care, makes a lot of money from providing the government with a coding system that the billing clerks use to track medical procedures.

Americans, unlike the colonists reacting to King George III's decrees 241 years ago, obediently comply with such diktats without a second thought—even though King George's demands were in some respects less onerous. Indeed, the king and all of the king's men didn't have the imagination, need to control, or the power to impose the number of diktats that Americans live under today. For example, it didn't cross their minds to make their subjects fill out a form when they went to a doctor for bloodletting.

The people have become so conditioned to coercion that neither they nor their elected representatives even ask whether a social problem can be solved without the government forcing people to do something they don't want to do, such as subsidizing the medical care of strangers. The first impulse nowadays is to resort to force instead of volunteerism, charity, or free exchange.

This conditioning can be seen in the debate over health insurance, where virtually no one in the intelligentsia, media, or government first asked whether the problem of the uninsured could be solved without the use of force. Then Americans wonder why civil discourse is so acrimonious, not understanding that comity is at odds with pillaging and plundering.

When in the course of human events the people become sheep, they will be shorn. But at least the shearing will be done in compliance with Occupational Safety and Health Administration regulations, overseen by well-paid government OSHA apparatchiks who vote Democrat and by well-paid private-sector OSHA consultants who vote Republican.

The Myth of Equality

The Declaration of Independence may state that "all men are created equal," but it is self-evident that all men are not born equal, at least not in terms of intelligence, drive, determination, attractiveness, or the quality of their parents. A corollary is that all human organizations are hierarchical, with the most talented, ambitious,

lucky, crooked, or ruthless at the top, and with everyone else layered at different levels below, depending on their respective talent, ambition, luck, crookedness, or ruthlessness.

Contrary to the beliefs of such neo-Marxists as Bernie Sanders and the Occupy Wall Street movement, wealth and power are less concentrated in democratic/capitalist countries than in socialist ones, and certainly far less than in communist ones, where a tiny minority has near-absolute power. They are correct, however, that America is becoming more hierarchical and more unequal in the distribution of income and wealth, with income increasing faster for the capital class (the so-called one percent) than for the working class, because those with capital get returns on their investments that are higher than the returns on labor. But the neo-Marxists don't acknowledge their own role in causing this to happen—specifically, their tax, regulatory, social welfare, and immigration policies, which are hollowing out the middle class and making it difficult for middle-income people to acquire capital and move up.

Or, maybe this is exactly what the neo-Marxists want; that is, a two-class society without a thriving middle class. After all, with a two-class society, the likes of Bernie Sanders would be in the ruling class at the top, and everyone else would be in a homogeneously poor and dependent class below, just as it was in the Soviet Union and Red China—and just as it is developing in Venezuela today.²

America is well on the way to this socialist “nirvana.” The ruling class consists of those with government sinecures and pensions, as well as those in the private sector with government contracts, or government protections from competition, or government subsidies, or lucrative jobs created by the regulatory state, or financial windfalls bestowed on them by the Federal Reserve and U.S. Treasury. The evidence can be seen in the wealth in the imperial city of Washington, D.C., which stands in stark contrast to the declining fortunes in the hinterlands.

The numbers on the growth of government are just as stark, although you won't see the numbers in mainstream media. For example, in 1941, there was one government employee at the federal, state, and local levels for every 27.7 citizens. Today, the ratio is one for every 14.6 citizens.³ If the ratio of government employees had kept pace with population growth since 1941 instead of exceeding it, there would be 10 million fewer government employees today. (Note: These figures do not include the private-sector workers who are de facto government workers because they hold jobs outsourced by the government to the private sector.)

Keep in mind that the 10 million excess employees receive compensation (pay, benefits, pensions, and time off) that is about 40 percent higher, on average, than the compensation of their private-sector counterparts. In addition, they

have job security not found in the private sector. Equal pay for equal work is the law of the land, but not for government workers.⁴

All levels of government now consume nearly 50 percent of national income, vs. about 12 percent prior to 1930. Unlike businesses that operate in a relatively free market, where survival depends on doing more with less, government not only survives but thrives by doing less with more.

The Entitlement Mentality

As the social administrative state has grown, the American populace has been transformed from self-reliance to dependency, and from there to entitlement.

The prevailing entitlement mentality can be seen all around us, even in parking lots, of all places; and in particular, parking places for the handicapped. Most of the spaces are used by ambulatory Americans who are quite able to walk another 100 feet to a store from a regular parking space, but simply choose not to. This is because the spaces for the handicapped are considered a right by those who park in them, whether they are liberals who drive a Prius with a “Coexist” sticker on the bumper, or conservatives who drive a mammoth truck with an “NRA” sticker on the bumper. Many of the faux-disabled are morbidly obese and could benefit from parking at the far end of a lot and walking the extra distance.

If you think it's hyperbolic to say that many Americans consider it a right to park in a handicap-parking spot, then run for public office and see what happens if you suggest that the spaces be restricted to the wheelchair-bound, which was their original purpose.

It's a short mental leap from thinking that a handicap-parking space is a right, to thinking that it is a right to get medical care or other needed service at someone else's expense.

Of course the Founders had different ideas about rights, as expressed in the Declaration of Independence, Constitution, and Bill of Rights. That some of them were slave owners and men of wealth and privilege made their intellectual feat even more remarkable, for as they were well aware, their ideas would lead to the empowerment of the common man and lay bare the contradiction of slavery and the taking of native lands. George Washington manumitted his slaves; he provided life-long support for the older ones, and funded training for younger ones to learn trades to make them free and self-supporting.

Something else can be seen in parking lots in every part of town: expensive cars and trucks loaded with gadgets galore. Americans spend more on vehicles than on medical care/insurance, yet think they have a right to drive a status symbol while sending the bill for their medical care to their neighbors. It's a similar story with tuition



» loans, which, on average, are about \$30,000, or about the same amount as the average car loan. How is it fair to own luxuries while asking others to subsidize your health insurance or forgive your tuition loan?

And how is it fair to live in an unhealthy way while advocating that others pay for the results? Why don't today's churches, schools, media, politicians, and philosophers make this point, instead of defining fairness as collectivism and redistribution, with no expectation of personal responsibility in return?

Envy is the driving force behind such thinking. Envy is such a strong influence on human action that, as behavioral experiments have shown, most people would prefer that everyone be equally poor than everyone be wealthier if this means that some people will be wealthier than others.

Envy is particularly disastrous for society when it is coupled with a lack of self-control. Success depends on the ability to say "no" to immediate gratification and to save and invest the fruits of one's labor for self-improvement, a rainy day, a medical emergency, and old age.

Self-control has plummeted in society as immediate gratification has been encouraged by the government, business, and permissive parents. Easy credit, easy money, a constant bombardment of advertisements on television and the internet, and depraved entertainment from Hollywood have had a terrible effect on society. Indebtedness, obesity, single-parent families, and drug overdoses have all sharply risen, with overdose deaths reaching epidemic levels, especially from opioids and fentanyl imported from China.

Few people see the irony of China exporting fentanyl to the West, because few people study history and know that Great Britain had sent opium to China, resulting in scores of Chinese spending their days in a stupor in opium dens, and provoking what became known as the Opium Wars.⁵

Other lessons of history, such as the fate of overextended empires that can no longer protect their own legitimate interests, are also lost. It took just one war for the almighty British Empire to become a shadow of its former self. In several years England went from a powerful creditor nation to a debtor weakling. The same can happen to the U.S.

Meanwhile, American media are stuck in the past and thus have sullied their noble and important mission of speaking for the powerless against the powerful. They don't realize that the make-up of the powerless and powerful has changed since the Progressive Era and, once again, since the civil rights decade of the 1960s. Civil rights groups, environmental activists, the welfare industry, government regulators, and law enforcement have become as

powerful, elitist, hidebound, self-serving, and corrupt as the stereotypical Robber Barons and corporate fat cats of yesteryear.

At the same time, millions of the so-called poor, disadvantaged, and disabled are plundering their neighbors, as by feigning disabilities, falsely claiming discrimination and workplace injuries, taking out student loans with no intention of paying them back or getting a degree, loafing instead of working in spite of being quite able-bodied, and demonstrating great creativity in manipulating the system to their advantage. Yet you won't see any exposes on this in the indoctrinated and shopworn news media. One needs to watch "Judge Judy" to see the extent of debasement and debauchery in a large segment of society in the cases put before her.

Kleptocracy

The founders understood the dangers of factions but couldn't foresee that the nation would move way beyond factions someday. The polity is now organized around interest groups, or theft rings, which compete against each other, not only to hold onto their government rice bowl, but to fill the bowl with even more government subsidies, handouts, and privileges before another group snatches the loot. They include, among hundreds of others, the American Association of Retired Persons, the American Medical Association, the National Education Association, the American Federation of Government Employees (the largest federal government union), the National Association of Realtors, the U.S. Chamber of Commerce, the American Banking Association, Planned Parenthood, professional baseball and football, the farm lobby, the ethanol lobby, the solar lobby, the sugar lobby, the defense lobby, the welfare lobby, and the mass transit lobby.

We, therefore, the un-free people of the United States, solemnly publish and declare that we have given full power to the central government to make all decisions for us, to coddle us, and to shower us with free stuff until the nation goes bankrupt. And for the support of this declaration, with a firm reliance on the protection of the divine nanny state, we mutually pledge to the munificent government our lives, our fortunes, and our sacred honor. 🙏

Craig J. Cantoni is an author, columnist, management consultant, and a former corporate executive responsible for employee benefit plans. Contact: ccan2@aol.com or craigcantoni@gmail.com.

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Dear Dentist: An Open Letter from a Physician

By Nicholas Fogelson, MD

Thank you for being there for patients around the world, fixing and cleaning their teeth and gums. Thank you for your training and your wonderful set of skills which we all need.

But today I have a bone to pick with you.

For the one thousandth time today I was asked to write a note for a patient with an obviously infected tooth, giving my permission for you to treat her. For the one thousandth time, I sat before my suffering patient, cursing your name, and wrote this ridiculous note. And now my patient can go back to you, and now you can do the job you should have done when she first came to you with her painful tooth.

As an obstetrician, I am expected to be expert in all things pregnancy. Not only that, but I am expected to understand how all things not pregnancy affect all things pregnancy. It was for this that I went to medical school and trained long in my field.

You are much the same.

As a dentist, you are expected to know all things oral cavity, and furthermore how all things not oral cavity affect all things oral cavity. It was for this that you went to dental school and trained long in your field.

And in this training, you no doubt learned something about the dental care of pregnant women. You probably learned that local anesthetics are not harmful to a pregnancy, and that the narcotics you prescribe for pain and the penicillin based antibiotics you use for infection are also safe. You probably learned that the millirads of radiation your oral films use are trivial compared the amount of radiation it would take to harm a fetus, and if you're really on it you might even know that an obstetrician would do a 3 rad cat scan right through the fetus if he or she thought it was important enough. At the least, you know that the big lead apron you use is going to block anything that might get to the fetus anyway. You might have read that obstetricians are actually quite interested in oral health, and that we think that chronic oral disease may ironically be a contributing factor to the preterm labor you hope to avoid involvement with by refusing to treat oral disease in pregnancy women.

At the very least, you know that a fetus is kept in the uterine cavity, not in the oral cavity.

Since you already know these things, really what is going on is that you



want your ass covered if under some strange coincidence something bad happens to a pregnancy after you treat a patient.

This is nonsense, and I am tired of it.

So forever more, here is a note for all the pregnant ladies of the world:

- There is nothing you can do under local anesthesia that will hurt a fetus.
- Penicillin antibiotics are safe in pregnancy.
- Local anesthetics are safe in pregnancy.
- Narcotics are safe in pregnancy.
- Oral x-rays are safe in pregnancy. Shield the baby like you would any patient.

If after reading this you ever again send away a pregnant patient in pain because they need a note from their obstetrician, I have only this to say: Grow a pair. You are doing your patient a disservice. Exercise the wonderful skills you spent years cultivating, and help your patient. 🦷

Dr. Fogelson practices at the Pearl Women's Center in Portland, OR



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Commercial Lease Renewal for Dental Tenants

By Jeff Grandfield and Dale Willerton

We estimate that approximately two million commercial lease renewal transactions take place every year in North America. Whether a dentist is leasing commercial space in a strip mall, shopping mall, or office building for a dental practice, he/she eventually will have to face a lease renewal negotiation with a landlord. Starting with the end goal in mind and planning far enough in advance will make this process much easier.

Most landlords push for a rent increase on a tenant's lease renewal. This is normal and something a dentist should anticipate. Much can transpire in a 5- or 10-year lease term between when a dentist moved in and when he/she needs to negotiate a lease renewal. Negotiating a lease renewal is not an overnight process, this can take some time and involves a number of steps:

Create competition for the tenancy.

Dentists should negotiate on multiple locations simultaneously—especially with lease renewals, even if they don't want to move. Create options and play one landlord against another. Share with each landlord that you are receiving other proposals.

Start the planning and site selection process well in advance.

For existing dental practices and lease renewals, begin 12–15 months in-advance. This allows for ample time for negotiating, completing paperwork, searching for alternate sites and accounting for Murphy's Law.

Keep success quiet.

Landlords often try to raise the rent due to a dentist's success. If doing

well in a particular location, a dentist will likely not want to move even if he/she can afford the rental increase. Some agents and landlords may try to take advantage of dental tenants knowing how expensive it can be to move and set up a new practice.

Talk to other tenants.

For lease renewals, talk with other tenants in the building who have recently renewed leases. Ask how these renegotiations went and what the landlord was willing to agree to in terms of rental rates and further tenant incentives.

Negotiate for lease renewal incentives.

If a lease is expiring, a dentist should ask what inducements (eg: free rent/tenant allowances) the landlord give would offer to a new tenant just coming into the property.

Don't have false optimism.

If a dental practice isn't faring well, but the dentist wants to renew his/her lease anyway, this is false optimism. Unless the dentist changes location or something else about the way he/she does business, the dentist should not realistically expect the next five years to be better than the first five years. Moving can be difficult, fright-

ening, time-intensive and expensive; however, sometimes, this is absolutely necessary.

Don't accept an inappropriate lease length.

For new dental practices, an initial lease term of five, seven or even ten years is typical. However, when renewing, a dentist should not automatically sign for that same or similar time frame without considering his/her own future. A practice may be sold and/or a dentist may retire. Don't get locked into a long-term lease renewal unnecessarily.

Don't settle for the same rental payment.

Achieving a rent reduction on a lease renewal is a very real possibility. If the landlord is leasing space to new tenants at less than what the dentist is currently paying, a rent reduction for the dentist should be achievable. If the dentist's current rental rate is artificially high because of his/her last tenant allowance, a rent reduction on the renewal term could also be in order.

Don't allow the landlord to retain the deposit.

If the dentist has paid the landlord a deposit, he/she should ask for this



back upon the lease renewal date. Dentists can prove themselves as responsible tenants over their initial term. Why should the landlord keep this money?

Brokers... Friend or Foe?

Real estate agents and brokers typically work for the landlord who is paying their commission. It is not normally the agent's role to get the tenant the best deal—it is their job to get the landlord the highest rent, the biggest deposit, etc. The higher the rent, the more commission the agent earns. When a dentist researches multiple properties, he/she should try to deal directly with the listing agent for each property, rather than letting one agent show him/her around or show him/her another agent's listing. A dentist's tenancy is more desirable to the listing agent if he can avoid commission-splitting with other agents.

Don't disregard your Operating Costs.


Having the lease and/or operating costs analyzed are effective ways to keep the landlord and property manager accountable. Frequently, dental tenants pay inflated Common Area Maintenance (CAM) because of padded or miscalculated operating costs. Often, it can be advantageous for groups of tenants sharing the same property to unify for an operating cost analysis.

Don't exercise options.

Even though the dentist has a renewal option, he/she may not want to exercise it—especially if the renewal term's rental rate automatically increases or can't decrease. If a dentist is certain that the landlord wants you to stay and area market rates have softened, he/she may want to negotiate the renewal from scratch. 🦷

Mr. Willerton and Mr. Grandfield are tenant oriented commercial lease consultants. They may be contacted at: 800-738-9202.

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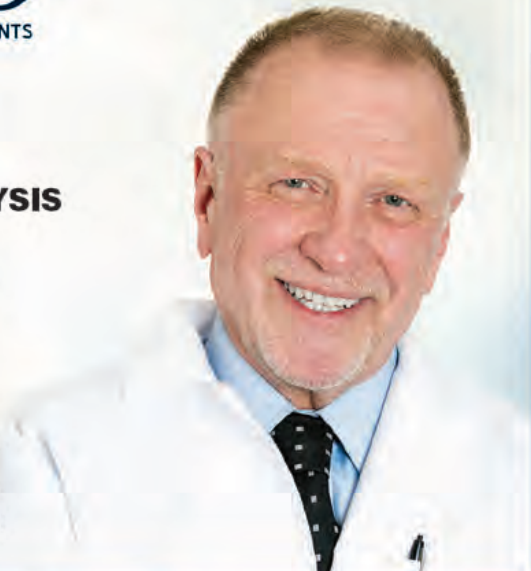
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The Unequivocal Repeal and Replacement of Obamacare

By Danny Tarkanian

To protect access to healthcare for all Americans and to preserve a system upon which a great and growing number of people have become mortally dependent, it is imperative that we repeal and replace Obamacare at our first opportunity. The following outlines the need and the mechanisms by which we ensure the greatest access to and the best quality of healthcare possible.

The Problem

To speak of the collapse of Obamacare is no longer a conversation one must have in the abstract. We are witnessing this very thing all around us. Despite the most exhaustive scoring and estimates possible by industry experts and by the Congressional Budget Office, rates have increased far beyond their projections. Furthermore, deductibles have risen significantly and overall coverage has decreased across the board.

My family serves as a pretty typical example and we are now counted among millions who are fast becoming known as “The Victims of Obamacare.” Prior to the passage of the Affordable Care Act, my family paid a monthly premium of \$480, with a \$1,000 deductible per person, and \$25 co-pay for an office visit. Post Obamacare, our premiums have risen nearly 400 percent to more than \$1800 per month, our deductibles have risen five times from what they were to \$5,000 per person, and our co-pay to see a specialist has risen 600 percent to \$150 per visit. This is far beyond even our worst expectation when measured against the promises made by Congress and by President Obama.

As insurers continue to flee Obamacare, average premium paying Americans are left with fewer options and significantly higher prices. This is literally the opposite of the promises made by the Obama administration and those who promoted the Affordable Care Act. Experts now predict that more than 40 percent of counties nationwide will be left with one or fewer options for health care plans. In Nevada 15 of its 17 counties are left with only one option. This is, of course, unacceptable in the most free and market driven economy in the world.

The Solution

The solution to this ever-growing calamity is to immediately repeal and replace Obamacare with a new plan that offers the following options:



- 1) Insurance companies must be allowed to offer plans that may fall below the standards of the Affordable Care Act, as long as one plan among the consumer's choices meets the standards.
- 2) While exercising their personal freedom to purchase insurance, consumers should be able to shop across state lines to find the most competitive price and best coverage the market will provide.
- 3) Young and healthy people should not be penalized unfairly as they are now by Obamacare. Offering lower priced catastrophic care plans with higher deductibles, but lower overall costs for those who are not using nor putting any strain on the current system ensures that everyone will be able to afford what they want and need.
- 4) We need to strengthen but control Medicaid costs. The program needs to be adequately funded in order to meet the needs of Medicaid recipients, but safeguards need to be put in place to control Medicaid spending and to ensure that Medicaid is no longer used as a political football by the establishment.
- 6) Expand the option of Health Savings Accounts so individuals can pick and choose what plan best fits their family and can continue with that plan if they move to another job.

7) Provide the same tax deduction for individuals purchasing their own insurance as are provided to employers providing insurance to their employees.

8) Repeal the Mandate—Access to healthcare is a right of all Americans and should be treated as such, but forcing private citizens to purchase a product from private or public companies is the opposite of freedom.

In Summary

As we now see, there is little doubt that Obamacare has failed to meet any of the needs for which it was created. Tens of millions remain uninsured while everyday Americans are getting less and less coverage at a higher and higher price. Any member of Congress who does not vote for the immediate unequivocal repeal and replacement of this travesty should themselves be voted out of office. 🙄

**Mr. Tarkanian has filed as a candidate for the U.S. Senatorial election in 2018 and will run against sitting Senator Dean Heller. Mr. Tarkanian is a life-long Las Vegas, NV resident and attorney.*

Editor's Note: Both Mr. Tarkanian and Senator Heller were asked to comment on Obamacare in August 2017 for the NDAJ. To that point in time, both had opined strongly that Obamacare needed to be repealed. However Senator Heller's opinion and vote changed in September 2017 when he did not vote to repeal Obamacare. After multiple contacts from the NDAJ, Senator Heller's office provided no response to the NDAJ request for comments.

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Delegate Report

America's Dental Meeting and House of Delegates | October 19–23, 2017

By Dr. Steve Saxe

America's Dental Meeting was held in Atlanta, GA on October 19–23, 2017 with low attendance. We are hopeful next year's meeting increases attendance as it will be in Hawaii in October 2018. Our 2018 elected officers are: ADA President, Dr. Joe Crowley of Ohio; President Elect, Jeffery Cole of Delaware; 1st Vice President – Dr. Lew Mitchell of Alabama; 2nd Vice President Richard Huot of Florida.

The following resolutions were discussed:

PASSED

- We supported and passed a resolution to have the ADA pursue an Association group health plan which would be commiserate with Trumps recent executive order.
- The recognition of operative dentistry as an interest area was passed to better delineate the area and encourage academic advancement.
- A standardized numbering system for diamond burs was passed to encourage manufacturers was passed.
- Good news for ADA new dentists as they now have voting privileges on all of the ADA councils. This will increase diversity and inclusion, foster leadership and help shape the future of the ADA.

DEFEATED

- A special assessment failed and dues will remain unchanged for 2018 as funding for the Find-A-Dentist campaign will come out of reserves rather than a \$30 assessment to our members.
- The ADA reports that the Find-A-Dentist campaign is successful since its launch in July 2017 and is projected to be on track with

regards to ADA metrics. The ADA has invested in the marketable aspect of the campaign by directing traffic from the appropriate dental demographics that are somewhat affluent individuals with dental insurance. However, at this time they are not yet tracking keywords, geographic breakdown, cost per click, click through rates or costs per impressions to determine ROI. This resolution failed because the cost of an additional \$300,000 per year was requested. The council failed to include this as part of the \$18 million—1st year, \$6 million—2nd year and yearly expense for the find a dentist online campaign.

- A resolution about sleep related disorders with many details outlining the role of the dentist and establishing policies was defeated.
- Another resolution that attempted to develop a dental benefits rating system was withdrawn due to the potential for FTC violations and insurance industry retaliation.
- A resolution to establish a comprehensive dental disease registry was defeated. This would benefit Nevada because of dental Medicaid benefits being tracked with ICD 10 codes to show disease trends among our patients. This important registry failed to gain momentum and may be reintroduced next year. Most states do not have requirements of using these codes for billing.
- A resolution to develop a strategy for assisting dentistry with elder care was withdrawn at the last minute.
- A highly debated and controversial resolution regarding the formulation of a commission on

the recognition of dental specialties was defeated to minimize the risk of potential FTC threats. This decision was recommended of by our ADA general counsel. This resolution would have decreased the authority of the ADA House of Delegates to be by the responsibility creation of a new commission comprised of 18 ADA members: one Representative from each of the nine recognized specialties, and nine general dentists and an outside public person appointed by the ADA. They would be bound by a 2/3 majority vote and would be autonomous from the House to separate potential restrictive trade practices as recommended by ADA counsel. This passed with very ambiguous information provided to us as a suggested framework for this entity.

- If you are a Periodontist, Orthodontists, Endodontist or Pedodontist your leadership was at the microphone advocating for this issue to pass. If you disagree with their conclusion and you oppose their view I would highly suggest you write a firm letter to your organization.
- The Oral and Maxillofacial Surgeons strongly opposed to this as since there is no perceived FTC threat as we were led to believe. It puts a burden on the specialty professional organizations. If any threat was found to be valid, these smaller organizations too would take the brunt of defending the specialties. It would take power away from the ADA House of Delegates on these important issues and was very ambiguous in the description of the organizational structure and protocols.

- Another heated topic was the labeling OTC oral rinses with pH values as a consumer benefit. This resolution was referred back to the reference committee to be considered next year after thorough investigation of its necessity.
- For many years, the ADA policy was to admit membership of individuals possessing a DDS or DMD or "equivalent degree." The definition of equivalent degree was ill defined and was clearly defined this year by passage of resolution 3C with left the term equivalent to be defined by individual states that would allow persons who they deemed qualified to sit for a dental board. This will potentially cause harm for Nevada as currently our neighbor California confers the opportunity to sit for licensing exams to individuals that graduate La Salle University in Mexico City and Moldova University to graduate these programs five years after graduation from high school. Legislators have certified these two schools of having appropriate credentials for their state dental qualifications will allow them to sit for the exam for dentistry. This may be an issue as our recently licensure by credentials may admit a graduate from one of these schools if they should happen to move away from California.
- Two resolutions that would have benefited Nevada failed: one being the allocation of SPA (State Political Affair) dollars where monies from the ADA general fund would be available to states who face legislative battles such as Mid-level threats and other issues. Additionally, a specific resolution to assemble all of the states that have been challenged by Kellogg and Pew were to convene at ADA headquarters to share their legislative experience and strategize for the future. This meeting was

intended to benefit small states with minimal reserves/funding to fight these entities. Despite a long, heated debate, an overwhelming majority of big states were not interested in paying for this meeting. Unfortunately, the failure of smaller states to combat these threats will inevitably lead to defeat across the country due to the establishment of precedent.

This is a brief outline of many of our work on resolutions that we have encountered on your behalf at the ADA convention. There are many resolutions not included in this report because they were minor bylaws/ housekeeping issues that did not have much effect on our practices. I would be more than happy to discuss the outcomes of this meeting if anyone has additional questions. Special

thanks to Bob Talley, my fellow delegates: Dr. George Mc Alpine, Dr. David White and alternate delegates Dr. Rick Dragon and Dr. Maggie Heinen.

A special Kudos to Dr. Emily Ishkanian who received recognition for her dedication and accomplishments as the ADA New Dentist Committee Chair. This meeting completed her four-year commitment. Emily also received the Dr. David Whiston Leadership Award which recognizes promising dentists who have demonstrated strong leadership skills which can be used to improve the oral health of the public in the years ahead. This Leadership Award of \$5,000 is designed to cover the costs associated with attending a leadership training program offered by the American Management Association. Congratulations to Dr. Ishkanian! 🦷

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NEWS BRIEFS

Research Shows Trends for Dental Care in ED (ER)

Some people take an ambulance to the hospital for tooth pain, emergency department (ED) visits seem to be increasing, and ED problems are not limited to the U.S., according to research presented at the 2017 International Association for Dental Research (IADR) annual meeting in San Francisco in March and reported in an article in Dr. Biscupid. During poster presentations, researchers from the U.S. and the U.K. discussed trends in emergency department use for dental conditions. They investigated everything from ambulance use to periapical abscesses. Their findings showed that the number of Americans diagnosed with periapical abscesses in EDs has increased over time, according to research presented by Stacey Howes, a third-year dental student at the University of Iowa. After analyzing data from U.S. emergency departments, Howes and a colleague found that 526,000 people were diagnosed with periapical abscesses in 2013, up from 460,000 in 2008. The vast majority of the people who were diagnosed with periapical abscesses in the ED were from low-income areas and about 40 percent of the patients lacked insurance, according to Howes who noted that the condition only accounts for 0.4 percent of visits in the US.

Researchers also found that using the emergency department for dental conditions is not strictly a US problem. Research presented by Charlotte Currie, BDS, a clinical fellow in oral surgery at Newcastle University in the UK found that about 1 percent of all people admitted to one UK hospital after visiting the emergency department had a dental condition, with 10 percent of those visits from repeat patients.

People with dental problems don't just visit the emergency department, sometimes they take an ambulance there, too, according to research presented by John Warren, DDS, a professor at the University of Iowa College of Dentistry and Dental Clinics. Using data from the US National Hospital Ambulatory Medical Care Survey, Dr. Warren and colleagues found that about 1 percent of people visiting the ED with tooth pain traveled there in an ambulance. Using public insurance and being 45 to 64 years old were the strongest predictors of using an ambulance for tooth pain. 🦷

What exactly is a "Prescription Opioid Death"?

According to Michael Schatman, Ph.D. of Tufts School of Medicine, speaking at the PainWeek Annual Meeting in Las Vegas in September, it is important to define terms.

Dr. Schatman studied the often cited "16,000 prescription opioid deaths annually," wondering if the figure was really accurate. Dr. Schatman found that the average number of drugs detected in post-mortem toxicology was six, yet identification of one prescription drug evidently justified classifying the death as a "prescription opioid death."

Dr. Schatman's follow-up question was, logically: "So, do we have a prescription opioid problem or a polypharmacy problem?"

The consequences of basing policies on flawed data, Schatman indicated, not only include prescription writers practicing in a climate of fear, but patients suffering unnecessarily.

Editor's Note: As of January 2018 all Nevada prescription writers are required to check the state database prescription monitoring program (PMP) to access their patients' Rx histories prior to writing a specifically informed and consented to opiate Rx. Historically, each time practitioners have checked their own Rx writing history, reported data errors are routinely seen (wrong doctor, wrong drug, wrong amount ("days" prescribed listed instead of an actual amount, etc.). Will patients be required to disclose the average 5 other toxic screen disclosed drugs they are consuming to the PMP prior to obtaining an Rx? 🦷

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This year NNDHP raised over \$54,000 for our Adopt a Vet Dental program.

This is our biggest proceed year ever! We are so grateful and thankful for our amazing sponsors, participants, volunteers and donors who make this tournament such a success. See you Sept. 21, 2018 for our 16th tournament.

Event Calendars



2018			
January 16	NDA Executive Committee	Video Conference	6pm
January 20	NDA Midwinter Meeting	Las Vegas	9:30am
February 27	NDA Executive Meeting	Video Conference	6pm
April 24	NDA Executive Meeting	Video Conference	6pm
June 5	NDA Executive Meeting	Video Conference	6pm
June 21-23	NDA Summer Meeting	TBD	TBD



Dinner Meetings 2018			
February 22	"Soft Tissue Esthetics" with Dr. Curry Leavitt	Las Vegas Golf Club	6pm
April 19	Election/GPR	TBD	TBD
CE Premeier 2018			
February 23	"Top 30 Prescriptions and Managing the Geriatric Patient" AM with Tommy Fisher "RPD Basics and Design with Practical Exercise" PM Speakers from 99th Dental Squadron.	Las Vegas PBS 3050 E Flamingo Rd, Las Vegas, Nevada	9am
March 10	"Oral Surgery for General Practitioners" Dr. Karl Koerner	UNLV School of Dental Medicine Auditorium	9am
April 20	"Great Team + Great Business = Great Practice" and "The Art of the Smile" With Dr. Tony Tomaro, Sponsored by 3M	Nevada State Bank	9am



2018			
January 9	NNDS Executive Committee Meeting & Delegate Pre-Meeting	5605 Riggins Court, #101A, Reno	5:30pm
January 11	NNDS General Membership Dinner Meeting "Opioids & such" Larry Pinson	Atlantis Casino Resort Spa, Reno	6pm
January 16	NDA Executive Committee Meeting	NNDS & NDA offices	6pm
January 20	NDA MidWinter House of Delegates Meeting	Springs Preserve, Las Vegas	9:30am
January 23	NNDHP Board Meeting	5605 Riggins Court, #101A, Reno	5:30pm
January 25	AGD Dinner Meeting	TBD	6pm
February 8	AGD Dinner Meeting	TBD	6pm
February 13	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
February 15	NNDS General Membership Dinner Meeting "Vendor Night"	Atlantis Casino Resort Spa, Reno	6pm
February 27	NDA Executive Committee Meeting	NNDS & NDA offices	6pm
March 9	All Day NNDS CE with Dr. Schmedding/Dentsply Sirona	Atlantis Casino Resort Spa, Reno	8am
March 13	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
March 15	NNDS General Membership Dinner Meeting Dr. Field, sponsored event by Neoss	Atlantis Casino Resort Spa, Reno	6pm
March 28	AGD Dinner Meeting	TBD	6pm



Jessica Beason
jessica.beason@sndsonline.org

SNDS Executive Director's Message

Winter is upon us; hopefully you all enjoyed a wonderful holiday season with your family. The Southern Nevada Dental Society kicked off December with an opportunity to give back. SNDS was proud to partner with UNLV School of Dental Medicine to host the First Benefit for Smiles Gala honoring Dr. Robert Talley. The event was held at Red Rock Country Club on December 1, 2017 and included fine dining, dancing as well as silent auction to raise money for this great cause. The goal of this formal black-tie event was to raise money for the dental school's Saturday Community Clinics that serve children, women, homeless persons, and veterans. In addition, the SNDS introduced a new scholarship for dental students planning on staying in Nevada, excelling academically, and demonstrating financial need. Thank you to all in the community that supported this event including all of our generous sponsors and those who donated auction items.

SNDS has entered into some great partnerships to save its members all if not more than the cost of annual membership.

The most exciting partnership we have this year is a partnership with Solmetex, the leading manufacturer of dental office amalgam separators. SNDS members can purchase a NXT Hg5 bundle (supports up to 10 operatories) for the amazing price of \$298 a savings of over \$900. To add to this value two of our local distributors have increased this offering by discounting their installation fee. Benco Dental and Henry Schein Dental are offering members installation for \$150 plus a free consultation!! But you must act before the end of February 2018 to receive over a \$1000 savings! Let me add to that amazing benefits by throwing in 8 hours of CE for free as part of the Summer CE Café and you have got your full value of dues back. Another member benefit this year is savings through My Dental Clique. Members can arrange a HIPAA compliant email portal for sharing patient information with specialists and peers for only \$8 per month with the set-up fee waived for SNDS members (another \$100.00 savings). The final option for member offices is to partner with Managed Pay, a Professional Employment Organization, to provide payroll services and benefits to include healthcare insurance to SNDS members and their staff and enjoy a 5 percent savings of the associated fees. The leadership will continue to search for similar partnerships throughout 2018 continuing to provide more value for its membership. View the SNDS website for complete details on all of these savings: www.sndsonline.org/membership/benefits-of-membership.

This year our focus is bringing value to our members. With a sincere mission of helping our members succeed we are committed to bringing fresh ideas forward.

January rings in a new membership year, I can't believe it is 2018. This year our focus is bringing value to our members. With a sincere mission of helping our members succeed we are committed to bringing fresh ideas forward. Not only will you experience incredible savings, but we have added new member assistance programs. This year you will not want to wait on renewing membership,

What would happen to your practice if you were suddenly unable to practice dentistry for a few days, a few weeks or a *few months*? Who would take care of your patients? When does your disability insurance kick in—30/60/90 days? What about your staff? Would they stay? What if there was a membership benefit that would rally other dentists to come to your aid during this difficult time. The SNDS developed and unveiled The Angel Program (TAP). The purpose of The Angel Program (TAP) is to form a mutual assistance program of participating dentists to aid a stricken society member and/or the family if the member is unable to continue to work in his/her practice due to illness, disability or death. Any SNDS member that would like to have this no cost protection for their practice is encouraged to complete the form available on the SNDS website under the tab what we do, angel program: www.sndsonline.org/what-we-do/angel-program.

Are you a recent graduate and looking for a new opportunity or maybe you have decided it was time to sell your practice? The SNDS has a new job board for dentists. MATCH Employment is a resource for dentists to find job opportunities or practices for sale in Southern Nevada. This platform also allows members to post job openings, or practices for sale at no cost. Visit our website today to explore the possibilities: www.sndsonline.org/what-we-do/match.

I hope the benefits outlined here speaks to you in a way that you see the SNDS leadership is committed to bringing forth new ideas, pursuing opportunities and partnerships for members success. Thank you for allowing me to serve you, if you have any questions about any of these benefits or suggestions for benefits please reach out to me, I would love to hear from you! 🍷



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Joseph Wineman, DMD

The 7 Habits of Highly Effective Dentists

Back in undergraduate days at the University of Utah, I joined the Leadership Training Committee. There I was introduced to the idea of small group dynamics. We studied the work of Kurt Lewin and practiced the concepts in our own group as well as conducting exercises for other student committees. Having my eyes open to the power of small groups to effect individual change and growth, I changed from engineering to dentistry, seeing the small office with 5–10 people as ideal for personal development. I also began following the writings and speeches of Stephen Covey. In 1988 he published the *7 Habits of Highly Effective People* and I immediately related the power of the principles for the “small group” dental office.

R Craig Pace, PhD, a neighbor and friend became my practice coach using the principles in the *7 Habits* book. We instituted the concept of a “flattened hierarchy,” emphasizing the value of team participation in decision-making. We shared all the financial data of the practice when this was rare. We went on retreats, doing exercises like trust where one of two is blindfolded. That group of team members... dental assistants,

The 7 Habits of Highly Effective People by Stephen R. Covey is written with the bedrock of his belief that the way we see the world is based on our perceptions. To change a given situation, we must change ourselves, and to change ourselves, we must be able to change our perceptions. The 7 habits are:

1. **Be proactive**
2. **Begin with the end in mind**
3. **Put first things first**
4. **Think win-win**
5. **Seek first to understand, then be understood**
6. **Synergize**
7. **Sharpen the saw**

Habits 1, 2, and 3 are focused on self-mastery: going from dependence to independence. Habits 4, 5, and 6 are about developing teamwork, and communication, and moving from independence to interdependence. Habit 6 is not so much a habit in my mind, because it requires all the other habits to happen in a natural way. Habit 7 is about continuous growth.

I'll comment briefly on dental office life and each of the habits

1. **Be proactive.**

Most of you readers will have heard the tome, “Work on your practice, not in it.” The small group needs a leader who cares about the team, works to grow with it, and has a vision that is clearly explained. Knowing the numbers and using them as a game to win is proactive.

2. **Begin with the end on mind.**

Spears Education has a wonderful course called “Facially Generated

Having my eyes open to the power of small groups to effect individual change and growth, I changed from engineering to dentistry.

business assistants, and hygienists worked together to grow and achieve excellence in personal and business relations. After leaving Sandy, Utah 15 years ago, this group of women still share their lives together on Facebook, and every few months meet for reunions.



Treatment Planning.” The smile is conceived by locating the ideal position of the central incisors. One must begin the reconstruction with the end in mind. Dr. Pace led our team through weeks of determining our mission statement. It was a wonderful exercise in alignment, introspection and communication.

3. Put first things first.

We can either manage our team by crisis mode or by relationship building, planning, and creating solutions to problems in a truly open forum. 80 percent of our results comes from 20 percent of our time.

4. Think win-win.

When dealing with team members or people outside of the office, if we help the other person win in discussions and negotiations, we will have success. We focus on the Abundance Mentality, or the belief that the glass is half full, not half empty. Scarcity Mentality is the assumption that everything is zero-sum or if you get it, I don't.

5. Seek first to understand, then to be understood.

My current coach, Steve Sperry, owner of Inventive Dental Solutions keeps reminding me to respond to questions with questions. If we arrogantly answer every question, we may not get to understanding the question. This applies to getting to know the patient's problem. Sometimes the chief complaint hides the real concerns, like fear of the dentist. “Tell me more” and “please describe that in another way to help me understand” are phrases that help us understand the patient.

6. Synergy.

One plus one equals three. If we seek the 3rd alternative, and express openness to suggestions and avoid just saying “no,” we can harness the power of the small group to accomplish great things.

7. Sharpen the saw.

A man was walking through the woods one day and came upon a woodsman cutting a large log. He observed for a while, and noticed that little progress was being made, and little sawdust was being made. He interrupted the woodsman to ask, “Why don't you sharpen your saw?” The woodsman returned, “I'm just too busy sawing to worry about it.” We have opportunities in abundance in dentistry to become better in continuing education. We can work on goals like fellowship in

the Academy of General Dentistry, or accreditation by the Academy of Cosmetic Dentistry.

As I leave the leadership of the SNDS, I am sad to disengage in the middle of the year. Health issues demand it. I have great respect and confidence in the officers now conducting the business of the society. I shall remain connected to organized dentistry, as I believe in its mission. I appreciate the opportunity I have had to learn and grow in the vehicle of dentistry, in developing skills in the 7 Habits. 🦷

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Lori Benvin
nnds@nndental.org

News from the Northern Nevada Dental Society

This is the time of year to be thankful and we are appreciative for our members; long standing and new for your membership with the Northern Nevada Dental Society, the Nevada Dental Association and the American Dental Association. We know you just received your membership dues renewal statements and we hope you value us and renew your membership for 2018. There are many options this year for payment for financial ease within your practice and if we can assist you in any way, please let us know.

The Northern Nevada Dental Health Programs/Joel F. Glover DDS annual golf tournament fundraiser would also like to give THANKS. See page 22 for a complete list along with our sincere gratitude to those listed for their support. We are elated to announce we raised over \$54,000 this year for our Adopt a Vet Dental program; helping our low-income veterans obtain the dental care they desperately need.

Please continue to watch for our upcoming events and continuing

education opportunity flyers and notifications in your mailbox, email and on the NNDS Facebook page. We have some excellent education opportunities this year. If you are not receiving them please contact the NNDS directly or email me at nnds@nndental.org. 🦷

Welcome Newest NNDS Members

J. Brian Allman, DDS – General (welcome back)

Elizabeth Bray, DMD – General

Steven Dryden, DDS – Oral Surgery

Scott Futch, DDS – General

Sara Hakim, DDS – General (welcome back)

P. David Hardman, DDS – General

Dustin Harrington, DMD – General

Michelle Schiro, DMD – General

We are elated to announce we raised over \$54,000 this year for our Adopt a Vet Dental program; helping our low-income veterans obtain the dental care they desperately need.

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Spencer Fullmer
nnds@nndental.org

NNDS President's Summer Message

Dear Friends and Colleagues,

I hope this edition of our journal finds you all well. As it is the season to be thankful, I'm especially thankful to be involved in the Nevada Dental Association (NDA) and the Northern Nevada Dental Society (NNDS). I've had the chance to get to know many of you, and I've benefited from our comradery and friendship.

Having moved to Reno a little over five years ago, I didn't know anyone. Members of these organizations reached out to me, an "outsider." They welcomed me wholeheartedly into their lives. With this in mind, my

message today is short and simple, to challenge each of us to seek out a fellow colleague who may feel "on the outside" of our community. Invite them to get involved. Invite them to a CE dinner. Invite them to become a member of our associations. Or simply invite them to lunch. Chances are you will find a new friend. You will build a mutually beneficial relationship. We all are in the same business of helping people. We can empathize with each other's challenges and celebrate our common victories.

I'm grateful to do something I love. I find that I love it most when I share it with others. So let's bind together as a cohesive, likeminded community and reach out to those who haven't fully embraced this mindset. I wish you all joy as we close out another trip around the sun. ☺

I'm grateful to do something I love. I find that I love it most when I share it with others. So let's bind together as a cohesive, likeminded community and reach out to those who haven't fully embraced this mindset. I wish you all joy as we close out another trip around the sun.

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Dr. Robert Talley
Executive Director, Nevada Dental Association
8863 W. Flamingo Rd., Suite 102
Las Vegas, NV 89147

Re: Annual Report, Nevada Dental Association Journal

Dear Dr. Talley:

I am honored to be in my 10th year of holding the privilege and responsibility of being the Editor for the NDAJ. It has been a most gratifying decade for me.

My Editorial philosophy has not changed since Dr. Rosenbaum asked me to consider the position in 2007. I primarily endeavor to advocate for our patients and the profession. Readers know that the Journal is not hesitant to consider controversial subject matter. The NDAJ continues to welcome Letters to the Editor, including those with opinions pro or con with published views.

I appreciate the time Dean West and Clinical Dean Woodall at the UNLV SDM allow for NDAJ development. Our publisher LLM is very helpful structuring each issue. Our peer reviewers consistently offer wonderful insights.

The Journal has won several awards over the years for both articles and in one case for original cover artwork submitted by Dr. James Callaway. The NDAJ is accessible via the NDA website and also nationally via University Library Services. We have developed a 15-year index we hope to publish on the NDAJ website in 2018.

I am grateful to you, as our Executive Director, for coordinating efforts, such as our recent "Membership Issue," and also for your valuable input.

Most of all I appreciate our NDA member readership. I would encourage each of you contact me at any time regarding the NDAJ. I especially value member writings for publication.

Gratefully,



Daniel L. Orr II
Editor, NDAJ

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ADMISSIONS AND STUDENT AFFAIRS

The Office of Admissions and Student Affairs reports having received 1,734 applications thus far during the 2017-18 application cycle. Interviews began during September and will continue until March. First-round acceptances begin December 1.

The White Coat Ceremony for the DMD Class of 2020 and the Inaugural DDS class of 2019 occurred September 22. Retired professor and chair of the Biomedical Sciences department Dr. Gillian Galbraith delivered the keynote address.

Students who received scholarships include:

Dignity Health Scholarship

- Tram Nguyen
- Fionna Tay
- Michael Hartmann
- Eunice Lee
- Jaydene Mcdaniel

“Lucy Hobbs Project” Scholarship

- Greta Barba

UNLV School of Dental Medicine Dean’s Scholarship Fund

- Sean Fitzgibbons

Leta M. Orr Scholarship

- Joanna Viernes

Dr. Thomas P. Nowlin Scholarship

- Aakash Gupta

Important dates:

Fall Semester Ends: December 15

Winter Break: December 18–January 5

Spring Semester Begins: January 8

During May 2017, the dental school started a Doctor of Dental Surgery (DDS) degree program. This two-year, six-trimester, advanced

standing program enables dentists who were trained in non-U.S. accredited institutions to gain the skills and knowledge necessary to practice in the United States. The DDS program is accredited by the Commission on Dental Accreditation.

The inaugural DDS Class of 2019 comprises eight students who matriculated during the summer semester of 2017. They were welcomed into the profession during a White Coat Ceremony with the DMD Class of 2020 on September 22. Selection for the next DDS Class of 2020 is in progress. The interview and dexterity skill test were conducted during late November. Eight new DDS students will be accepted into DDS Class of 2020, and will begin during May 2018. These students fill open positions vacated in the DMD classes.

ADVANCED EDUCATION IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS RESIDENCY PROGRAM

Third-year orthodontic resident Anh Nguyen presented “3-D upper airway and shape comparison between High Risk and Low Risk Skeletal Class I and Class II adults” during the Pacific Coast Society of Orthodontists annual meeting in Reno Nevada. Dr. Tanya Al-Talib serves as Nguyen’s faculty advisor.

All six third-year orthodontic residents passed the written Orthodontic Board examination. They are now board certification qualified residents.

OFFICE OF RESEARCH

Tanya Al-Talib’s final report has been submitted and accepted for an Orthodontic Faculty Development Fellowship Award.

Faculty Publications

Pouya Momtaz, James Mah. “*The effect of attachment placement*

and location on rotational control of conical teeth using clear aligner therapy.” *Journal of Aligner Orthodontics* 2017;1(1):1–8.

Tanya Al-Talib, Lorne D. Koroluk, William F. Vann, Ceib Phillips. “*The impact of non-nutritive sucking habits on the risk for sleep disordered breathing in children.*” *Journal of Dentistry for Children*, Vol. 48, No. 1, Jan.–April 2017.

Katherine M. Howard and Karl Kingsley co-authored “*Oral Microbial Ecology of Selenomonas noxia and Scardovia wiggsiae*” with dental students Jaydene McDaniel and Steven McDaniel, and orthodontic dental resident Dr. Amy Tam. The article appeared in the *Microbiology Research Journal International*.

Edward Lynch published two articles in the journal *Quintessence International*. The first is titled “*Bleaching Efficacy of Ozone/ Hydrogen Peroxide Versus Hydrogen Peroxide/Ozone Application.*” The second is titled “*Association between Oral Tori, Occlusal Force, and Mandibular Cortex Index.*”

Karl Kingsley and James Mah were featured in *UNLV Innovation* magazine for their research focused on dental pulp stem cells. A copy of the article appeared in the *UNLV News Center* (<https://www.unlv.edu/news/article/dentists-get-cracking-stem-cell-front>).

Jeffrey Ebersole co-authored “*Comparative Analysis of Microbial Sensing Molecules in Mucosal Tissues with Aging,*” which describes the use of a nonhuman primate model to evaluate changes in the expression of these sensing molecules related to aging in healthy gingival tissues. The article appeared in the October issue of *Immunobiology*.

FACULTY NEWS

Dr. Tanya Al-Talib presented “The Impact of Non-Nutritive Sucking Habits on the Risk for Sleep Disordered Breathing in Children” during the Nevada Public Health Association annual meeting.

Dr. Tanya Al-Talib is now a Diplomate of the American Board of Orthodontics.

Dr. Tanya Al-Talib is now listed as a qualified Sleep Dentist –American Academy of Dental Sleep Medicine.

Dr. Wenlian Zhou gave an oral presentation about her research titled “Temporal Trends and Socioeconomic Disparities in Preventable Emergency Department Visits with Non Traumatic Dental Conditions in Nevada” during

the Nevada Public Health Association annual meeting.

Dr. Wenlian Zhou presented “Process and Obstacles of Determining Hand Skill Competence in a New Advanced Standing Program” during the CAAPID Advisory Group session of the ADEA annual fall meeting.

Dr. Wenlian Zhou is a fellow of the International College of Dentists. U.S. section.

COMMUNITY SERVICE REPORT

Faculty, students, and staff continue to provide preventive services in community-based, underserved settings in Clark County. Services are offered at health fairs, career

fairs, and the school-based sealant program (Seal Nevada South). From July 1 to October 20, 2017 a total of \$48,238 in donated services was offered to children, adults, and seniors at 39 separate events. During these events 876 screenings (811 children, 59 adults, and 6 seniors) were completed and fluoride varnish was provided to 799 individuals (746 children, 47 adults, and 6 seniors).

DEVELOPMENT NEWS

To learn more about supporting the UNLV School of Dental Medicine, please contact Nikki Khurana-Baugh at 702-774-2362 or via email at nikki.khurana-baugh@unlv.edu.

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Edward Herschaft, DDS

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December 8-9, 2017 (Friday/Saturday)

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Andrew Ingel, DMD, FAGD & Michael Scherer, DMD, MS

NDA Journal Index

Indexers: Christian Sosa, Amirali Aghili, Carlos Atrian, Justin Orton

Editor's Note: The NDAJ appreciates our UNLV SDM Dental Student volunteers for this latest iteration of our Index. Readers will note several missing issues, for instance Fall 2001, Spring 2001, and Winter 2002. If anyone has copies of these missing issues please consider forwarding them to the Editor for future indexing.

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3	1	Winter 2000	Cathy Lytle	Miles For Smiles	miles, smiles, children, Clark	15
3	1	Winter 2000	Maury Astley	Changes and Challenges	NDA, ADA, convention, dentist	16
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3	1	Winter 2000	Ross Sanford	Peer Review Committee	review, peer, dental, society, committee, patient	25
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17	2	Summer 2015	Michael L. Marlow, PhD	Government Overreach on Obesity Control	Obesity control	12
17	2	Summer 2015	Toan Foeng (Bill) Tham, DDS, JD, FCLM	Teledentistry: Part I, An Overview	Underserved areas, teledentistry, health care	16
17	2	Summer 2015	Daniel L. Orr II, DDS, PhD, JD, MD	Interesting Politics in the Silver State	Nevada Constitute, Las Vegas Review Journal, Nevada News, tax increase	21
17	2	Summer 2015	Robert Anderson	SNDS Executive Director's Message	SNDS upcoming events	24
17	2	Summer 2015	JB White, DDS	SNDS President's Message	Dentistry, freedom	25
17	2	Summer 2015	Lori Benvin	NNDS Executive Director's Message	Continuing education, NNDS upcoming events	28
17	2	Summer 2015	Perry Francis, DDS	NNDS President's Message	NNDS Upcoming Events	29
17	2	Summer 2015	Robert E. Horseman, DDS	Record Purging	3M, patient records	32
17	3	Fall 2015	Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD	Editors Message: A Good Rx Redux	drug histories, CDC, data bank	4
17	3	Fall 2015	Robert H. Talley, DDS, CAE	NDA Executive Director's Message	House of Delegate meetings, ADA delegates	7
17	3	Fall 2015	Brad Wilbur, DMD	NDA President's Message	CE, upcoming events	8
17	3	Fall 2015	Chris Ferrari	2015 Legislative Session Wrapup	senate bills, business taxes	9
17	3	Fall 2015	Jarod Johnson, DDS	The Next Generation of Dental Leaders	corporate dentistry, rural areas	12
17	3	Fall 2015	Toan Foeng (Bill) Tham, DDS, JD, FCLM	Teledentistry: Part 2 Legal Considerations	malpractice, licensure, oral health care	14
17	3	Fall 2015	Americans with Disabilities Act at www.ADA.gov	Service Animals	service animals	18
17	3	Fall 2015	Joan Feifar	Bitewing Images Addressing the CDT Code and Technology Conundrum	CDT codes, procedure codes	22
17	3	Fall 2015	Robert Anderson	SNDS Executive Director's Message	Premier CE series, RAM, Rural Area Medicine, upcoming events	24
17	3	Fall 2015	JB White, DDS	The Many Hats of a Dentist	Dentist roles, entrepreneur, manager, technician	25
17	3	Fall 2015	Lori Benvin	NNDS Executive Director's Message	NNDS Activities, veteran's program	28
17	3	Fall 2015	Brandi Dupont, DMD	NNDS President's Message	NNDS Upcoming Events	29
17	3	Fall 2015	Daniel L. Orr II, DDS, PhD, JD, MD	Securing Abandoned/ Unclaimed Nevada Property	state treasurer, unclaimed property	32
17	3	Winter 15-16	Grace Rizza	13 Effective Dental Marketing Strategies that Will Not Break the Bank	Reputation, website, SEO, ROI, social media, video marketing, team	17
17	4	Winter 15-16	Richard J. dragon, DMD	Standard of Care or Affordable Access	NRS 631, NAC 631, Nevada constitution, midlevel dental provider, legislation	10
17	4	Winter 15-16	Lindsey Olson, Esq., and Ty Talcott, DC	Why Schein's \$250,000 FTC Fine May Mean HIPAA Liability For You	Dentrix, Easy Dental, HIPAA violation, encryption, PHI, fine	14
17	4	Winter 15-16	Michael W. Davis, DDS	Contract Risks for Dentsits Involved with Corporate Dentistry	legal, debt, group practice, ownership, corporate, contracts	20
18	1	Spring 2016	Daniel L. Orr II, DDA,MS (anesth), PhD, JD, MD	Editor's Message- Evaluating the Evaluators	screenings, cancer, evidence-based dentistry, early detection, fluoridation	4
18	1	Spring 2016	Robert H. Talley, DDS, CAE	NDA Executive Director's Message	Upcoming NDA meetings, Dan Orr inducted as President of ACLM.	7
18	1	Spring 2016	Brad Wilbur, DDS	NDA President's Message	Upcoming NDA meetings	9
18	2	Spring 2016	Sam Thomas, DDS, PhD	Christmas in the Sub-Sahara Desert	Dental missionary, Tchad, Africa	12
18	2	Spring 2016	David Manzanares	How I stopped Drowning in Student Loan Debt	student debt, FQHC, DRB, loan repayment	14
18	2	Spring 2016	Michael W. Davis, DDS	Dental Specialty Recognition	Specialists, AAD, deception, implant specialists	16
18	2	Spring 2016	Herman W. Borg, MD	Flashback on "Evidence-Based Medicine"	Evidence-based medicine, Enlightenment, Machiavellian , Geheim Rath-based medicine, biased evidenced-based medicine	18
18	2	Spring 2016	Daniel L. Orr, DDS, MS (Anesth),	Are Refunds Reportable to the NPND?	Refunds for fees, NPDB guidelines, malpractice	23
18	2	Spring 2016	Anthony Ferreri	SNDS Executive Director's Message	SNDS Upcoming events	24
18	2	Spring 2016	JB White, DDS	Handing Off the Baton	Changes in SNDS, Botox, dermal fillers	25
18	3	Fall 2016	Daniel L. Orr II, DDS	Editor's Message - Amendment II	NDAJ, gun-free zones, gun violence, CDC, crime	4
18	3	Fall 2016	Susan Ballard	Doc Holliday	John Henry Holliday, cleft palate, birth defect, legend	10
18	3	Fall 2016	William B. Daugherty	Lost His Teeth	tobacco, dentures, historical article, Reno, Nevada, California, train	12

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18	4	Winter 2016	Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD	Diet Dr. Pepper and SLEP	Dr. Pepper, FDA, drug expiration dates, Shelf-life Extension Program	3
18	4	Winter 2016	Robert H. Talley, DDS, CAE	NDA Executive Director's Message	Upcoming events, press releases	6
18	4	Winter 2016	David White, DDS	NDA President's Message	ADA Lobby Conference, Upcoming events, House of Delegates	7
18	4	Winter 2016	Susan Israel, MD.	The Illusion of Patient Privacy and Private Practice	medical homes, medical system competition, HIPPPAA, NSA	9
18	4	Winter 2016	Daughters of Utah Pioneers	Treasures of Pioneer History	Extractions, Self-consciousness, chloroform, no anesthetic used in the late 1800's.	13
18	4	Winter 2016	Jessica Beason	SNDS Executive Director's Letter	SNDS mission statement, social and educational engagement, power of numbers	22
18	4	Winter 2016	Tina Brandon, DDS	SNDS President's Message	Upcoming events, Forensic Dentistry, 3M, CSI	23
18	4	Winter 2016	Lori Benvin	NNDS Executive Director's Message	Upcoming events, NNDHP Board, AAVD, HSHC	26
18	4	Winter 2016	Maggie Heinen, DMD	NNDS President's Message	Upcoming events, legislative year, Oral Health Awareness, Give Kids a Smile, Members	27
18	4	Winter 2016	Robert E. Horseman, DDS	Aging Gracefully (and other indignities)	Age brings physical woes, doctors are rushed, doctor time, patient time	30
19	1	Spring 2017	Daniel L. Orr II	Editor's Message - Channeling Apollonia	absence of anesthesia during dental treatment, local anesthetic, nitrous oxide, Dr. Painless Parker, Horace Wells	3
19	1	Spring 2017	Karin W. Zucker, Douglas C. Swift	Cultural Considerations: heaven help us!	cultural awareness, intercession, spirituality, prayer, saints	8
19	1	Spring 2017	Darpan Kaur Mohinder Singh, Shaunak Ajinkya	Spirituality and Religion in Modern Medicine	spirituality, religion, medicine, interface, quality of life, physical health, psychological health, mental health, holistic	12
19	1	Spring 2017	James Hancey	Treasures of Pioneer History	pioneer history, heritage	15
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19	2	Summer 2017	David White	President's	Regardless of how you practice—single doctor,	10
19	2	Summer 2017	Dr. Royal	When Boards Break the Law	NRS 218F.710(2),NSBDE concerns	13
19	2	Summer 2017	Jessica Beason	SNDS Executive Director's Message	The SNDS has a commitment to serve our members	24
19	2	Summer 2017	Richard Featherstone,	SNDS President's Summer Message	focus this year will be increasing our membership by improving our services	26
19	2	Summer 2017	Lori Benvin	News from the Northern Nevada Dental Society	events	28
19	2	Summer 2017	Spencer Fullmer	NNDS President's Summer Message	Dr. Craig Andresen will be serving this year as our new Secretary/Treasurer	30
19	2	Summer 2017	Robert E. Horseman	Ethically Compromised	It's been a bad day. Once again, you're questioning your mental state back there 15 or 20 years when you first decided to become a dentist.	39
19	3	Fall 2017	Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD.	Editors Message- Why Boards, Part II	NV SBDE, NDAJ complaints	2
19	3	Fall 2017	Robert H. Talley, DDS, CAE	NDA Executive Director's Fall Message	Membership renewal, organized dentistry, strength in numbers	4
19	3	Fall 2017	George Mcalpine, DDS	NDA President's Fall Message	Dentistry in Nevada, midlevel providers, changes in dentistry in the last 40 years, corporate dentistry, dental insurance	6
19	3	Fall 2017	The FPA Team	Advocacy After the Legislative Session	Nevada Board of Pharmacy, NSBDE, regulatory bodies and committees, Medicaid, Nevada Tax Commission, NDA Government relations	12
19	3	Fall 2017	The FPA Team	Information Security in the Age of the Data Breach- PCI Non-Compliance Can Be Costly	Data breach, healthcare industry is one of largest targets for data breaches, hacking, phishing, PCI compliance, helpful tips to avoid PCI issues, maintain security, identify calls from scammers	13
19	3	Fall 2017	Joseph G. Mirci DDS, MAGD; Michael J. Rethman; Andrew M. Bateman	Bisphenol A in Everyday Life and in Dentistry	BPA, plastics, linked to health problems, BPA exposure, endocrine-disrupter, mimics estrogen, gold is best restorative material	16
19	3	Fall 2017	John A. Hunt, Esq., Raleigh & Hunt, P.C.	The Domino Effect of Board Complaints	Board complaints, malpractice insurance, administrative complaint process, communicate positively with patients	20
19	3	Fall 2017	Jessica Beason	SNDS Executive Director's Message	Voluntarism building communities, Give Kids a Smile, mentor program, SDM clinics	24
19	3	Fall 2017	Joseph Wineman, DMD	SNDS President's Message-2017 Legislative Session and its impact on Business to include Dental Practices	Fluoridation of Washoe County, Baby changing stations are mandatory in both men and womens bathrooms, bills affecting our work places	25
19	3	Fall 2017	Lori Benvin	NNDS Executive Director's Message- News from the Northern Nevada Dental Society	News from Northern Nevada Dental Society, dues, upcoming events	28
19	3	Fall 2017	Spencer Fullmer	NNDS President's Summer Message	CE courses, goals, intraosseous injection	30
19	3	Fall 2017	Taylor Cohen	A student's Take on the New Dentist Committee	SNDS benefits, graduation requirements, cv and resume writing, contract negotiation, upcoming events	31
19	3	Fall 2017	Oscar Goodman, J.D.	Similarities Between Bill Cosby and Dr. Greg Minton, DDS, MD	Bill Cosby prosecution, conscious sedation, hallucination	34

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