



Fall 2018

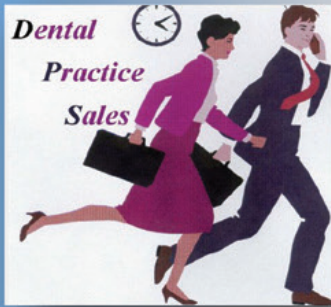
Volume 20, Issue 3

NDA JOURNAL

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



Membership Issue



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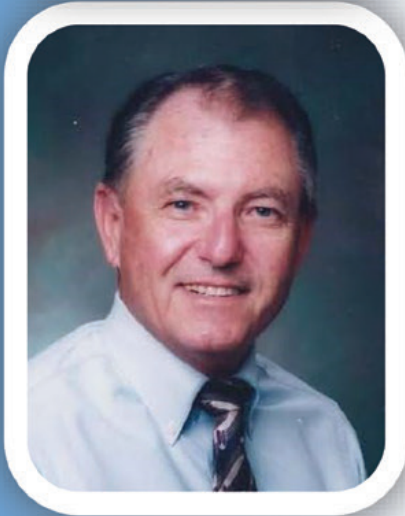
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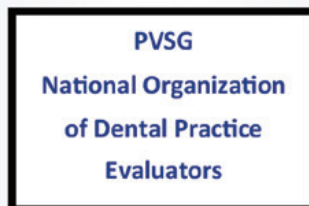
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NDA JOURNAL

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NDA JOURNAL

FALL 2018

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On the Cover

A long, winding road cuts through the beautiful Nevada landscape.



Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD
EditorNDA@nvda.org

Treat Yourself as You Treat Others

Editorial Courtesy of Drs. Lippmann, Wattoo, McAlpine, Sepulveda, and Wiencek

Last July, I became short of breath on a hike with James and Holly, two of my nine kids. Their opinion: old and out-of-shape. That diagnosis was accurate based on the information they knew at the time.

It seems that when doctors don't feel well, often their own primary treatment plan is to ignore the issue. That ubiquitous attitude disregards the scriptural Golden Rule: "Therefore all things whatsoever ye would that men should do to you, do ye even so to them." (Matthew 7:12) That admonition would also include treating oneself as professionally as one treats others. When patients present to us for health care, varied signs and symptoms are not unheeded.

The symptoms were persistent enough that a colleague argued that the Golden Rule be followed for myself. An appointment was made with Dr. Rick Lippmann. Dr. Lippmann asked how long the murmur had been present. Murmur, what murmur?

After advising Dr. Lippmann that he was hearing things, his stethoscope confirmed a significant lub-swish-dub instead of the normal lub-dub. Dr. Lippmann suggested an immediate trip to the ER which was negotiated to a visit to cardiologist Dr. Dost Wattoo that afternoon.

Dr. Wattoo began to put me through the cardiovascular diagnostic process, physical exam, ECG, ECHO, CXR, stress test, and finally an angiogram, just as he would for any similarly situated regular patient. Dear James and Holly, the diagnosis besides old and out of shape now included mitral valve (MV) issues.

The next stop was with cardiac surgeon Dr. Doug Wiencek, another colleague known for years. Dr. Wiencek confirmed that surgery was necessary in the near future because statistically I had eight months of mortality remaining. The corporal invasion of my chest was scheduled. Dr. Wiencek wasn't sure exactly what procedure was going to be done, for instance a repair vs. a replacement of the MV. Humoring me, he asked what would be preferable: bovine, porcine, or alloplastic valve, like my opinion actually mattered. All I knew was that I didn't really want to moo, oink, or click if so I guessed: "Repair?" That was Dr. Wiencek's first choice and he said we had a 50/50 chance of being able to functionally reorganize my own MV. Cow, pig, and mechanical valves would be in the OR just in case.

Dentists are aware of the significance of the indigenous flora and fauna associated with our teeth, so the next step of pre-operative preparation was a trip to see Dr. George McAlpine who also arranged a hygiene rendezvous



Figure 1) The amiodarone conversion did not take seconds, but hours and only after the patient's positive attitude adjustment.

Dr. Orr practices OMS in Las Vegas, is a Clinical Professor of Surgery and Anesthesiology for Dentistry at UNSOM, Professor and Director of OMS and Anesthesiology at UNLV SDM, and a member of the CA Bar and the Ninth Circuit Court of Appeals. He can be reached at EditorNDA@nvda.org or 702-383-3711.

with Lisa Young, RDH, a week before my MV adventure.

Unfortunately, anesthesiologist, Dr. Andres Sepulveda confirmed the surgery still involved hypothermia and cardiac bypass, just like I used to do as an anesthesiology resident. Dr. Sepulveda also advised that my cold and paralyzed heart would be totally non-functional for three or four hours so Dr. Wiencek could poke around ad lib. Then they would hook my poor beat up myocardium to cardiac jumper cables attached to a defibrillator, kind of like the Automobile Club uses, to see if my heart would start up again like cars *usually* do.

Perhaps rewarding my cooperative nature, Dr. Wiencek said he was going to use a “minimally invasive” approach, meaning no sternotomy. Later after experiencing thoracic surgeon minimally invasive, I decided that definition would be equivalent to a dentist saying if one’s head was not removed the procedure qualified as minimally invasive dental surgery.

During the minimally invasive procedure, Dr. Wiencek placed 3–4 PVC-like tubes into my right thorax, wadded up my right lung, and then did his cardiac magic. Thanks to Dr. Horace Wells and Dr. Sepulveda, I helped out by being anesthetized, hypothermic, paralyzed, and most importantly unconscious.

Fortuitously, the jumper cables worked and consciousness returned after the procedure. I could immediately feel something was right, most likely because my blood was now going round and round instead of back and forth. The happy result was unfortunately accompanied by some serious pain and suffering. There were so many tubes and lines emanating from me that I looked like a potted plant overrun with weeds, the worst being the endotracheal tube. The Cardiac ICU staff kept telling me the ET would be out soon but the otherwise efficient

nurses did not get around to it for three or four long, long hours.

A bit later, as they were sorting through the confusing IV line spaghetti, I croakingly asked: “What’s up?” Reply: “Making sure we remove the right line.” I opined that sounded scary, like when they need to cut the right wire to defuse the bomb to avoid blowing everything up. The nurses said they weren’t worried at all because I wouldn’t explode. Ha, ha, ha.

The nurses then asked how my pain was. I stoically replied it was OK, forgetting the fact that Dr. Sepulveda’s anesthetics were still being metabolized. I insisted that I did not want, nor need, the scheduled post-op analgesics. Very Bad Move. A few hours later, serious physical misery hit from seemingly everywhere. It took over 24 hours to regain a tolerable level of comfort.

The next day, the Foley catheter, which came in a close second to the ET on the Miserable Devices Index, was removed. That was bad enough but thank goodness I wasn’t awake when it was inserted. The final really bad thing, the chest tube, was removed after two more days. It felt

so good to just have holes rather than holes with things sticking out of them.

Back on the second day post-op day, the nurses asked if I was interested in going on a walk. Not really, but I went along, not wanting to be thought to have a bad attitude just because I wasn’t having a particularly great time. They rearranged all the lines to an ambulatory friendly configuration as my sad shuffle with a nurse in tow started. We completed four laps of the ICU which I later learned broke the all-time record for second day mitral valve excursions. Woo hoo, the GOAT of Cardiac ICU trekking.

Shortly after the transfer from the ICU to IMC, my heart decided to do the atrial fibrillation hokey pokey. More nurses came in and, just like ACLS suggests, administered some amiodarone. Nothing happened so they administered more amiodarone. More nothing happened. The staff elected to observe for a while. What I observed was myself getting grumpy about my non-cooperative myocardium. About four hours later I chose to be grateful that it was still beating at all, realizing that was actually a pretty significant accomplishment considering everything. Then, almost immediately after the attitude adjustment, a nurse shared the monitors documented conversion to normal sinus rhythm. Ah, the benefits of a positive mental attitude. (Figure 1)



Figure 2) Katie and her heart run marathons when not buying furniture.



Figure 3) Katie’s furniture decorated with the heart pillow.

Editor's Message



My brother Jim transported me home a day later and thus began weeks of no driving and no pretty much everything else too. A week later daughter Katie became babysitter #2. Katie took advantage of my helplessness by buying some curtains and a new sofa set to "cheer me up," a small price to pay for her care. (Figure 2) (Figure 3)

Looking back now, it was valuable to be on the receiving end of so much health care, as opposed to delivering it, and to see things from a patient's perspective. We are privileged to be able to help restore and maintain health in others. In order to continue providing that care, doctors need to first apply the Golden Rule personally, allowing themselves the same level of care and concern they exhibit towards their own patients.



Figure 4) Andrew, Holly, James, and Ivy with Dad, MV repaired and restored to simply old and out-of-shape.

I find myself very grateful for everyone that participated in my MV adventure so that I could last longer than 8 months. Only the future will tell if the NDAJ readership is grateful that I'm still editorializing.

Either way, I am now simply back to old and out-of-shape, but with blood going the right direction, plus not mooing, oinking, or clicking, and with a renewed appreciation for health professionals. Life is great. (Figure 4) 🍷

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Letters to the Editor

Dear Dr. Orr,

This is a copy I sent to the Nevada Legislature regarding AB474. Thank you for your analysis in the Summer 2018 NDAJ.

Sincerely, Steven Saxe

Dear Senator,

I write to you today to provide feedback regarding the recent implementation of Nevada AB474. I have been compliant with this law for the past three weeks and would like to bring to your attention the following observations.

AB474 was introduced and unani- mously passed at the eleventh hour. Its intent was to stop abuse of prescribed opioids and to reduce the associated. Time is needed to properly evaluate the impact AB474 will have in days to come, but it is already apparent that the law and its related regulations are already proving somewhat over- whelming for providers.

As a licensed Dentist/Oral & Maxillofacial Surgeon, nearly every patient that I operate on requires pharmaceutical pain relief of 48 hours. Opioids are often the modality of choice.

Time truly is the issue. Time used for compliance means time away from other patients. Time is also needed to generate income for my business overhead, a topic that seems to be conveniently ignored when it comes to health care providers.

As I hope you are aware, in order to be compliant the following steps are required:

1. A 2–3 page consent with 14 items the patient must read, understand, agree to, and initial next to each item.
2. The proper explanation of this consent by the provider is also a requirement which averages an additional 15-20 minutes per patient.
3. The time spent with patients is precious and limited. Reimbursement for time spent with patients continues to dwindle for insured patients as well as Medicaid and Medicare recipients. There are no provisions or

applicable CDT (dental) codes for billing opioid consultations nor are there any available medical codes.

4. ICD 10 codes are required on every prescription written for narcotics. Not only is this troublesome for office staff but it is not incorporated in any dental software manufactured in the United States.

5. The patient may be burdened with extra copays for additional necessary prescriptions.

Opioid prescription writing has been decreasing in dentistry for approxi- mately 10 years. Dentists are aware of the PMP online system, at once time voluntary, and have been utilizing it.

The medications we write for are filled at pharmacies. I find it incongruous that pharmacists are not held to the same standard doctors are. Pharmacists need to share the responsibility and not fill opioid prescriptions for patients that have an unacceptable history upon PMP review. Pharmacists put data into the PMP system for each patient and they are also compensated for patient counseling. Burdening doctors with our current system is not a sustainable solution and ultimately result in more doctors simply not writing prescriptions.

Some examples of alternate pain- management strategies include psychi- atric or psychological care, physical therapy, surgery, injections, patches, and acupuncture. These modalities are practically limited because there is little or no coverage from traditional insurance or government payers. Consider the following: many insurance companies in Nevada have limited coverage for temporomandibular Joint (TMJ) disorders and Medicaid for adults in Nevada has no coverage for any treatment whatsoever. Not being financially able to absorb or meet the real need of our patient, we are still obliged as caring providers to address their pain. What else can we do at this point in the journey except prescribe a narcotic responsibly?

100 million Americans live with pain. Legislators set the parameters of coverage for Medicaid. Medicare has

coverage for some of these treatment modalities.

Black market Fentanyl is a major culprit in our current epidemic. Fentanyl is 100 times stronger than Heroin. Consider the shipment of opioids from China, Mexico, and Hungary to the American buyer via international and U.S. Mail. Illicit opioids kill more than motor vehicle accidents.

As Medicaid benefits have expanded across the United States, opioid overdose deaths have remained relatively low in Nevada although our state's physicians and dentists are now burdened with some of the most cumbersome laws in the nation. For instance, in NV there are 6.2 deaths per 100,000 in 2015, compared to Ohio with 24.7 deaths per 100,000. Are Nevada's physicians and dentists to blame?

A recent study revealed that the average number of toxic substances found upon death by coroners was 6, including alcohol 46% of the time and amphetamines 25% of the time. If one of the 6 toxic substances happened to have been a prescribed opioid, the case was signed out as a "prescription opioid death."

I humbly request for an opportunity to address law makers for further consid- eration to fine tune the regulations associated with this law.

Unfortunately, AB474 has now become yet another cumbersome statute for dentists and physicians to be burdened with, to the detriment of their patients. Regulations as well as other factors such as low insurance compensations have forced a number of health care professionals to stop writing prescrip- tions and in some cases leave our state. This issue is multifaceted and deserving of input especially from Nevada's clinical doctors that have the most education, training, and experi- ence in the concern.

Respectfully,
Steven A. Saxe DMD

President of Nevada State Society of Oral and Maxillofacial Surgeons

Dear **NDAJ**,

Thank you for the review of AB454. The truth in the editorial that dentists are not a statistically significant factor in polypharmacy overdose deaths is well demonstrated in the, as you said, fake news recently.

A former Houston, Texas police officer reported how his dentist had given him a prescription for Vicodin after extensive and painful dental work. The patient admitted that he was an alcoholic and that the Vicodin helped his hangovers. The patient then started lying to the multiple health professionals in order to get Vicodin to cure his hangovers and became addicted to Vicodin in addition to the alcohol. Why did the headline blame the dentist for the secondary addiction?

Ironically, this Fox News article was followed immediately by one reporting the Nebraska seizure of enough illegal fentanyl to kill 26,000,000 people.

It appears your Summer 2018 editorial is correct. Where is the sense of proportion? Where is the real problem?

Obviously it is not with the nation's licensed dentists, but with unregulated criminal drug dealers. I agree our state lawmakers have made the problem worse.

Sincerely,
Anonymous

Dear **Dr. Orr**,

I attended the Touro University course reviewing AB474 that you mentioned in your AB474 Editorial. One of the instructors, Dr. Joe Hardy, who is also a Nevada Legislator, shared a story about a patient whom he was attempting to wean off a controlled substance. The patient wanted to continue her Rx without weaning and Dr. Hardy said he could not do that. The patient then advised Dr. Hardy that was OK because "she knew where she could get the drugs." Your opinion that AB474 will drive patients from doctor prescribers to illegal street sources was correct in this example.

Sincerely,
Anonymous

Dear **Dr. Orr**:

Thank you for your analysis of AB474. One of your predictions has come true as shown by a recent report about drug seekers intentionally harming their own pets and then obtaining opioids from the veterinarian. After seeing the penalties for innocent errors doctors are now subject to, I know I will not be writing for controlled substances in Nevada in the future. This is a very sad situation. Please do not publish my name. 🙏

Editor's note: See: "Shocking trend: Pet owners abusing their own animals to get drugs"

<https://www.courier-journal.com/story/news/crime/2018/08/27/pet-owners-abusing-animals-drugs-opioid-crisis/1066712002/>

For more drug related news please see News Briefs on page 30.



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Council on Membership

Member Testimonials on Value

Compiled: March 2018



Dr. Erin Anderson

Why is organized dentistry important?

For me, being a member of the ADA, NDA, and local society is important to support and play a role in our wonderful profession. Dentistry will only continue to be a prominent vocation if we advocate as a unified voice. I find great value in my membership through mentorship and networking with colleagues. The guidance from other members has lessened the challenges faced as a new dentist and has made me excited to see what the future will hold for organized dentistry.

Dr. Erin Anderson (Brosy) graduated from the University of Nevada Las Vegas School of Dental Medicine. She is active in organized dentistry, serving as the New Dentist committee chair for the Northern Nevada Dental Society and enjoys spending time with her husband, Adam, and daughter Scarlett. The Anderson family is very blessed to call Northern Nevada home and enjoy all the wonderful activities our community offers.



Dr. Joseph A. Wineman

Why is organized dentistry important?

Organized dentistry offers the solo practitioner a unified voice against rules and regulations that can hinder our profession of dentistry. It offers the opportunity to stay informed about achievements and opinions through reading the ADA News or learning about what today's dental researchers are developing by scanning the JADA.

How has being a part of organized dentistry helped you personally or in practice?

Serving on the Southern Nevada Dental Society Peer Review Committee for many years helped me realize that your treatment notes should be expansive and capture the what, where, why and how of the patient's treatment visit. It is the legal document that can save your ass when either the insurance company or patient challenge you and your actions. The annual CDT code book is a great resource for my practice that helps my practice obtain insurance payments.

What is your favorite benefit?

Two things offered through the ADA that I think are great: the Find-A Dentist campaign which helps put more patients in my chairs and the ADPAC Engage program that keeps me up-to-date on the political machinations occurring within our Nation's Capital. At the local level, I enjoy the camaraderie of sharing and learning from my peers that occurs across the spectrum of local events. As a local SNDS leader, I am working to increase the value of membership by finding ways to save members money or make their practice lives easier. Through these efforts I am doing my part to help all our local members succeed.

Joseph A. Wineman DMD ABGD, general dentist. He graduated in 1981, retired from the military and has a practice in Henderson, Nevada. He is the President of the Southern Nevada Dental Society and Member Dentist for 31 years.



Dr. Mark Funke

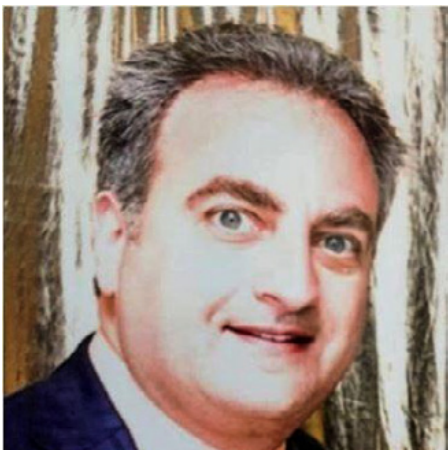
Why is organized dentistry important?

Organized Dentistry is extremely important. It has one voice that is heard, that is listened to, and is impactful. As practitioners of organized Dentistry, it allows us to discuss issues, build respect and trust for one another and with and for patients. It holds us accountable to be honest and ethical.

Organized dentistry has introduced me to many other practitioners that I would otherwise not have had the opportunity to meet.

The most important value of organized dentistry is advocacy. It has become a constant bombardment of laws and regulations. Some laws are beneficial and helpful; while many others are harmful to Dentistry and to patient care. Having an advocacy voice helps to benefit the patient and the dentistry they receive.

Dr. Mark Funke is a general dentist who graduated from Creighton Dental School in 1995 and opened his practice in Carson City, Nevada. He is the Secretary of the Nevada Dental Association and has been a Member Dentist for 23 years.



Dr. Steven Saxe

I was recently asked to share what membership in the ADA means to me. I could talk to you about saving thousands on insurance over the years or saving thousands on travel with my ADA credit card. More importantly, I want to share with you something more personal that I think there are no substitutes for. I graduated dental school 30 years ago after spending four years developing relationships while working with many others with my same hopes and dreams. I had the opportunity to share ideas and learn from newly adopted brothers and sisters. I first became associated with them through my membership in ASDA and I continue to this day to communicate with them as an ADA member.

Now, many years later, some of the people I see perhaps only once very few years, but I believe we all share a bond and remain very close. Organized dentistry was the gateway to building close ties with my colleagues. I have considered my ADA colleagues to be a part of my extended family over the years. Maybe it's because I associate dentistry with my own family as my two brothers are dentists and I have two kids currently in dental school. Additionally, I have associated my education, hobbies and personal time with dentistry, so it may not be surprising that I consider these people who I have close professional ties with as part of my family.

As dentists we are all bound by our commitment to help others in our community. The ADA and the tripartite have provided opportunities to engage in community activities that help us gain respect as doctors. Over the years, I have made great friends and have been led by great mentors all of which I have met through being a member of the ADA's tripartite.

So, in addition to all of the great benefits the tripartite offers its members which I feel is "icing on the cake," the first and foremost important benefit of membership to the ADA is the opportunity to interact and learn from mentors and the build relationships with peers who share a commitment to build and preserve our future as doctors of dentistry. The ADA has been there to nurture each and every new member and to support new dentists as they pursue their dreams.

So yes, we may have our differences as practicing dentists, but we all share our common bond as members of the American Dental Association and we can rest assured that they will be there to assist with advocacy issues that confront our profession, and support our right to care for our patients through encouraging the development of new sciences and supporting us individually on the quest to pursue knowledge as professionals. 🍷

Dr. Steven Saxe is a graduate of Washington University School of Dental Medicine and a Fellow of the American Board of Oral & Maxillofacial Surgery and has a private practice. He has been a ADA member for 30 years.

Benefits of Membership



Advocacy

There is no bigger legislative platform for the voice of the dental profession than the American Dental Association together with 150,000 dentist is a powerful and the voice in Washington, D.C. and the state capitals where Legislative decisions about oral health care and small businesses are made with your input.

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Nevada Dental
ASSOCIATION

Free Subscription

Free subscription to ADA News, JADA, and the NDA Journal, as well as templates and guides on the new opioid laws and regulations in Nevada.

Advocacy

The Nevada Dental Association works diligently to represent you and the dental profession in the state of Nevada. The NDA has been very successful by building legislator relationships together with its stellar lobbyist team, building its influence on oral health policy at the national and state level working to enhance and protect the profession for our members and patients. We plan on another successful session in 2019 with the help of you as a member and your membership dues. <http://www.nvda.org/advocacy>.

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Volunteer Services

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New Dentist Support

New dentist committee support, events and mentorship for all new dentists who practice in northern and southern Nevada



For local benefits visit: <http://www.sndsonline.org/membership/benefits-of-membership>



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Robert H. Talley, DDS, CAE
robert.talleydds@nvda.org

Executive Director's Fall Message

This is our Annual Membership issue and I want to first thank all of our many members who continue to support the association and organized dentistry. My hope is that those who are reading this journal and are not members will look through the pages of benefits and testimonials and realize that we need to you to join in order to keep this association strong.

One of the tangible member values from the NDA is our dental supply buying service called NDA Supplies. Association member dentists may save up to 20% or more. By leveraging the group buying power of more than 800 NDA members along with many other state associations, NDA Supplies is able to save you a lot of money. Please see the ad on page 18 and give it a try. You are welcome to do a free price comparison. You really can save enough to pay for your yearly dues.

Since my last report I have attended two major conferences with some of the NDA officers and component staff.

The first was the ADA Management Conference held annually in Chicago at the ADA headquarters building. This meeting is primarily for State and Local Executive Directors to bring them up to date on a wide range of topics. During the last two years the ADA has added the President Elects

conference to this week which gives the Executive Directors an opportunity to discuss the next President's vision for the Association. A full report on this conference is available on the NDA website in a member only area at this link: <http://www.nvda.org/advocacy/member/meeting-reports>.

The second conference attended is called the Western States President's Conference which brings together the President, President Elect and the Executive Director from the 13 western states. This represents the three western districts of the ADA and the trustees from these districts were also present. The conference rotates through the states and this year Montana hosted in Whitefish. It was beautiful and the weather was perfect. Each state had the opportunity to talk about issues in the state and then there was general discussion on many topics. Again a full report on this meeting can be found on our website at this link: <http://www.nvda.org/advocacy/member/meeting-reports>.

Your association continues to move forward with reactivation of the Council on Dental Benefits and the Council on Communications. Reports from all councils and will be shared with the membership as they are prepared in the meeting reports area of the website. 🐾

My hope is that those who are reading this journal and are not members will look through the pages of benefits and testimonials and realize that we need to you to join in order to keep this association strong.



President's Fall Message

For those of you who may not know who I am let me introduce myself and give you a little background. I graduated from Washington University School of Dental Medicine in 1982, I joined the Navy and practiced in Fallon Nevada from 1982 to 1985. I started my own practice towards the end of 1985 in Gardnerville Nevada and have been practicing there ever since. I met my wife Barbara in undergrad at Sacramento State University, she was 19 at the time and I was 21, we married in 1980. We have three sons, all of them are UNR graduates; two are engineers and one is an attorney. Somewhere in the timeline I was a Seattle Study Club Director for five years where I learned the importance and benefits of serving, meeting, sharing and learning with my peers.

The discussion over non-covered service's back in 2011 is the issue that caught my attention and motivated me to become involved with organized dentistry. Since that time as most of you know the onslaught of third party intrusion, increased regulations, possibility of midlevel providers, student loans and decreasing fee schedules from insurance has created an incredible amount of stress in our industry. These days we are dealing with issues involving the Federal Trade Commission (FTC), something most of us never expected.

We are addressing these issues as well as others through our own Councils along with various programs, tools and available information offered by the ADA. The NDA has 5 councils, each has its own chairperson and council members. Two of these councils have been recently opened, one on Dental Benefits and another on

Communications. The other three councils are Council on Ethics, Bylaws and Judicial affairs (CEBJA), Council on Government Affairs (CGA) and Council on Membership.

CGA addresses all legislative issues consisting of volunteer members and lobbyists whom the NDA contracts with. The members and lobbyists commit themselves to attend all Nevada State Board of Dental Examiners (NSBDE) meetings where we have proven to be relevant concerning issues that may or may not be on any agenda. We have been able sway opinion and voting outcomes at NSBDE meetings which has benefited both patients and Dentists. CGA is very busy when legislators are in session. We review all bills that come up and single out those which we believe effects Dentistry, we also introduce bills of our own. We meet with legislators continually and give testimonies at committee hearings. We are now going into a legislative year which will increase our work load significantly.

Dental Benefits conducts research and addresses issues that directly effects how well our patients are covered when it comes to reimbursement. This also includes Medicaid. Dental Benefits works closely with CGA which depends on the data and input provided by the Dental Benefits team.

CEBJA is responsible for any oversight and explanation concerning bylaws, Policy as well as Rules and Procedures. We are currently rewriting all of these documents and it is CEBJA that has taken on the majority of the work. CEBJA chair Mark Funke who is also NDA Secretary also takes it upon himself to become knowledgeable with



Richard Dragon, DMD

NDA President's Message

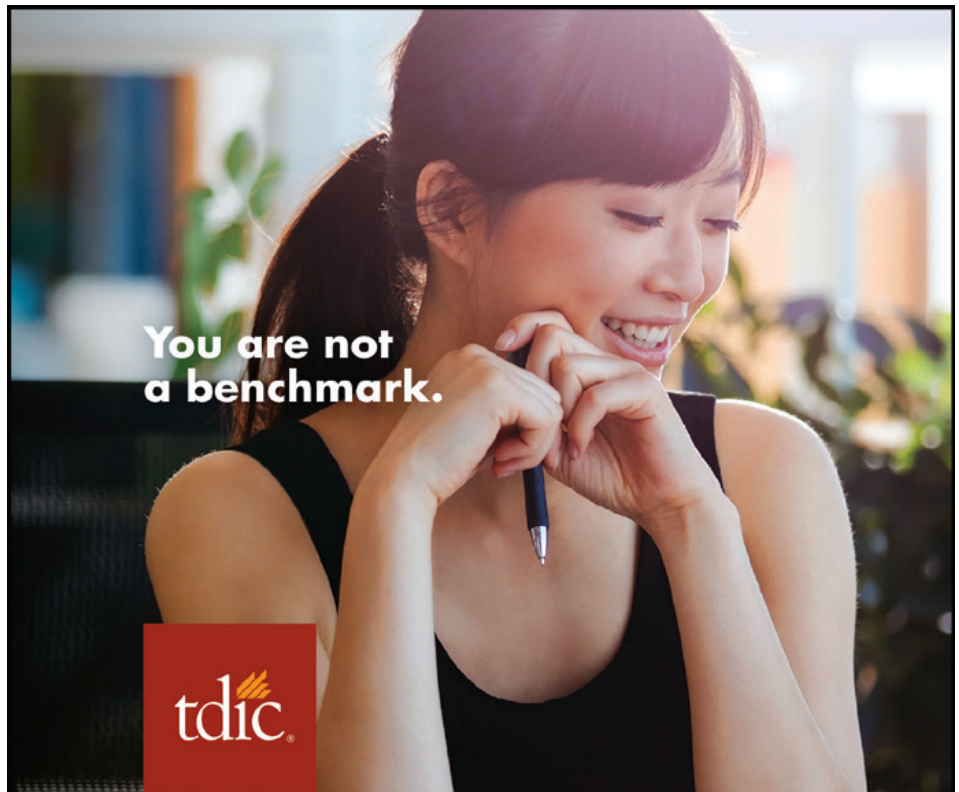


Parliamentary Procedures which all of us are dependent on during any of our meetings. CEBJA also deals with peer review cases not settled at the component level.

Membership is the backbone of our organization. Membership is taken seriously. When membership is down it usually indicates perceived value is not meeting the mark. I am happy to report membership is up and that when it comes to value we are receiving encouragement from our members that they are pleased with efforts at both the component and state level, whether it be special functions, equipment and supply offers or our never-ending work on advocacy. This represents only a portion of the things we offer and are doing.

Communications is a Council that came together this year based on many of you calling upon us to be more transparent and informative. We now know how important this is for our members. We are trying several tools and methods to get the word out on things you both need and want to know, whether it be when meetings are scheduled or legislative concerns plus everything in between. As we get better at this and by the way we are getting better at this, we will continue to use available social media outlets as well as more traditional means to inform you of all that's going on.

Nevada Dentists care about their profession, their patients, their peers, their employees and their families. We have so many of you willing to volunteer and serve. All of us benefit when all of us come together. This is a general overview to answer the question, "What does organized dentistry offer to its members?" 🦷



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Dental Disability Legal Case Analysis

By Rusty Graf, Esq.

Leonor v. Provident Life and Acc. Co.

790 F.3d 682 (6th Cir. 2015)

Facts

Paul Revere Life Ins. Co. and Provident Insurance issued a total of three (3) disability policies in the name of Louis Leonor, a licensed Michigan dentist. Each of the policies provided for coverage of “total disability benefits,” when and if, Leonor became unable to perform “the important duties of his profession.” The appeal was to determine whether or not “important duties” meant “all the important duties.”

In Leonor’s practice, he spent approximately two thirds of his time performing dental activities, and approximately one third of his time was spent on practice management. The insurance companies initially granted coverage, and then subsequently denied coverage based upon the fact that he could still perform his managerial duties. The argument by the insurance company was that the ability to still perform managerial duties meant he was not totally disabled.

Procedural History

The federal district court initially ruled in favor of Leonor, and held that the important duties could plausibly be read to mean most of the important duties and resolved any ambiguity in favor of Leonor under Michigan law. The insurers appealed, and asked the court to make a determination as to whether or not “important duties” means, unambiguously, “all the important duties.” The Sixth Circuit Court of Appeals determined that the district court was correct and affirmed its decision. Specifically, the Sixth Circuit determined that “the important duties” could plausibly mean “the

major portion of the important duties,” and therefore Leonor was entitled to total disability benefits.

It is important to note that the district court had previously dismissed a fraud cause of action. This is important because the district court made a determination that there was a requirement for a separate duty other than the duty to perform pursuant to the policy of insurance. This determination was made pursuant to Michigan law, and that is important because each state has its own interpretation of this area of the law: bad faith litigation cases.

Holding

The Sixth Circuit held that the disability policy’s definitions of “Total Disability,” a defined term within the policy, was ambiguous and could reasonably be understood by an insured to cover an injury that prevents the insured from performing most, if not all, of the important duties of the insured’s preinjury occupation.

Under Michigan law, courts are to “construe [an insurance] contract in favor of the insured if an ambiguity is found.” *Henderson v. State Farm Fire & Cas. Co.*, 460 Mich. 348, 596 N.W.2d 190, 194 (1999). “A contract is said to be ambiguous when its words may reasonably be understood in different ways.” *Raska v. Farm Bureau Mut. Ins. Co. of Mich.*, 412 Mich. 355, 314 N.W.2d 440, 441 (1982). Thus, for Leonor to prevail, his interpretation must be reasonable, but it need not be superior to the insurers’. These holdings could change depending on how each state has previously ruled upon these issues. This is a very common area of law, and each state will have its own standard to apply to the facts of a given case.

The “Paul Harvey”

And now for the rest of the story. Following the appellate decision by the Sixth Circuit, the Federal District Court, on August 26, 2015, entered an amended judgment in favor of the disability claimant in an amount in excess of \$711,000.00, plus 12% penalty interest.

This decision by the Sixth Circuit Court, as well as similar decisions going back to 1999, have similarly found in favor of insureds and tend to err on the side of providing coverage. See *Giampa v. Trustmark*, 73 F.Supp.2d 22 (D. Mass. 1999) (chiropractor who could no longer perform manipulations but was able to continue running clinics); See also, *Pittman v. Standard Ins. Co.*, 2009 U.S. Dist. LEXIS 5325 (E.D. La. January 15, 2009) (urologic surgeon found totally disabled even though he continued to see patients following surgery and despite his ownership of an imaging center).

What is troubling is that the Ninth Circuit Court of Appeals, the Circuit Court governing Nevada, has previously found differently than these cases. In *Scott v. Paul Revere Ins. Group*, 23 Fed. Appx. 7852001 WL 1580186 (Ninth Cir. 2001), the Ninth Circuit found, specific to the facts of the Scott case, that under California law, disability insurance policy was not ambiguous, as would warrant construction of the policy’s terms against insurers for purposes of insured’s action seeking total disability benefits. The policy provided that insured was totally disabled only if he was unable to perform “important duties” of his “regular” occupation, rather than duties of the occupational setting or insured’s previous job title. This is different from the rulings in Leonor,





Giampa and Pittman cited above. The Scott case is troubling and that it is based upon all of the same analysis utilized by the Leonor court:

Under Massachusetts law, person insured under occupational disability insurance policy providing total disability coverage in event of inability to perform “substantial and material duties of regular occupation” is within coverage if unable to engage in 85% to 95% of previous substantial and material duties, even if disability does not prevent insured from performing incidental job duty.

An insured was entitled to total disability payments under his policy with an insurer. Under the policy, coverage was triggered when the insured could not perform the

“important duties” of his occupation. The insured, a urologic surgeon, could no longer operate on patients as the result of a back injury attributable to a motor vehicle collision. Therefore, the insured was unable to perform the important duties of his occupation and entitled to total disability, as opposed to residual disability, payments under his policy.

The policies used by disability insurance carriers usually contain language identical or very similar to the language analyzed in the cases above. Therefore, the practice tip here is, if you are going to rely upon total disability coverage, you should read the policy and create specific job titles and duties that comply with the definitions of total disability within those policies. 🧐



Rusty Graf, Esq. is an A-V rated attorney in the areas of Real Estate and Litigation. He has been licensed to practice in the State of Nevada for over 20 years. Mr. Graf has experience in State, Federal and Administrative Courts in the State of Nevada. Mr. Graf has litigated over 25 jury trials to verdict as both plaintiff and defense counsel. Continuing after joining Black & LoBello, Mr. Graf practices in the areas of Construction Litigation, Commercial Litigation, Bad Faith Litigation and Real Estate Transactions. Mr. Graf has been a member of the American Bar Association, Clark County Bar Association, State Bar of Nevada, Las Vegas Defense Lawyers, and Defense Research Institute.

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Growing a Dental Practice Begins With Sound Financial Advice

By Josh Haldeman

Starting or growing a dental practice is challenging. Dentists understand dentistry, but when it comes to the business or financial side of things, the help of a knowledgeable commercial loan officer can be invaluable.

All health care professionals want the best for their patients. While providing professional services by means of appropriate technology can provide a competitive advantage, costs can add up quickly. Once one has decided on a plan to start or grow a business, one can often benefit from a financial partner to effect the vision. There are many ways business financing can go badly. Lack of planning, using risky financing or credit cards, and not leaving enough cash available for last minute expenses are a few of the challenges a new practice may face when expanding.

Here are some suggestions for making the financing portion of an expansion more straightforward:

- Take into consideration any patient loss that may occur with a newly relocated office or an acquired existing practice. Depending on how far the new location is from the existing location, you're going to lose some patients who may no longer find your office convenient to their work or home. The same is true for a new dentist in an existing practice—patients of the old dentist will have to try a new dentist anyway, so many will stay. But some, hopefully in the single digit percentages, will look elsewhere.
- Make sure enough cash is on hand for other expenses that

can come up with a move or expansion. Things such as cost of moving, new furniture and waiting room artwork may not typically be financed.

- If building out a new office or constructing a new building, button down plans as much as possible before starting the project. Hire an experienced consultant if necessary. The cost of a consultant may be much less than unanticipated changes.
- Hire a strong back office / collections department. Dentists' primary concern is the wellbeing of their patients. However a bad office staff can sabotage an entire practice's patient base, causing the dentist to lose focus on patient care to deal with the administrative side of the business.

These suggestions, when followed, will help alleviate stress and time loss due to inefficient planning, financial difficulties and surprise expenses. Sometimes it is better to wait for a plan to come together, complete with financing and a strong business strategy, before charging ahead.

Unfortunately, this was not the case when a dentist purchased a building to fit the needs of a growing practice. After the space was designed, bids from contractors were solicited and construction started. Then the dentist began to change the building layout. A wall was built only to be torn down, and rebuilt in the same place. Additionally, as the building progressed and started to come together, the dentist decided on a higher-end feel to the office than originally selected.

Flooring was ripped up and reapplied with more expensive finishing. Each change order resulted in significant increases in the total costs.

Additionally, because the quality of tenant improvements were changed after the appraisal was completed, the less expensive planning resulted in a lower value estimated which means the business owner needed to come in with significantly more cash. In this case, the dentist was able to afford it, however if there are insufficient cash reserves this can severely handicap a project.

Anytime one decides to build or expand, having enough cash available to complete your project is mandatory. Consider additional costs such as marketing the new location, additional staff, increased space, equipment, furniture and higher utility costs in a larger space.

There are several lessons to be learned from this real example, including the following:

- When considering your new building or expansion, study similar properties to analyze the space layout. Ask the dentists where bottlenecking occurs or what they wish they did differently. Learn from others' experiences.
- Rather than trying to do everything yourself to save money, recognize that there are architects, interior designers and other professionals that can help you create the right flow to your office. It's less expensive to pay for consulting in the beginning than it is to tear down walls and pay for change orders.





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- Pay attention to the small stuff. A budget can get blown out of proportion through small items such as door handles or faucets.
- When moving, keep in mind what other things may need upgrades. Are your phone systems, computers and servers still adequate? Is your software up to date? These costs are not typically included in a building loan, but getting a separate loan for them at this time will save you time and effort.

Don't put the finances of a hard-earned dental practice into the hands of just anyone. Contact an advisor, such as a commercial loan officer, for guidance on the financing options available to you with an expansion or new building purchase. 🦷

Josh Haldeman has developed and managed commercial and industrial lending within The Clark County Credit Union for over 15 years. A life-long Las Vegas, he graduated from UNLV with a degree in marketing. He has five children, is actively involved with Boy Scouts of America and is a volunteer mentor with Clark County School District. Josh can be reached at 702-939-3141 or haldemanj@ccculv.com.

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SMOKED



By Drew Jones, Editor, Utah Dental Association Journal

I learned about drugs when I was in high school in Pakistan. Heroin, hashish and other substances were cheap and easy to find. One of my classmates jumped off the roof and landed on his head after smoking too much opium. He was never the same. A life ruined.

I never succumbed to recreationally consuming a product that would diminish my mental abilities. Yet today 52% of Americans over eighteen have tried marijuana and 44% of those who have tried it still use it. Thirty-five million adults use it every month and the numbers rise to fifty-five million who use it at least once or twice a year. Half of the country's fifty-five million pot users are millennials. Majorities of marijuana users are male, make under \$50,000 a year and lack a college degree. America's parents are more concerned about their kids smoking tobacco than pot. About 83% of Americans support marijuana for medical purposes and about half for recreational use.

Of course, all of this is being done in violation of Federal law. The DEA classified marijuana as a schedule 1 drug along with heroin, LSD and ecstasy. A schedule 1 drug is identified as one with a high potential for abuse which may lead to severe psychological or physical dependence. Marijuana has been outlawed in our country since 1937. Federal law prohibits possession or sale of marijuana for any purpose, but the Obama administration refrained from prosecuting users and dealers. Today medical use of marijuana is legal in 29 states. Seventeen other states have more restrictive laws limited to the THC content (the psychoactive part). Non-medical or recreational use is legal in nine states. The legal status of marijuana is a mess.

Any drug being used in these quantities has a huge effect on our medical, dental, social, and economic systems. Since it is a schedule 1 drug, studies are limited but after extensive research some information repeated itself often and so I consider it to be more reliable. These are some of the health effects I found.

First, I will list the main purported *positive medical* uses of marijuana. It is used as:

- An anti-emetic for patients undergoing chemotherapy
- Pain relief for cancer and fibromyalgia patients
- Reduces MS symptoms
- Relieves Glaucoma
- Increases weight in AIDS patients
- Mild euphoria and relaxation
- The main recreational use of marijuana is to get "high" by releasing dopamine through THC

Now I will list the main purported *negative health* effects of marijuana use:

- Loss of 8 I.Q. points in persons age 8–38 who started smoking in their teens and continued use into adulthood.
- Cannabis abuse predicts an increased risk of schizophrenia, particularly in young adults.
- Increase risk of psychosis, paranoia, depression, suicidal thoughts, and impaired judgement.
- Increase risk of lung cancer and bronchitis.

- Aggravates asthma and cystic fibrosis.
- Increases heart rate by 20-50 beats per minute.
- Increased risk of addiction, withdrawal causes insomnia and irritability.
- Increased risk of testicular cancer.
- Increased risk of Alzheimer's dementia.
- Decreased ability to learn new information due to loss of blood perfusion to the hippocampus.
- Sick more frequently according to a study by the American Medical Students Association.
- Decrease immune system.

Some of the effects of cannabis on the *oral structures and dental treatments* are:

- Xerostomia leads to increased caries rate.
- Severe gum disease to occur three times more often.
- Increase of oral cancer because of the heat associated with smoking.
- Poor oral hygiene due to loss of interest in everyday activities like brushing and flossing.
- Halitosis.
- Green and yellow stain on the teeth.
- Gingival hyperplasia and stomatitis.
- Increased risk to patient when given I.V. or oral sedation.



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Feature Articles



- Drug interactions are common. There are 602 drugs known to interact with cannabis and 128 are considered major interactions.

I have tried to give the information from both sides the best that I could. Now some of my *concerns and conclusions*:

- Medical marijuana. If someone is severely ill or dying and medical marijuana would help them I could see its use. The problem for me is the line between medical marijuana and recreational marijuana quickly becomes blurred.
- The health risks of marijuana greatly outweigh the benefits especially for vulnerable children and teenagers.
- We already have a huge narcotics problem. I view marijuana use as contributing to the problem instead of lessening it.
- Marijuana is now a business and businesses try to increase consumption and profits. I don't think we as a society, country or state should be promoting the increased consumption of this product. (As an example alcohol brings in 8 billion dollars a year in tax revenue but the social costs are 200 billion dollars a year.)
- Marijuana leads to increased traffic deaths, increased crime, loss of worker productivity (employees who tested positive for marijuana had 55% more industrial accidents, 85% more injuries and 75% higher absenteeism rates that those who tested negative), lower school performance and increased health care costs.

Marijuana is not an innocuous drug. If we want to get left behind as a country, just keep *smoking*. 🍷

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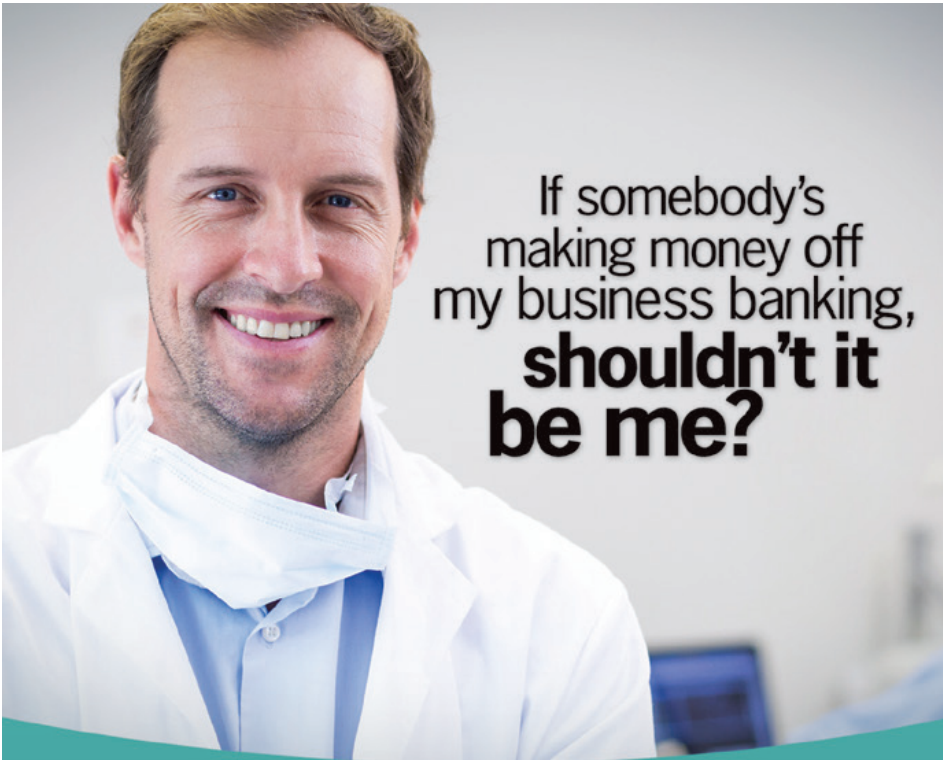


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Jessica Beason
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SNDS Executive Director's Message

Did you survive another Vegas summer...almost? Fall is my favorite season for many reasons, kids are back to school, fall skinny pumpkin spice latte's (yum) and SNDS Community Night! Community Night will be held at Red Rock Casino on October 4 at 5:30 pm. We are so excited for this year's events. This year we are privileged to have Dr. Jeff Cole ADA President Elect and Kathleen O'Loughlin ADA Executive Director as our special guests. They will inspire and inform you on the latest updates from the ADA and the upcoming year. Community Night is an opportunity to come out and mingle with your colleagues and the dental community. Each ticket will provide dinner, two drink tickets, a ticket for the Grand Prize Raffle and 2 CEU's! Did I mention there will be a truck load of raffle prizes given out! I promise you will not want to miss this event this year. If you only join us for one thing...let this be it!

The next day October 5 from 8am-noon we are bringing in the best of the best speakers to provide your needed continuing education requirement for Infection Control. Dr. John Molinari's list of accomplishments are so extensive and

impressive it would take up the rest of this page. If you are looking for credible, scientific based information that you can take back to your office, you will not want to miss this course. As a benefit to our members we have made this the lowest price in town for you and your team.

UNLV ALUM, this is just the start to an amazing weekend. UNLV SDM is also hosting events on Friday afternoon October 5 and Saturday October 6. This year's Alumni weekend is for all classes! Make it a great weekend of CE and comradery in Vegas. Call Nikki Khurana-Baugh 702.774.2362 at UNLV for Alumni registration details.

Interested in getting more involved in the SNDS? There are many ways to engage. Leadership, mentorship, committees; If you are inspired to give back to your industry we would love to work with you as we strive to help all of our members succeed. Special thanks to all of those that commit their time and energy into making this a great Society for all. See you at Community Night! 🍷

SNDS Community Night
OCT. 4th | 5:30 PM
Special Guests
 Dr. Jeff Cole, ADA President Elect
 KATHY O'LOUGHLIN, ADA EXECUTIVE DIRECTOR
Vendors, Raffles, Dinner
 Red Rock Resort

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SNDS President's Message

When it comes to learning about the qualities of great leaders, there are endless lists, articles, books, research studies, and competency models to reference. So many, in fact, that it can be simply overwhelming for anyone aspiring to learn about leadership and/or how to become a better leader.

To complicate things, leadership is a difficult term to define. Ask a room full of executives to define leadership and you can expect a wide and exciting variety of definitions.

This list is purely a compilation of opinions but it's pretty darn descriptive of the great leaders who you have encountered in your career as well.

1. Effective leaders bring out the best in others: Great leaders don't just get extraordinary results based on their own contributions. They can elevate the performance of everyone around them. They believe that everyone has untapped potential to grow and improve and provide people the confidence to achieve their own goals.
 2. The best leaders inspire with their words and actions: Great leaders have bold visions and audacious goals, but they also can communicate in a way that inspires others to act. They appeal to people's emotions, using an image, stories, metaphors, and other ways that move people to action. They involve others to give people a sense of ownership and control. And they never ask people to do something that they would not do themselves.
 3. Great leaders are genuine and authentic: These leaders know who they are; they are not afraid to let others see their core values, their strengths, and their weaknesses.
- They are transparent and let everyone know in a way that is seen as "real" and genuine.
4. Effective leaders have a professional presence: Great leaders have a way of being "in the moment", both in a group setting (on stage) and in individual interactions. They pay attention, listen, ask great questions, and make everyone feel like there are being heard and valued. When they do speak up, they are like EF Hutton—everyone pauses and pays attention.
 5. Good leaders can be trusted, and they trust others: Effective leaders inspire trust. They say what they mean, mean what they say, and do what they promise to do. They are also trusting of others—not in a naïve way, but they will assume you can be trusted until you prove otherwise.
 6. They preach and practice accountability: The best leaders are accountable to their team members and stakeholders. They admit their own mistakes and they never point fingers or make excuses. They also hold others accountable.
 7. Great leaders drive great results: They set bold visions and audacious goals and armed with a carefully selected group of key performance indicators and metrics, they never take their eyes off the target. They are relentless in achieving goals. They celebrate the successes of their team members and they help everyone feel like winners.
 8. They are positive and confident: Great leaders can balance optimism, passion, and confidence, without ignoring reality, and letting their confidence turn into arrogance.



Joseph Wineman, DMD





They can also energize others—instead of draining the energy of others around them.

9. Effective leaders drive change: While this somewhat overlaps with results-focused and inspiring, they also understand the dynamics of organizational as well individual change. They can effectively manage their own reactions to change.

10. They empower others: Great leaders are comfortable delegating. They push decisions down to the lowest level as they understand the motivational power of giving people control. They don't hoard or abuse their power, they give it away freely.

If you can find a mentor who displays the qualities described above, pay close attention and learn. These lessons offer priceless guidance as you strive to grow into the type of leader you want to be. ❤️

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News from the Northern Nevada Dental Society

This July my NNDS Executive Board sent me to the ADA Management Conference in Chicago. After 17 years in this office I was fortunate enough to be able to attend this remarkable conference. Weather in Chicago was fabulous, food was beyond delicious, but more importantly was the invaluable networking and relevant material presented that made it so worthwhile.

Overall this conference was excellent and very pertinent to Executive Directors; state and component. I met many of my fellow society EDs across the country, many state EDs, and executives and legal representatives from the ADA. I attended sessions with our NDA Executive Director Dr. Bob Talley and your NDA President-Elect Dr. Michael Sanders. Sessions such as a collaborative council workshop with ADA legal department heads, some state legal counsels, and state Executive Directors from around the country. Hearing the legal issues the ADA and state are battling for the betterment of organized dentistry was so valuable. I also reconnected with a national component society of executives, the ACSE, and was grateful for the opportunity to join them for an afternoon and for the incredible sharing that took place.

Another highlight from this conference was the keynote speaker the second day. His name was Austin Eubanks, COO, of the Foundry Treatment Center in Colorado. His story was phenomenal and its relevancy to the substance abuse epidemic and this country's electronic/internet addiction and abuse was definitely worth the listen. ADA presented some great content the entire conference including a pilot project I think will be

extremely useful to our new dentists and our veteran dentists looking to sell or transition their practice. Watch for more information to come. If anyone would like a copy of my report from this conference or Dr. Talley's report, feel free to email me at nnds@nndental.org.

I am certainly grateful for the opportunity I was given to attend this year and I look forward to having the chance to attend again next year, thank you.

We have some great continuing education and dinner meeting opportunities lined up again this year to include top-notch presenters and topics for all dentists and dental teams with significant discounts for our valued members. Watch for flyers and notifications in your mailbox, email and on the NNDS Facebook. If you are not receiving these notices please check your spam folder or contact the NNDS directly at nnds@nndental.org and I will make sure you are added.

Finally to all our NNDS and NENDS members only, we started the Amalgam Separators promotion in early July with Solmetex at \$298; a \$900 savings off suggested retail pricing. To order please visit www.solmetex.com/endorsements/nnds. 🐾



Lori Benvin
nnds@nndental.org

Welcome Newest NNDS Members

Whitney Bryant, DDS – General
Christopher Galea, DDS – Oral Surgeon
Raymond B. Graber, III, DDS – General
Hans P. Gray, DDS – General
Jamie Marvel, DDS – General
(transfer from NENDS)

Kellie McGinley, DDS – Pediatric
Steven Morgan, DDS – General
Matthew A. Vial, DMD – General
Nicolette R. Vial, DMD – General



NNDS President's Summer Message

A few weeks ago, the Northern Nevada Dental Society celebrated our annual Summer Barbeque. It is an event I look forward to each year. It is an opportunity to reconnect with colleagues I haven't seen in a while, a chance to meet the new dentists, and a way to connect with other dentists who face the same challenges of balancing a practice and a family. Despite the smoky air, it was a great event, and I felt invigorated by reconnecting with our dental community.

The event also brought back memories of my first barbeque six years ago. As a new dentist returning to the community where I was raised, I wasn't sure what to expect. I had conflicting views of the current state of dental societies across the country. I had grown up in the dental community, attending many barbeques just like this one with my father who practiced in Sparks. I would play with the other dentists' children and watch my parents socialize and interact with their peers, and got a sense of how close they were. They truly treated each other as colleagues and equals, not as competitors. Dentistry seemed like a wonderful profession; you were able to serve patients and support your community, you made lasting friendships with fellow dentists, and you had a healthy work/life balance. It is this vision of the dental profession that inspired me to send my application to dental school and start on my career path.

Soon after beginning dental school, an alternative narrative of the dental profession was presented. The "Golden Age" of dentistry was over. Competition is too great and everyone is only out for themselves.

You will never be able to practice the way you want to. Insurance companies are going to run your life. I began to wonder if the vision I had of dentistry was of a bygone era, a time that was no longer relevant. In addition to this, there has been criticism of the work habits and motivations of my generation as we entered the work force. We don't care about anyone but ourselves. We don't value comradery and social gatherings. We are too obsessed with our phones to look up and see the world in front of us. It paints a bleak picture of the practice of dentistry, not one that inspires a lot of hope in a new dentist.

So it was with all of these thoughts that I went to my first event with the dental society. I wasn't sure which world I would be stepping into. Fortunately, what I saw gave me hope that maybe things were not as dire as I had been led to believe. Every face I saw was smiling. Everyone welcomed me with open arms. Dentists young and old were introducing themselves and offering words of encouragement. I saw children running and laughing together, making friends with those around them. And leaders of our society reached out with opportunities to join and be a part of the society. It was a group where I felt welcome, and a community that I knew would look out for and support me, a place to call home.



Adam Welmerink, DDS
nnds@nndental.org

...there has been criticism of the work habits and motivations of my generation as we entered the work force. We don't care about anyone but ourselves.



As I began to volunteer with the society, I saw first-hand a group of dentists who were dedicated to our profession, and worked to make it better serve our members. People who were not looking out for their interests, but for the interests of all of us. They took the concerns of new dentists seriously, and valued our opinions. A community where I could call a colleague with a concern or question and feel safe in knowing I had the trust and confidence of that person. I saw a strong organization that upheld our values and supported one another.

It is with this hopeful vision of organized dentistry that I begin my year as president of the Northern Nevada Dental Society. I know

there are many big issues we face as dentists, and we have a lot to do moving forward to help ensure our profession stays strong. But I have seen the strength of our community. I have seen how we welcome new members and bring them into the fold. I have seen how we are developing leaders who will move up through the different dental organizations and represent us well. I have seen what we can do when we work together to tackle and issue facing our profession. I have seen who we are as a society and that makes me hopeful that no matter what comes our way, we will face it and come out stronger. I look forward to being able to serve all of our members this year and encourage all of you to stay involved and help keep our community strong. ♡

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Event Calendars



2018			
September 17	NDA Executive Meeting	Video Conference	6pm
October 15	NDA Executive Meeting	Video Conference	6pm
November 12	NDA Executive Meeting	Video Conference	6pm
December 10	NDA Executive Meeting	Video Conference	6pm



2018			
October 4	SNDS Community Night	11011 W Charleston Blvd, Las Vegas, Nevada 89135	5:30pm–8pm
October 5	Dr. John Molinari “Infection Control”	TBA	8am–12pm



2018			
September 11	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
September 21	Nndhp/Joel F. Glover 16th Annual Charity Golf Tournament to Benefit the Adopt A Vet Dental Program / NNDHP	Lakeridge Golf Club, Reno	7:45am
October 9	NDA Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
October 11	NNDS General Membership Dinner Meeting with Ira Victor, “Cyber Security”	Atlantis Casino Resort Spa, Reno	6pm
November 6	NNDS Executive Committee Meeting	5605 Riggins Court, #101A, Reno	5:30pm
November 8	NNDS General Membership Dinner Meeting Speaker: Art Curley, Esq	Atlantis Casino Resort Spa, Reno	6pm
November 9	All Day Continuing Education Course sponsored by Neoss w/ Dr. Joseph Field	Atlantis Casino Resort Spa, Reno	8am
November 30	NNDS “Hortz Festa at Louie’s”	Louie’s Basque Corner, Reno	6pm

News Briefs

Suicide and opioid death

It is estimated that 20–30% of opioid related overdose deaths might be intentional suicide. (NEJM 0426/18)

U.S. opinion surveys

28% said they saw addiction to prescription pain medicine as a “national emergency.” Asked who was mainly responsible for addiction, 33% said doctors who prescribed inappropriately and 28% said people who sold drugs illegally. 10% blamed the people who consumed the drugs. (NEJM 02/01/18)

Analysis of Closed Claims Data in Ambulatory Surgical Centers

The most common anesthesia related malpractice claims in outpatient surgery center procedures were dental injuries:
<http://www.asaabstracts.com/strands/asaabstracts/abstract.htm?year=2017&index=1&absnum=5228>

Psychosis with cannabis in adolescents

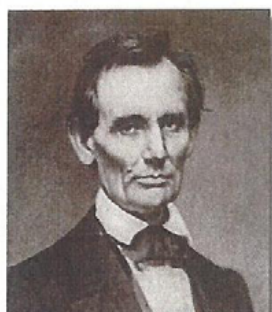
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MOMENTS IN MEDICAL - LEGAL HISTORY: PRESIDENTS LINCOLN AND TAFT ON MEDICAL MALPRACTICE

James M. Nold, MD, MHA, FACEP, Bel Air, Maryland

Karin W. Zucker, MA, JD, LLM, FCLM, Professor, Army - Baylor University Graduate Program in Health and Business Administration, Ft. Sam Houston, Texas

Martin J. Boyle, JD, Adjunct, Army - Baylor University Graduate Program in Health and Business Administration, Ft. Sam Houston, Texas



ABRAHAM LINCOLN



WILLIAM HOWARD TAFT

Abraham Lincoln, the 16th President of the United States of America (1861-1865), and William Howard Taft, the 27th President (1909-1913), were both attorneys. After serving in the Army and being elected to the Illinois State Legislature, Lincoln read law, i.e., studied on his own and with another lawyer. Taft, after completing undergraduate studies at Yale University, went on to graduate from Cincinnati Law School in Cincinnati, Ohio. It is not unusual that both were attorneys; more than half of the Presidents of the United States have been lawyers. It is worth noting, however, that both Lincoln and Taft had encounters with medical malpractice cases.

Lincoln was counsel in at least two such cases, *Fleming v. Rogers and Crothers*,¹ tried before the Circuit Court of Mclean County, Illinois, in 1857, and *Ritchey v. West*,² appealed to Supreme Court of Illinois in 1860. Each presented the question of whether the medical standard of care³ had been met. *Fleming* concerned the malunion of a femur and *Ritchey* the malunion of a forearm or wrist. *Fleming* is also known as "the chicken bone case" because, after one of the defendant-physicians used chicken bones to demonstrate to Lincoln how youthful bone and elderly bone differed, Lincoln used the same tactic in court to explain that Mr. Fleming's less than perfect outcome was due to old bone.

Taft's involvement came when he was as a federal circuit court judge and heard the case of *Ewing v. Goode*,⁴ a matter that involved complications following cataract surgery performed by a physician who limited his practice to diseases of the eye. Taft distinguished ordinary breach of the standard of care from a situation where the doctrine of *res ipsa loquitur*⁵ would apply. He noted that *res ipsa* did not apply in such a technical situation as was presented in *Ewing* and held that expert testimony was required.

The lawyer, Lincoln, and the judge, Taft, espoused positions that still resonate with physicians of today.

Who has not encountered the ingrate? When plaintiff Fleming, who had broken both femurs, complained that after healing one leg was shorter than the other causing him to limp, Lincoln replied, "... I would advise you to ... get down on your knees and thank your Heavenly Father, and also these two doctors, that you have any legs to stand on at all."

Who has not distinguished a less than perfect result from an act of medical negligence? In 1896, paraphrasing from an English decision,⁶ Taft wrote in the *Ewing* case, "A physician is not a warrantor of cures." He then added, "If ... a failure to cure were held to be evidence, however slight, of negligence ... few would be courageous enough to practice the healing art."

¹ *Chicken Bone Case*, Charles M. Hubbard, *American History*, August, 1998; and *Abraham Lincoln: Malpractice Defense Attorney*, Gwilynn B. Lewis, *Colorado Medicine*, August, 1992.

² 23 Ill. 385 (1860).

³ The standard of care is that degree of care which the law requires one to exercise in the performance of duties. The law deems that a healthcare provider has met the standard of care when he has acted as other reasonable and prudent healthcare providers within the same field/specialty would have acted under similar circumstances.

⁴ 78 F. 442 (1897).

⁵ *Res ipsa loquitur* is translated as "the thing speaks for itself." When the doctrine applies, it creates a rebuttable presumption of the defendant's negligence; expert testimony is not required as to breach of the standard of care, which is that degree of judgment and skill required of physicians similarly situated.

⁶ *Hancke v. Hooper*, 7 Car. & P. 81 (K.B. 1835).

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POC: Prof. Zucker, ameddja@att.net

Treasures



Pioneer History

Alma Bailey Dunford

One of the most distinctive characters of early Utah was the pioneer dentist Dr. Alma B. Dunford. Most dentists consider that twenty years of practice is a fair length of service; but Dr. Dunford practiced nearly fifty years, and for many years was considered by colleagues and clients as Utah's foremost dentist.

In the year 1850 there lived in the charming old town of Trow-bridge, Wiltshire county, in south-central England, a fine young couple, Isaac and Leah Bailey Dunford. They had just become members of the Church of Jesus Christ of Latter-day Saints and had named their second little son "Alma" for the noble character, Alma, in the Book of Mormon. He was born on the 19th of August, 1850, the fourth child and second son in a family of thirteen children of Isaac and Leah. His father was a weaver of fine cloth by trade and was employed in one of the largest and best factories in Southern England. They lived in much comfort; and Isaac was loved by members of the church, for he was made president of the Steeple-Ashton Branch, a suburb of Trowbridge, where he served for some time after joining the church. But the urge of "gathering" with their people in far-off western America was strong within them, and they carefully saved and planned for a journey to this unknown land of "Zion."

When Alma was three years old, in November 1853, the little family left its loved home, and on a small sailing vessel, the Georgia, embarked for the new country. They were six weeks crossing the Atlantic ocean, and

during that time a baby daughter was born to Isaac and Leah. They named her "Seaborn"; but, unfortunately, during the journey on a river boat from New Orleans to Saint Louis, Missouri, the little one died and was buried in an unmarked grave on the banks of the Mississippi River. The grieving parents had to move on their journey. They lived in Saint Louis for some years, where the father worked to obtain means to continue the journey to the Far West—the Zion of their dreams. While there, Isaac was again made president of the branch, as his worth was recognized wherever he settled.

In 1864 a sturdy wagon and two yoke of oxen were purchased, and the family began the westward journey. Alma was then 14 years old. They arrived in the valley on Sept. 25, 1864.

The father soon obtained work in Jennings Mercantile Establishment, the largest store in the valley. A new, small home was purchased, and the family seemed well located. But on Nov. 15, a "call" came from the church leaders for Isaac to take his family and, with two other families, to move north and settle what is now known as Bear Lake Valley. In the "dead of winter," which is truly cold in Bear Lake country, these three families huddled into a one room log shack (it was scarcely more than that) in a settlement now called Bloomington, Bear Lake county, Idaho. There they lived until spring came, when they could seek other shelter.

A new log house of two rooms was built by Isaac on the corner of a large lot which he had purchased, and in time a fine, large, two-story brick home was built for the growing family. The first few years in the Bear Lake country were most severe, for early or late frosts often destroyed much of the needed crops. The winter of 1865-6 was especially severe, and it was a problem to provide the grain for the food of men or animals. Because of this, Isaac's two older sons, William and Alma, decided to go to "The City" (Great Salt Lake, so called), to ease the home problem and, if possible, earn enough money to purchase flour for their loved ones at home. Home letters prove that they were successful in their quest.

Alma was then sixteen years old. He tried to find work, but decided to prepare himself for a future profession. He apprenticed himself to Dr. H. H. Sharp, then considered the best dentist in the territory. Alma was an apt student with a seeming special adaptation for the profession of dentistry. He studied hard, applied himself assiduously, and in time became an able and proficient dentist.

At that time there were practically no dentists in the outlying districts of the territory; so Alma, with vivid ingenuity, provided himself with dental kits and began going from town to town, wherever a group needed his skill. Thus he traveled through the territory from Malad to St. George, remaining in each town as long as his services were needed. In one of his letters to his father in Bear Lake, he writes the following:

"I intend staying here (Beaver, Oct. 10, 1872) till next Saturday, then from here I go to Cedar City; stop a week, from there to Toquerville; and next place in my wife's arms at St. George. I will stop longer at these places if there is business enough to pay. You can't imagine what I have to pass through to make my little money. It requires energy, packing and unpacking and out in all kinds of weather. I receive several letters a week from my wifey, and of course they cheer me and I intend to be with her in three weeks. It is very lonesome traveling and working, and I am going to quit it soon." This he did, and opened an office in St. George where he practiced for some years before moving to Salt Lake City.

In early 1872 he had married Susan Amelia Young, a daughter of Brigham Young, and two children were born to them: Leah Eudora (later Mrs. John A. Widtsoe) and Alma Bailey, Jr., who

was killed as a young man by an explosion in Butte, Montana, where he was working. They were later divorced, and in 1882 Alma married Lovinia Trisilla Clayton, a daughter of William Clayton. To them eight children were born.

In 1877 Alma was called on a mission to England, where he served with industry and honor. On his return from his mission, and after his divorce, he opened a fine office in Salt Lake City, where he practiced with distinction until his retirement in 1917. For many years he had his suite of offices on the corner of Main and 2nd South Streets, above what is now the Anderson Jewelry Co. Many of Utah's finest young dentists learned their professions under Dr. Dunford's tutelage. Among them were Dr. Charles M. Cannon, Dr. George E. Ellerbeck, Dr. Joseph Thatcher of Logan, Dr. Louis A. Arnold, Dr. C. C. Countryman, Dr. E. I. Evans and

Dr. R. C. Dagleish, who is one of Utah's best known dentists today. His dental work was outstanding, as was testified by hundreds of his satisfied patients. Even some older people to this day have high praise for his work. As a practicing dentist he was eminently successful.

Dr. Dunford passed away Feb. 1, 1919 in his 70th year. As a man he was clean, dependable, honest, and a gentleman through and through. As a father and friend he was the very best. No truer father or friend could be found. His descendants to this day bless his memory and cherish the truths of honesty and decency he so nobly inspired in them. He was a good man, an excellent professional practitioner, a truly great father and an inspiration to many young men who followed in his professional footsteps. 🦷

Research courtesy of the Daughters of the Utah Pioneers.

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ADMISSIONS AND STUDENT AFFAIRS

The Office of Admissions and Student Affairs completed the selection process for the incoming Class of 2022. The office received 1,862 applications during the 2017-18 cycle. We are gearing-up to welcome 82 new students to the UNLV School of Dental Medicine family. The 2018-19 application cycle for the Class of 2023 has begun. As of August 13th, 1,131 applications have been received.

The second Doctor of Dental Surgery (DDS) program cohort, which comprises graduates from non-U.S. accredited dental schools, started classes May 7. Eight students for the Class of 2020 were selected from 159 applicants. All eight passed the NBDE Part I and Part II exams, earned an average TOEFL score of 101, and achieved an average GPA of 3.16.

The school's White Coat Ceremony for the Class of 2021 and the DDS Class of 2020 will take place Friday, September 28, at 3 p.m. in Artemus W. Ham Concert Hall on the UNLV main campus. This ceremony marks the transition from preclinical to clinical instruction among second-year students. Participants will affirm their commitment to uphold the ethics, integrity, and professionalism expected of health providers, as well as sign the UNLV SDM Honor Code agreement.

Important Dates:

Class of 2022 Orientation
September 5 – 8

Fall Semester Begins
September 11

Class of 2021 White Coat Ceremony
September 28

Nevada Day Holiday
October 27

Veteran's Day Holiday
November 10

Thanksgiving Holiday
November 23 – 24

Fall Semester Ends
December 20

SDM Fall Semester Break
December 21 – January 7

Spring Semester Begins
January 8

ADVANCED EDUCATION IN PEDIATRIC DENTISTRY RESIDENCY PROGRAM

The program's Class of 2018 are practicing in the following states:

- Nevada (Las Vegas)—Dr. Samira Farokh, Dr. Larry Hon, and Dr. Travis Neu
- California—Dr. Nora Ghodousi and Dr. Kevin Quan
- Oregon—Dr. Alice Trieu

The class of 2020 began July 1.

In the current class, 11 of 12 residents participated in the poster competition during the American Academy of Pediatric Dentistry meeting in May.

ADVANCED EDUCATION IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS RESIDENCY PROGRAM

During July, the program started a new group of six orthodontic residents who are graduates of the following schools:

- University of Detroit Mercy
- Temple University
- University of Maryland
- Oregon Health Sciences University
- University of Missouri
- Arizona School of Dentistry & Oral Health.

The program has upgraded the clinic with new clinical chairs, Imaging Sciences i-CAT FLX cone-beam CT machine, and a Cybermed Cubicon

3-D printer. The latter was a generous donation from alumni member Dr. Naren Chelian.

FACULTY NEWS

Desert Companion magazine named 10 full-time UNLV School of Dental Medicine faculty to its "Top Dentists 2018" list, as well as eight part-time instructors and five volunteers. This list is excerpted from the 2018 topDentists™ list, which includes listings for more than 160 dentists and specialists in Southern Nevada. According to the publication, identifying the top dental talent began with a simple question posed to the local dental community: "If you had a patient in need of a dentist, which dentist would you refer them to?" Respondents were asked to take into consideration years of experience, continuing education, manner with patients, use of new techniques and technologies, and of course physical results. The full-time faculty dentists on the 2018 list are:

- Dr. Christine Ancajas
- Dr. Edward Herschaft
- Dr. William Leavitt
- Dr. Ronald Lemon
- Dr. Robert Lockhart (RET)
- Dr. James Mah
- Dr. George McAlpine
- Dr. Daniel Orr II
- Dr. Victoria Woo
- Dr. Wendy Woodall

Drs. Wenlian Zhou and Rick Thiriot (both Dental) taught two courses during July at Nankai University School of Dental Medicine in China as part of the Tianjin China Collaboration and Exchange Program. Both also were invited to present "Dental Licensure in the United States" and "Introduction to Clear Aligner Therapy" at Lanzhou University, School of Stomatology.

UNLV School of Dental Medicine hosted 134 local high school students

during the annual Upward Bound event, which provides opportunities for participants to succeed in their precollege performance and ultimately in their higher education pursuits. The goal of Upward Bound is to increase the rate at which participants complete secondary education and enroll in and graduate from institutions of postsecondary education. The dental school's faculty, staff, and students hosted tours of the campus and provided demonstrations in the simulation laboratory. This is the second consecutive year the School of Dental Medicine has participated.

PROMOTIONS/FACULTY RECOGNITION AWARDS

Dr. Demopoulos received Honorable Mention for the university's Office of Community Engagement's 2018 Faculty/Staff Community Outreach Award; will receive Nevada Business magazine's "Healthcare Heroes – Educator" award during a ceremony in September; accepted an invitation to present how dentists can help promote the HPV vaccine during the 2018 Hawaii Health Workforce Summit and during the 2018 National Oral Health Conference.

Dr. Edward Lynch was installed as president of the Pharmacology, Therapeutics and Toxicology Research Group at the annual meeting of the International Association for Dental Research (IADR) and American Association for Dental Research (AADR) in London. He was elected by his peers as Research Group president for the third time. Dr. Lynch was also elected by his peers as the thirty-fifth most influential person in dentistry in 2018. The results were published in the UK Journal Dentistry in May. Lynch is one of the very few people to have been voted every year in the Top 50 influencers in Dentistry since this voting started 16 years ago.

COMMUNITY SERVICE REPORT

UNLV School of Dental Medicine had a very productive summer with community outreach events. From

May 1, 2018 to July 31, 2018, the community outreach team offered more than 1,625 screenings to underserved patients in Nevada. The team also provided over 1,056 applications of fluoride varnish. With the assistance of dental students, they offered oral hygiene instruction to almost 1,010 students. The value of the donated services for this time period was almost \$142,000 using an average summary for the ADA fees.


The Early Childhood Caries Prevention Project brought on three new partners in New Jersey, Illinois, and Arizona raising the total to six states working with UNLV School of Dental Medicine on this initiative.

DEVELOPMENT NEWS

UNLV School of Dental Medicine is proud to announce its first all-alumni reunion weekend on October 5 and 6, 2018, honoring the Class of 2008. Alumni are encouraged to participate in implant focused continued education classes, reconnect with faculty, and enjoy Top Golf and the Higher Roller Experience. The Dental

School wishes to thank the reunion title sponsor, Pacific Dental Services and our other generous sponsors. Sponsorship opportunities are still available.

The 2nd Annual Benefit for Smiles Gala will take place on Friday, December 7, 2018 at the JW Marriott Las Vegas at 6pm. Individual tickets are \$125 per person and sponsorships start at \$1,500. The Gala is the premiere event for dental educators, practitioners, students, and corporate partners. The Gala raises money for the Dental School's free Saturday morning community service clinics and supports the Southern Nevada Dental Society Scholarship Fund. The Dental School wishes to thank the gala title sponsor, Henry Schein and our other generous sponsors. Sponsorship opportunities are available.

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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