

WINTER 2011-2012

VOLUME 13, ISSUE 4

NDA JOURNAL

OFFICIAL MAGAZINE OF THE NEVADA DENTAL ASSOCIATION AND COMPONENT SOCIETIES

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NDA JOURNAL

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Publisher

LLM Publications, Inc.
 800-647-1511
 www.AssociationPublications.com

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Materials: All articles, letters to the editor, photos, etc. should be sent to Daniel L. Orr II, DDS, via email to editornda@nvda.org. All chapter and committee reports and business communications should be sent to Robert Talley, DDS, Exec. Dir., Nevada Dental Assn., 8863 W. Flamingo Rd, Ste 102, Las Vegas, NV 89147, Ph 702-255-4211 or 800-962-6710, Fax 702-255-3302. Materials may be reproduced with written permission.

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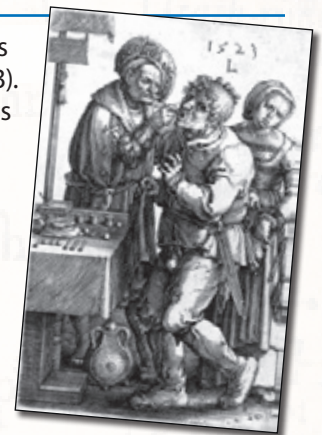
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The cover artwork, “The Dentist” was first presented in 1523 as an engraving by the Dutch artist Lucas van Leyden (1494–1533). It is currently housed at the Rijksmuseum in Amsterdam. It was later recreated as a painting by Johann Liss, circa 1616–17. Johann Liss (also called Jan Lys) (c. 1590 or 1597–1627 or 1631) was a leading German Baroque painter of the 17th century, active mainly in Venice.

The cover background image is a map from the first printing of the King James Version of the Bible.

Source: Wikipedia, {PD-US}—published in the US before 1923 and public domain in the US.



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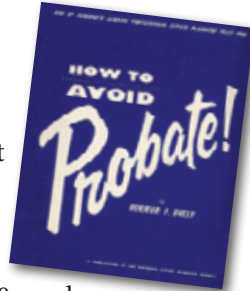
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DentalZoom

Recently our legal colleagues have been dancing with an issue that is really bothering them. LegalZoom has started to catch on with the public. According to lawyers¹, LegalZoom services are the practice of law, but without the lawyers.

Legal self-help materials have been around since the mid-1800s at least, but began to make more of an impact on our sister profession in the 1960s. Norman Dacey incensed generations of attorneys with legal self-help books such as *How to Avoid Probate*. Mr. Dacey survived many bouts of litigation after the ABA and state bars alleged that he was harming the public. However, Dacey's customers overwhelmingly felt empowered, rather than harmed, and enthusiastically bought edition after edition of his work.



Like attorneys, dental professionals are licensed by states to practice. State licensure began in about the 1920s and the inception, evolution, and legality of bars and boards is an interesting story in itself.^{2,3} The iterated purpose of boards and bars is to protect the public. Unlicensed individuals, like Dacey, that are alleged to have harmed the public are prosecuted by the state.⁴ Licensed individuals alleged to have harmed the public are prosecuted by bars, boards, and/or the state. Since the preeminent obligation of dentistry is to serve patients, a legitimate question is who protects the public from harmful board decisions? State Attorneys General are charged to protect the public but may be conflicted as they also defend state regulatory agencies. Occasionally a federal agency (such as the FTC vs. the Maine and North Carolina Dental Boards of late), may prosecute a state regulatory agency.⁵ A coalition of health professionals and associations recently successfully sued the Texas Medical Board.⁶ Perhaps most often, professionals themselves litigate claims against regulators (see: "From the American College of Legal Medicine" page 4).

Be that as it may, dentistry and the law are fundamentally different as far as required citizen expertise. All citizens are obligated to know the law, which Dacey facilitated. Only trained individuals are expected to know dentistry. In the law, one bleeds figuratively, while in dentistry the hemorrhage involves blood. Today, legal self-help remedies are widely accepted. One can even self-represent in court, pro per (every attorney's worst nightmare...what if the attorney loses?). Self-performed dental surgery is virtually non-existent.

A large component of the lawyers' problem is that it is difficult to define exactly what practicing law is, which isn't surprising considering attorney's zealous advocacy about amorphous subjects. Nevada dentists can identify with definition difficulties in regards to dentistry and its specialties. Nevada is one state that does not define dentistry by statute. NRS 631 does define a host of terms such as "dental hygiene," "dental hygienist," "executive director," "secretary-treasurer," "supervision by a dentist," "malpractice," "accredited," "board," even "insurers," and more.^{7,8,9} But, incredibly, the dental practice act does not define "dentistry," or any of its specialties.

Continues ➔



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Part of dentistry's, and thus its patients', problem is that without a definition, third-parties have a markedly increased opportunity to dictate not only what dentists do, but even how dentists do it.

What dental professionals do

The scope of dentistry has been well-defined by the ADA and is based on CODA approved training.⁷

Control of how dentists practice: *Technique*

When a definition of dentistry doesn't exist, laundry lists of approved techniques predictably evolve. Such dicta are suited for trades, but not professions. One of the least optimal places for laundry lists is in state law, in part because procedures constantly change as professions evolve and the statutory laundry lists are essentially always out-of-date. If a professional wants to restore form and function according to his training and judgment, does it really matter what modality is used? Damage can be done whether treatment is effected chemically, mechanically, via radiation, or other varied means. Techniques and related regulations are the low-tech part of the treatment planning equation. Does dentistry really need additional regulation differentiating between, for instance, a #15 vs. a pointier #11 blade? Please. Contrary to what some CE providers, educators, regulators, politicians, apparatchiki, and others may opine, trained dental professionals understand the principles required for restoration of form and function. Technique simply involves the judicious use of modalities available to effect treatment in conjunction with knowing *why* one option is better than another.

Control of how dentists practice: *Politics*

When third-parties seek to control what dentists do and/or how it is done, solutions *always* involve more regulation, which *always* results in decreased access and increased costs (all passed on to patients).¹⁰ Gammon's Law of Bureaucratic Displacement was developed by Max Gammon, a British physician who studied the development of the current British healthcare model. Gammon's findings were enlightening, and more frightening than a \$25,000 toothache.¹⁰ The classic progressive displacement of productive patient care by counterproductive bureaucratic activity is exemplified by the 480,000 British hospital beds available in 1948, compared to 186,000 in 2000. There are now over 1,000,000 patients in Britain waiting for a bed. It doesn't appear the NHS administrative staff, which went from 350,000 to 882,000 during the same years, has helped too much.¹¹ In the United States, Obamacare alone will create at least 159 new bureaucracies.¹²

From the American College of Legal Medicine

Las Vegas attorney Jacob Hafter prevailed before the Ninth Circuit November 3, 2011 when the court issued an injunction preventing the Nevada State Board of Medical Examiners from implementing its discipline, including the filing of a National Data Bank Report, against a physician. In doing so, the Ninth Circuit also granted priority status to a case which asks the court to re-evaluate its 1991 ruling in *Mishler v. Clift*, granting absolute immunity to the medical board when acting in a judicial or quasi-judicial manner. In Hafter's motion on behalf of the physician, the Court was asked what good is having a constitutionally protected property right in one's medical license if the regulating body has absolute immunity even if they violate that right.

What Dentistry can do

The effective dental polemic

Dentists have always been willing to altruistically strive to limit the incidence of dental disease in society, such as with widespread support of fluoridation and voluntary service.

I remember an onerous week of hospital call years ago. Resigning from call altogether seemed attractive after working many inconvenient nocturnal hours, and usually not being reimbursed for the effort. Then one of my mentors, Dr. Richard Hamilton, kindly shared how *he felt* it was *his* (not mine, not yours, not ours, not their) *personal* duty to provide care for the needy. I had to agree with Dr. Hamilton, and have taken call for the past couple of decades, directly treating thousands of trauma patients. Many dentists in Nevada also fulfill other voluntary positions regularly.

On the other hand, when one has to comply with ever changing and more confusing reams of required forms for patients, subject to civil or criminal penalties for unintentional errors, volunteering isn't quite so gratifying. It is not surprising that the number of dentists willing to serve under such circumstances is decreasing significantly from previous levels and has reached crisis proportions in some areas.¹³ Still, many continue to creatively find ways to help others in spite of unnecessary authoritarian burdens.¹⁴

Health professionals enter practice to serve patients. Doctors are finding themselves having to regularly jump through ever increasing coils of red tape while hoping to actually treat a patient at the end of the process. When doctors finally do render treatment, more and more they find they can't afford the temporal and fiscal costs associated with modern health care. Such costs are exactly why many of our physician colleagues are considering other careers.¹⁵

Dentistry's obligation

Patient protection, and countering DentalZoom

Can dentistry in good conscience support reflexive political plans such as the use of low-level providers/technicians when our patients' health is at stake?

The current politically correct, but grossly flawed step is really just DentalZoom...low-level, non-dental providers selling "trade dentistry" to patients that bleed. If dentists feel that those without professional training offering "dentistry" are a threat to patients, preparation of an articulate line of reasoning needs to begin now.

Treatment planning for this discussion is straightforward:

1. All good dentists, including those holding leadership positions in professional associations or on boards, must work collegially to fulfill their common duty to patients, the primary purpose of all in the profession. The first step in this process should be to incorporate the ADA Definitions of Dentistry and its specialties into state dental practice acts.⁷
2. Prepare to share with others how American dentistry is serving and protecting the public more effectively than any other paradigm in the world. An effective reply from any of our large core of service oriented dentists is readily available, and the NDA has produced a Communication Checklist to refer to, published in part following this editorial.

Don't wait to protect and serve our patients until the opportunity is too regulated, too risky, or before DentalZoom truncates our patients' best option, professional dentistry. ♦

Endnotes

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NDA Communication Checklist

☑ Oppose delegating surgical dental procedures to low-level providers who have not had the comprehensive education of a dentist.

- Dentists are doctors who **specialize in oral health**. They oversee the clinical team to ensure safe and effective oral care.
- Dentists **diagnose and treat a range of conditions** and know how to avoid and deal with complications—some of which are life-threatening.
- Alternative workforce models only end up **preventing those who are most in need from receiving the comprehensive services from a dentist**.
- Every patient, especially those with the most acute need, deserves the knowledge, skills, and comprehensive training of a dentist.

☑ Dentists are committed to helping the underserved population

NORTHERN NEVADA DENTAL HEALTH PROGRAM



130 volunteer dentists who donate their time to treat hundreds of at risk children.

In 2010, over **500 children** received in excess of **\$500,000** in donated treatment.

GIVE KIDS A SMILE

Annual national event held in all parts of the state in conjunction with the American Dental Association. In excess of **\$250,000** in free care was provided for underserved children.



UNIVERSITY OF NEVADA LAS VEGAS SCHOOL OF DENTAL MEDICINE



Over **\$500,000** in uncompensated dental services were provided through programs such as: Saturday Children's Clinic, Sgt. Clint Ferris Memorial Clinic, Seal Nevada South, and the Enterprise Clinic.



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

The **Annual NDA Mid Winter Meeting** will be held Friday, January 27 starting at 9:00 am in Building D at the UNLV School of Dental Medicine, located at 1700 W. Charleston Blvd in Las Vegas.

Save the date for the **NDA Summer Meeting** being held in Monterey, California on July 5–7, 2012 at the Hyatt Regency. A complete sign up and itinerary will be on the website soon and be included in the next journal.

Introducing our new lobbyist

We are excited to announce that we have hired a new lobbying and public affairs firm, **Ferrari Public Affairs**.

Ferrari Public Affairs is a results-driven government and public affairs firm. The company provides local, state and federal lobbying and regulatory consulting services to clients across the country.

Principal Chris Ferrari has worked in the political arena for more than 15 years and is a trusted business and political advisor to political figures and private sector leaders in Nevada and across the country. He has represented public and private companies at the local, state, and federal level in areas including corrections, construction, development, education, energy, finance, gaming, health care, insurance, real estate, and technology.

Chris has advised clients on some of the biggest policy issues facing Nevadans including medical malpractice tort reform, construction defect reform, and homeowner association law. He served under Governor Kenny Guinn as the director of Board and Commission appointments and worked with the administration to create programs including the Millennium Scholarship and Senior Rx. Chris also worked as a lobbyist and communications consultant for R&R Partners, the agency responsible for the famous, “What happens in Vegas, stays in Vegas®” campaign.

Chris is a native Nevadan and graduate of the University of Nevada. He also serves on the Washoe County Organizational Effectiveness Committee and is a member of the Italian Benevolent Society, the Northern Nevada Wine Association, the International Wine and Food Society, and the Prospector's Club. ♦



Chris Ferrari

***Save the dates for
our 2012 meetings!***

Mid-Winter Meeting

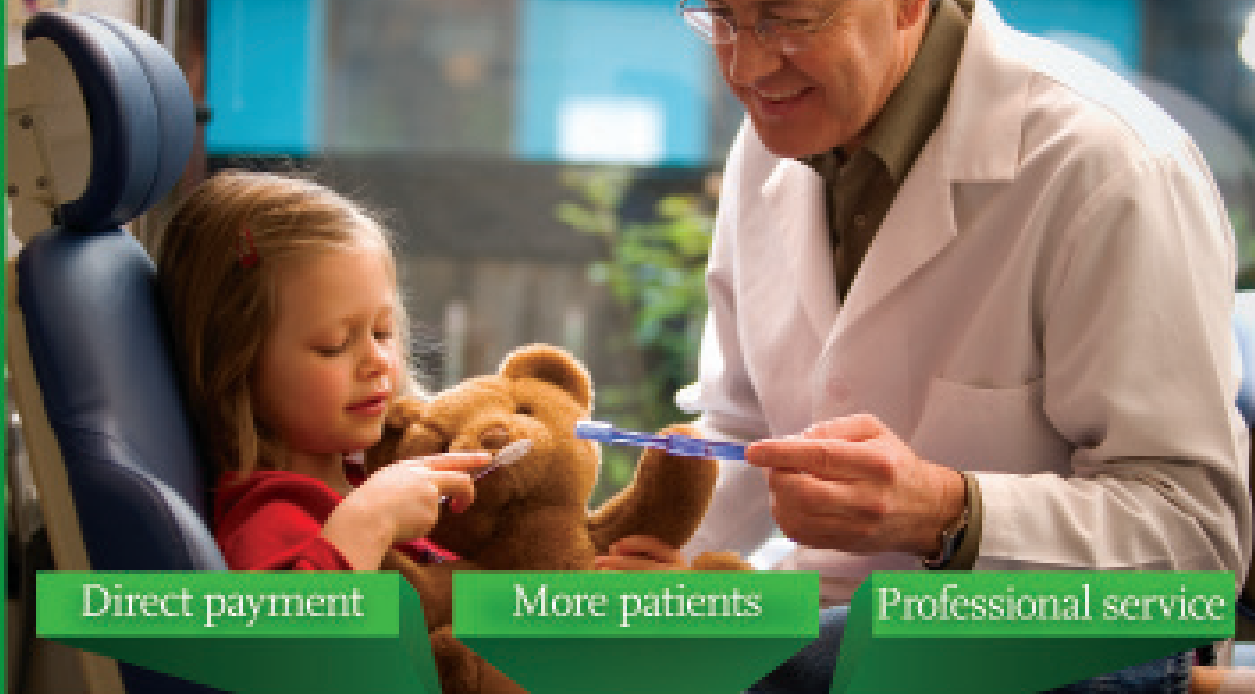
January 27, 2012
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94th Annual Summer Meeting

July 5–7, 2012
Hyatt Regency Monterey
Monterey, CA



whatever it takes and then some



Direct payment

More patients

Professional service



At Delta Dental Insurance Company, we focus on getting patients into your office on a regular basis, for their benefit and yours. We make dental care more accessible by making it more affordable, and that helps patients make smart decisions about their oral health. Four out of five dentists in the U.S. participate with Delta Dental. Join us and watch your practice grow.

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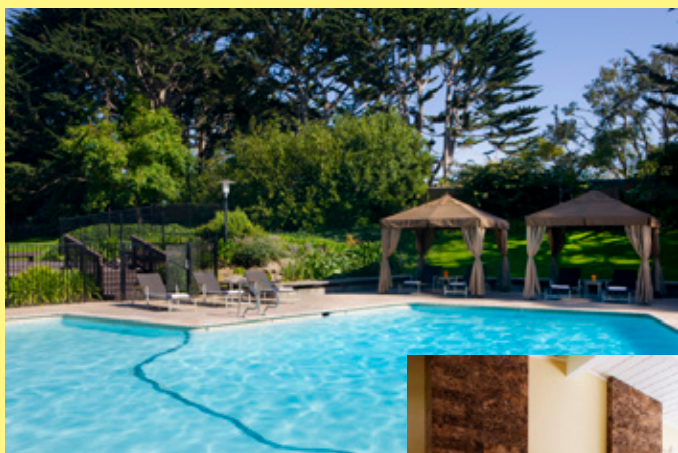
Did you know that participation with Delta Dental could mean as much as \$104,491* additional to your practice annually? Delta Dental dentists have an average of 7.5 more patient appointments each week than non-Delta Dental dentists, resulting in increased revenue.

*From a 2009 national survey of providers conducted by the Long Group on behalf of Delta Dental Plans Association.

deltadentalins.com

Save the Date!

Please join us at the Nevada Dental Association 94th Annual Summer Meeting!



Hyatt Regency Monterey July 5-7, 2012 Monterey, CA

Rooms starting at: \$199
Reservations: 831-372-1234
Group Name: Nevada Dental Association
Cut Off Date: June 12, 2012
Website: resweb.passkey.com/go/nevadadentalassn

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1923	John V. Ducey	1968	James F. Archer
1924	Thomas H. Suffol	1969	Philip J. Youngblood
1925	George A. Carr	1970	Carl M. Hererra
1926	Samuel T. Spann	1971	George P. Rasqui
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1966	Mario E. Gildone	2011	Michael Banks



Michael Banks, DDS

As the beauty of autumn fades and the temperatures start to fall, it is time to direct our energies as a collective body to move our organization forward. The task is daunting. However, with the help of the collective body of talent, we can accomplish our objective. At the Annual session in Las Vegas, the dental students were present as volunteers. I made a conscious effort to speak with a few of them and they were excited to be part of our great profession. We need to be sure that we keep our foundation strong so when these students enter into our ranks they can maintain the private practice model. It starts with us!

You will soon notice that our website is changing. We are going to take advantage of the electronic and social media and post information on the site. It will include advantages of membership, continuing education courses, the political agenda and much more. The site is a great place to stay abreast on what we are doing and show non-members the importance of membership. Anthony has done a superb job in creating this addition and I applaud his efforts. We have added a section titled "Ask us!" It is for any question that you may have. Whether it's about membership, legal and legislative or dues, all you have to do is ask and we will get you an answer. We are here to serve the membership and create a model society! With your input and the tireless efforts of the executive board, delegates, and staff, we can accomplish our goals.

The dues statements have been mailed and we have received more full dues payments than ever before. Thank you to those who believe in the

value of membership and have committed to the profession by supporting your tripartite dental association. If you have not paid your dues we need your financial commitment to bolster our membership. We have extended payment plans to fit every budget. Also, reach out to a nonmember and invite him to a meeting or continuing education class or speak to him about the threat of mid-level providers entering our state. Tell them we need them to get on board as we prepare to create a model society where information is at our fingertips and help is just a phone call away! Let's make sure we leave our legacy and mark for those dental students just entering the profession in which we love! Remember they are our future leaders! ♦



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David White, DDS

Hello, everyone!

I am David White, your 2012 NDA Legal and Legislative Chair. At no time in our history has politics played a more significant role in the work we do every day. I am very excited to announce that reports from our lobbyist and me will become staples in future issues of the *NDA Journal*. You can also find these updates on the

NDA website at www.nvda.org. The goal of these reports is to provide up-to-date information for NDA members on the work being done on their behalf in the political trenches.

Currently, we are developing an issue platform for the NDA and attending political fundraisers and events throughout the state to ensure that NDA is visible with the elected officials who will vote on policy impacting our industry. While redistricting is not entirely finished, the 2012 election cycle is alive and well.

We will soon begin interviewing candidates and briefing them on NDA issues. Should you have a special relationship with a state legislator (patient, neighbor, friend, etc.), please notify the NDA and be a part of the solution. A complete list of legislators is available at leg.state.nv.us/Session/76th2011/Legislators.

We recognize that “non-covered services” have become a national issue and we are poised to resume discussions with respective parties. We look forward to speaking with you in February at the House of Delegates at UNLV-SDM. Should you have any questions about policy affecting your practice, please contact me at davidmwhitedds@yahoo.com.

I would like to close by thanking those who have given to our Legal and Legislative Fund throughout the years. We sincerely appreciate your dedication to dentistry and simply, “Couldn’t do it without you!” ♦

Donations to Nevada’s Legal and Legislative Fund can be made out to “NDAPAC Fund” and sent to the NDA at:
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New Dentist Committee

By David White, DDS

The New Dentist Committee has been working hard and is pleased to announce the formal creation of a southern component of the Nevada New Dentist Committee. A successful kick off event was held in September. We were very pleased to have representatives from the NDA and SNDS present. Currently, we are planning multiple events for 2012. If you live in the Las Vegas area and are interested in participating please contact Emily Ishkanian at emily.ishkanian@yahoo.com.

Please mark your calendars for a New Dentist Reception during the NDA Mid Winter meeting. The social event will be held on Thursday, February 2, in Las Vegas. Please stay tuned for details.

For up to date information on events or networking opportunities with new dentists, please "like" our Facebook page at Nevada New Dentist Committee. Please feel free to contact me should you have any questions at davidmwhitedds@yahoo.com. ♦



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Nevada New Dentist Committee



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Letters to the Editor

Re: The \$25,000 Dollar Toothache

Dr. Dan Orr's excellent editorial "The \$25,000 Dollar Toothache" (NDAJ Fall 2011), points out a great problem in the American dental/medical professions. Anyone reading the article will say this is ridiculous, costly, and hard to believe. Unfortunately, all three of those thoughts are totally correct. What is left out is why this happens—self preservation.

The emergency room doctor tries to find some excuse to not treat the patient or find a big enough problem to send the patient elsewhere. So the toothache becomes "possible" Ludwig's angina—much scarier, and urgent! Thus, the patient is transferred to "Elsewhere General Hospital" and the ER doc's problem is over.

This same scenario occurs every day in my specialty—neurosurgery. For the cranial aspect it is the radiologist's x-ray report that says the CT scan of the brain "might have a tiny area of blood"—which it usually doesn't, but is followed by a transfer and admission to another hospital, multiple consultations and repeat scans. The \$25,000 phantom blood approach covers the radiologist (or generating more business?).

On the spine end of things, we have the fractured transverse process—a tiny lateral bone of the vertebral column which requires no treatment at all, but I have had three consults for this "problem" already tonight! Why? Because if anything else is wrong, the neurosurgeon was consulted so we sue him, not the poor radiologist or emergency room doctor.

There are examples in every specialty of the equivalent of Dr. Orr's \$25,000 toothache. So, what is the problem? Once the plane/helicopter is airborne, the time to Las Vegas is not much different than to Phoenix. But then Arizona Medicaid would have to pay the Arizona doctors. A transfer to Nevada avoids the doctor payment obligation altogether. Similar transfers occur within Las Vegas from hospital to hospital (usually dumping indigent patients on the county hospital) under the pretense of a "higher level of care" when the same patient with insurance would be kept at the for profit hospital.

Realities: uninsured or Medicaid patients are dumped. Bills get run up to protect doctors from legal liability. Drug companies, vendors of hospital supplies, ambulance

companies, etc. all get paid—even for the no pay patient—the TAXPAYERS pick up the bill. Except of course for the dentist/physician bills because doctors aren't politically connected enough to worry about.

So now that Dr. Orr has enlightened us by illuminating a real situation, who will talk to hospital administrators and politicians in order to bring an end to this sad situation?

In the meantime, just keep paying your taxes.

Albert H. Capanna, MD, JD

Editor's Note: Dr. Capanna, also a graduate of the UNLV School of Law, has cared for emergency neurosurgical patients at multiple Las Vegas area hospitals for decades, always without regard for their ability to pay.

Re: Universal Oral Health Care Possible Today

There is a slight correction for the figures published in my article, "Universal Oral Health Care Possible Today", NDAJ Fall 2011, but the point is still the same:

"Finally, the average \$600/year premium only pays \$250/year benefits which results in \$350/year profit for the third party. Cumulatively, employer premium payers pay \$12,000/20 year life of employee for an average of \$5000/life of services. Many practicing dentists with 2000 patients receiving a \$50/month (\$600/year) direct prepayment/patient (\$1.2 million/year) would be focused and more than happy to keep 2000 patients healthy. Which oral health system do we want?"

Mahalo, Dr. Franson K.S. Tom, MS, DMD



By Dwyte Brooks, DMD

2011 ADA Annual Meeting

The 152nd annual convening of the House of Delegates (HoD) completed its deliberations on October 14 at the 2011 ADA Annual Meeting in Las Vegas. As we were reminded on several occasions, we are in an economic recession rivaled only by that of the 1930s. Although the Annual Meeting remained the best attended dental meeting, by past standards it was obvious the effects of the economy significantly affected many of the numbers attending the HoD from NDA were Delegates Drs. Michael Banks, Dwyte Brooks and Jade Miller, Alternate Delegates Steven Rose, Gil Trujillo and Mark Handelin and Exec. Director Robert Talley.

The HoD conducted four sessions, including the election of Dr. Robert Faiella as President-elect and Dr. Ken Versman of Colorado (14th District) as Second Vice-President, and installed Dr. William Calnon of New York as President and Dr. Patricia L. Blanton of Texas as First Vice-President. Over 100 primary and amended resolutions were considered during the sessions.

Membership and planning actions included retaining the Student Block Grant program to support association activities at various dental schools. Dental Education, Science and Related Matters spent a great deal of time discussing alternative dental workforce models with a primary direction from the HoD to support the current position statements in the absence of any good evidence-based alternatives. Investigation should continue, but only as a component of a much more comprehensive and focused approach to dental access issues.

In a strong statement from the HoD, Resolution 66 from the 14th District was adopted. Recognizing that the cost of dental education is placing incredible financial stress on dental students and recent graduates, the

HoD realizes the financial resources of the ADA are too small to specifically impact the problem but is directing the ADA resources to research and advocate potential solutions and report to the HoD in 2012. Additional details are available at www.ada.org.

Sometimes, the actual resolutions passed are less significant than the feeling one gets in observing the debate, deliberations and votes. The senior Delegates in the state have been part of over a dozen HoD meetings and, more than at any time in our memory, the HoD appears to be

preparing for significant changes. A comprehensive study of governance will occur during 2012 to evaluate current operations and suggest changes in ADA activities (Res. 75). This will hopefully decrease overall costs and better align actions and functions with our goals and strategic plan but it appears that the HoD is prepared to act decisively on many of the expected recommendations.

Our economy and nation are changing and it is our belief that the ADA is ready to change to meet the challenges of the future. ♦

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Barriers to Case Acceptance



By Linda L. Miles CSP, CMC, Founder LLM&A

If your case acceptance isn't where you'd like it to be, it's natural to focus on the reasons patients give for delaying or declining care. Did you know, however, that dentists and their teams can also create barriers to case acceptance? I have found there are three key barriers that we unknowingly place in front of patients that actually make it harder for them to get the care they need. The good news is that these barriers, once you realize you have them, are easy to remove, providing a smooth path to patient case acceptance.

Barrier #1

Limiting the Possibilities

Patients cannot accept comprehensive dentistry if you don't diagnose it, recommend it and make it as easy as possible for them to achieve. Many practices, especially over the past two years, have settled for performing minimal care. They fix what's broken. They heal what hurts. But they rarely provide patients with a vision of what comprehensive dentistry looks like and how it would benefit them, clinically and aesthetically. When you recommend comprehensive dentistry, patients may not immediately schedule this level of care. You will still fix what's broken and heal what hurts right now, but you will also plant a seed of possibility in patients' minds. Then when it's the right time for them, they can get the dentistry done.

Barrier #2

Not Making CE and Training a Priority

When a dentist graduates from dental school, they are educated and excited about dentistry and armed with the

latest information and newest techniques. Then five or ten busy years go by. They've managed to squeeze in some CE credits, but have not taken the time to pursue CE which would enable them to offer patients new technology and treatment. It's human nature, especially when you have a busy job and life, to settle into what's familiar and comfortable. But in dentistry, technology is improving at an exponential rate and it takes effort to keep up with clinical advancements. When you don't take advantage of CE courses, especially hands-on opportunities, you won't be able to offer patients new procedures and treatment options. The team also needs to proactively improve their skills, especially verbal communication skills. These investments in yourself and your team can create new opportunities and enhance patient satisfaction and loyalty. Invest in yourself and your team and choose CE courses that will refresh and renew your passion for dentistry and expand your services to patients.

Barrier #3

Not Understanding Your True Value

I've found 75% of case acceptance breaks down during the financial discussion. The way finances are discussed can either encourage the patient to move forward with care, or communicate the team member's perception of the cost and value of the dentistry. If you and your team don't firmly believe that you provide patients with a valuable service and deserve to be appropriately compensated for your training and skills, your patients won't believe it either. And if patients do not value you and your talent, they won't

value the dentistry and won't move forward with care.

To break down this barrier, you must first recognize and celebrate the positive impact you have on patients' lives. During the financial discussion, make sure your team understands their role is to present your best care recommendations and communicate to patients—both verbally and emotionally—an enthusiasm for, and confidence in, those recommendations. Then, they must make it financially easy to move forward with the dentistry.

Be consistent in your fees and payment options by making sure the entire team uses a written financial policy that details all payment options available, including a cash courtesy, consumer credit cards, and a healthcare credit card. It can be beneficial to let patients know, even before the clinical examination, that financial options are available. You can place information about your payment options on your website and include it in your new patient welcome packets.

Being a dentist is about giving patients what they need—and what they deserve. To increase case acceptance and break down the three key barriers, we simply give patients a vision of comprehensive care, skillfully offer the best technology and techniques and then appropriately set fees and communicate the value we deliver. Sometimes the patient may not have the time or the money to move forward with care. But, because you have done everything in their best interests, they will be back and in the chair sooner than you think. ♦

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Robert Goodis, DDS

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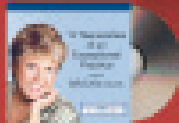
“It's not a good idea to talk about money during the clinical examination. It's hard to have a two-way dialogue and it's never a good thing to quote fees without discussing payment options at the same time. So we review our written financial policy with every patient *before* they are escorted to the operatory. This way, during the examination, our patients are less concerned with cost because they already know payment solutions are available.”

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Multidisciplinary Approach to Treatment of Osteoradionecrosis in the Mandible Using the Marx Protocol

By Richard B. Gustavson, RN, BS, ACHRN, CWCN, CHT and Richard C. Baynosa, MD

Introduction

The American Cancer Society estimated that in the year 2010 36,540 individuals will be diagnosed with cancer of the oral cavity and pharynx in the US.¹ Although the incidence of oral cancers declined from 13.21 in 1975 to 10.56 in 2007, the recognition and management of complications of treatment is still a concern.

Osteoradionecrosis (ORN) may be the most serious complication facing oral cancer patients who have received radiation treatments. ORN is bone that has been damaged as a complication of the radiation treatments. Chrcanovic, et al defines ORN as “a severe delayed radiation-induced injury, characterized by bone tissue necrosis and failure to heal.”² Radiation therapy destroys cancer cells by denying them oxygen and nutrients. This is accomplished by obliterating the small arteries in the irradiated field. Although ORN is not an infection in and of itself, it does reduce the ability of the bone to heal and may result in lesions, pain, and fragility. The decreased blood flow limits the ability of lesions to heal and any subsequent infections pose a significant risk to the patient. Recently some investigators are emphasizing the fibroatrophic effect of radiation. This advances the argument that stem cell depletion and radiation-induced fibrosis are the precipitating mechanism for ORN.³ Cases of spontaneous eruptions in the bone are not unheard of but ORN occurs most frequently when there is an insult to the irradiated bone such as subsequent surgery, biopsy, tooth extraction, or irritation from dentures.

According to the Oral Cancer foundation, “Symptoms vary depending on the location and extent of damage to the bone. Many people do not experience any symptoms for months or even years after the radiation treatment.” Clinical presentation may range from very mild to very severe and include:⁴

- pain
- swelling
- reduced mobility of the jaw
- drainage
- exposed bone in the maxilla and/or the mandible
- bone destruction

This article is not intended to be an all-inclusive discussion of the management of osteoradionecrosis of the mandible. Our discussion will be limited to the selective use of hyperbaric oxygen (HBO) in the management of osteoradionecrosis as a complication of radiation therapy induced damage to the mandible and surrounding soft tissue. However, the concept of a combination of surgical intervention with systematic use of HBO treatments is, based on Marx’s research, critical to the successful management of ORN.

Marx’s work in the management of ORN applies a systematic approach to management based on the severity of mandibular necrosis.⁵ Reportedly, for HBO to be consistently successful, it must be combined with surgery in an optimal fashion. Marx developed a staging system for classifying mandibular necrosis. By staging the severity of mandibular necrosis, a predictable plan of therapeutic intervention based on the extent of damage and planned surgical intervention is possible. (See Table 1.)

The Therapeutic Effects of Hyperbaric Oxygen on Irradiated Tissue

HBO is a therapy in which a patient breathes 100% oxygen while inside a treatment chamber at a pressure greater than normobaric pressure. Treatment may be carried out in either a monoplace (*photo 1*) or a multiplace (*photo 2*)



Monoplace chamber, St. Rose Dominican Hospital San Martin, Las Vegas

Table 1. Marx's staging system.

Stage	Description	Hyperbaric Protocol
Stage I ORN	Chronically exposed bone with none of the serious manifestation	30 HBO treatments followed by minor bony debridement with 10 HBO treatments post procedure
Stage II ORN	Not progressing with 30 HBO treatments or if more radical surgical debridement required. Mandibular continuity is maintained	Follow debridement with 10 additional treatments
Stage III ORN	Those failing treatment in Stage I or II or patients who present with pathologic fracture, orocutaneous fistula, or evidence of lytic involvement extending to the inferior mandibular border.	30 HBO treatments followed by mandibular resection then 10 post-resection treatments. Post reconstruction an additional 10 HBO treatments to support tissue metabolic demands of healing

chamber. In the former the patient breathes oxygen via a hood or facemask while the chamber is pressurized with room air. In the latter the entire chamber is pressurized with 100% oxygen, which the patient breathes directly.⁶ HBO treatments for osteoradionecrosis are recognized by CMS and other third-party carriers for reimbursement.

One of the known therapeutic effects of HBO angiogenesis, which is an important mechanism through which HBO is effective in treating delayed radiation injuries. Marx demonstrated the enhanced vascularity and cellularity in irradiated tissues after hyperbaric oxygen therapy by comparing histologic specimens.⁷ As one author stated, "The most widely applied and most extensively documented indication for hyperbaric oxygen in chronic radiation injury is its application in the treatment and prevention of radiation necrosis of the mandible."⁸ The Marx protocol combines HBO treatments pre- and post-surgical intervention. Marx reported that of 268 patients treated according to his protocol, successful resolution was achieved in 100% of the time.⁹ Marx measures successful resolution as not only cosmetic restoration, but also restoration of dentition for mastication.

A 2002 review conducted by Feldmeier & Hampson found publications documenting 371 cases of mandibular ORN with a positive outcome in 310 or 83.6%.¹⁰ Unfortunately some of these studies just reported improvement while Marx reports 100% resolution, which he defines as mandibular continuity and rehabilitation with a prosthesis for cosmesis and mastication.⁹ Two recent articles, Gal in 2003 and Annane in 2004, expressed negative opinions about the efficacy of HBO in the treatment of ORN.^{11, 12} Although these were randomized controlled trials, they suffered from small sample sizes (n=22 in the Gal study and n=31 in the Annane trial) and ultimately were not comparable to the original Marx study because there was no strict adherence to the Marx protocol of pre- and post-surgical HBO combined with extensive debridement of all necrotic bone. In fact, the Annane trial attempted to minimize the role of surgical debridement and treat early ORN with HBO alone.

In addition to the benefits demonstrated in the treatment of existing ORN, Marx has also shown the benefits of HBO for prophylaxis of ORN in patients undergoing tooth extraction in heavily irradiated jaws. In this randomized prospective trial, a total of 74 patients who received a radiation dose of at least 6,800 cGy were treated with either penicillin prophylaxis or HBO treatment consisting of 20 pre-extraction daily hyperbaric treatments combined with an additional 10 post-extraction daily hyperbaric treatments.¹³ The findings were significant with 29.9% of penicillin treated patients developing ORN compared to only 5.4% of patients in the HBO group. Other researchers that have used the Marx protocol successfully for prophylaxis against ORN after tooth extraction in the irradiated mandible corroborate these findings¹⁴⁻¹⁶

There exists significant evidence in well-designed studies supporting the use of HBO treatments to improve outcomes from the delayed tissue damaging effects of radiation, particularly when a subsequent surgical or invasive procedure is necessary. It is important to note, however, that the significant benefits were achieved by adhering to a



Photo 2

Richard Gustavson with a patient in multiplace chamber at UMC

Continues ➔

Treatment of Osteoradionecrosis, continued

strict multidisciplinary protocol developed by Marx that advocates both pre-surgical as well as post-surgical hyperbaric treatments. Appropriate discussions between the oral and maxillofacial surgeon, the hyperbaric physician, and/or the treating general dentist are crucial for optimizing outcomes in this difficult to treat patient population. ♦



Authors Dr. Richard Baynosa and Nurse Richard Gustavson

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By Karen P. West, DMD; UNLV SDM Dean

Greetings from the SDM!

Admissions and student affairs

The 2011–12 application cycle is well underway. We have received 1,989 applications from all over the country and abroad. With January 1 as our AADSAS application deadline, we expect to have between 2,100–2,200 applications this year.

Faculty and staff have been busy with interviews. As of November, 219 applicants have come through in ten interview days. Another 235 applicants are being interviewed from December through February. Acceptances will be sent to qualified applicants beginning December 1, 2011. We will continue to send acceptances until our class is filled. We anticipate having the seats in the Class of 2016 filled by May 2012.

The annual **White Coat Ceremony for the Class of 2015** will be on **February 17, 2012**. The ceremony will be held at the Beam Music Center's Doc Rando Recital Hall on the main campus at 4:00 pm. This is an exciting time for the first year students as they are officially welcomed into the dental profession. Eighty-two members of the class will participate in the cloaking ceremony.

New faculty spotlight

We welcome full-time faculty member, **Philip C. Walter, DDS**, to his position as Director of Advanced Education in Pediatric Dentistry Program.

Dr. Walter was born in Elkhart, Indiana and received an AB degree with a major in Zoology and a minor in Chemistry-Physics at Indiana University, College of Arts and Sciences in Bloomington. He then attended Indiana University, School of Dentistry, where he was awarded a DDS degree in 1972. Dr. Walter completed his residency in Pediatric Dentistry at the Indiana University Medical Center Hospitals and James

Whitcomb Riley Children's Hospital in 1974. He ventured west and opened his practice of Pediatric Dentistry in Aurora, Colorado in early 1975.

After approximately 30 years in private practice, Dr. Walter fulfilled another desire—to become a full-time academician. He accepted a position at the University of Tennessee, College of Dentistry in Memphis in its Department of Pediatric Dentistry and Community Oral Health. This was a great academic teaching experience, however, the desire to return out west still loomed in his mind. So when the director position became available at UNLV, we received his application.

We were impressed with his background in both pediatric private practice and academics. Dr. Walter has given a vast amount of professional presentations and taken continuing education courses throughout his lengthy career. We consider ourselves very fortunate to have recruited him to be the director of our pediatric dentistry advanced education program.

Las Vegas, Nevada–Tianjin, China dental school exchange

In spring 2011, three administrators from The Stomatological Hospital of Nankai University visited the UNLV, SDM to learn about the United States system of dental education to consider establishing university exchanges. Soon the Chinese representatives extended a reciprocal invitation for a delegation from UNLV SDM to learn about the Chinese system of education and establish a formal working relationship.

Due to their diverse areas of expertise, the following group from UNLV were chosen to travel from Oct 23–Nov 4: Dean Karen West; Drs. Wendy Woodall, Marcia Ditmyer and Wenlian Zhou.

After flying for 15 hours, the group arrived in Beijing, China only to travel 100 additional miles to Tianjin, the home of our future sister school. Over the next two days the group met with leaders of the Stomatological Hospital, as well as the parent Nankai University, exchanging presentations about our facilities. The group toured the dental hospital treatment areas, from prevention through cleft palate surgical floors, and met with current students. Research facilities, dental nurse education school, laboratory services and historical sites were included. The visit culminated in the signature and exchange of documents to establish the relationship between The UNLV School of Dental Medicine and the Stomatological Hospital of Nankai University.

Community service

Our students continue to be busy within the community providing services to the various underserved demographics with the Las Vegas, Mesquite and Pahrump communities.

During the past few months SDM students, residents, faculty and staff along with UNLV pre-dental students and CSN dental assistant students have treated over 170 patients within our student sponsored clinics. Student sponsored clinics such as the John Ferrin Memorial Clinic, Saturday Children Clinic, American Academy of Women Dentistry-Shade Tree Clinic and Shannon West Clinic have provided over \$32,000 worth of free dental services to low income veterans, children with no dental insurance, homeless Shade Tree women, and homeless teens. ♦



Robert Anderson

Happy holidays and a happy, prosperous new year to our members!

One year ends, a new one begins, so it's natural to reflect as we look back over the year, and look forward as we make plans and set goals.

The SNDS continues to evolve in how it supports and provides benefits to members. We are working to provide more and better opportunities for our members to be involved, and to be kept in the loop. Given that things can happen quickly and there always seems to be a lot going on, finding the best way to accomplish that goal can be a challenge. If you have thoughts on how you can be better informed, our officers would appreciate hearing from you.

Along those lines, in finding ways to make membership in the SNDS an amazing value, we have expanded our popular **CE Café series**. In the first half of 2012 you have four opportunities to receive CE credits and enjoy fellowship with colleagues—all of it included in your dues. This is on top of the member dinner meetings included in the SNDS portion of your dues, as well as Peer Review and the benefits provided by the ADA and the NDA. Check the Continuing Education section of our website for information on our main seminar series, as well as the CE Café. The first SNDS member

dinner meeting of 2012 *will* be held at the Gold Coast on Tuesday, January 10!

In February, we will return to Nellis Air Force Base for our annual Nellis meeting—always a popular event. Between our Operation Dental Elf program during the holidays, cooperating on Give Kids A Smile, and the Nellis meeting, it's always a pleasure to get better acquainted with our colleagues in the 99th Dental Squadron. Watch the SNDS website and *Prezfax* for information as we get closer.

We will also be working with the UNLV School of Dental Medicine and the Orthodontic Residency program at Roseman University (formerly Univ. of Southern Nevada) for our annual Give Kids A Smile (GKAS) event. This is the 10th anniversary of the event, and the SNDS has participated every year. Last year 150 children received oral health care treatment, and the goal, like the need, is even higher this

year. To our knowledge, it's the only event of its kind in southern Nevada that brings together all of the education programs and residencies from UNLV, CSN, Roseman University and even Nellis Air Force Base, along with the Hygienists' Association and local social agencies. It's a great effort that really illustrates the meaning behind the idea of the dental community. As our committee organizes the event, watch for opportunities to be involved.

And that's the thought to leave with. If you want more for your membership dues, get involved as a member. Find out which committees need volunteers; help arrange CE programs, or invite non-members to our dinner meetings and introduce them to your colleagues. It's always good to be part of a team, and be a part of what's happening.

And again, a happy, prosperous New Year to you, your families, team members, and all. ♦



Southern Nevada Dental Society's

CE Café Series

2011 - 2012

Wednesday, February 22

▶ "Caries Detection"

LOCATION Nevada State Bank, 3688 S Jones Blvd, Las Vegas (Jones & Twain)
TIME 6:00 pm dinner, Seminar 6:30–8:30 pm. 2 CEU.

Wednesday, March 21

▶ "Economic Trends and Social Media"

LOCATION Nevada State Bank, 1501 W Warm Springs Rd, Henderson (Warm Springs & Stephanie)
TIME 6:00 pm dinner, Seminar 6:30–8:30 pm. 2 CEU.

Wednesday, April 18

▶ "Using 3D Radiology in Diagnosis"

LOCATION Nevada State Bank, 3688 S Jones Blvd, Las Vegas (Jones & Twain)
TIME 6:00 pm dinner, Seminar 6:30–8:30 pm. 2 CEU.

Wednesday, May 16

▶ "Bone Grafting and Implants"

LOCATION Nevada State Bank, 1501 W Warm Springs Rd, Henderson (Warm Springs & Stephanie)
TIME 6:00 pm dinner, Seminar 6:30–8:30 pm. 2 CEU.

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Member Name: _____ DDS DMD



Mail, fax, or email RSVP to: Southern Nevada Dental Society
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The ADA Annual Session has come and gone once again. I thank all of the Society members, UNLV faculty members, hygienists, dental students, hygiene students, assistants and others who volunteered their time and energy in making this another successful meeting. We overcame a last minute glitch in our Give Kids A Smile program thanks to the help of our Executive Director Bob Anderson who managed to salvage things.

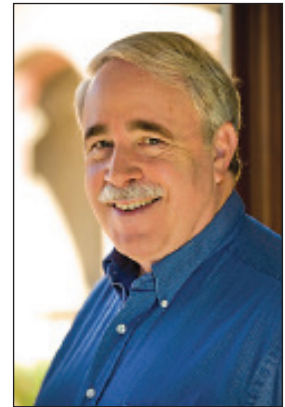
Donating time and energy for the good of others has always been a hallmark of dentistry. Many individuals have devoted their lives to providing free dental treatment to areas of the world where restorative dentistry is almost unheard of. At the ADA Opening General Session, Dr. Jeremiah Lowney received the 2011 ADA Humanitarian Award for his many years of serving the population of Haiti and raising the level of healthcare in that country through his Haitian Health Foundation.

Whether you did or did not volunteer at the ADA Conference, many of you spend part of your time supporting organized dentistry in other ways. You see some part of the "big picture" and realize that while you may not receive a direct benefit from Society or Association work, your organization benefits, as well as our future membership. This is the essence of our Society.

And if you don't volunteer in any way for your chosen profession, please consider helping out others in any manner that makes sense to you. The American Cancer Society, the Susan Komen Foundation, Opportunity Village, the Boys and Girls Club, the American Heart Association, and hundreds more would love to use your skills or interests to improve the lives of others.

On other topics, the SNDS membership has started to increase again. Our numbers are up about 6%—not a huge increase, but we have reversed the slide and have more members than we have had in years. Also, thanks to a well-designed budget with cost-cutting measures and income from continuing education courses, we are financially stable. As we enter 2012, we hope to continue serving our membership with a sound Society.

Lastly, one of my goals has been to make the SNDS a center for great continuing education. With this in mind, I am asking for volunteers to be part of our Continuing Education Committee. A select number of members will help direct the future of our CE program. If you have any experience in selecting and/or hiring dental speakers, please feel free to contact me. ♦



Joel Casar, DMD

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Lori Benvin

I have attended numerous HoD meetings over the past 10 years and I feel being a Delegate is the *best* way for a member to learn how your association functions, how the NDA represents the dental profession, how you can help your association and be informed of legislative issues, how you can shape the outcome of issues effecting dentistry in Nevada, and how to become involved with minimal time commitment. If you don't like the direction a particular issue is being handled by the NDA or Nevada legislation, this is *your* opportunity to change that by becoming a Delegate.

Lastly, please check out our website at www.nndental.org for upcoming continuing education courses and events. We have great opportunities for CE units along with chances for you to meet and greet friends for practice pearl sharing. Hope to see you this coming year! ♦

Have you ever thought about becoming a NNDS Delegate? Do you know what a "Delegate" does? Please take a moment to think about becoming a NNDS Delegate and why it is so *very* important to *your* profession and *your* association, but also why it might be just the position you could afford to commit to.

NNDS Delegates

- Appointed for a 3-year term.
- Represent and vote as the voice of membership, your association, and your profession.
- Represent your colleagues, twice per year—in late January/early February at the NDA Mid-Winter House of Delegates (HoD) meeting, and in July at the NDA Summer meeting.
- Required to attend both HoD meetings.
- Attend pre-meetings. When pertinent issues are scheduled to be on the NDA HoD agenda for a vote, all Delegates need to attend a NNDS pre-meeting at the NNDS office to discuss (typically scheduled one month prior to the NDA). You will then "poll" your assigned representing members for opinions and feedback to take to the House.
- During legislative years, Delegates may be asked to survey colleagues for feedback; to stimulate dentists on issues facing dentistry in Nevada for the greater good of your profession.
- Reimbursement for expenses to these meeting is not given, however 1 CE credit is awarded per HoD meeting.
- If you are unable to attend a HoD meeting during your term, it is the Delegate's responsibility to find an "Alternate" Delegate to fulfill the obligation of attending such meeting. It is also asked that the Chief Delegate, Dr. Frank Caffaratti, or myself is informed of this Alternate.
- The annual Summer meeting is always family-friendly. The locales selected by the NDA President welcome Delegates to bring their family and friends. ♦

In Memoriam

Rafael "Rafe" Gamboa, DDS

Renowned and beloved local periodontist, passed away peacefully on October 23, 2011.

Dr. Gamboa leaves behind his beloved wife, Linda, daughters Alexis and Roxanne Gamboa, Shannon McClaskey, Heather Toole, Lexi Jacinto and his five grandchildren. Dr. Gamboa is also survived by his mother and father, Francisco and Olga Gamboa; sisters, Elvia, Irma, Norma and brothers Frank and Hector Gamboa, and all of their amazing children.

Rafe Gamboa graduated from the University of Nevada and later attended dental school at USC in Los Angeles going on to UCLA for specialization in periodontal dentistry. He returned to Reno over 30 years ago and has had a successful private dental practice. Beyond everything, Dr. Gamboa truly loved his patients.

Dr. Gamboa was a local pioneer in performing dental implants and was one of the first dentists to receive the highly coveted training and award from the MISCH Institute, 20 years ago.

In his private life Dr. Gamboa enjoyed fishing, hunting, and flying down the road on his Harley.

Dr. Gamboa especially savored the time spent with his father, attending untold numbers of San Francisco Giants games. Above all, he went to great lengths to spend time with his precious girls, who he adored. His large loving family reveled in holiday gatherings and they all took every opportunity to be with each other.

Dr. Gamboa will long be remembered for his zest of life, his joyful countenance and total commitment to loving and living every day to the fullest. ♦



In October 2011, I had the pleasure of speaking in front of the Pre-Dental Club at University of Nevada, Reno. I was first blown away by the way that the campus had changed since I graduated in 2001. The best example I recall is that the food court in the Joe Crowley Student Union seems larger than the entire student union during my tenure! Not to mention the amazing technology that is available to the students. What a great campus and opportunity for students!

After this, I entered a room of 25 or more students. There were 25 members of the Pre-Dental Club and it wasn't even all of the members. There were three members a little more than ten years ago. After the reality check, I became very excited. I was excited to see how desirable our profession is to young adults and that they were willing to take time out of their busy schedules to listen to me talk about Organized Dentistry. When I finished my speech, the questions the students posed were impressive. They actually listened to what I had to say, processed it and came back with thoughtful questions and concerns. I left with a renewed energy and enthusiasm for our profession, as well as concern.

I am concerned because we have such an energetic and eager generation that is excited to follow our footsteps,

but when they get there, it may not be what it is today. During my presentation I spent 30–40 minutes describing the benefits of our local society, NDA and ADA and how they protect our profession, improve it and allow us the freedom to practice how we want. I am concerned that our membership doesn't know this, doesn't have time to look at the ADA website (www.ada.org), and maybe doesn't care.

The NNDS and NDA are in a transition to re-educate members and non-members about what organized dentistry does for all of us. We are trying to communicate in every way possible—using social media like Facebook, e-mail, faxing and the old fashion “snail mail”. We can be shouting from the mountain tops as loud as we can but that doesn't mean anyone is listening. We have a lot going on in our lives. We need to take the time to pick up our *NDA Journal*, read association emails and, more importantly, respond to the emails and the CapWiz emails.

With the next legislative cycle coming soon, we need to hear from the members about their concerns. If they haven't already, your delegate will be contacting you and asking for *your* input, concerns, and solutions. Thank you to those who responded. Your leaders are better prepared to represent you. Those that haven't responded yet,



Quincy L. Gibbs, DDS

please take a moment and let us know what you are thinking. This helps us steer the profession in the right direction. If you think your voice isn't being heard, please contact our ADA trustee for the 14th district, Dr. Gary Yonemoto, he represents our region at the ADA House of Delegates.

My trip to University of Nevada, Reno provided me with perspective of how quickly things can change. Change for the better or for the worse. We have a great group of people that volunteer for you and represent your concerns and needs. Speak up and help them represent you better. Without your input, representation is like walking down a dark hall without a light, you can make it to the end but it will take a lot longer to get there and you are guaranteed to hit a wall. ♦

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Call a Code!

This Doctor's Heart Stopped Beating!

The coming healthcare coding disaster

By Tamzin Rosenwasser, MD Reprinted with permission of American Physicians and Surgeons (AAPS)

On September 13, 2011, the *Wall Street Journal* noticed the Code Blue in the medical field. They have brought the coding disaster out into the open. Physicians have been dealing with the 18,000 codes of International Classification of Disease (ICD-9), coding their patients' diagnoses, and the tests and procedures done, all for the convenience of the government and third parties. Now there will be ICD-10, with 140,000 codes, 70,000 for diagnoses, and the rest for procedures. It's laughably absurd. Is there a code for "Driven insane by ICD-10 codes?"

ICD-10 code books will be larger, no doubt more expensive, and ridiculous. There is no way to come up with a code for the nuances of everything that happens. But someone is trying to shoehorn medical events into 140,000 codes. Who cares whether it was a macaw or a parrot that bit someone? There are nine codes for each of the birds. You can be bitten, struck, or have "other contact with" a macaw, an initial encounter, a subsequent encounter, or sequela. Could petting a macaw be a medical problem if someone got a rash from it? Would you code it "other contact with macaw" or "eczema"?

Pat Brooks, of Medicare/Medicaid, says it is for "accuracy of data and quality of care." What will happen is that physicians and "billing experts" will be overwhelmed by this flood of trivia. Instead of one code for a poorly healed fracture, someone will need to sift through 2,595 codes for the specific type of poorly healed fracture. But they won't do it. The code for refusing to do something like that is XOX.01.AE.3, which is "perverse human nature pathologically gumming up government work." Having more than 2,000 codes will not help reduce poorly healed fractures. The data will get less accurate, because even trained coders will default to some wastebasket code when faced with the bewildering array in ICD-10.

This is an example of our national obsessive-compulsive neurosis. Code E993.8 is "unintentional explosion of own autocannons." There's a code for "nostalgia," and one for "execution, legal." Regrettably, there is no code for "bad karma." The codes change all the time, so maybe that will be remedied in an upcoming version.

Donna Pickett, medical systems administrator at the Centers for Disease Control and Prevention (CDC), says codes detailing sites of injury, such as in a chicken coop, "could be important as for surveillance activities." Does she envision outlawing chicken coops if a certain number of people are injured in them? How about code V91.07XA, "burn due to water-skis on fire, initial encounter?" There's a code for drowning while jumping from burning water skis. How many times are water skis ever going to catch on

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fire? Will we have a mandate that water skis must be fireproof? How about a warning: "Serious burn or drowning may result if water-skis catch on fire?"

Another bureaucrat says it's like a phone book: "All the numbers are in there. Are you going to call all the numbers? No. But the numbers you need are in there." However, it is more like having 2,000 numbers that all ring the same telephone. What's the point? There is no good excuse for such exhaustive record-keeping.

If the *Wall Street Journal* thinks Sarbanes-Oxley and Dodd-Frank are a drag on business, they should visit a medical practice and see the chaos caused by all this.

If we really wanted to survey what's going on, how about creating codes for the actions of Congress and the President? Code XF0.013.0.BLI: "voted on bill without reading it." Code TREaa.1984: "went along with what Felix Frankfurter told William O. Douglas, viz. "If we can keep (Charles Evans Hughes) on our side, there is no amount of rewriting of the Constitution we cannot do." Code XK.208.CCL could be "played golf, three over par, during financial crisis." Oh, wait, mistakes are criminal fraud. The code should be XKa.208.CCL, "played golf, three over par, during financial meltdown. ♦

Dr. Tamzin Rosenwasser earned her MD from Washington University in St. Louis. She is board-certified in Internal Medicine and Dermatology and has practiced Emergency Medicine and Dermatology.



Dr. Rosenwasser served as President of the Association of American Physicians and Surgeons (AAPS) in 2007-08 and is currently on the Board of Directors. She also serves as the chair of the Research Advisory Committee of the Newfoundland Club of America. As a life-long dog lover and trainer, she realizes that her dogs have better access to medical care and more medical privacy than she has, and her veterinarians are paid more than physicians in the U.S. for exactly the same types of surgery.

Editor's note: In 1962, the Nobel Prize in Medicine was awarded jointly to doctors Crick, Watson and Wilkins for discoveries related to what is known as the Genetic Code. Over the years, the Code has been gradually deciphered to man's benefit.

It is ironic that the AMA and a few of its 15% of all American physicians now promote another code, ICD-10. The Genetic Code demonstrates an elegant and wonderful model of progressive and productive order in nature, while ICD-10 gives us an ever more confusing example of intrusive, confusing, and unproductive chaos. Could Crick, Watson, Wilkins, or anyone ever win a prize for cracking ICD-10? Administrative healthcare is progressing, just in the wrong direction.

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Nevada Dental Association Journal

2000–2011 Index



Compiled by Austin Burnett, BS; Cody Meeder, BS; Tyson Miller, BS



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Editor's Note: The NDAJ expresses appreciation to UNLV SDM students Burnett, Miller, and Meeder who combed through 11 years worth of NDA Journals (provided by NDA Executive Director Dr. Robert Talley) in order to develop this Index. Journal readers will notice that several issues from the last decade were not found at the NDA office. If anyone has possession of any of these missing issues the NDAJ would like to include that content in the Index. The Index will be posted on the website.

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PROVERBS FOR DENTISTS

By Daniel L. Orr II, DDS, PhD, JD, MD



2011 is the 400th anniversary of the *King James Bible*. The legal system in the United States is formulated in part on laws iterated in the Bible. Christian, Jewish, and Muslim (as noted in the Koran) cousins all recognize their common ancestry in the Patriarch Abraham.

The Bible illustrates hundreds of social mores utilizing dental imagery, such as Job 19:20: “My bone cleaveth to my skin and to my flesh, and I am escaped with the skin of my teeth.”

The Book of Proverbs is especially rich with dental allusion.

Proverbs 1:12 Let us swallow them (sinners) up alive as the grave; and whole, as those that go down into the pit.

Proverbs 4:17 For they eat the bread of wickedness, and drink the wine of violence.

Proverbs 8:7 For my mouth shall speak truth; and wickedness is an abomination to my lips.

Proverbs 10:26 As vinegar to the teeth, and a smoke to the eyes, so is the sluggard to them that send him.

Proverbs 10:30 The mouth of the just bringeth forth wisdom; but the forward tongue shall be cut out.

Proverbs 12:3 A man shall not be established by wickedness: but the root of the righteous shall not be moved.

Proverbs 13:13 He that keepeth his mouth keepeth his life; but he that openeth wide his lips shall have destruction.

Proverbs 15:2 The tongue of the wise useth knowledge aright; but the mouth of fools poureth out foolishness.

Proverbs 16:23 The heart of the wise teacheth his mouth, and addeth learning to his lips.

Proverbs 18:6–7 A fool’s lips enter into contention, and his mouth calleth for strokes. A fool’s mouth is his destruction, and his lips are the snare of his soul.

Proverbs 18:20 Let another man praise thee, and not thine own mouth; a stranger, and not thine own lips.

Proverbs 18:21 Death and life are the power of the tongue: and they that love it shall eat the fruit thereof.

Proverbs 21:23 Whoso keepeth his mouth and his tongue keepeth his soul from troubles.

Proverbs 23:7–8 For as he thinketh in his heart, so is he: Eat and drink saith he to thee, but his heart is not with thee. The morsel which thou hast eaten shalt thou vomit up, and lose thy sweet words.

Proverbs 23:32 At the last it biteth like a serpent, and stingeth like an adder.

Proverbs 24:13 My son, eat thou honey, because it is good; and the honeycomb, which is sweet to they taste.

Proverbs 25:16 Hast thou found honey? Eat so much as is sufficient for thee, lest thou be filled therewith, and vomit it.

Proverbs 25:19 Confidence in an unfaithful man in time of trouble is like a broken tooth, and a foot out of joint.

Proverbs 25:21 If thine enemy be hungry, give him bread to eat, and if he be thirsty, give him water to drink: for thou shalt heap coals of fire upon his head, and the Lord shall reward thee.

Proverbs 26:11 As a dog returneth to his vomit, so a fool returneth to his folly.

Proverbs 27:24 For riches are not forever, and doth the crown endure to every generation?

Proverbs 30:14 There is a generation, whose teeth are as swords, and their jaw teeth as knives, to devour the poor from off the earth, and the needy from among men.

Calendar of Events

JANUARY–MARCH 2012

JANUARY 2012

TUE 10	NNDS Executive Committee meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
TUE 10	SNDS Member Dinner meeting	5:30 PM	Gold Coast Hotel, Las Vegas
WED 11	SNDS Dentist Health and Wellness Committee meeting	<i>Contact SNDS office at 702-733-8700 for time & location</i>	
THU 12	AGD General Membership Dinner meeting	6:00 PM	<i>Location: To be determined</i>
WED 18	SNDS Peer Review Committee meeting	<i>Contact SNDS office at 702-733-8700 for time & location</i>	
THU 19	NDA Executive Committee meeting	<i>Video Conference</i>	
TUE 24	SNDS Executive Committee meeting	6:00 PM	
THU 26	NNDS General Membership Dinner meeting, Dr. Fruzzetti	6:00 PM	The Grove at SouthCreek, Reno
FRI 27	NDA MidWinter House of Delegates	9:00 AM	UNLV School of Dental Medicine

FEBRUARY

SAT 4	Give Kids A Smile 2012	8:00 AM 1:00 PM	UNLV School of Dental Medicine
TUE 14	SNDS Nellis Member Dinner meeting	5:30 PM	Nellis Air Force Base
WED 15	SNDS Peer Review Committee meeting	<i>Contact SNDS office at 702-733-8700 for time & location</i>	
WED 15	SNDS Dentist Health and Wellness Committee meeting	<i>Contact SNDS office at 702-733-8700 for time & location</i>	
THU 16	AGD General Membership Dinner meeting	6:00 PM	<i>Location: To be determined</i>
TUE 21	NNDS Executive Committee meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
WED 22	SNDS CE Café, "Caries Detection"	6:00 PM	Nevada State Bank, 3688 S Jones Blvd, Las Vegas
WED 22	SNDS Peer Review Committee meeting	<i>Contact SNDS office at 702-733-8700 for time & location</i>	
THU 23	NNDS General Membership Dinner meeting, Dr. Malamed	6:00 PM	Atlantis Hotel Casino, Reno
FRI 24	All Day CE Course with Dr. Stanley Malamed	8:00 AM	Atlantis Hotel Casino, Reno

MARCH

THU 8	AGD General Membership Dinner meeting	6:00 PM	<i>Location: To be determined</i>
TUE 13	NNDS Executive Committee meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
TUE 13	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel, Las Vegas
WED 14	SNDS Dentist Health and Wellness Committee meeting	<i>Contact SNDS office at 702-733-8700 for time & location</i>	
THU 15	NNDS General Membership Dinner meeting, "Oral Surgery Symposium"	6:00 PM	The Grove at SouthCreek, Reno
WED 21	SNDS CE Café, "Economic Trends and Social Media"	6:00 PM	Nevada State Bank, 1501 W Warm Springs Rd, Henderson
WED 21	SNDS Peer Review Committee meeting	<i>Contact SNDS office at 702-733-8700 for time & location</i>	
THU 22	NDA Executive Committee meeting	<i>Video Conference</i>	
FRI 23	SNDS presents: Dr. Baldwin Marchack	9:00 AM	Gold Coast Hotel, Las Vegas
THU 27	SNDS Executive Committee meeting	6:00 PM	SNDS Office

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