FALL 2014

VOLUME 16, ISSUE 3

NDA JOURNAL

OFFICIAL MAGAZINE OF THE NEVADA DENTAL ASSOCIATION AND COMPONENT SOCIETIES

A PEER REVIEWED JOURNAL

You are a dentist deserving of an insurance company relentless in its pursuit to keep you protected. At least that's how we see it at The Dentists Insurance Company, TDIC. Take our Risk Management program. Be it seminars, self-study options or our Advice Line, we're in your corner every day. With TDIC, you are not a sales goal or a statistic. You are a dentist.

Endorsed by the Nevada Dental Association

Protecting dentists. It's all we do.®

800.733.0633 | tdicsolutions.com

Officite

Smarter Websites for Smarter Practices

Modern online marketing works beyond the website. That's what makes an Officite website so smart. Each and every one comes ready to customize and plug into a complete Web Presence. With gorgeous designs and powerful solutions like SEO, online practice marketing becomes easier than ever.

DEMO A WEBSITE FOR FREE

Call 866-203-0492 or visit www.Officite.com

- CUSTOMIZABLE WEBSITES
- SEO & PPC
- MOBILE RESPONSIVE DESIGN
- REPUTATION MONITORING
- SOCIAL MEDIA
- PATIENT EDUCATION

Officite
Web Presence Solutions for Dental Practices

WWW.OFFICITE.COM | 866-203-0492

Administrative Offices 2014–2015

NDA Executive Offices

Robert H. Talley, DDS, CAE
Exec. Director
8863 W Flamingo Rd, Ste 102
Las Vegas, NV 89147
PHONE 702-255-4211
TOLL-FREE 800-962-6710
FAX 702-255-3302
robert.talleydds@nvda.org
www.nvda.org

PRESIDENT	Mark J. Handelin, DDS
PRESIDENT ELECT	Brad Wilbur, DDS
VICE PRESIDENT	Lynn Brosy, DMD
SECRETARY	George McAlpine, DDS
TREASURER	Dwyte Brooks, DMD
PAST PRESIDENT	Stephen Rose, DDS

Nevada State Board of Dental Examiners

Debra Shaffer-Kugel, *Exec. Director*
Rick B. Thiriot, DDS, *DSO Coordinator*
Candice Stratton, *Licensing Specialist*
6010 S Rainbow Blvd, Ste A1
Las Vegas, NV 89118
PHONE 702-486-7044
TOLL-FREE 800-DDS-EXAM
FAX 702-486-7046
nsbde@nsbde.nv.gov
www.nvdentalboard.nv.gov

Northern Nevada Dental Society

Lori Benvin, *Exec. Director*
161 Country Estates Circle, Ste 1B
Reno, NV 89511
PHONE 775-337-0296
FAX 775-337-0298
nnds@nndental.org
www.nndental.org

PRESIDENT	Perry Francis, DDS
VICE PRESIDENT	Brandi Dupont, DMD
SEC./TREASURER	Maggie Heinen, DMD
PAST PRESIDENT	Frank Beglin, DDS, MS

Northeastern Nevada Dental Society

Robert H. Talley, DDS, CAE
Exec. Director
8863 W Flamingo Rd, Ste 102
Las Vegas, NV 89147
PHONE 702-255-4211
TOLL-FREE 800-962-6710
FAX 702-255-3302

PRESIDENT	Jamie Marvel, DDS
VICE PRESIDENT	Jeremy Keener, DDS
SEC./TREAS.	Todd Thompson, DMD
PAST PRESIDENT	Todd Wilkin, DDS

Southern Nevada Dental Society

Bob Anderson, *Exec. Director*
Linden Peterson, *Office Manager*
8863 W Flamingo Rd, Ste 101
Las Vegas, NV 89147
PHONE 702-733-8700
FAX 702-733-6062
s_nds@hotmail.com
www.sndsonline.org

PRESIDENT	Lydia Wyatt, DDS
PRESIDENT ELECT	J.B. White, DDS
SEC./TREASURER	Tina Brandon-Abbatangelo, DDS
PAST PRESIDENT	Byron M. Blasco, DMD

American Dental Association

211 E Chicago Ave
Chicago, IL 60611-2678
PHONE 312-440-2500
TOLL-FREE 800-621-8099
FAX 312-440-7494
www.ada.org

ADA DELEGATES
Mark J. Handelin, DDS
Steven A. Saxe, DDS
David M. White, DDS

NDA Committees

Council on Access, Prevention and Interprofessional Services
Michael Sanders, DMD—Chair

Council on Communications
Peter Balle, DDS—Co-Chair
Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD—Co-Chair

Council on Ethics, Bylaws and Judicial Affairs
Dwyte Brooks, DMD—Chair

Council on Government Affairs
David White, DDS—Chair
Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD
Arnie Pitts, DDS

New Dentist Committee
James Mann, DDS—NNDS Chair
Brandi Dupont, DMD—Co-Chair
David Chenin, DDS
Emily Ishkanian, DMD

NNDS Health and Wellness Committee
Michael Day, DDS—Chair
William Clements, DDS
Eric Dean, DDS
Perry Francis, DDS
Gerald Jackson, DMD
Teresa Jackson
Tom Lavin, MS
Randall Pane, DDS
Kathy Pinson
J. Justin Wilkerson, DDS

SNDS Health and Wellness Committee
Richard S. Walker, DDS—Chair
Robert P. Anderson
Pamela Caggiano, DDS
Tyler Christiansen, DDS
Michael Duboff, DMD
Peter A. Mansky, MD

Council on Membership
Brad Wilbur, DDS—Chair
George Rosenbaum, DDS
Adam Welmerink, DDS

Council on Sessions and Programs
Joel T. Glover, DDS—Chair

Nevada Dental Association
8863 W Flamingo Rd, Ste 102
Las Vegas, NV 89147-8718
PH 702-255-4211 • 800-962-6710
FAX 702-255-3302
EMAIL info@nvda.org
WEB www.nvda.org

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

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

NDA Journal is published four times each year by the Nevada Dental Association and state component societies. All views expressed herein are published on the authority of the writer under whose name they appear and are not to be regarded as views of the publishers. We reserve the right to reduce, revise, or reject any manuscript submitted for publication.

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.

Subscription: Members receive each publication as a membership benefit paid by membership dues. Non-members may subscribe to the *Nevada Dental Association Journal* for $50 annually.

Advertising Policy: All advertising appearing in the *NDA Journal* and other Nevada dental publications must comply with the advertising standards of the Nevada Dental Association and its component societies. The publication of an advertisement is not to be construed as an endorsement or approval by the publishers of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. The publishers further reserve the right to cancel any and all contractual advertising agreements should an advertiser be engaged in litigation concerning their product or service, or should the product or service be in conflict with the standards of the NDA or its component societies.

Advertising rates and specifications are available upon request. Contact Dan Hartzog, LLM Publications, at 800-647-1511 ext 2229 or email danh@llm.com.

Mailing: Send address changes to:
NDA, 8863 W Flamingo Rd, Ste 102, Las Vegas, NV 89147

Member Publication
AADE
American Association of Dental Editors

NDA JOURNAL

FALL 2014

Editor's Message *Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD* 4

REPORTS

NDA Executive Director *Robert H. Talley, DDS, CAE* 6
NDA President *Mark J. Handelin, DDS, MSD* 8
SNDS Executive Director *Robert Anderson* 22
SNDS President *Lydia Wyatt, DDS* 23
NNDS Executive Director *Lori Benvin* 26
NNDS President *Perry Francis, DDS* 27
UNLV SDM Update 29

FEATURES

Expectations *Quinn Dufurrena, DDS, JD* 10
Making treatment more accessible *Roger P. Levin, DDS* 12
Be ye not afraid, ye are a dentist after all *Earl Douglas, DDS, MBA, BVAL* 14
Drowned in information yet starved for knowledge:
Evidence-based dentistry—What's in it for me?, part I *Abhijit Gune, MDS, DNB, DDS* 16
Letter to the Editor 20
Are you still using that? *Robert E. Horseman, DDS* 30
Calendar of Events 31
Classified Ads 32

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

Another Body to Validate Dental Specialties: *The American Board of Dental Specialties*

The field of medicine has several means to recognize its specialties, including the American Board of Medical Specialties (ABMS). The ABMS was formed in 1933 in part to more objectively validate specialties outside of the politically based American Medical Association (AMA) trade organization.[1]

With the 501(c)(6) incorporation of the American Board of Dental Specialties (ABDS) in 2013, specialist dentists can now opt to be evaluated and recognized by the criteria based ABDS, rather than dentistry's own trade organization, the politically based House of Delegates (HOD) of the American Dental Association (ADA).

In 1929, The American Board of Orthodontics was the first specialty board formed. The ADA recognized Orthodontics as a specialty in 1950. However, in 1948 the first specialties to be recognized by the ADA included Oral and Maxillofacial Surgery (OMS), Pediatric Dentistry, Periodontology, and Prosthodontics, all with specialty boards established more than 10 years after Orthodontics'.[2] Since 1948, the ADA HOD has recognized five more dental specialties—less than one per decade. Evidently, the ADA HOD feels dentists are adequately prepared to comprehensively treat patients in areas such as anesthesiology, craniofacial pain, and oral medicine, relying upon training gained in three to four years of undergraduate instruction.

Certainly not all of dentistry, or its patients, have agreed with the ADA HOD's political specialty determinations.[3] As but one example, in 1999, residency-trained dentist anesthesiologists were not deemed worthy, by a handful of votes, of specialty status on only one of the five existing criteria the HOD was asked to evaluate: "need and demand." Inexplicably, the HOD determined there was no need and demand for other than traditional anesthesia options being taught in dental schools, essentially local anesthesia and nitrous oxide in oxygen. But, the very next year, the profession saw the beginnings of the still expanding advanced pain control entrepreneurial groups, such as the Dental Organization of Conscious Sedation (DOCS), which now has over 2,000 graduates who have administered millions of doses of DOCS' protocol anxiolysis. So much for the ADA HOD's finding of "no need or demand."

Historically, the ADA has not always been the sole arbiter bestowing specialty status in dentistry. Prior to the ADA's first approval of specialties in 1948, states approved specialty status, such as for OMS in Illinois, Michigan, Oklahoma, and Tennessee.[4] Currently, states still bestow specialty status. Further, states have been put on notice that to defer to trade organizations, such as the ADA and AMA, in matters related to evaluation of health professionals, is inappropriate on several levels.[5,6,7]

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 Advanced Pain Control 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.

For instance, in *Ducoin vs. Viamonte Ros*, the Second Judicial Circuit in Florida concluded: "Of great interest to the Court is that the challenged statute delegates to the ADA the sole discretion to designate what specialties or specialty credentialing organizations will be recognized by the Florida Board of Dentistry and enforced under the law of this state. The ADA refuses to recognize the AGD, AACD, AAID, and the ABOI as certifying boards, and consequently advertising those credentials without the disclaimer violates Florida law. In fact, under Florida law, the legislature may not delegate unguided and uncontrolled authority to a private organization to determine prospectively the lawfulness or unlawfulness of commercial speech. This is precisely what the State did by the implementation of (the statute at issue). The Courts have rejected an ambulatory construction that would allow a private organization unbridled, prospective discretion to determine the lawfulness of certain specifications. (Case citations)…Clearly, the Legislature cannot delegate lawmaking authority to the ADA. This makes the statute unconstitutional on its own. The Court finds that the statutory scheme has effectively granted the ADA the power to regulate a citizen's right to free speech and this cannot stand. …The ADA is given the authority, final and unchecked, to determine the limits of lawful dental advertising and is free from procedures consistent with due process…The ADA does not have to give a dentist notice or an opportunity to be heard as it determines the legality of dental advertising…There is no right to appeal any decisions made by the ADA…The challenged statute compels dentists to abide by the lawmaking determination of the ADA. In this respect, the ADA effectively serves as a regulatory body of the state and its determinations constitute state action."[8]

Although many will welcome the new ABDS option, only time will tell if it is any more effective than the ADA's current flawed process, criticized by the ADA's own study after the 1999 HOD dental anesthesiology controversy. Specifically, the ADA HOD commissioned a task force to study its specialty process. Recommendations reported by the task force in 2001 included the ADA not assuming responsibility for dental specialty recognition and transferring such authority to an outside entity. The ADA HOD determined to not relinquish specialty recognition power in spite of the task force's recommendations, documented conflicts of interest, documented political legerdemain, and yet to be determined potential state or federal illegality.

With regard to contemporary ABMS controversy, the ABMS has been criticized for losing its original vision and morphing to an inbred primarily economic entity. As an example, the ABMS now promotes and lobbies for mandatory continuing maintenance of board certified (MOC) status, which generates significant profits for the ABMS and its executives, whom often receive total compensation packages in excess of $1 million annually.[9] The combined revenue from 24 specialty boards in 2011 was $320 million,[10] and the process arguably had nothing to do with patient safety,[11] and in fact is demonstrably harmful to patients.[12] Further, lobbying has occurred for MOC to be mandatory for insurance providers, hospital privileges, and even state licensure, such as in New York[13] and Ohio.[14]

The new ABDS is well-positioned to learn from the history of the ADA, ABMS, and individual states with regard to establishing and continuing a truly valid certification process that actually benefits dentists and their patients.

In the future, it appears specialist dentists will be able to gain recognition from the politically based ADA, the criterion based ABDS, individual state boards charged with fiduciary responsibility to the public, and/or even the federal government, which may lend its imprimatur to dental specialty recognition as the possible singular player in health care. ▪

Endnotes

1. ABMS, Extended History, https://www.abms.org/About_ABMS/ABMS_History/Extended_History, accessed 14 March 2014.
2. Report of the ADA-Recognized Specialty Certifying Boards, April 2013, http://www.aaphd.org/docs/2013%20specialty_certifying_board_report.pdf, accessed 14 March 2014.
3. Simmons, HC, My Journey Through the Specialty Recognition Process with the American Dental Association, *J TN Dent Assn*, 84:2, 5–10, 2004.
4. MacIntosh RB, Kelly, JPW, The American Board of Oral and Maxillofacial Surgery, A History, ABOMS. Chicago, IL, 2010.
5. *Ducoin FJ vs. Viamonte Ros AM*, Second Judicial Circuit, Florida, #2003 CA 696, 2009.
6. *Potts ML vs. Stiger B*, United States District Court, Caliornia, #Civ. S-03-348, 2010.
7. Domino D, AAID Sues Texas dental board over "specialist" ads, 17 March 2014, http://www.drbicuspid.com/index.aspx?sec=sup&sub=bai&pag=dis&ItemID=315350, accessed 17 March 2014.
8. Recker F, *AAID News*, Winter 2014, http://www.aaid.com/uploads/cms/documents/aaid_winter_2014-5.pdf, accessed 05 April 2014.
9. AAPS Takes MOC to Court, 05 January 2014, http://www.aapsonline.org/index.php/site/article/aaps_takes_moc_to_court, accessed 05 April 2014.
10. Form 990 Board Income Tax Returns, http://www.changeboardrecert.com/tax-returns.html, accessed 05 April 2014.
11. Cristman KD, Maintenance of Certification is About Money, not Safety, *J Am Phys and Surg*, 18:3, 84–87, Fall 2013.
12. Cristman, KD, Why Patients Should Avoid Doctors Who Submit to Specialty Board Recertification, *J Am Phys and Surg*, 19:1, 5–9, Spring 2014
13. Resolutions of the Medical Society of New York House of Delegates 2013, Maintenance of Licensure and Maintenance of Certification, http://www.aapsonline.org/index.php/article/medical_society_state_of_ny_house_of_delegates_adopted_resolutions_in_oppos, accessed 05 Apr 2014.
14. Christman KD, Maintenance of Certification (MOC), Maintenance of Licensure (MOL), and Continuing Medical Education (CME), How the Regulators Prosper, *J Am Phys and Surg*, 17:3, 76–79, Fall 2012.

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

Your NDA officers and I just returned from our first 14th District Caucus in preparation for the annual ADA meeting in San Antonio. Most of our time was spent listening to discussions on Resolutions the ADA is considering this year. Nevada submitted four resolutions: CDT Guidelines for the Affordable Care Act; Communication of State Advocacy Efforts; Development of ADA Guidelines for Dental Discount Plans; and Ethics and Standards for Internet Advertising in the Dental Profession. I want to personally thank Dr. Steve Saxe for his work on these resolutions for our state and our whole 14th district.

Our Mid Winter meeting will be held on Saturday, January 24, 2015, at the Atlantis Resort in Reno. The meeting will start at 9:30AM to allow for Southern Nevada Delegates to fly up to Reno on Saturday morning and return that afternoon, if they please. The meeting should end by 3PM and lunch will be provided.

I have included some information on our newest endorsed product, ClaimX. ▪

Introducing ClaimX

Our new member benefit, ClaimX, specializes in the electronic processing of dental claims. The program can save your practice significant dollars in your day-to-day activities and thousands of dollars per year.

Charging NVDA members $0.25 per claim, the endorsed program will save you 50% off the national average charged by other electronic claims processing companies. In addition, ClaimX provides free software, free training, free support, no contract, and no set up fees. Furthermore, 60 days free.

ClaimX works with National Electronic Attachments (NEA Fast Attach) so your staff can send attachments electronically (x-rays, charts, forms, etc.) with your claims. NEA charges a nominal monthly fee for the attachment service.

ClaimX, has been tested by several of our member dentists who give it high marks for ease of use, integration with their practice management system, a noticeable reduction in claim processing times, and a significant reduction in costs. ClaimX works with over 90 dental practice management systems—the most popular being Dentrix, Practice Works, EagleSoft, OpenDental, Dental Vision, Mogo, EasyDental, and SoftDent. ▪

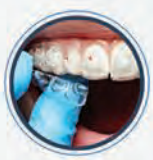
Questions? Call toll free 866-886-5113 Option 1, or e-mail at sales@claimxedi.com.

EXCLUSIVE OFFER FOR GPs

INTERESTED IN OFFERING DENTISTRY THAT IS
exciting, life-changing and patients want?

SIX MONTH SMILES®
Short Term Ortho System

Six Month Smiles is a cosmetic, minimally invasive system to straighten your adult patients' teeth in about 6 months using clear braces. Come experience the World Class Six Month Smiles 2 Day Hands On Course.



IT'S EASY...

EFFECTIVE...

AND PATIENTS WANT IT.

SAVE $500

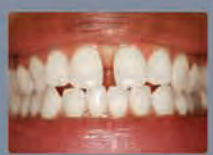
NOVEMBER 14-15 LAS VEGAS, NV

PROMO CODE: VEGAS500

Register today: SixMonthSmiles.com/Level1

*Offer expires October 31, 2014. Not valid on previous registrations or combined with any other offer.

FIRST CASE IS FREE!



Before Six Month Smiles

After Six Month Smiles

Six Month Smiles | Straight Teeth. Less Time. Clear Braces. | **SixMonthSmiles.com/Level1** | 866-957-7645

Mark J. Handelin, DDS, MSD
mark@pittsorthodontics.com

As I write this the days are beginning to shorten and the temperature is creeping ever lower. Fall will soon be upon us in all of its splendor and grandeur. The run-up to the ADA annual session has begun and everyone at the NDA has been busy in preparation.

I'd like to especially thank Steve Rose for his unrelenting commitment to the NDA during his term as your President. Steve was always very thoughtful and insightful and has left some very large shoes to fill. I'd also like to thank everyone that was in attendance at the NDA Annual Meeting in San Diego this summer. Dr. Rose had a wonderful and thought-provoking meeting. There were presentations given by Dr. Marco Vujicic, chief economist for health policy at the ADA, who spoke about the retrospective and prospective analysis of the economic forces working in dentistry. Everyone in attendance was amazed at the data presented and what the future holds. Dr. Jane Grover spoke the next day on the Community Dental Health Coordinator. There was wonderful insight into how this auxiliary dental team member could help with access to care issues and how to institute a program in our state. Please mark your calendars for next year's meeting from June 26–27, 2015 in Park City, UT.

In August, Brad Wilbur, Bob Talley, and myself attended the Western States Conference in Newberg, Oregon. This meeting has proven to be the most valuable meeting that I have attended since volunteering in organized dentistry. We had the opportunity to meet with the presidents, president-elects, and executive directors of all the western states and their respective Board of Trustee members. The amount of information exchanged in this meeting was mind-boggling. There are many issues that states are sharing at this point and there was excellent discussion and collaboration on possible solutions and strategies. The common thread for me was that many concerns that are arising for dentistry are coming from outside the profession, and membership and grassroots involvement is the key for organized dentistry to lead the conversations and actions.

Fall also ushers in another election cycle for state and national seats. No matter what your political affiliations please ensure your voice is heard and vote this November. February 2015 begins our biannual legislature once again and we anticipate another busy session.

We are extremely fortunate to have Chris Ferrari as our lobbyist along with Bob Talley and Dave White putting in many unheralded hours lobbying for our profession and our patients.

I would like to sincerely thank all of the contributors to our Nevada Political Action Committee (NPAC), your contributions have allowed the society to build and foster relationships with friends of dentistry within our state houses. This funding is critical to having the NDA be the voice and advocate for dental health within the state of Nevada. If you have not contributed, please do so, if you have contributed, thank you and please give again! Of note, please plan on attending our NDA Legislative Day on April 15, 2015 from 11AM–2PM in Carson City. Our last event in 2013 was a tremendous success and we can't wait to build upon that momentum.

Thank you all very much for the honor to serve as your President this year, I'm looking forward to a successful and eventful year. We all should count our blessings each and every day that we are part of such a wonderful profession—please get involved to protect and foster it. I would encourage everyone to get involved with their local components and state association; there are many avenues to get involved. I implore each and every one of you to ask not what your dental society can do for you, but rather what you can do for your dental society. ▪

Expectations

By Quinn Dufurrena, DDS, JD

While working at the Idaho State Dental Association office, the staff and I heard many patient complaints. By listening closely, you can hear a resounding theme to these complaints: unmet expectations. The difference between the beginning level of patient expectations and the level of services, delivered by the practice, I term the "complaint gap." It is imperative, for the respectability and profitability, of a dental practice, to reduce or eliminate this gap.

Expectations [...complaint gap...] Delivery

For example, if a patient has the expectation to have teeth like Tom Cruise yet they present with a dentition, that on the best of days, could only be transformed into teeth like Larry King, there exists an obvious set up for disappointment. However, many patient expectations are not geared towards the clinical aspects of their results. In fact, I'd venture to estimate that nearly 80% of the phone calls that we receive deal with the business aspect of dentistry, from billing practices to "x-ray ownership." Patient's have expectations, whether realistic or unrealistic, on everything.

Some patients came to us in a roundabout way. Some started by calling the Better Business Bureau, the Idaho State Attorney General, the Idaho State Board of Dentistry, or an attorney. Most of them referred the patients back to us. For attorneys, there isn't enough money involved. The others recognize the benefits of our peer review process.

In many instances, it was financial matters that cause the breakdown in a dentist-patient relationship. When this breakdown occurs, usually from a lack of clear communication, the patient feels that their expectations have not been met and are therefore dissatisfied with their dentist. As such, it is important for the dentist, or designated staff member, to provide crystal clear patient payment policies. It may be advantageous, during the informed consent discussion, to bring up the fees. Along with the treatment plan there should also be a written financial policy, and payment schedule, that the patient can take home.

It's important to make sure that patients do not get far behind in their payment schedule. My grandfather used to say; "if there is a dollar bill under the denture it will never fit." Treatment should never get far ahead of payments. Not that I ever did, but someone on the staff should feel comfortable discussing financial policy and past due accounts.

Remember, you cannot cease treatment of the patient just because they owe you money. If you desire to terminate the doctor/patient relationship, you should, treat the patient with at least emergency care, after proper notification using an acceptable termination protocol. Also, consider carefully any type of collection actions against patients. These actions can result in a retaliatory complaint or malpractice claim.

On the other hand, if you meet or exceed patient expectations, you increase your patient's satisfaction and your reputation. If you increase your reputation you open up the possibility of reaching the economic limits, of one of your most precious resources—your practice. People in the United States spend about $92 billion each year on dental services (based on 2006 ADA statistics). Even if you are the best clinician in the country, you won't get your desired proportion of this pie if you fail to deliver the "reputation goods."

If we can agree that reputations and economics are important, we should agree that it's advantageous to meet patient expectations. Successful companies already know this. The Wal-Marts of the world give "money back guarantee" or "try it for 30 days and if not satisfied return for your money back." Consumers extrapolate this type of guarantee, and believe this should be extended into dental care. It is common place for patients to request refunds and guarantees of dental work. As such, their view of our profession is the view of a service commodity and not a professional service. However, dentistry, because of its very nature, resists all analogies to manufactured goods or a service commodity. Patients cannot expect guarantees or successful demands for their "money back." However, consumers of healthcare don't sit back idly, content with the realities of unmet expectations. Problems expand in direct proportion to the time it takes to resolve a problem. There is the constant internal conversation that your patient has, which turns into the conversation they tell others. They complain, sometimes only to those they trust, sometimes to anyone that will listen.

My recommendation is that the staff needs to be trained to follow a clear, organized system to deal with complaints quickly and efficiently. Some offices think that if they delay responding, the problem will just fade away. Obviously this delay can cost you a patient and a piece of your reputation. In fact, it may be good to encourage complaints, and the best way to encourage complaints is to have someone on your staff that is approachable and genuinely receptive.

The key to patient satisfaction is to reduce the distance between what your patients expect and what you deliver. Reduce that distance and you have done more than any marketing company can do for your practice. ▪

(Disclaimer: Discuss this with your practice management consultant and yes, you can consider this practice advice.)

Quinn Dufurrena, DDS, JD, is the Exec. Director of the Association of Dental Support Organizations. Dr. Dufurrena trained as a dentist and as an attorney. He has served as the Exec. Director for the Idaho State Dental Assn. and the Colorado Dental Assn.

Making treatment more accessible

By Roger P. Levin, DDS

Access to healthcare services has become a major topic in recent years. One reason is that the issue affects a large segment of the population. Also, as healthcare costs continue to rise, a growing number of people are finding it difficult to afford appropriate care.

While this issue is complex and mired in economic policy, immigration and political debates, one aspect of the discussion we'd all agree needs more attention is access to *oral* health care.

The magnitude of the dental access challenge

The statistical evidence confirms that Americans have a problem accessing the dental care they need. Consider these examples:

- In 2005, the US Government Accountability Office (GAO) estimated that even in the Medicaid program, 6.5 million children (aged 2–18) had untreated caries.
- The Centers for Disease Control and Prevention (CDC) reported in 2010 that 16.1% of children aged 6–19 and 23.2% of adults aged 20–64 had untreated caries.
- A 2008 collaborative study by the ADA®, Crest® and Oral-B® found that 25% of US adults had not seen a dentist for at least a year…a percentage which translates into 58.6 million Americans based on the 2010 Census.
- In a study released by the Pew Center on the States this year, it was shown that visits to emergency rooms for dental problems increased by 16% from 2006 to 2009, and the trend continues to grow.

As dental professionals, we understand the health implications of numbers like these. We know that preventive care can avert the suffering and cost of periodontal disease and edentulism. Many members of the public, however, underrate the importance of seeing a dentist regularly and treating problems before they become serious. Unfortunately, if these people are forced to cut discretionary spending, they will often postpone preventive and medical dental care.

Putting oral health care within financial reach

Some people neglect their dental needs out of ignorance. Many have income so low that routine dental care seems out of the question. Yet there are still others—certainly millions across the country—who know the value of oral health care and wish they could afford it more easily for themselves and members of their families.

In its work with thousands of dental practices, Levin Group has found that many more patients will accept recommended treatment if they perceive it as affordable. Note I am not saying "low-cost." Affordability relates to *how* you pay rather than simply *how much*. That's why we advise clients to offer the Four Financial Options™ to every patient, regardless of the office staff's perception of their financial resources or situation:

- Payment in full before treatment, earning a 5% courtesy
- Half payment before treatment and half on completion
- Using a major credit card
- Outside patient financing

This gives patients the flexibility to choose whatever approach suits them best—and the fourth option, outside patient financing, puts even costly treatment within the financial reach of many patients.

Patient financing means financial access

Since the Great Recession set in, many people who were once comfortable spending on dental care have become very cautious. They wonder if they can safely postpone treatment until their financial situation improves. They have begun "shopping" practices looking for the best price—or the best value. Some have lost or dropped dental insurance, while others have picked it up in the hope of saving money.

The bottom line is that money—the lack of it or fear of losing it—has altered consumer behavior. It is now, more than ever, a barrier to oral health care.

Patient financing, when provided by a reputable outside company, makes the cost of care more manageable, in the form of affordable monthly payments. This type of financial arrangement fits more easily into a family's monthly budget and does not disrupt cash flow the way lump payments do. It effectively eliminates a major financial and psychological barrier to treatment for many patients. In addition, patient financing benefits the practice by eliminating the need to play the roles of banker and collection agency.

Levin Group recommends that financing options be introduced as part of the basic case presentation to *every* patient. This is essential for two reasons. First, no dental practice can accurately predict who will or will not want to choose patient financing. Second, patients should be made aware of this option at the beginning of their decision-making process, increasing their opportunity to accept treatment because they can begin the financial conversation knowing that convenient financing options will make care affordable.

Limited access to oral healthcare will remain a problem for many Americans, young and old, but offering financial options—especially outside financing—can at least make excellent care accessible to many of your patients. ▪

Roger P. Levin, DDS, is a third-generation general dentist and the Chairman and CEO of Levin Group, Inc., the largest dental practice consulting firm in the world.

ADA-Affiliated Products

We are pleased to announce that the NDA and ADA have combined the purchasing power of dentists to gain discounts on a large variety of products and services. Call the company or the NDA to learn more.

Bank of America Practice Solutions
800-497-6076 code 1D7F3
www.bankofamerica.com

CareCredit
Patient financing
800-300-3046 x4519 www.carecredit.com

InTouch Practice Communications
877-493-9003 www.intouchdental.com/ada

TDIC
Professional liability
800-733-0633 www.tdicsolutions.com

NDA-Affiliated Products

These companies and their products have been evaluated by the NDA and are recommended for use in running your practice. Let us know if you have any feedback or would like to recommend a product or service for affiliation.
For a weblink to each company, go to www.nvda.org/affiliatedproducts.shtml.

Best Card, LLC
Credit card processing
877-739-3952 www.bestcardteam.com

The Dental Record
Digital record keeping
800-243-4675 www.dentalrecord.com

EBSCO
Subscription service
800-527-5901 x1652 www.ebsco.com/errss

FedEx
Shipping services
800-636-2377 or 1-800-MEMBERS

Fletcher Jones Imports
Mercedes-Benz leasing
866-628-7232 www.ada.org/mercedes

HP (Hewlett Packard)
800-243-4675, mention "ADA"
www.hp.com/ada

IC System
Collection service
800-279-3511 www.icsystem.com/nda.htm

Land's End Business Outfitters
Uniforms
800-490-6402 www.ada.landsend.com

Office Max
Office supplies
702-647-8662 www.officemax.com

SurePayroll
Payroll processing
866-535-3592 www.surepayroll.com/ada

UNLV School of Dental Medicine
Hands-on continuing education
702-774-2400 www.dentalschool.unlv.edu

Whirlpool Corporation
866-808-9274 www.partners.whirlpool.com

Be ye not afraid, ye are a dentist after all

Or, who will own the dental profession?

By Earl Douglas, DDS, MBA, BVAL

Once upon a time, the medical profession actually belonged to physicians. Medicine was a cottage industry and most physicians managed their own practices, much like most dentists do today. Then something happened—the ownership of the medical profession shifted from physicians to big business. Physicians as a group evolved into working for corporate owners and not themselves. Unfortunately, many physicians became unhappy with this arrangement of working for hospitals, insurance companies and medical PPO and HMO organizations. What caused this to happen? My guess is that physicians were lured by the prospect of not having to invest in buying or starting their own practice, or the arduous process of the day-to-day of management of a practice. While these were definitely risks and duties that most medical professionals were not trained in, suited for, or even rewarding, they are the price of practice ownership and the benefits that go with it.

So was it worth it? Medicine is now big business, much like major league sports. The purpose of business entities is to make a profit for the owners of the business. How is this done? The first strategy is to lower costs, and in any business, lowering salaries is the first cost cutting measure to consider. Business owners had to learn how to get more results for less cost, and something had to give. In medicine, the giving was done by the participants in the game with no control—the physicians and the patients.

I am now seeing the process that changed the face of medicine beginning to make headway in dentistry. A year ago, my assistant Rebecca Kyatt and I went to a student encounter at a major dental school. We met most almost every student from all four classes and asked everyone we met what their plans were after graduating. To our great surprise, only one person intended to buy or start their own practice. While a few students whose parents were dentists were joining them in practice, the remaining supermajority of dentists intended to become associates, working for other dentists. This is a major shift from the era when I graduated, when the most of us fully intended to have our own practices.

Earl Douglas, DDS, MBA, BVAL, is the founding president of ADS, a company with independent practice brokers, appraisers, and consultants nationwide.

I first noticed the emergence of corporate dental entities in the 1980s. Many of those original companies are no longer in existence and corporate dentistry seemed to fade away. But at the beginning of this decade, I began seeing more and more corporate companies and the companies were larger and better managed. We are now accustomed to seeing the large corporate entities building practices and buying practices and hiring dentists to staff those offices.

The question is, will dentistry evolve the same way medicine did, in which well-educated professionals who owned their own practices transition to work for big business, having little or no voice in the management of the practice? As of May of last year, there were an estimated 25 dental management companies employing an estimated 12,000 dentists, or 8 percent of the licensed dentists in the country. There is no doubt that dentistry is a target for entrepreneurs, and the entrepreneurs are no longer only dentists, but are now the businessmen who would make a living from the efforts of dentists. There are many other corporate practices employing dentists. They are all not of the magnitude of the largest entities, but may be owned and managed by dentists who may or may not practice, or who are licensed and are the sole owner and manager. Considering these additional entities pushes the number of employed dentists to some very high levels.

So that's all very interesting, but what is the point of all of this? It's not meant to bash any group or any entity, or dental practice management style or structure, but to remind us of the advantages of owning our own practices that so many dentists have overlooked as they choose a more comfortable but less rewarding option of working for someone else.

While there is no question that not every dentist is best suited to own and manage their own practice, I note that the proportion of entrepreneurial dentists is lower than it has ever been and continuing to decrease. I'm not purporting that there is any given percentage that the profession should maintain as owners, but to emphasize to students and dentists to look carefully at their choices.

We do acknowledge that there are benefits to practicing for someone else, including not having to manage and administer, not having to borrow money and be in debt, and the stress that goes with those items. For a dentist to take on those burdens there must be some strong offsetting benefits.

First, there is the freedom to set your own course and philosophy of practice. You can create a treatment plan by your own standards, not by those set by managers who may put time and motion studies before patient needs. Your conscience, and that of your patients, will benefit greatly by this advantage.

You will set your own fees, being as competitive or as independent as you please. You will decide which managed care plans, if any, that you choose to participate in and in the process set the tone of your career.

You will decide who works for you. As an owner, you will hire the staff you feel is best qualified to assist you in your practice, train them to your style and your standards. If a staff member is not living up to the standards of their job, you can return them to the community.

There are substantial tax benefits from starting or purchasing a practice. As an associate, there's no opportunity for tax relief from depreciating and deducting expenses which someone who invests in their own practice can do.

You have the freedom to formulate and contribute to your own pension plan. Your contributions can be larger than those of an employee, and you can decide on the best plan for your circumstances.

Practice owners also can enjoy many perks that are tax deductible, whereas employees do not have the flexibility of exercising these benefits.

Owners are able to choose insurance policies that best meet their own and their family's needs. You choose the health, life, disability, long-term care and other policies that work best for you, and not the lowest cost, minimal benefit policies that may or may not be offered by your employer.

Some dentists feel there is a sense of security in working for big business, but the bottom line is, unless the employee is covering their overhead expense and making a profit for the employer, the employer will replace them with someone else. So my point is, if the dentist can make the employer's practice and profit bigger, why wouldn't they do that for themselves?

There is a satisfaction that can only come from knowing that you are a member of an esteemed and important profession, and not simply an employee of big business, whose job is to make the most profit for its owners. I guess I really do believe that the profession of Dentistry should belong not to the MBAs and the CPAs, but to the doctors who practice it. ▪

Drowned in information yet starved for knowledge

Part I

Evidence-based dentistry—What's in it for me?

By Abhijit Gune, MDS, DNB, DDS. Reprinted with permission from the Delta-Sierra Dental Digest, *July–August 2009.*

I was first introduced to this term back in 1999. I was doing my masters in Orthodontics at one of the most prestigious dental schools in India. Our professor was well known nationally and internationally in his field and to complete a master's program under his guidance was an honor for us. So, when his son, who was also my classmate at that time, started speaking about Evidence-based Orthodontics, I was quite taken aback by his thoughts. He was talking to us about the importance of looking for evidence, when we formulate a treatment plan for our patients. My immediate reactions were, "Is he saying that our professors are not teaching us the best techniques?" and, "How could he think that we were not doing the best for our patients?" Whether you have just graduated from a dental school or have been in practice for over 25 years, we all believe that we *always* do the best thing for our patient.

Earlier this year, when I was surfing the ADA website, I found a link to the Evidence-based Dentistry Conference and its Champion program. It sparked my interest in this topic all over again. Ten years had passed by since I first heard the term EBD (Evidence-based Dentistry) and it surprised me that the interest in EBD had not gone away. In fact, it seemed to me as if the ADA was trying to rejuvenate the interest of its members in this topic. So attended the EBD Champions conference at the headquarters in Chicago. Although I would take every opportunity given to visit Chicago, I knew there had to be something in the conference for me. After 2-½ days of the workshop and conference I felt much empowered. The conference gave me all the necessary tools to make sure I keep my clinical decision-making skills current. I wanted to share those tools with my fellow colleagues and help with the ADA's mission of disseminating the information on EBD. I know of no dentist who believes that he or she does not practice EBD. It is the intention of this article that with the tools presented, one can find the best current evidence for a clinical situation without spending hours in front of the computer or by going through volumes of scientific journals.

Abhijit Gune, MDS, DNB, DDS, is the dental director at the Tuolumne MeWuk Dental Center in Sonora, CA and the owner of Sierra Orthodontics in Senora and Angels Camp, CA.

What is EBD?

In the 1990s, evidence-based ideas and methodology were introduced to clinical medicine to facilitate the translation of clinical research into patient care. Dentistry, like other health care fields, is a science-based profession. And as we are well aware, research and technologies are continually evolving. Change is an anticipated, necessary and a welcomed aspect of any science-based health care profession. What is EBD then and how would it help us in our day-to-day practice?

According to the ADA

Evidence-based dentistry (EBD) is **an approach to oral health care** that requires the judicious **integration of systematic assessments of clinically relevant scientific evidence**, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

EBD is an approach to oral health care that requires the integration of systematically assessed evidence with the clinician's expertise and the patient's needs and preferences.

By saying "relating to the patients oral and medical condition and history," this definition takes a **patient-centered approach** to treatment decisions. If we think about Evidence, Clinical Judgment and Patient Needs and Preferences as three circles then EBD is right in the center where **all the three circles overlap**. It is important for us to understand that EBD is an **approach** to practice, an approach to making clinical decisions and is just one component used to arrive at best treatment decision. EBD is a method to use current science in patient care. We all do that for our patients and so it was unclear to me as to why I should be worrying about EBD. Most of us take various CE courses to keep current or even to learn newer techniques. We often hear the term EBD being used on several occasions by several different people. Some believe that it takes away the dentist's ability to provide individualized patient care, that it is cookbook dentistry, that there is a path that is mandated from diagnosis to treatment that everyone should or must follow and that it is a substitute for clinical judgment. In fact, I learned that this is not the case. What the ADA is trying to do is increase the awareness amongst us about the importance of looking at the latest clinical research and its applicability in day-to-day to practice.

One example that comes to mind is the placement of sealants over early carious lesions. We all have placed sealants and told our patients, "keep your follow-up appointments" and "I will see you soon" and at the next appointment you check it and make sure everything is okay. Now, if you have a patient that you know is not regular and does not maintain oral hygiene well enough, you might seriously consider a restoration to begin with.

So EBD is actually about providing personalized dental care based on the most current scientific knowledge. Some of us are born to read the scientific literature and can scan through an article or an entire journal issue during our lunch breaks. For someone like me, it takes at least two readings before I can comprehend what the author really has to say. Plus the challenge in front of me is the vast amounts of information that is out there. To gain some perspective on the challenge we face, it was amazing to know how much information is published every year in our field. In health care, there are a total of 20,000 journals with over 400,000 articles published annually. On an average, investigators publish more than 500 human clinical trials related to each dental specialty. These trials appear in more than 50 journals. Therefore, to provide patients with the highest quality of care based on the best clinical evidence, we would need to obtain, read and appraise more than one article per day, 365 days a week for the rest of our professional life. That is a Herculean task and I am not sure if any of us are ready for it.

To understand the challenges we face in implementing EBD, it was important for me to understand the very nature of our professional development. Dentistry developed differently than the medical science. While there were great advances being made in the diagnostic abilities of our medical counterparts, we were achieving amazing successes in the therapeutic aspect of restoring lost and damaged tooth structure. In the midst of doing that we all became very skilled technicians. And we became "hands on" people. Often we hear great speakers say during their CE presentations, "it works in my hands" and the notion is passed along that may be "practice makes perfect." But a recent qualitative study at the University of Oxford looked into **four primary information domains that influence the dentist**:

1. **Tradition:** Accumulated institutional knowledge.
2. **Experience:** Tradition is supplanted by clinical experience in practice as confidence increases.
3. **Evidence:** New information informs dentists and influences clinical decisions.
4. **Reason:** Clear thinking and application of reasons are foundational to clinical decision-making.

Therefore, as we gain experience we may come closer to being perfect in our techniques. However, we may also lead ourselves to a state of inertia or a state of "Cognitive Dissonance." We start to believe that the experience we have gained in our years of practice is sufficient to make a clinical decision each time we are faced with a question. It becomes very difficult to go back to reading journals or research a topic online. We prefer to make decisions based on our personal experiences or a casual advice from a friend or peer. From the perspective of the practicing dentist, EBD is a way to quickly and accurately answer clinical questions. It increases our comfort level of looking for evidence related to our clinical situations.

Value of EBD

As a practitioner we may gain:

- Improved clinical decision-making capability.
- Greater self-confidence in treatment planning.
- Satisfaction derived from creating customized treatment plans.
- Greater respect from improved communication with patients.

Our patients may gain:

- More trust and confidence in you and your practice.
- Greater incentive to invest in quality oral health care.
- Increased pride from being a patient of a community thought leader and a distinctive practice.

Your dental team and practice may gain:

- Increased staff confidence, pride, trust and personal satisfaction.
- Enhanced recognition in the community and with peers.
- Greater opportunity to conserve practice financial resources by enabling wiser decisions in product, equipment and therapeutic selections.

What constitutes the evidence?

The question in my mind at this point was "what is this evidence they keep talking about and where do I access the current information related to my clinical decision-making capacity?" The dictionaries define evidence as "an outward sign" or "something that furnishes proof." In a court of law or on my favorite T.V. series *Law and Order*, we often hear the words "circumstantial evidence" or "hear-say evidence." Therefore, there are different types of evidence, some of which serve as better proof than the others. In health care, we also have different levels of evidence.

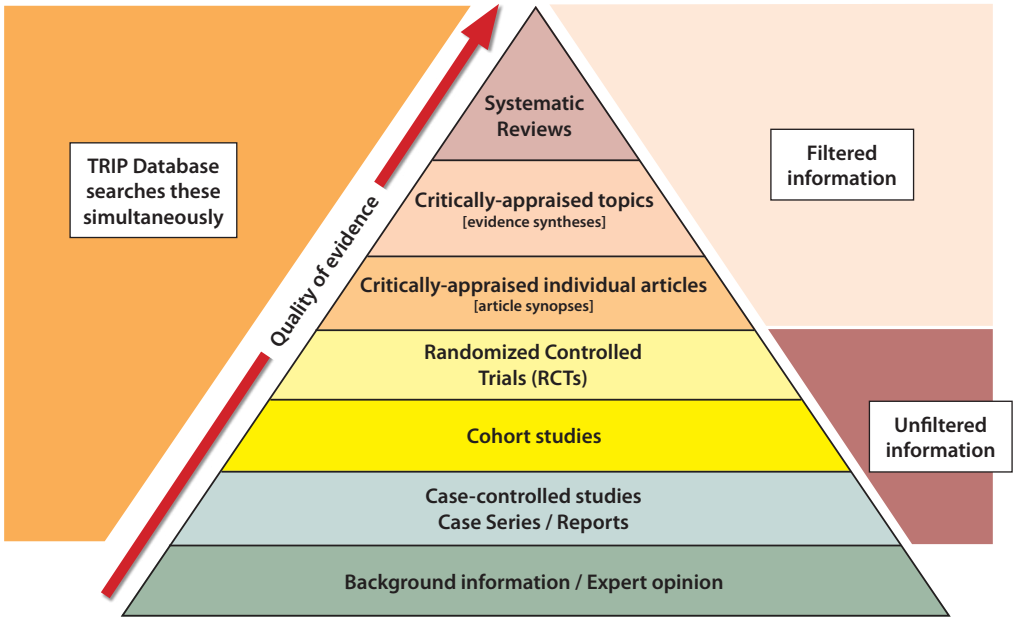
EBD is not about replacing our skills as a clinician but it is about enhancing our skills to solve clinical problems. It involves two fundamental principles:

1. Evidence alone is never sufficient to make a clinical decision (as we saw in our definition).
2. A hierarchy of evidence exists to guide clinical decision-making so that the highest level of evidence is considered for a given question.

Continues on page 18 ➲

➲ *Continued from page 17*

Figure 1: Hierarchy of types of evidence



The highest level of evidence is a **Systematic Review** (*refer to Figure 1*). In a systematic review, the authors try to identify all evidence on a particular topic and analyze the data cumulatively. The advantage of this type of document, and the reason why it is at the top of the pyramid, is that it is based on multiple studies, not just one. It follows a systematic process, and it provides a big picture of what *all* the evidence on a topic points to. Below a systematic review is a **randomized controlled trial or an RCT**. This is the highest level of a clinical study. There are other types of clinical studies like the cohort studies, case control, case series and case reports. Right under the clinical studies are the expert opinions, especially those developed through consensus panels followed by animal research and bench-top research.

These various studies or sources of evidences can be categorized in two main headings:

I. Primary Research

II. Secondary Research

Animal research, Bench tests, Case Control Studies, Cohort Studies and RCTs fall under the Primary Research Categories, whereas Systematic Reviews or Meta-analysis fall under the Secondary Research.

How does EBD work and how is it different from traditional practice?

A. The **first step** is to **define a clinically relevant, focused question**. In defining a question we must pay attention to four elements—what is the population (children/adults, smokers/non-smokers, etc.), what is the intervention, what are we comparing it to, and what is the outcome that we need?

B. The **second step** focuses on **systematically searching for evidence** published or unpublished, that may help to answer this question.

C. The **third step** of the EBD process is focused on **appraising the validity and reliability of the evidence**. Some important questions to ask are: What is the level of evidence used to arrive at the conclusion? Does this apply to my patient?

D. The **fourth step** of the EBD process involves **using the evidence in treatment planning**. Based on my clinical expertise and the patient's needs and preferences, how strongly I should recommend this to my patient.

E. The **final step** involves **assessing treatment outcomes** for the patient.

In traditional practice, we don't actively look for emerging evidence; we depend on what we learned in school or what we hear speakers say. We never ask if the speaker is talking from his experiences and his study findings, or if his presentation is based on a systematic assessment of all the evidence. We look for "yes/no" answers to most clinical questions.

In contrast, EBD is about using the best available evidence after a systematic assessment of the literature and accepting that sometimes we don't have the answers and we should be ready to change when these answers are found. So **EBD is a paradigm shift**. Questioning the answers we know and an effort to learn continuously.

We all consider evidence in practice but the question now is... **Are we considering all the evidence? Are we systematically assessing this evidence? Are we aware of the level of evidence?** The ADA recently conducted a survey for their professional product evaluation program and asked dentists how they rated the different sources of information when trying to purchase a product. The highest (42%) on this survey was expert opinion! So when we hear a speaker on stage using the term "evidence-based," should we be asking ourselves is this information based on a systematic assessment of existing literature? What is the level of evidence being presented? Is this just the presenters' own study conclusions?

Where can I find evidence?

We all know where our patients go to look for stuff related to dentistry. "Google" seems to be the destination of most of our patients and sometimes it works for us as well. There are plenty of resources other than Google available to us which can furnish us with excellent scientific literature. Some websites will even give us a critical summary of a Systematic Review. For a busy practitioner who does not have time to go

look at Primary Research, these websites will be the best source to access and appraise the best evidence available.

The ADA established the **Center for Evidence-based Dentistry** in 2007 to provide tools for practitioners to help implement the EBD approach. The ADA Center for EBD has a two-fold vision:

- The first part is **helping practitioners implement EBD**.
- The second part is **disseminating the most current scientific information** for members of the dental team.

The Center does this through three main initiatives.

- **Clinical recommendations** (ADA publishes Clinical Recommendations in *JADA*)
- **EBD website** (http://ebd.ada.org)
- **Education** through conferences and workshops

However, the ADA is not the only player in this game. In fact, the ADA did not join until a little later. There are three main databases available to us:

1. **Medline** (Compiled by the U.S. National Library of Medicine (NLM) and published on the web by Community of Science, MEDLINE® is the world's most comprehensive source of life sciences and biomedical bibliographic information). We can access information from this database by visiting the PubMed website www.ncbi.nlm.nih.gov/pubmed.
2. **Cochrane Library** (The Cochrane Collaboration is an international not-for-profit and independent organization, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide). The literature pertaining to our profession can be found on www.ohg.cochrane.org.
3. **CINAHL** (Cumulative Index to Nursing and Allied Health Literature is the most comprehensive resource for nursing and allied health literature).

Out of these three main databases, the Cochrane Oral Health Group provides us with Systematic Reviews on major topics in dentistry. In addition to being the most comprehensive database of Systematic Reviews, each of these Systematic Reviews is updated every two years by the Cochrane OHG.

For some of us who do not have the time to go through Systematic Reviews whether on the ADA's EBD website or on the Cochrane Collaboration's website, there are other websites that provide us the information in a very concise way through what they call Critical Appraisals of Systematic Reviews. These critical appraisals give us the gist in a nutshell. The organizations and websites that do that are referenced below in Figure 2. ▪

I hope I have provided you with enough information to interest you in EBD and help you apply this approach in your practice. Please feel free to contact the American Dental Association (ebd@ada.org) if you are interested in any of their programs.

In Part II of this discussion, we will look in detail on ways to critically analyze the evidence and the system used for grading the evidence. Also, we will navigate through the ADA Center of Evidence-Based Dentistry website.

Acknowledgement: The author would like to thank the ADA Center for Evidence-Based Dentistry and the Tuolumne MeWuk Indian Health Center for their assistance and support.

Figure 2: Organizations and websites that provide Critical Appraisals of Systematic Reviews

Resource	Information available
ADA Center for Evidence-Based Dentistry™ **ebd.ada.org/en**	Summaries of dental systematic reviews published elsewhere
Database of Abstract of Reviews of Effectiveness (DARE) **www.cochrane.org** or **www.crd.york.ac.uk/CRDWeb**	Structured abstracts of systematic reviews; includes commentary on overall quality
National Library for Health—Oral Health Specialist Library **www.evidence.nhs.uk**	Structured abstracts of systematic reviews
Journal of Evidence-Based Dental Practice **www.jebdp.com**	Summaries of dental systematic reviews; commentary and analysis
Evidence-Based Dentistry Journal (UK) www.nature.com/ebd/index.html	Systematic review summaries and analyses
Evidentista (Pan American Centers for Evidence-Based Dentistry) **us.evidentista.org**	Clinical questions and answers grouped by topic area
Centre for Evidence-Based Dentistry **www.cebd.org**	Evidence summaries from Oral Health Specialist Library grouped by topic and/or specialty area

Letter to the Editor

Dear NDAJ Editor,

An interesting situation happened in clinic today. A patient got up and used his camera to take pictures of other patients being treated. Of course, staff and the dentist immediately thought, "HIPAA violation!" Okay, yes the pictures were being taken without anyone's permission. But, unbelievable as it might seem, no one said anything directly to the patient. So, here I am wondering about it after-the-fact. Should someone have reported it? And, if so, to whom?

Practically speaking, why report it? First of all, HIPAA doesn't authorize healthcare personnel to confiscate a patient's camera/phone. Second, procuring the patients phone would typically require a Court Order. Third, most patient's would delete the photos before the Feds got the phone. Fourth, does anyone know who such a report should go to? Exactly! Where is the emergency contact number for HIPAA enforcement? I looked. There is no such number (I'm not in D.C.), but there is a local federal government information number. Honestly, when you think about it, the whole thing gets rather nonsensical.

Please HIPAA people don't take this personally! I'm just trying to suggest that normal everyday people are aware of your regulations, but don't really know how to solve all the HIPAA issues that can occur in an everyday healthcare environment. Certainly no one leaves patient information out anymore, nor do they let non-essential/unnecessary others view patient information on healthcare computers. Are we in healthcare authorized to become HIPAA agents? Like most, I don't think I'm very clear on that point.

What would happen if every time Congress created a new, enforcement-based law or rule, they would have to finance its enforcement, as well as its administration, out of their budget!? What a concept! Yes, I mean what would happen if the federal 'kitty' would be debited to administer, enforce and educate with every new law/rule Congress passed? No, don't touch the defense budget! That would be anti-American!

So, how many phone cameras take pictures without the permission of those photographed? Wow! I'm thinking Twitter, Facebook, etc. Since when has anyone seen the FBI break into a student's house for posting a friend's nude picture on the Internet? Which brings up another question. Is HIPAA only concerned about one's face/eyes hiding their identity? Wow, that equates to a lot of federally-allowed nude pictures of people wearing dark sunglasses!

Seriously, can anyone tell by looking at the adult photo of Jennifer Grey that she was the female star in *Dirty Dancing*? So, aging does have its hiding affect. But, how many years must we hide a face of the past? And, when it comes to bodies, how much does HIPAA say we should hide photographically? No, I'm not promoting "nature's way" among the photogenic group. I'm just trying to make a practical point; which I'm sure totally evades the Feds. How much anonymity is involved in body photos? Does anyone really care?

So, why are people being protected via sunglasses? And, from what? Well, there's stalkers, bounty hunters, assassins, and the IRS. Sorry—add HIPAA agents to that list. Is HIPAA saying we need to very firmly and audibly say to those who take patient pictures without permission, "Stop that right now, or I'll call HIPAA!" And, does it matter whether a patient or healthcare worker took it? Of course, the answer is "Yes." ▪

—William Leavitt, DDS

NDA Past Presidents

1922 George H. Marvin	1940 & '41 George A. Steinmiller	1959 Wallaxe S. Calder	1978 Blaine R. Dunn	1996 Joel F. Glover
1923 John V. Ducey	1942 Omar M. Seifert	1960 John B. Hirsh	1979 Louis J. Hendrickson	1997 Rick Thiriot
1924 Thomas H. Suffol	1943 Stephen W. Comish	1961 & '62 David W. Melarkey	1980 Duane E. Christian	1998 Jade Miller
1925 George A. Carr	1944 Quannah S. McCall	1963 Fae T. Ahlstrom	1981 Dwight Meierhenry	1999 Patricia Craddock
1926 Samuel T. Spann	1945 Oliver M. Wallace	1964 Morris F. Gallagher	1982 Clair F. Earl	2000 William C. McCalla
1927 Bruce Saulter	1946 Gilbert Eklund	1965 Wayne L. Zeiger	1983 R. D. Hargrave	2001 Robert H. Talley
1928 Frederick H. Phillips	1947 Robert H. Gatewood	1966 Mario E. Gildone	1984 James L. Davis	2002 Susan Jancar
1929 Frederick J. Rulison	1948 E. Ross Whitehead	1967 William D. Berry	1985 N. Richard Frei	2003 Dwyte Brooks
1930 William H. Cavell	1949 Howard W. Woodbury	1968 James F. Archer	1986 Lloyd Diedrichsen	2004 Peter DiGrazia
1931 Harold E. Cafferata	1950 Roy P. Rheuben	1969 Philip J. Youngblood	1987 Gerald Hanson	2005 Robert Thalgott
1932 Louis M. Nelson	1951 Leonard G. Jacob	1970 Carl M. Hererra	1988 Gerald C. Jackson	2006 Arnie Pitts
1933 Carlton E. Rhodes	1952 Clifford A. Paice	1971 George P. Rasqui	1989 James C. Evans	2007 George Rosenbaum
1934 Pliney H. Phillips	1953 Walter R. Bell	1972 William H. Schaefer	1990 Whit B. Hackstaff	2008 Joel T. Glover
1935 Harold R. McNeil	1954 Raymond J. LaFond	1973 Robert L. Morrison	1991 William E. Ursick	2009 Peter Balle
1936 Lawrence D. Sullivan	1955 Jack E. Ahlstrom	1974 John S. McCulloch	1992 Dennis J. Arch	2010 John C. DiGrazia
1937 Alexander A. Cozzalio	1956 J. D. Smith	1975 James M. Jones	1993 A. Ted Twesme	2011 Michael Banks
1938 Charles A. Cozzalio	1957 Kern S. Karrash	1976 Harry P. Massoth	1994 Bruce Pendelton	2012 Gilbert A. Trujillo
1939 George A. Carr	1958 Vincent J. Sanner	1977 Leeland M. Lovaas	1995 J. Gordon Kinard	2013 Stephen Rose

Robert Anderson
s_nds@hotmail.com

How quickly summer has come and gone! Still, it is good to be back in the routine, and, hopefully, cooler temperatures.

Summers are always busy for the SNDS office as we plan and execute the programs that kick off in September. Of course there's Community Night, our biggest event. It takes a lot of coordination to bring together members, non-members, and all of our corporate partners.

We also have a few surprises coming in our dinner meeting line-up, so watch *The LEADER* for updates and details!

Our Mentor Program and the Committee for the New Dentist start in September and October. These unique programs provide a vital link to the coming generations of dental professionals and provide opportunities for our members to make a difference.

Our Premier CE Series also kicks off in late September, with Dr. Charles Blair. He will be followed in November by Dr. John Kois, in March 2015 by Dr. LeeAnn Brady, and in April by D. Gerard Kugel. This is a dynamic slate of speakers, so I hope our members, and even nonmembers, take full advantage of the opportunity. We are also at work on our future Premier Series speakers, through 2016 and into 2017. The best speakers get booked up well in advance so we're working as far ahead as we can. I think our members will be pleased with the results.

Our CE Café Series will also continue, with some new partners and new arrangements. We have some really surprising niche topics in this series that I think you will appreciate. The CE Café Series continues to be free for members, and for members only! It's a very agreeable way to earn 12 CEUs over the course of the series.

Our new website is up and running, so, please, visit and register. There are a few sections that need to be finished, but some, like the list of Corporate Partners, couldn't be done until after Community Night. You will find the site more up-to-date, more user-friendly, and more transparent. There are also links to the NDA, the ADA, and the Nevada State Board of Dental Examiners. And of course, our videos and a link to our Facebook page are there too. Most importantly, there is a page listing member benefits, and a break-out page with details for each of the major programs and benefits.

Another aspect of the website includes implementing the new ADA database, Aptify. This new system will allow us to better communicate at all levels, run meetings, process payments, and more. The SNDS is the first component society to utilize some of these capabilities, so as other organizations make more use of Aptify, they'll benefit from the pioneering work we've been doing over the summer.

I'm happy to report that we have renewed our arrangement with AMS Insurance. They will continue to offer personal, commercial, and professional coverage to SNDS members with a significant discount. We hope the wide range of benefits, along with the discounts you can receive on all of your insurance needs, makes membership an even greater value. ▪

Lydia Wyatt, DDS
lw@lydiawyattdds.com

How quickly the seasons change. When I last wrote, we were enjoying the lazy days of summer and family time and vacation. Now the kids are back in school and we're all back at work as life returns to normal.

The SNDS has certainly been at work, too. As you know, we held our Community Night and everyone had a great time. A lot of work goes into the event, but it's a great way to start our program season. As part of the season, there are great member benefits to take advantage of.

Our Premier CE Series is one of the most dynamic we've had in recent years. Our members can enjoy presentations from Charles Blair, John Kois, LeeAnn Brady and Gerard Kugel —all at a member discounted price. In fact, even if you missed one seminar, the $750 series subscription rate is cheaper for three seminars than signing up for them individually. When you attend all four, it's extremely reasonable!

We also will be rolling out our CE Café. This is a program that is unique to the Southern Nevada Dental Society. It consists of a series of six seminars, each held during the week, after work. Members can come early and enjoy a leisurely light dinner and catch up with colleagues, then participate in a lively two hour seminar. Topics range from clinical topics to practice management. Members receive two CEUs for each of the six seminars, and they are free for members! In the past, our partners in the series were Nevada State Bank and Burkhart Dental, who we owe great thanks to for their support over the past few years. This year, we have a new team, with Henry Schein graciously hosting the events at their office, and City National Bank, who provide those all-important sandwiches, chips and cookies. We welcome their support for a unique program and wonderful member benefit.

We've also upgraded our member dinner meetings. Since our November member dinner meeting is being held on Veteran's Day, we're including members of the 99th Dental Squadron, and saluting our many members who are Veterans. We want to thank them for our service, as well as give our members an idea of what our military dentists do, whether on base or when deployed. They will have special exhibits and displays, too.

Since we will not be holding our February meeting at Nellis Air Force Base, the February meeting will be a special night out for our members, spouses, or significant others. Watch for details, but we think this will be a great event, and very different from what we usually do.

Our New Dentist Committee and Mentor programs will be major initiatives this year. The New Dentist Committee, in particular, is a national program of the American Dental Association. Being a new dentist may be more difficult today than ever before, and we want to step up and meet the needs of these professionals. This group will enjoy all the programs and benefits of ADA/NDA/SNDS membership, but will also have special events prepared to give them the help they are seeking.

The ADA considers a "new dentist" to be a professional in his/her first ten years out of dental school, and we have about 150 members in that category. I hope they take advantage of the benefits that come from this program as it matures. There are a like number of dentists in southern Nevada who fit in this range but are not SNDS members who we will reach out to as well.

We want to encourage a good sense of collegiality among our society members, so if you're at a seminar or meeting and see a new face, be sure to welcome them. If you're a new dentist, be sure to introduce yourself and strike up a conversation with the members sitting around you!

As always, we'll be supporting the legislative efforts of the NDA, and we thank Drs. J.B. White, Steven Saxe, and others who represent the dentists of southern Nevada on the NDA Legislative Committee. Through them, we know the NDA had a great impact on the last legislative session, and they are looking forward, working pro-actively, for the upcoming session. Together, we make an effective team and we will be reaching out to our membership for their financial support by way of PAC funds. Thank you to all all of you who contributed last year! Please consider the challenges we face legislatively and contribute this year.

With so much going on, we are also committed to improving communication and sharing information with our sister organizations at the state level and in the north. The NDA and NNDS are important partners in our tripartite system. Expect to hear more from ADA and the SNDS about the Power of Three initiative in the coming months.

We have also been part of the launch of the ADA's new database, Aptify. Our staff has been very proactive in implementing all the different aspects of Aptify, and as it turns out, the SNDS is ahead of the rest of the states who are switching over to it. In a

Continues on page 24 ➲

SNDS President's Message

➲ *Continued from page 23*

recent letter, the ADA's Director of Aptify Enterprise Solutions said, "since 'go live,' you have been in very close contact with our support team here, sharing your feedback with us, asking excellent questions, trying things out and demonstrating an eagerness to master the system." Because of the SNDS working ahead to put the system to work for our members, other states will benefit from our experience. As time goes on, you'll start to see a lot of the benefits of the system, and the work that our staff has put into it.

As we approach the end of the year, and the time to renew our membership approaches, we hope you will see the conscious, deliberate effort that goes into making your membership a terrific value. So terrific, that we take the opportunity to encourage nonmember colleagues to join, or return to our tripartite system. If we each sponsor one new member, imagine the impact we can have in Carson City, as well as in our profession here in southern Nevada.

I hope you'll all take advantage of our meetings, seminars and special events. Please reach out to a young new dentist you may know and personally invite them to attend any of our events. I look forward to seeing you all there! ▪

Continuing Education
Premier Series

Southern Nevada Dental Society
A Community of Leaders

Stay Out of Jail: Friday, September 26, 2014
Avoid Coding Errors & Excel in Insurance Administration

with Dr. Charles Blair

Coding errors are predictable in today's dental practice. Learn the top coding errors and how not to make them! You will also receive new, valuable information on some of the "hot" sections of the CDT code, which you can use to identify and "fix" coding problems that lurk in your practice. Most practices can expect legitimate new increases in cash flow immediately by learning how to do it right.

Hit Man vs. Healer: Friday, November 7, 2014
Implementing a Risk Assessment Strategy

with Dr. John Kois

The fundamental rationale for a comprehensive treatment approach is a long-term strategy for dental health commensurate with an enhanced level of wellness for our patients. Formulating specific treatment needs based on an individual's risk assessment has created new challenges for both the dentist and the patient. Until we have more objective data with better metrics, much of our clinical decision making will remain emotionally driven and empirical. This reliance, in turn, will make us more vulnerable to moral and ethical deliberations that are often confused with our inability to make a proper diagnosis.

Top Clinical Tips Friday, March 6, 2015
for Esthetic Success

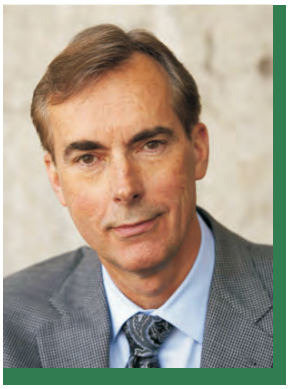
with Dr. LeeAnn Brady

Esthetic dentistry is changing at a rapid pace. Being successful and efficient is about staying on top of the newest trends and clinical tips. In this program Dr. Brady will present the top clinical tips and techniques she is teaching in the area of esthetics. Some are old tried and true approaches that remain successful, while others introduce brand new materials and approaches.

Adhesive Dentistry & Cementation: *Is Newer Always Better?* Friday, April 24, 2015

with Dr. Gerard Kugel

The variety of bonding agents and cements on the market is extensive. This lecture reviews new materials and techniques in an effort to improve our treatment outcomes. This course discusses the decision making criteria in selecting luting agents based on restorative materials and preparation designs. Current materials and techniques for cementation of contemporary all-ceramic restorations will be reviewed.



All Seminars are Presented at
Gold Coast Hotel
4000 West Flamingo Road, Las Vegas, NV
Each Seminar is 6 CEU's

Academy of General Dentistry PACE Program Approval for Continuing Education

Approved PACE Program Provider SNDS ID 212326 FAGD/MADG Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD Endorsement.

Seminar Hours: 9am - 4pm Registration opens at 7:30am

Complete SNDS Series: ☐ $750 ADA Member ☐ $1,250 Non-Member

TOTAL: $

Individual Seminars: ☐ Blair Sep. '14 ☐ Kois Nov. '14 ☐ Brady Mar. '15 ☐ Kugel Apr. '15

Early Bird (2 weeks prior): ☐ $275 ADA Member

Regular & At the Door:
☐ $300 ADA Member ☐ $450 Non-Member
☐ $100 Member Hygienist ☐ $125 Non-Member Hygienist
☐ $75 Auxiliary ADA Staff Member ☐ $100 Auxiliary Non-Member
☐ $100 Dental Students & Residents ☐ $100 Public & Military Dentist

Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Card Holder: _____ Signature: _____ Date: _____

VISA MasterCard ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp. Date: ☐☐/☐☐ Security Code: ☐☐☐

Mail, Fax, or Email information to: **Southern Nevada Dental Society**
8863 West Flamingo Road, Suite 101, Las Vegas, NV 89147 Phone: 702-733-8700 Fax: 733-6062 Email: S_nds@hotmail.com

Lori Benvin
nnds@nndental.org

As the NNDS year kicks-off on September 5, we request your presence for traditional northern hospitality, camaraderie, networking, learning, advocacy, and great continuing education opportunities. Come out and meet your fellow colleagues, their spouses, and their families at the UNR football game against Washington State or come to one of our general membership dinner meetings or CE.

Upcoming NNDS events

Thanks to your hard working Executive Board members and Committee Chairs we have great events planned for the remainder of 2014, 2015 and even into 2016. *(See event information on this page.)*

You can also check the NNDS website at www.nndental.org for dates, guest speakers, and topics. Dr. Spencer Fullmer is now part of the Executive Board and is your CE Chairman.

Future course dates and speakers

- October 15, 2015: Tiffany Tang from Sutter Health will discuss "Dental Ergonomics" at the General Membership Dinner Meeting.
- November 12–13, 2015: Dr. S. Thikkurissy, Director of Pediatric Dentistry Residency Program, Cincinnati Children's Hospital will present at both the General Membership Dinner Meeting and all-day CE.
- March 10–11, 2016; General Membership Dinner Meeting and all-day CE course featuring Dr. Lee Ann Brady.

Watch and *open* your email to read the upcoming eNewsletters for information about the NNDS calendar of Events. If you are not receiving our emails please contact our office or email us at nnds@nndental.org and go to our website at www.nndental.org

We continue to value our members and, just as a reminder, your Executive Board voted to continue to offer all monthly general membership dinner meetings at a cost of $35 per person as well as reduced rates for quality continuing education courses. We *thank* our members who continue their membership and support NNDS events and want you to know we value your participation. ▪

Upcoming NNDS Events

September 26, 8 AM—12th Annual NNDHP/Joel F. Glover Charity Golf Tournament to benefit the Adopt-a-Vet Dental Program. *LakeRidge Golf Club, Reno.* We have a few foursomes left! Join us!

October 16, 6 PM—NNDS General Membership Dinner Meeting. Program features Major David E. Webb, DDS, an oral surgeon with a specialty in oncology reconstruction, from Travis Air Force Base. Major Webb will present "Oral Maxillofacial Surgery; Expanded Scope of Practice." *The Grove Event Center, Reno.*

November 13, 6 PM—NNDS General Membership Dinner Meeting. Program features J.B. White, DDS, from Las Vegas. Dr. White will present "Non-covered Services and Legislative Update." *Atlantis Hotel Casino Spa, Reno.*

November 14, 8 AM—CE course (6 hour), hands-on. "New Dimensions in Endodontics" presented by Alex Fleury, DDS, MS. *Atlantis Hotel Casino Spa, Reno.*

December—No NNDS Christmas party due to our members' hectic December schedules. Merry Christmas to all.

January 15, 2015, 6 PM—NNDS General Membership Dinner Meeting. Program features Monty Suprono, DDS with a prosthodontic topic. *The Grove Event Center, Reno.*

January 24, 8 AM—NDA Annual Mid-Winter Meeting/House of Delegates. *Atlantis Hotel Casino Spa, Reno.*

February 26, 6 PM—NNDS General Membership Dinner Meeting. Program features Dr. George Richard Scott, Associate Professor and Chair of Anthropology at UNR, to speak on dental anthropology. *The Grove Event Center, Reno.*

March 26, 6 PM—NNDS General Membership Dinner Meeting. Program features Robert Vogel, DDS with a periodontal presentation. *Atlantis Hotel Casino Spa, Reno.*

March 27, 8 AM—CE course (6 hour). Robert Vogel, DDS will present a CE seminar on a periodontal topic.

Welcome to our new NNDS members

Erin Brosy Anderson, DMD
General Dentist

Allison Y. Andresen, DDS
Prosthodontist

Craig K. Andresen, DDS
Prosthodontist

Jeff Clark, DMD
General Dentist

Ryan Katausky, DMD
General Dentist

Matt M. Milligan, DMD
General Dentist

I hope all of you had a wonderful summer. We had an interesting summer in Northern Nevada. It was a very warm June, with a cooler July. August had its fair share of cooling and much needed thunderstorms.

We are coming into my favorite time of year in Northern Nevada. We will celebrate Spouse Night on September 5 by attending a UNR football game, when they face off against Washington State. We have reserved seats for the game and our guests will have a personal chef to cook for them. We hope for a big turnout for this fun event. Go Pack!

The Joel F. Glover Golf Tournament will be in late September. Proceeds from the tournament will be used to support the Adopt-A-Vet program in Northern Nevada. This is a very worthy cause that is near and dear to all of the members of our society.

We will have Major David E. Webb, DDS presenting to us for our October dinner meeting. He is a practicing oral surgeon who is going to give us some pointers on expanding the scope of a general dentist in the field of oral surgery. This will be followed by a presentation at the November dinner meeting by Dr. J.B. White who is going to give us some insight into the noncovered services. Chris Ferrari will be at the November meeting also to give us a legislative update. This will be an important meeting for the members to attend because it will be an opportunity for us to be updated on what to expect for the upcoming legislative session.

Dr. Alex Fleury is going to present a hands on course in endodontics in November. This course will be excellent for providers that want to improve upon their endodontic skills.

Perry Francis, DDS

We are also excited about the fact that we have some excellent courses lined up well into next year.

I would like to thank all of the members for their support of this society. I would like to wish all of the members and their family a very happy and healthy holidays! ▪

Greetings from the UNLV School of Dental Medicine!

UNLV
UNIVERSITY OF NEVADA LAS VEGAS
School of Dental Medicine Update

Admissions and Student Affairs

On September 2, 81 students embarked on their dental careers beginning with Orientation Week. The Class of 2018 is comprised of 33 female and 47 male students. Thirty students attended UNLV while seven attended UNR. The average age of the group is 26.1. The application cycle for 2014–15 began on June 2. There are currently 1,336 applications to date.

Advanced Education in Orthodontics and Dentofacial Orthopedics Residency Program

On June 24, 2014 the Commission on Dental Accreditation approved a request for an enrollment increase of two additional orthodontic residents per year. Beginning in the next admission cycle, six residents per year will be accepted in the program. The primary reason for this increase is to achieve educational goals and align the six orthodontic residents with the six pediatric dental residents for collaborative and interdisciplinary treatments as an orthodontic-pediatric dentist pair. In addition, the program will transition from a 30–36 month program to a 34–36 month program starting with this new admission cycle.

Advanced Education Program in Pediatric Dentistry

On July 1, 2014 **Dr. Cody Hughes** assumed the role of Program Director for the Advanced Education Program in Pediatric Dentistry. The Class of 2016 began July 1, 2014 and will complete their program in 24 months.

Office of Research

Dr. Connie Mobley, Associate Dean of Research, was selected by The Departments of Dentistry and Preventive Medicine at the University of Tennessee Health Science Center to present the Annual Mildred Reeves Distinguished Visiting Professorship Lecture on Nutrition Approaches to Dentistry and Childhood Obesity in July, 2014.

Karl Kingsley is the UNLV, SDM Director of Student Research in the SDM Office of Research.

The UNLV SDM Dean's Symposium and 13th Annual Student Research Day will be held on March 2, 2015.

Faculty news

We are pleased to welcome the following new faculty members: **Dr. Tina Brandon Abbatangelo** and **Dr. Joshua Polanski**. Dr. Abbatangelo is a Visiting Assistant Professor of Clinical Sciences & Director of SDM on Main Campus Clinic. Dr. Polanski joins the Biomedical Sciences department as an Assistant Professor in Residence.

Dr. Gary Braun goes from part-time instructor to Visiting Associate Professor with the General Practice Residency and the predoctoral programs. **Dr. Kim Mai** transitioned from part-time instructor to Visiting Assistant Professor of Orthodontics.

Community service report

Faculty, students, staff and post-doctoral pediatric students continue to provide preventive services in community-based, underserved settings in Clark County and Nye County.

From February 15–July 31, 2014, an estimated $93,872 (SDM fees) in donated services has been offered in school- and community-based events (excluding specialty SDM clinics).

Grants and awards

The UNLV School of Dental Medicine (SDM)/Seal Nevada South Program received notice of award from Oral Health America for continued funding for their Clark County Dental Health Initiative (CCDI). CCDI offers preventive services (screenings, sealants, fluoride varnish, and oral hygiene instruction) in Title 1 schools in Clark and Nye Counties. Seal Nevada South has a collaborative partnership with Future Smiles for the CCDI to leverage resources and staff support when providing services in the Clark County schools.

Continuing education

Congratulations to **Dr. Andrew Ingel** on being named the Director of Continuing Education at SDM. *(Editor's note: Details on courses being offered by the UNLV SDM can be found on page 28.)*

In addition, UNLV SDM is offering an "Implant Dentistry Preceptorship" starting on September 4. The program will consist of five weekend sessions and assemble invited faculty from UNLV, Loma Linda University, UCLA, USC, and Midwestern University. The course has been designed for both generalists and specialists who seek concentrated curriculum which is evidence based and clinically relevant. The faculty will be comprised of all of the clinical specialties (Radiology, Prosthodontics, Periodontics, Oral Maxillofacial Surgery and Endodontics) of Implant Dentistry and foundational basic sciences. Upon completion of this program, registrants will be eligible for Fellowship Status in the International Congress of Oral Implantologists.

To register for Continuing Education at SDM, visit http://sdm.unlv.edu/ce.

Development news

Cynthia O'Grady, SDM Director of Development reports that Sirona Dental Systems, LLC recently donated 10 CEREC Acquisition Centers powered by Blue Cam and 10 milling units to the UNLV SDM. The CEREC CAD/CAM system is a significant addition to the technology and training at the UNLV SDM and will help students develop skills in digital dentistry found in today's contemporary clinical settings. The equipment is valued at $494,700. ▪

Are you still using that?

By Robert E. Horseman, DDS

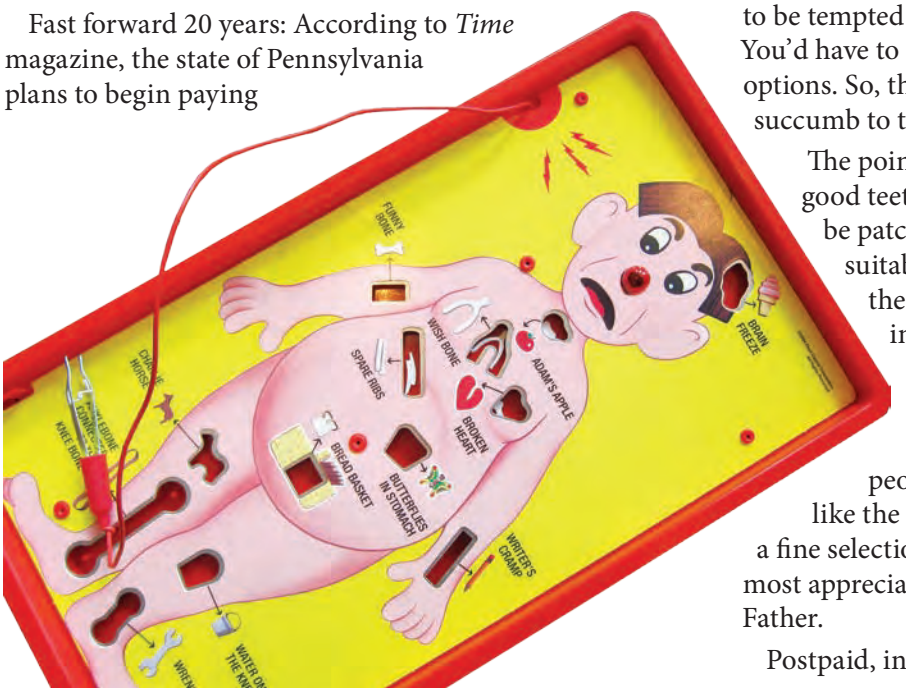
Years ago we saved extracted teeth for freshman dental students. Some authoritative person at school told students that they should collect teeth from their local dentists. This order was later amended to specify "extracted" teeth when several dentists became embroiled in a brannigan with over-eager students.

Recalling our own halcyon days as freshmen, we cooperated fully, placing the teeth we extracted in a Mason jar, immersed in some liquid we fondly believed was antiseptic, anti-fungal and pleasantly aromatic. The grateful student was supposed to drop by and cart them off to school to perform whatever freshman students did with extracted teeth besides reluctantly touching them with disgust.

Either the kids stopped using the teeth to practice on, or they had a monumental surplus of exodontically enhanced teeth, because as time went by, our supply mounted and the students failed to materialize.

Educated to embrace the human dentition as a sacred workshop, every time we looked at that jar full of teeth, the word "FAILURE" was etched indelibly on our retinas. Pushed way back into the dark recesses of the cabinet with the red compound, the silver nitrate and the old cotton rolls with the flexibility of chalk, the teeth remain there to this day, waiting to be recycled.

Fast forward 20 years: According to *Time* magazine, the state of Pennsylvania plans to begin paying organ donors $300 toward funeral expenses. Donate an organ of your choice, die and the funeral home and your relatives wrangle over who gets cash back.



There's a little hitch inasmuch as some people feel this turns the human body—and human life—into a commodity. The well-established organ donor program has, up till now, only accepted organs from the recently deceased. What the objectors to the Pennsylvania plan are thinking is: if you can legally sell your blood for $25 a pint, what's to stop a needy person who is not officially dead from peddling a kidney for $5,000, or a major slice of his liver for enough to finance a year at USC?

Needy person: How much you give me for this left arm? Hardly been used—I'm right-handed, you know.

Organ depot: Low *Blue Book* on a left arm is $1,625. Throw in the Rolex knockoff that's on it and we'll make it $1,650.

Needy person: Deal!

Ethical reasons aside, what about those 62,000 people clinging to life who might stand a chance to continue paying taxes if granted the replacement of some failing part?

Time weighs in with this statement: "We cannot allow live kidneys to be sold at market. It would produce a society in which the lower orders are literally cut up to serve as spare parts for the upper. But kidneys from the dead are another matter entirely. There is a distinction between strip-mining a live person and strip-mining a dead one."

Well, we leave the morality of this proposal up to you. *Time* points out "that everything in life that is dangerous, risky or bad disproportionately affects the poor." It is the poor who avidly funnel their meager funds into lottery tickets, hoping to strike it rich, all other avenues to solvency seemingly closed. The well-to-do are not so likely to be tempted by a $300 reward for parting with an organ. You'd have to sweeten the pot with a Lexus or some stock options. So, the argument goes, it is the poor "who will succumb to the incentive and provide organs."

The point is, we've got this Mason jar full of perfectly good teeth—or some of them anyway. The rest could be patched up into serviceable organs of mastication, suitable for donation for a fee. It seems to us that the people responsible for successfully implanting chunks of titanium into human jaws could, if they just tried, figure a way of getting our extracted teeth back into service.

If Pennsylvania is going to start paying people for their dead parents' kidneys, we would like the purchasing agent there to know that we have a fine selection of masticatory organs that would be a most appreciated gift for that hard-to-buy-for Mother or Father.

Postpaid, including Mason jar…$10,000, OBO. ▪

NDA Calendar of Events

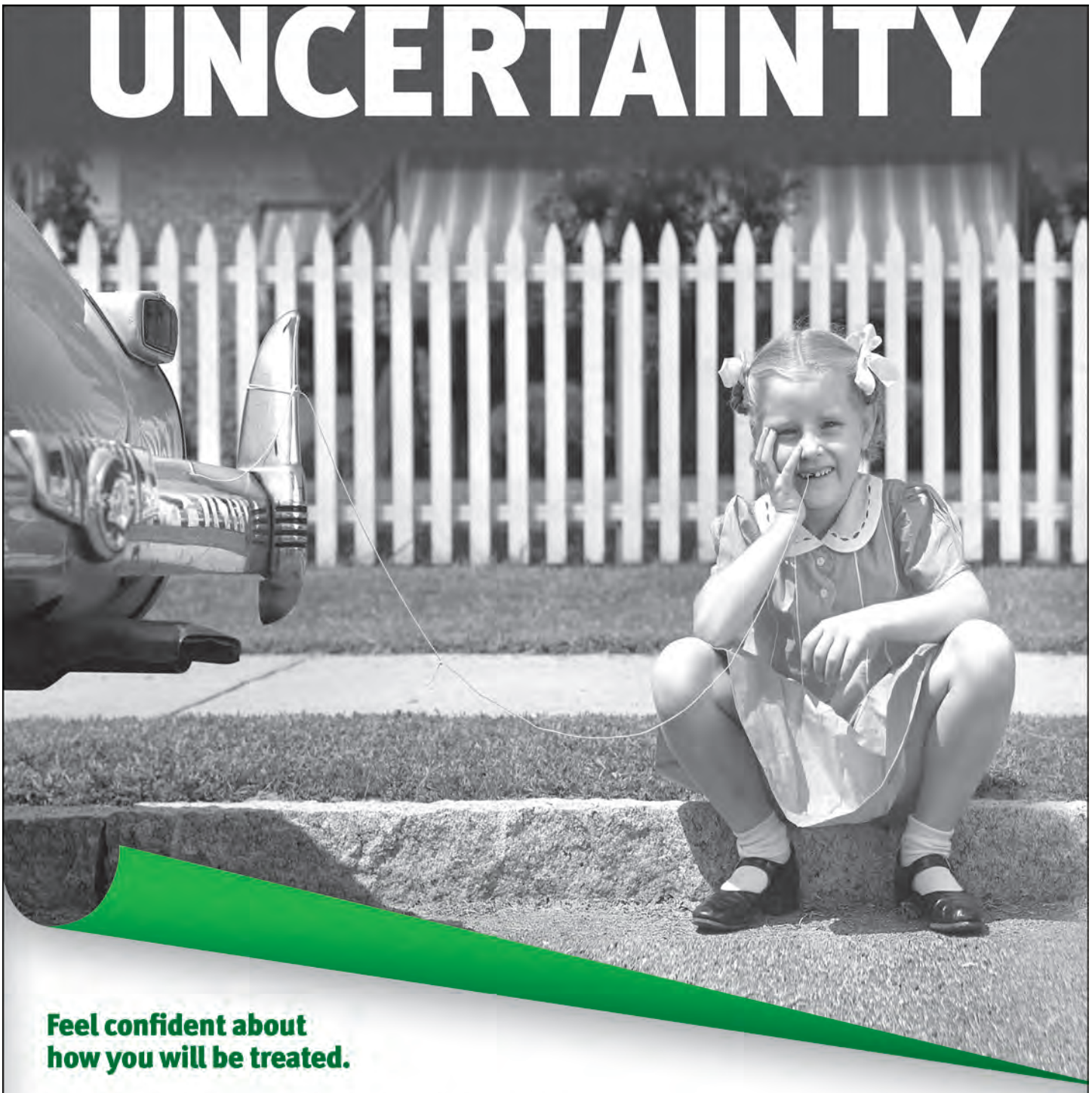
OCTOBER – DECEMBER

OCTOBER			
Wed 1	New Dentist Committee Kick-off	6 PM	Implant Direct, Las Vegas
Thu 2	NDA Executive Committee Meeting	6 PM	Video conference
Fri 10 – Tue 14	ADA Annual Meeting	All day	San Antonio, TX
Tue 14	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Tue 14	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel, Las Vegas
Wed 15	*SNDS presents:* CE Café	6 PM	Henry Schein Office, Las Vegas
Thu 16	NNDS General Membership Dinner Meeting, *Major David Webb, DDS*	6 PM	The Grove Event Center, Reno
Fri 17	*SNDS presents:* Infection Control/OSHA Combo CE Course	9 AM	Sun Coast, Las Vegas
Tue 28	SNDS Executive Committee Meeting	6 PM	SNDS Office, Las Vegas
NOVEMBER			
Mon 3	*SNDS presents:* Operation Dental Elf kick-off – full month of November		
Fri 7	*SNDS presents:* All-day CE course (6 CEs). *Dr. John Kois with* "Hit Man vs. Healer: Implementing a Risk Assessment Strategy"	9 AM	Gold Coast Hotel, Las Vegas
Tue 11	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Tue 11	SNDS Member Dinner Meeting, Tribute to Veterans and 99th Dental Squadron	5:30 PM	Gold Coast Hotel, Las Vegas
Wed 12	*SNDS presents:* CE Café with special presentation by United Way	6 PM	Henry Schein Office, Las Vegas
Thu 13	NNDS General Membership Dinner Meeting, *J.B. White, DDS* with "Non-Covered Services and Legislative Update"	6 PM	Atlantis Hotel Casino Spa, Reno
Fri 14	*NNDS presents:* All-day CE endo course (6 CEs), *Alex Fleury, DDS, MS* with "New Dimensions in Endodontics"	8 AM	Atlantis Hotel Casino Spa, Reno
Wed 19	New Dentist Committee Seminar/Social Networking	6 PM	Implant Direct, Las Vegas
Thu 20	NDA Executive Committee Meeting	6 PM	Video conference
DECEMBER			
Fri 5	SNDS Member Holiday Party	6 PM	TPC Summerlin, Las Vegas

Classified Ads

Practices for Sale

DENTISTS SERVING DENTISTS— Western Practice Sales invites you to visit our website, **westernpracticesales.com** to view all of our practices for sale and to see why we are the broker of choice for Sellers throughout Nevada, California & Arizona. Because we are owned by dentists, we know the profession well and understand your unique needs. **800-641-4179**.



Feel confident about how you will be treated.

Every day you are in control—of pain, of options, of caring treatment.

DentistCare is about you and treating you fairly when it comes to professional liability protection:

- **Enhanced Coverage**—experience less uncertainty with coverage designed to suit your needs
- **PracticeGuard**®—benefit from this feature that helps you protect your practice if a covered dentist becomes disabled
  (Available for groups of ten or fewer dentists or specialists.)
- **Innovative Risk Management Services**—tap into our experienced consultants, informative newsletter, timely online seminars, and more

Find out how **DentistCare** can help you reduce risk, keep from getting pulled in the wrong direction, and maintain the control you want—call us today at **800.625.7814**.

DentistCare℠
ProAssurance
Treated Fairly

Professional Liability Insurance & Risk Management Services

ProAssurance Group is rated
A+ (Superior) by A.M. Best.
ProAssurance.com • 800.625.7814

Ward's 50 Group Performance Benchmark
2007-2013
7 Years Running

ORGILL SINGER INSURANCE

Please contact Yvonne Splichal at
702.796.9100. ext. 113 • orgillsinger.com

NEVADA DENTAL ASSOCIATION
8863 W FLAMINGO RD, STE 102
LAS VEGAS, NV 89147-8718

CHANGE SERVICE REQUESTED

PRSRT STD
U.S. POSTAGE
PAID
SALEM OR
PERMIT NO. 526