WINTER 2014–2015

VOLUME 16, ISSUE 4

NDA JOURNAL

OFFICIAL MAGAZINE OF THE NEVADA DENTAL ASSOCIATION AND COMPONENT SOCIETIES

A PEER REVIEWED JOURNAL

And at The Dentists Insurance Company, we won't treat you like one because we are not like other insurance companies. We were started by, and only protect, dentists. A singular focus that leads to an unparalleled knowledge of your profession and how to best protect you. It also means that TDIC is in your corner, because with us, you're never a policy number. 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 866-203-0277 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 | 866-203-0277

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
Erin Anderson, DMD—NNDS 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
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.

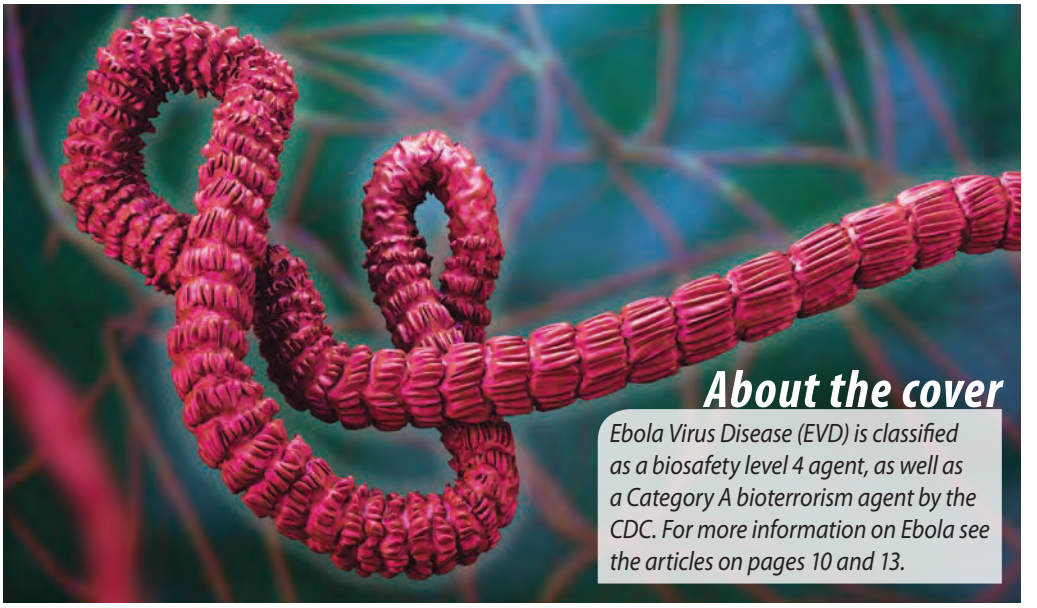
Advertising rates and specifications are available upon request. Contact Dan Hartzog, LLM Publications, at 800-647-1511 ext 2229 or email danh@llm.com.

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

WINTER 2014–2015



About the cover

Ebola Virus Disease (EVD) is classified as a biosafety level 4 agent, as well as a Category A bioterrorism agent by the CDC. For more information on Ebola see the articles on pages 10 and 13.

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

Coding
ICD-10 vs. CDT 2015

01 October 2014 the delivery of care by physicians was scheduled for compromise yet again by federal mandate. The nightmarish ICD-10 coding with its mandatory compliance date has been discussed in detail by the Association of American Physicians and Surgeons and others concerned primarily with treating patients optimally.[1] Dr. Tamzin Rosenwasser described how ICD-9 forced physicians to deal with 18,000 codes. Devolving, the federal government and other third parties created ICD-10 with 140,000 codes. Formerly, physicians needed a dedicated insurance staff person. Now they will need a dedicated corporate division, including lawyers, to attempt the overwhelming task of staying compliant with the codes.

Compliance is important because the government has crafted a sinister twist in historical legal precedent by assigning the burden of proof to the accused instead of the accuser. Previously, U.S. doctors were presumed innocent until proven guilty for misdemeanor coding errors; but health professional defendants are now presumed guilty of intentional felonious miscoding and are required to prove innocence. Criminal mens rea (a guilty mind) is now assumed…as the IRS assumes in its audits. Lost documents are no defense, unless the scrutiny is directed at, instead of from, the IRS.[2] A cynic, or perhaps a realist, might say the coding structure now in place for physicians seems to have the purpose of making it *impossible* to code correctly. To its credit, Congress has now delayed ICD-10 one year.[3] Perhaps our elected officials need the Patient Protection and Affordable Care Act websites to actually begin to function first? Heaven help our patients on this front too.

Actually, an ADA advertisement reminds us of our sister profession's coding chaos. The new 2015 ADA CDT codes are now available. According to the full-page ads in the *ADA News*[4] and ada.org[5]: "Coding for what you do has never been simpler." Really?

The 2015 CDT manual has 16 new procedure codes, 52 revised procedure codes, and five deleted procedure codes. To put these numbers in context, the 2013 CDT manual had 641 codes in total. Specialty codes include 20 for orthodontics, 34 for periodontics (the specialty that first started coding in dentistry in 1967), and 132 for oral and maxillofacial surgery. That orthodontics, that most mysterious specialty in dental school, has only 20 codes reveals just how prescient that group is. What doctor would rather have 140,000 codes than 652 (641 codes in 2013 + 16 new codes - 5 codes deleted in 2015)?

Dr. Charles Blair actually indirectly profits from lots of codes. Dr. Blair recently presented "Stay Out of Jail" to the Nevada Dental Association. According to Dr. Blair, in his current position as an expert in coding prosecutions, he is a coding dentist's "worst nightmare." Tellingly, Dr. Blair has stated that *every* dentist who codes, including himself, has committed fraud.

Coding is an inexact process. Knowledge coupled with fiduciary good faith is required on the coder's part. The problem is, insurance reviewers, regulators, and prosecuting attorneys don't always agree with the mere treating clinician's own assessment of reasonableness…not surprising since the clinician's adversaries' employment, again per Dr. Blair, depends on disagreeing with the operating dentist.

This editorial was first published in the Westerner, *Fall 2014; a publication of the Western Society of OMS*

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, how much bone (or how many osteoblasts) must one remove to qualify for a D7210 surgical extraction? Some regulators state that simply coding that extraction as a D7210, which in its definition includes bone removal and/or tooth sectioning, is inadequate. They say one must also redundantly state on the chart somewhere else that bone was removed. State and federal statutes don't say anything about repeating the definition of the procedure in the record, but do require radiographs for the review of coding questions.

ADA CDT issues are not so onerous when compared to AMA ICD-10 reviews of for instance, 2,595 "poorly healed fracture" codes, other codes that require doctors to differentiate between a parrot and macaw bite, or code V91.07XA "burn due to water-skis on fire, initial encounter."[1]

Beware, though, dental coders. ICD-10 does not ignore dentistry and in fact the medical code book has exponentially more dental codes than the dental code book. A search within ICD-10 for "dental" resulted in 347 codes; "tooth" in 500+ codes; "oral" 486 codes; "tongue" 459 codes; "gums" had only 22 codes, but was supplemented by 228 codes for "gingiva." A bit more creative search regurgitated descriptors such as ICD-10 codes T49.7X1 for poisoning by dental drugs, accidental, and T49.7X3S for poisoning by dental drugs, assault…good luck with that differential diagnosis.

The ADA's statement that "Coding for what you do has never been simpler" requires the actual use of CDT 2015 for a while before confirmation. However, those of us who actually practice clinical dentistry can likely agree the ADA gets an "A," at least relatively speaking, to the AMA's coding industry "F."

With less than 15% of the nation's doctors as members, the AMA has morphed to a political entity which demonstrably places clinical doctors very low on its priority list. The fact that most of the AMA's income is derived from its ICD publications is just one factor. Implementation of ICD-10 for small practices has been estimated, so far, at up to $226,105.00.[6]

On the other hand, the ADA's coding machinations intentionally encourage input from private clinical dentists. The direct and societal costs of CDT 2015 are relatively very palatable.

One last thought: a search of "simple" in ICD-10 resulted in 500+ codes. 500+ translates to somewhere between 500 and 140,000 assigned codes. But, the CDT 2013 search for "simple" produced only two codes, within facial fractures and simple suture (D7910), whatever that is. "Simple fracture" is actually a recognized term, meaning closed fracture as opposed to an open or compound fracture. Mistakenly, CDT 2013 lists under simple fractures "open reductions" and "complicated reductions with multiple surgical approaches," obvious non sequiturs. Hopefully these errors are some of the CDT 2015 revised procedure codes. But, either way, dentists can be comforted that the ADA CDT, unlike the AMA ICD-10's 500+, does not incorrectly opine that anything in dentistry is "simple."[7] ■

References

1. Rosenwasser T, Call a Code! This Doctor's Heart Stopped Beating! *NDAJ* 13:4, p24–25, Winter 2011–12.
2. Bade R, IRS gives full account of lost Lerner emails, 18 Jul 2014, http://www.politico.com/story/2014/07/irs-full-account-of-lost-lerner-emails-109122.html, accessed 14 Oct 2014.
3. American Health Information Management Association, http://journal.ahima.org/2014/05/01/cms-proposes-october-2015-as-new-icd-10-compliance-date/, accessed 30 Sep 2014.
4. *ADA News*, Now Available! New CDT 2015! 15 Sep 2015.
5. ADA.org, http://ebusiness.ada.org/productcatalog/product.aspx?ID=3017, accessed 30 Sep 2014.
6. AMA, http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/transaction-code-set-standards/icd10-code-set.page, accessed 30 Sep 2014.
7. Orr D, It's not Easy, it's not Minor, and it's not Simple! *NDAJ* 14:1, p3–4, Spring 2012.

Opting Out

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

The NDA has received several queries about opting out of Medicare. The 18 August 2014 *ADA News* offers some guidance in the form of practical Q&A[1], which, being directed towards dentists and their singular position within the health-care professions, would be valuable to review. The web page referred to in the *ADA News* Q&A article is: Success.ADA.org.medicare[2].

Opting out of Medicare is straightforward, far more straightforward than participating. Although many health professionals legitimately complain about Medicare participation, those choosing not to participate seem to be remarkably content.

Perhaps the main issue for dentists, whose services ("care of teeth and gums") are usually not covered by Medicare, is that when dentists refer patients for services that are covered, i.e. Rx's, radiographs, and non-dental (that is, specifically on teeth) surgical procedures, those services may not be covered because the dentist referrer is not recognized by Medicare. In fact, the Federal Government, via CMS (the Centers for Medicare & Medicaid Services) has ruled that dentists must opt out, or participate, in order to avoid this inconvenience for their patients.

A second excellent source regarding opting out and other Medicare issues is The Association of American Physicians and Surgeons web page.[3] ■

References

1. ADA offers Q&A primer on opting in or out of Medicare, *ADA News* 45:15, 1, 8, 18 August 2014.
2. Medicare, https://success.ada.org/en/practice/medicare, accessed 06 November 2014.
3. How To Opt Out of Medicare: AAPS, http://www.aapsonline.org/index.php/article/opt_out_medicare/, accessed 06 November 2014.

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

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

The NDA Mid Winter meeting will be Saturday, January 24, 2015 at 9:30AM in the Atlantis Hotel at 3800 S. Virginia Street in Reno, NV. We are fortunate to have ADA Chief Legal Counsel, Craig Busey, as our leadership speaker.

Save the date for the NDA Summer Meeting being held in Park City, Utah at the Hotel Park City, June 25–27, 2015. A complete signup and itinerary will be on the website soon and be included in the next *Journal*.

The 2015 Nevada Legislative Session begins February 2, 2015. Your NDA team will be watching closely for anything that affects the interests of your profession, your practice or your patients. During the session you may receive emails that urge you to contact your legislators. We do not send these emails simply to clutter your inbox. As best we can, we limit our "calls to action" that we send you as we understand that too many emails will result in turning you against the process. These calls to action are only sent at extremely critical junctures during the legislative process and only on issues of extreme importance. The value of a solid response by the membership to individual legislators is honestly "priceless." They do listen to their constituents and they prefer personalized communication instead of a "canned" or scripted email. We will always provide talking points for you to use and then ask you to please personalize the communication.

Please save the date of Wednesday, April 15, 2015 for the NDA "Oral Health Awareness Day at the Legislature." Come spend the day with us in Carson City.

Our Chief ADA Delegate, Dr. David White, has a report in this *Journal* on the ADA Annual House of Delegates meeting.

Below you will find information on R-020-14—the new regulations from the Nevada State Board of Dental Examiners. ▪

NSBDE passes new dental regulations on dental assistants and prescription monitoring

NDA members need to be aware of a new regulation, R-020-14, which passed the Legislative Commission on June 23, 2014.

During the 2013 Session, Assembly Bill No. 324, *which did not become law,* contained some strong consumer protection policies, but created what the Nevada Dental Association (NDA) believed to be an overly burdensome process for providers.

The Nevada State Board of Dental Examiners (NSBDE) in conjunction with the NDA, began work on a regulation to incorporate some of the key measures from the bill through regulation, and to balance the needs of new employees, dental offices, and most importantly, patient safety.

The regulation, under Section 9, requires dentists to ensure with each license renewal, that any person assisting in certain procedures, other than a dental hygienist, receive accredited training in cardiopulmonary resuscitation (CPR), radiographic procedures, and infection control. In addition, all prospective employees must be provided with a copy of Nevada Revised Statute (NRS) and Nevada Administrative Code (NAC) 631, concerning the permissible scope of delegable duties. You are now required, through attestation on your license renewal, to confirm that you have met these requirements.

Additionally, this regulation, at Section 2, Subsection 4, imposes the strictest requirements in the state for anyone possessing a license to dispense controlled substances. In addition to mandatory registration in the State Board of Pharmacy's Prescription Monitoring Program, the regulation requires at least one self-query per year. You must also attest to this *with each license renewal.* ▪

If you would like any further information on this topic, please contact the Nevada State Board of Dental Examiners.

Save the date!

7th Annual Ethics and Legal Aspects of Dentistry Conference

The 7th Annual Ethics and Legal Aspects of Dentistry Conference sponsored by the American College of Legal Medicine will be held Friday and Saturday, Feb. 27–28, at the Cosmopolitan Resort in Las Vegas.

Dentists attending the conference will be able to: learn more about legal issues in dentistry and understand the government's role and the role of dental education, describe ethical, moral and diagnostic issues as they relate to the dental practice, evaluate risk management considerations, and identify issues relating to patient care, access to care and dental health care coverage, evidenced based dentistry, licensure issues, healthcare reform and the current landscape for malpractice, and more.

For further information and registration, visit the ACLM website at www.aclm.org or contact Dr. Bruce Seidberg at bseidbergddsjd@me.com. ▪

Save the date!

NDA Mid-Winter Meeting

Saturday, Jan. 24, 2015, 9:30 AM

Atlantis Casino Resort Spa, Reno

Atlantis CASINO RESORT SPA • RENO

Visit www.nvda.org or call 702-255-4211 for details.

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

"After every storm the sun will smile; for every problem there is a solution, and the soul's indefeasible duty is to be of good cheer."

—William R. Alger

It has been a whirlwind couple of months at the NDA preparing for the recent Annual ADA session in San Antonio. I hope many of you enjoyed your visit to the Alamo, got some great deals on equipment, and enjoyed some world-class CE. Your Nevada delegation was extremely busy and had multiple resolutions passed in the House of Delegates (please see Dr. David White's article). Despite all of this recent activity, it feels like the calm before the storm.

The mid-term elections are over and we are busily preparing for the Nevada Legislature that begins this February. The NDA has a very proactive and aggressive agenda we will be pursuing at the Legislature this year. Please keep your eyes open for emails regarding upcoming legislation—not only locally but nationally as well—when input is needed and contact with legislators is requested, please don't cursorily pass by. Our strength is our voice when we speak together. The present political climate not only will present many opportunities, but may also have some unforeseen challenges.

Please also save the date for the NDA Legislative Day in Carson City on April 15 from 11AM to 2PM. It is an incredible opportunity to display what we do for our patients and how we greatly benefit the citizens of Nevada.

Following up on our request for participation in your legislative session is a request for your participation and involvement within all facets of your dental association. The ADA, NDA, SNDS, NNDS, and NEDS exists because of our members and for our members. A robust and stable membership and involvement is paramount to our effectiveness not only legislatively, but also as an integral part of all dentists lives. This relationship is not a one way street, without one the other ceases to exist.

We are truly blessed to be in dentistry, it is in my opinion one of the most noble and rewarding professions there is. Dentistry is becoming more diverse in many different ways and it is in our own best interests to have a strong society that can defend us, support us, and thrive with this increasing diversity.

I implore each and every one of you to look inside yourself and ensure you are represented and that your voice and opinions are heard by your societies. Without your individual voice, our association's communal voice diminishes. ▪

ADA House of Delegates
14th District

David M. White, DDS

Greetings. It is an honor to be writing this update for the 2014 ADA House of Delegates. First off, I am happy to report that the $129 million budget was passed with no dues increase. With this you should feel confident that your membership dues are being used wisely and we have proper leadership addressing the current threats to our profession and working on visions for the future.

Membership continues to be a very important topic for the association due to decrease market share. Work is being conducted to identify issues and benefits that are of value for new dentists, women, and minorities.

As many of you know Nevada is part of the 14th District. Our district contains seven states AZ, NM, UT, CO, NV, HI, and WY. This year the 14th was very active by presenting multiple resolutions to the HOD. We are very proud of our own Steve Saxe who ended up with a number of resolutions presented to the HOD. These were:

- CDT Guidelines for the Affordable Care Act—included Coordination of Medical and Dental benefits. STATUS: *Sent to ADA Council.*
- Communication of State Advocacy Efforts. STATUS: *Passed.*
- Development of ADA Policies on Dental Discount Plans. STATUS: *Sent to ADA Council.*

Other 14th District Resolutions that passed:

- Ethics and Standards for Internet Advertising. STATUS: *Passed.*
- 14th District resolution—Policy on dentist rating by third parties (Cigna). STATUS: *Passed.* ▪

Ebola virus disease facts and actions

From the Centers for Disease Control and Prevention (CDC)

What is Ebola?

Ebolavirus is the cause of viral hemorrhagic fever disease. Symptoms include: fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding. Symptoms may appear anywhere from 2–21 days after exposure to ebolavirus though 8–10 days is most common. Ebola is serious illness and the mortality rate can range from 25–90% percent. The current West African outbreak mortality rate is 50%.

What are the symptoms of Ebola?

Symptoms include: fever (typically higher than 101.5°F), severe headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, and abnormal bleeding. Some patients experience rash, red eyes, hiccups, cough, sore throat, chest pain, difficulty breathing or swallowing, and unexplained bleeding inside and outside of the body. Symptoms may appear anywhere from 2–21 days after exposure, though 8–10 days is most common.

How is Ebola transmitted?

Ebola is transmitted through direct contact with the blood or bodily fluids of a person who is ill or through exposure to objects (such as needles) that have been contaminated with infected secretions. It is not a respiratory illness and it is not airborne.

Can I get Ebola from a person who is infected but doesn't have any symptoms?

No. People who are not symptomatic are not infectious. In order for the virus to be transmitted, an individual would have to have direct contact with another individual who is experiencing symptoms.

Can Ebola be transmitted through the air?

No. Ebola is not a respiratory disease like the flu, so it is not transmitted through the air.

Can I get Ebola from contaminated food or water?

No. Ebola is not a foodborne illness or a waterborne illness.

How many cases of Ebola have been reported in the U.S.?

The first travel-associated case of Ebola was confirmed in Texas on September 30, 2014. On Oct. 12, a health care worker who provided care for the index patient tested positive for Ebola, and on Oct. 14, a second health care worker reported to the hospital. The CDC confirmed the second case and also reported the health care worker traveled by commercial airline. Because of the proximity in time between the flights and the onset of symptoms, the CDC reached out to passengers who were on the flights with the health care worker. Public health professionals interviewed passengers about the flight, answered their questions, and arranged follow up (if warranted). Individuals who were determined to be at any potential risk are being actively monitored. Previously, two U.S. health workers who acquired the illness while in Liberia were evacuated to the U.S. for treatment.

If you survive, can you get it again?

It is not certain if a patient would develop lifelong immunity after recovering. Previous outbreaks have been rare and small so there is still a lot that is unknown about the disease.

What is being done to prevent ill passengers in West Africa from getting on a plane?

The CDC is working with airlines and officials in other countries to develop exit screenings in the affected areas. This includes:

- Assessing the ability of Ebola-affected countries and airports to conduct exit screenings.
- Assisting with the development of exit screening protocols.
- Training staff on exit screening protocols and appropriate use of personal protective equipment.
- Training in-country staff to provide future trainings.

More information on CDC activities related to travel and the response in the U.S. is available at www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/qa.html.

What if someone leaves a plane in Las Vegas and is sick with Ebola?

The current outbreak is limited to four countries in West Africa. There are no direct flights or non-stop flights between McCarran International Airport and Africa. Ill travelers arriving in other U.S. cities en route to Las Vegas would be handled using protocols in place to protect against further spread of disease before they boarded their flight to Las Vegas.

The CDC is assisting with exit screenings and communication efforts in West Africa to prevent sick travelers from getting on planes. The CDC and its partners are also working with international public health agencies, other federal agencies and the travel industry to identify sick travelers arriving in the U.S. and take public health actions to prevent the spread of this or other communicable diseases.

In the instance of the patient in Texas, he was not symptomatic while traveling and the passengers on the plane do not require notification. However, the CDC does have protocols in place to protect against further spread of disease. These include notification to the CDC of ill passengers on a plane before arrival, investigation of ill travelers, and, if necessary, isolation. The CDC has also

provided guidance to airlines for managing ill passengers and crew and for disinfecting aircraft. The CDC has issued a Health Alert Notice reminding U.S. health care workers of the importance of taking steps to prevent the spread of this virus, how to test and isolate suspected patients and how they can protect themselves from infection.

Southern Nevada's illness rates are not substantially different from other cities in our region or other tourist destinations. If there is a passenger who is sick, there are protocols in place to assess the passenger's health, and to take him/her to an appropriate health care facility if necessary. Infection control procedures will be put into place if the passenger has an unknown illness or an illness that is known to be highly contagious. The health district would be notified if the illness is unusual or thought to be a potential threat to the health of the public. Health district staff would begin an investigation and/or notify the appropriate agencies, including the Nevada Division of Public and Behavioral Health and the CDC. These steps are in place for any type of infectious illness or unusual illness.

Is the health district prepared to respond to a potential case of Ebola in Southern Nevada?

The health district has plans in place and conducts exercises and activities to ensure its readiness to respond to a variety of biological threats, including infectious disease outbreaks. With the increasing number of Ebola cases, the health district has provided information to health care providers, hospitals, first responders, and others to prepare for and respond to the challenge of a new infectious disease threat. The health district provides information about how the disease is spread, holds meetings with health care, response partners, and stakeholders, and has developed tools such as a patient evaluation algorithm. In the event a case is identified in the county, the health district would coordinate with the state to request assistance from the CDC, and hospitals in Clark County are fully capable of effectively isolating potentially infectious patients. In addition to these activities, the health district is prepared to monitor contacts of suspected and probable cases and make recommendations for isolation and quarantine. The Southern Nevada Public Health Laboratory provides consultation with other labs for Ebola virus testing and safety and is prepared to accept and ship specimens immediately to the CDC for testing.

The health district will continue to work closely with state and federal health officials, the airport, and local response partners in order to maintain its readiness to respond.

Can I catch it by sitting next to someone on a plane?

Ebola is not an airborne illness. It is transmitted from one person to another via bodily fluids like blood, saliva, or mucous. Also, a person must be symptomatic in order to be able to transmit the disease.

How is it treated?

Currently, there is no specific treatment or medication to treat patients with Ebola. An experimental treatment has been developed, but it has not been studied extensively or tested in people to determine if it is effective. Standard treatment for Ebola illnesses remains mostly supportive, treating symptoms and any complicating infections.

Is there a test?

The CDC has provided guidance and testing information to physicians/health care providers and public health labs. Testing would be ordered by a physician/health care provider.

Do I need to get tested?

Ebola does not pose a substantial risk to the general population of the U.S. If you have traveled to West Africa, specifically to Liberia, Guinea, Nigeria or Sierra Leone and you develop a fever or other symptoms within 21 days of travel, see a health care provider and tell him/her about your symptoms and recent travel. Working with the health district, he/she will assess your risk of infection and determine if testing is necessary. If you have recently returned from West Africa and have no symptoms, you should monitor your health for at least 21 days for fever, bleeding, muscle or joint pains, or severe headaches. Check with your physician/health care provider for guidance.

What if someone in my family has returned from the area and has a fever?

If you or a family member recently returned from West Africa and have developed symptoms such as a fever, joint or muscles aches, or unexplained bleeding, seek medical attention and tell your physician/health care provider about any recent travel. Symptoms of Ebola can appear from 2–21 days after infection. You should monitor your health or your family members' health for symptoms of Ebola (especially fever) for at least 21 days after returning from an area affected by Ebola.

I know someone who recently traveled to Africa. Should I be concerned? Is it safe for them to be at work/school?

Currently the CDC does not recommend travelers avoid visiting countries in Africa that are not affected by the Ebola outbreak. While U.S. citizens are urged to avoid non-essential travel to areas still impacted by the outbreak (Guinea, Liberia, and Sierra Leone), Ebola is a very low risk for most travelers. It is spread through direct contact with the blood or other body fluids of a sick person. The majority of people who become infected with Ebola are those who live with or care for people who have already caught the disease and are showing symptoms. Ebola is not spread through casual contact, and a person must have symptoms to spread Ebola to others.

Continues on page 12 ➲

➲ *Continued from page 11*

Why is it such a problem now?

Ebola was first identified in 1976 and there have been several outbreaks since that time. The current outbreak in West Africa is the largest and the first in that part of Africa. Health care systems in the countries affected by the outbreak are being overwhelmed. The CDC and other international agencies are working to stem the outbreak.

How can I protect myself/family?

Ebola does not pose a substantial risk to the general population of the U.S. The majority of cases in the recent West African outbreak occurred among health care workers and family members who treated patients sick with Ebola. The CDC has information about infection control practices for people working in communities impacted by Ebola.

Is there a vaccine?

There is no vaccine for Ebola. An experimental vaccine has been developed and was scheduled to begin drug trials in the fall of 2014. It is unknown if this vaccine will be effective in preventing disease.

What about ill Americans with Ebola who are being brought to the U.S. for treatment? How is the CDC protecting the American public?

The CDC has very well-established protocols in place to ensure the safe transport and care of patients with infectious diseases back to the U.S. These procedures cover the entire process—from patients leaving their bedside in a foreign country to their transport to an airport and boarding a non-commercial airplane equipped with a special transport isolation unit, to their arrival at a medical facility in the U.S. that is appropriately equipped and staffed. The CDC's role is to ensure that travel and hospitalization is done to minimize risk of spread of infection and to ensure that the American public is protected. Patients were evacuated in similar ways during SARS.

What does the CDC's Travel Alert Level 3 mean to U.S. travelers?

On July 31, the CDC elevated its warning to U.S. citizens encouraging them to defer unnecessary travel to Guinea, Liberia, and Sierra Leone over concerns that travelers may not have access to health care facilities and personnel should they need them in country.

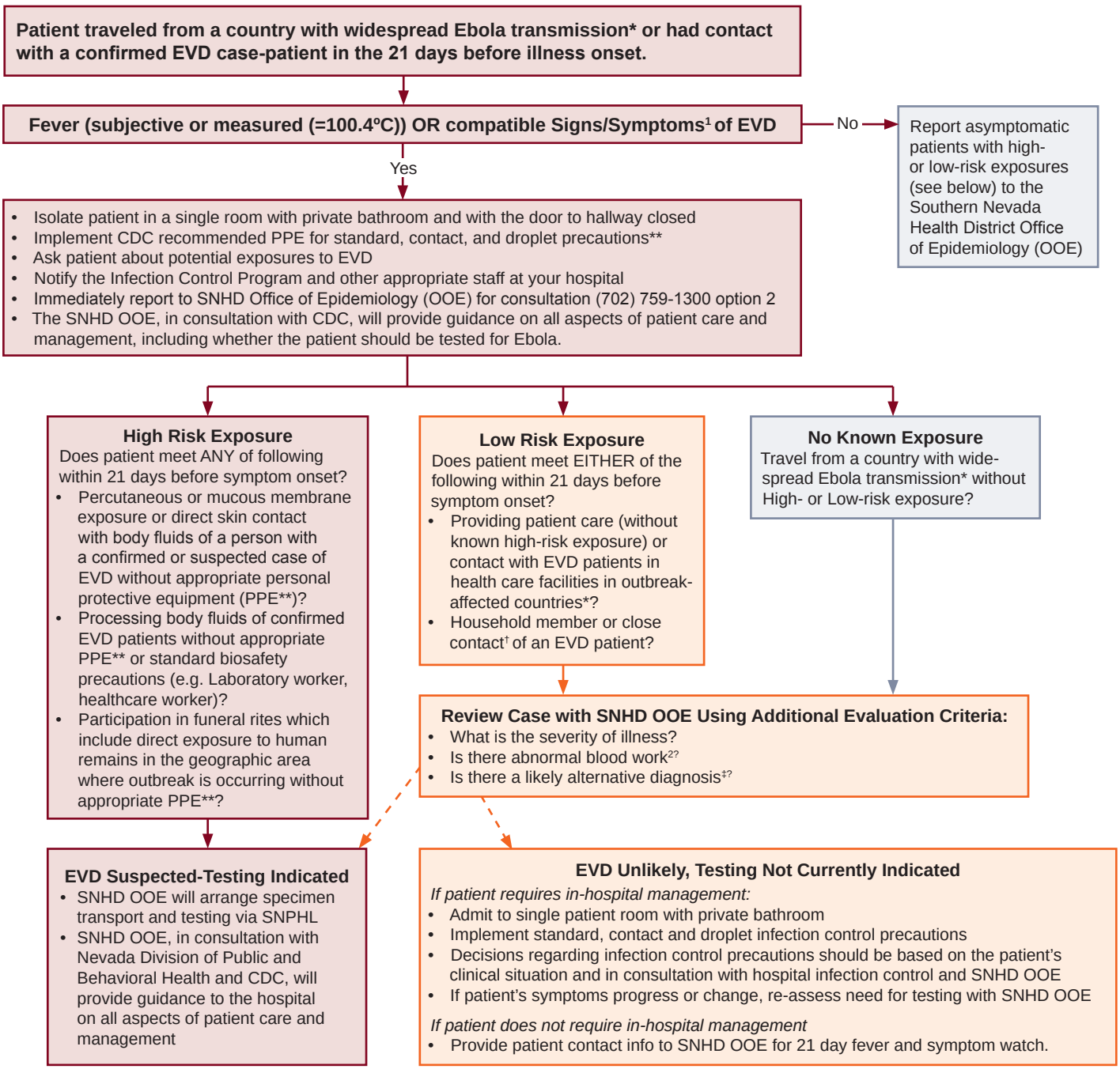
How do I discuss Ebola with my children?

Please see this article from the American Academy of Pediatrics for suggestions. http://aapnews.aappublications.org/content/early/2014/10/07/aapnews.20141007-1

Where can I get more information?

Contact your physician/health care provider or the Southern Nevada Health District Office of Epidemiology, 702-759-1300. Information about Ebola and ebolavirus as well as recent outbreaks can be found on the CDC website, www.cdc.gov/vhf/ebola/. ▪

Southern Nevada Health District (SNHD) Algorithm for Evaluation of Ebola Virus Disease (EVD) (updated 10/20/14)



Definitions

[1] Other Signs/Symptoms Include:
- Intense weakness
- Muscle pain
- Headache and sore throat
- Vomiting and/or diarrhea
- Abdominal pain
- Impaired kidney and liver function
- Internal or external bleeding

[2] Abnormal Blood Work:
- Platelet count <150,000
- Prolonged PT/PTT
- AST/ALT elevation

Notes

* Outbreak affected areas: Sierra Leone, Guinea, Liberia (areas may be updated) refer to http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html#areas

** Appropriate PPE guidance can be found at: http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html

† Close contact is defined as a.) being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time while not wearing recommended PPE or b.) having direct brief contact (e.g. shaking hands) with an EVD patient while not wearing recommended PPE. Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

‡ EVD can often be confused with other more common infectious diseases such as malaria, typhoid fever, meningococcemia, and other bacterial infections (e.g., pneumonia). These diseases should be considered. A positive malaria test alone does not rule out EVD.

Illicit goods in the health professions

By Jim Orr

When one hears the term counterfeit, a first thought is often about currency. However we are all under attack from criminal organizations which manufacturer, distribute, and sell counterfeit (illicit) goods to unsuspecting and, at times, knowing consumers. These illegal activities represent a $600 billion per year global industry which would the largest in the world if legitimate. The profits of such activities are often used to fund other criminal activities including terrorism.[1]

This problem is growing and will continue to grow, based largely in part to people's desire to possess designer goods such as watches, handbags, clothing, jewelry, sunglasses, shoes, and sports apparel. Counterfeiters also sell sham military computer chips and components, batteries, car parts, motor oil, CDs, DVDs, power tools, cosmetics, shampoo, razors, curling irons, golf clubs, and cigarettes. Recently counterfeit medicines and medical devices such as contact lenses have become more prevalent. Any item that is desired by the consumer can be a target for a counterfeiter.

Many consumers and medical professionals have turned to internet based retailers which sell pharmaceuticals and medical items. Internet based sales are attractive for convenience and price relative to traditional retail options.

Websites constructed by criminal organizations are professionally designed to beguile the consumer into thinking they are buying legitimate products at a great price. The old adage: "if the price is too good to be true, it usually is" should alert consumers that the product they are purchasing may be counterfeit.

Weekly throughout the United States, one can read articles about the devastating effects of counterfeit pharmaceuticals. The US Food and Drug Administration (FDA) defines counterfeit medicine as:

> *Counterfeit medicine is fake medicine. It may be contaminated or contain the wrong or no active ingredient. They could have the right active ingredient but at the wrong dose. Counterfeit drugs are illegal and may be harmful to your health.*[2]

The FDA has reported recently of counterfeit Altuzan (bevacizumab), an injectable cancer medicine, Viagra, Cialis, Valium, Xanax, Lipitor, Adderall, Vicodin, Phentermine and Tamiflu, amongst many others.

Counterfeit dental products such as toothpaste, brushes and brush heads, tooth picks, mouthwash, syringes/ delivery systems, Zirconia and glass ionomers, dental adhesives, ceramics materials, composites and dental instruments have been sold. It is estimated that 6–8% of the dental goods in the marketplace are counterfeit.

A 2012 article published in the *British Dental Journal* found discussed the discovery of counterfeit/fake dental products being sold on eBay.[3] Further, a raid conducted by the Medicines and Healthcare products Regulatory Agency (MHRA) resulted in the seizure of 100 fake dental instruments consisting of scaler tips, light cured composite, gutta percha points, dental cleaning tools and high speed hand pieces not CE marked and not carrying warnings or usage instructions.

The World Health Organization (WHO) estimates that 10% of the worldwide pharmaceutical sales are counterfeits. They found that medicines purchased over the internet from some sites which conceal their physical address were counterfeit.[4]

According to Customs and Border Protection, in 2013 CBP conducted more than 24,000 seizures of goods that

Counterfeit toothpaste.

Counterfeit tooth brushes.

violated intellectual property rights, with a total retail value of $1.7 billion, representing a 38% increase in value from fiscal year 2012. Goods reported seized by the CBP included healthcare products.[5]

In recent years, the ongoing problem of Intellectual Property Rights (IPR) violations (counterfeit items) has resulted in the creation of dedicated units and/or task forces by local, state, and federal law enforced organizations.

The author has been consulted by The Los Angeles Police Department, The Los Angeles County Sheriff's Department, The Sacramento County Sheriff's Department, The Phoenix Police Department, The Riverside County District Attorney's Office, The Los Angeles County District Attorney's Office, The Orange County District Attorney's Office, The Utah Attorney General's office, The US Department of Homeland Security (HSI; Home land Security Investigations), The Federal Bureau of Investigations (FBI), The US Customs and Border Protection, and other entities regarding intellectual property/counterfeit crimes.

Most of these agencies partner with retained private investigative companies which represent the intellectual property rights holders and act as brand representatives. These partnerships have resulted in many significant seizures and prosecutions, both at the state and federal levels.[6]

Special agents with ICE's Homeland Security Investigations (HSI), working jointly with the South Carolina Secretary of State's Office, Blazer Investigations and Pfizer, seized approximately $4 million in counterfeit goods and pharmaceuticals during a two-week operation.[6]

Shuja Ali Syed trafficked in counterfeit "all-natural" male enhancement products from China, when, in fact, laboratory analyses of the counterfeit products indicated that they contained either sildenafil, commonly known as Viagra, or tadalafil, commonly known as Cialis.[7]

Nathan Welter made his initial appearance in federal court in March 2013 following his indictment for allegedly using Craigslist to sell a variety of counterfeit sexual dysfunction medications, which he claimed to buyers were genuine.[8]

Many consumers are under the impression IPR crimes are victimless crimes. What they fail to realize is that each sale of a counterfeit item can displace a sale of a legitimate item and thus steals intellectual property from the legal owner. When a company loses revenue because counterfeiters are manufacturing, distributing, and selling a bogus company items, the company's growth, ability to employ workers, etc. can be compromised to the point of bankruptcy.[9]

A study conducted by the Los Angeles Economic Development Corporation (LAEDC) on counterfeiting and piracy, showed that Los Angeles County lost $485 million in tax revenue and 105,000 jobs in the year 2005 alone. This study focused on Los Angeles County. Counterfeiters by and large do not pay local, state or federal taxes.

To the counterfeiter, it is all about making money. They have no regard for the public's health and safety. Consumers should be aware that while counterfeit clothing item might not endanger one's health, counterfeit health products certainly can. ▪

Mr. Orr is the principal of Orr Investigative Services. He is a retired law enforcement detective sergeant with decades of investigative experience. He is a Retained Investigator and Anti-Piracy Trainer for the Recording Industry Association of America, the Entertainment Software Association, brand owners of intellectual properties, and a former Retained Investigator and Anti-Piracy Trainer the Motion Picture Association of America. Mr. Orr has trained over 16,000 local, state and federal law enforcement officers, investigators, deputy district attorneys, prosecutors, city attorneys, and private investigators. Mr. Orr has conducted and assisted with many piracy and trademark counterfeit investigations and is a court recognized expert.

Endnotes

1. Patani P, The Funding of Organized Crime and Terrorism Through the Sale of Counterfeit Goods, Master's Thesis, Utica College, Spring 2010.
2. FDA, Counterfeit Medicine, http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/counterfeitmedicine/default.htm , accessed 28 May 2014.
3. *British Dental Journal News*, Fake Dental Products on eBay, *Brit Dent J*, 213, 268 (2012), http://www.nature.com/bdj/journal/v213/n6/full/sj.bdj.2012.853.html, accessed 28 May 2014.
4. World Health Organization, Medicines: spurious/falsely-labeled/falsified/counterfeit (SFFC) medicines, May 2012, http://www.who.int/mediacentre/factsheets/fs275/en/, accessed 28 May 2014.
5. U.S. Customs and Border Patrol Report, CBP Fiscal Year 2013 in Review, 17 Jan 2014, http://www.cbp.gov/newsroom/national-media-release/2014-01-17-000000/cbp-fiscal-year-2013-review, accessed 28 May 2014.
6. ICE News Releases, HSI, local partners seize nearly $4 million in counterfeit pharmaceutical, goods, 8 Mar 2013, accessed 28 May 2014.
7. ICE News Releases, New Jersey man charged with trafficking counterfeit male enhancement pills and money laundering, 27 Feb 2013, accessed 28 May 2014.
8. ICE News Releases, Orange County man charged with selling counterfeit sexual dysfunction drugs over the internet, 11 Mar 2013, accessed 28 May 2014.
9. National Intellectual Property Rights Coordination Center, http://www.iprcenter.gov/, accessed 28 May 2014.

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

Drowned in information yet starved for knowledge

Part 2

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.*

In this article, we will look at ways to critically analyze the evidence when presented to us in the form of an article or by a lecturer at a CE course. I hope the previous article [*published in the Fall 2014,* NDA Journal] has sparked some interest regarding this topic. In this part, we will also look at how to use our time effectively while researching the articles looking for a specific answer. As dentists, we are taught to care for our patients to the best of our abilities. With the ever-changing face of dentistry, we find ourselves motivated and/or compelled to invest in newer technology. In this digital era in dentistry, along with additional investment comes the responsibility to sell to our patients the treatment that works best for their given circumstances. With the additional pressure that comes from the "Business of Dentistry," it is sometimes easy to ignore the "Science of Dentistry" while proposing treatment plans to our patients. Evidence-based Dentistry (Systematic Reviews) may work as a useful tool for busy practitioners in reaching our goals to provide the best care to our patients regardless of the pressures of the "Business of Dentistry."

Grading the Evidence

Philippe Hujoel, MS, PhD., from the Department of Public Health, University of Washington in Seattle, Wash., has captured the thought of every practicing dentist in his article, "Grading the Evidence: The Core of EBD," that appeared in the *Journal of Evidence-Based Dental Practice*. He states, "We all live in an evidence-based world where 2 + 2 should equal 4, not 5 or 3. Unfortunately, judging the soundness of evidence in medicine or dentistry is not as straightforward as a simple addition.[1]" When we want to choose a "restorative" material, why should the recent graduate accept the common claim that gold is the "standard" restoration? To help us look at these types of clinical questions, the Evidence-Based Discussions in Medicine and Dentistry were formalized and those rules were then applied to assessing the clinical literature. The advent of evidence-based pyramids (*Figure 1*) has helped tremendously in grading and translating the evidence in clinical recommendations.

In that evidence pyramid, the lowest levels of evidence are expert opinions, case control studies, case reports or animal studies. This level of evidence is considered "low" not because of the quality of study but because this evidence cannot be valued when clinical decisions are based on such studies alone. In dental practices, many issues related to proposed treatments and success rates associated with them are discussed with our patients. One clinician suggested that teeth with periodontal involvement, when surrounded by teeth without periodontal involvement, should be extracted when an arch of teeth is being restored. If a randomized controlled trial were conducted on this topic then it would give us a better idea on whether or not to accept such a recommendation.

High-level evidence consists of controlled systematic experiments in humans: case control studies, cohort studies and RCTs. In a case control study, individuals with and without a disease or a condition are compared with respect to the prevalence of a suspected etiological factor. For example, individuals with or without brain cancers can be compared with respect to the prevalence of past medical or dental diagnostic X-ray exposures. In a cohort study, exposed and non-exposed individuals are followed

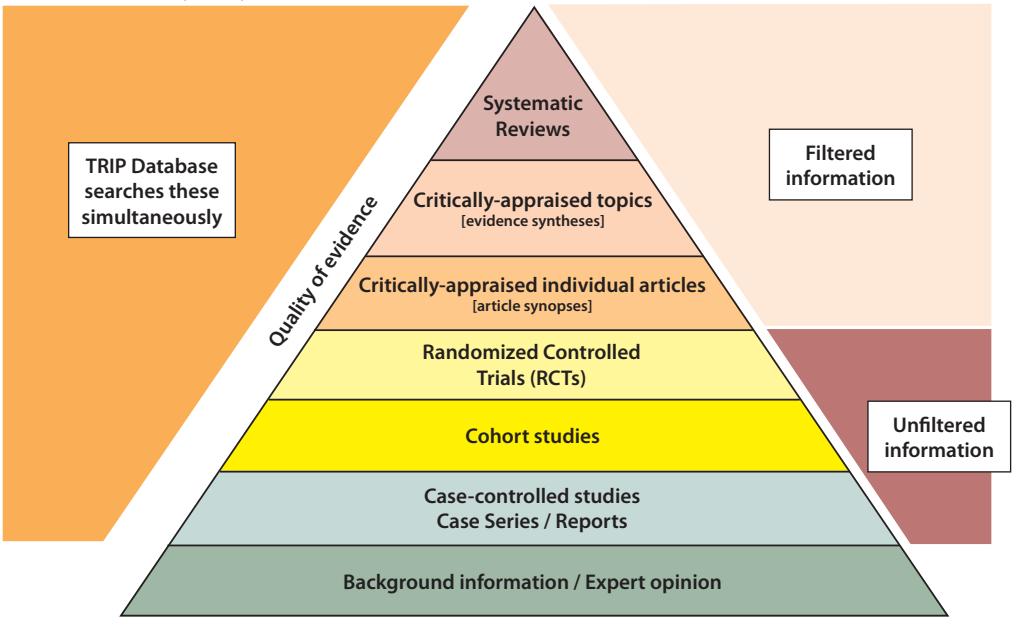
According to a 2008 PPR Reader Survey

When selecting dental products, how valuable do you find each source of information?

Expert opinions	42 %
Input from peers	40 %
Published dental studies	35 %
Lab data on key attributes	34 %
Hands-on workshops	26 %
CE courses	21 %
Comparative pricing data	16 %
Experience in dental school	9 %
Manufacturers' claims	1 %

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.

Figure 1: **Hierarchy of types of evidence**



longitudinally and the incidence of outcome of interest is monitored. For example, exposure to fluoride through community water fluoridation and its effects on individuals. Both these study designs do have an element of observer bias built into them.

In a randomized control trial, individuals are randomly assigned to exposures and the incidence of the outcome of interest is monitored. For example, individuals can be randomly assigned to either a xylitol gum or sorbitol gum and the incidence of caries can be monitored. Certain evidence-based organizations, such as Cochrane, focus exclusively on evidence-based on RCTs when they report treatment effectiveness. Recently the Cochrane group has also focused on the systematic reviews to answer such clinical effectiveness questions.

What is a Systematic Review (SR)?

If you look at Figure 1, you will find that the SR (systematic reviews) sits at the top of the pyramid of the evidence-based decision making strategies. It is a review of literature that identifies and evaluates all of the evidence with which to answer a specific, narrowly focused clinical question.

What are the hallmarks of a SR?

- Exhaustive search for studies (the evidence)
- Elaborate procedures to maximize objectivity and minimize bias
- Identification, presentation, and consideration of the best available evidence
- Quality of each included study explicitly evaluated using standard criteria
- Interpretation of the evidence for clinicians and researchers

Why is a SR better than a traditional review?

- Specific clinical question is addressed rather than a general topic
- All information is considered, not just that favored by the reviewer
- The quality of each study and overall quality of the evidence are objectively assessed
- Information is organized so that comparison across relevant studies is facilitated

What would you expect to see in a SR?

- A stated clinical question, preferably in "PICO" format that identifies:
  - Population (the individuals or groups for whom an answer is sought)
  - Intervention (treatment or clinical condition of interest)
  - Comparison (alternative treatment or control group for comparison)
  - Outcome (measure used to assess the effects of the intervention)
- A search strategy that uses several databases
- Selection criteria for inclusion or exclusion in the review of studies
- Application of the selection criteria to produce groups of included and excluded studies that are fully identified
- Evidence table that summarizes the key features and results
- A narrative summary of the highlights of the evidence table

Continues on page 20 ➲

➲ *Continued from page 19*

Caring for patients in the absence of evidence

Many issues in dentistry have weak or no evidence to support definitive treatment decisions. Nevertheless, treatment decisions need to be made. If we believe it is at least as important to say the right things to the patient as it is to skillfully perform the correct procedures, then we need the best evidence before we offer an answer to our patient's clinical queries. If the best evidence is to impact treatment plans, we must access, evaluate, compile, and present the evidence compellingly. This is particularly true when there is weak evidence and the patient is vulnerable to misinformation and quackery. Treating patients in the absence of evidence requires working with and communicating uncertainty without compromising care.

Under such circumstances, adopting a consistent model will help present the best possible information in a consistent manner.

1. Identifying problem
2. Develop a question (PICO format)
3. Search for evidence
4. Evaluate evidence
5. Develop script
6. Present evidence to patient
7. Treatment plan

Most times, careful evaluation of our best sources may yield a frustrating weakness in the current evidence for answering a clinical question. Sometimes, because of the level of uncertainty, the selection of words is important when communicating with the patient. Considering patient preferences and values in addition to the evidence leads to an evidence-based treatment plan.

Search for evidence and evaluation strategies

[*Editor's Note:* Resources in this article have been updated from Dr. Gune's original article to reflect currently available online resources.]

What can you do in five minutes?

- **Visit edb.ada.org** and look under the Evidence section by topic for systematic review abstracts:
  - Clinical Practice Guidelines
  - Critical Summaries
  - Plain Language Summaries
  - Systematic Reviews
- **Search the Cochrane Library** for Cochrane Reviews at www.thecochranelibrary.com.

  Advantages: Requires little advanced skill. Efficiently utilizes high quality systematic reviews and other pre-appraised evidence. Free.

  Limitations: May not completely or directly answer questions. Requires that the topic has been well researched. Requires reliance on others for critical appraisal.

  Questions to ask: What are the results? Are the results valid? Will the results help in caring for my patient?

Levels of Evidence Related to Type of Question and Type of Study

Type of Question	Methodology of Choice	Question Focus	Why Study?
Therapy/ Prevention	Meta-Analysis (MA) or Systematic Review (SR) (SR) of RCTs Individual RCT SR of Cohort Studies	Study effect of therapy or test on real patients allows for comparison between intervention groups and control groups for a particular condition. Largest volume of evidence based literature.	To select treatment, if any that do more good than harm that are worth the effort and cost.
Diagnosis	SR of Controlled Trials Individual Controlled Trial	Measure reliability of a particular diagnostic measure for a disease against the "gold standard" diagnostic measure for the same disease. Sensitivity and specificity of the measures are compared.	To select and interpret diagnostic methods or tests. To determine the degree to which a test is reliable and useful.
Etiology, Causation, Harm	MA or SR of RCTs Individual RCT SR of Cohort Studies Prospective Cohort Study	Compares a group exposed to a particular agent with an unexposed group. Important for understanding prevent on and control of disease.	To identify causes of a disease or condition including iatrogenic forms. To determine relationships between risk factors add possible causes of a disease or condition.
Prognosis	SR of Inception Cohort Studies Individual Cohort Study Retrospective Cohort	Follows progress on of a group with particular disease and compares with a group without the disease. Groups must be as similar as possible and must have good follow up >80% of each group.	To estimate clinical course of progression of a disease or condition over time and anticipate likely complications.

What can you do in 30 minutes or less?

- **Access online tutorials:** Go to ebd.ada.org/en/education/tutorials and watch a quick tutorial. These 5- to 10-minute video tutorials are designed by the ADA Center for EBD to help dental or health care professionals and students understand the basics of EBD.
- **Listen to podcasts:** The ADA Science Podcast at ebd.ada.org/en/education/ada-science-podcasts is hosted by Dr. Robert Weyant, MPH, DMD, PhD and features guests who address various elements of science in dentistry, including evidence-based dentistry.
- **Search** for critical summaries or evidence-based dentistry on the websites for the *Journal of Evidence-Based Dental Practice* (jebdp.com) or *Nature* magazine (nature.com). You could also spend more time searching reviews on edb.ada.org and the Cochrane Library.
- **Search PubMed*** (pubmed.gov) under the Clinical Queries section for systematic reviews. Includes randomized control trials (for topics that have been minimally researched).

  Advantages: Fast and simple. Efficiently utilizes high quality systematic reviews and other pre-appraised evidence. May thoroughly answer your question. Demands a minimum time for critical appraisals. Free or minimal cost.

  Limitations: Requires some reliance on others for critical appraisal.

  Questions to ask: What are the results? Are the results valid? Will the results help in caring for my patient?

What can you do if you have more time?

- **Search PubMed*** (pubmed.gov) under the Clinical Queries section for systematic reviews. Includes randomized control trials (for topics that have been minimally researched). Review other clinical studies of higher quality (cohorts, case control studies).

  Advantages: Most thoroughly answers questions. Requires no reliance on others for critical appraisal. Opportunity to master critical appraisal skills.

  Limitations: Requires advanced skill level. May be time consuming. Minimal to moderate cost.

  Questions to ask: What are the results? Are the results valid? Will the results help in caring for my patient?

* *PubMed may have direct links to free full text articles. Full text articles may also be purchased via the publisher's website or the ADA library.*

ADA Center for EBD and the EBD website

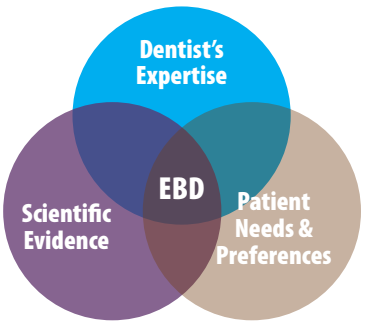
The ADA Center for EBD has a two-fold vision. The first part is helping practitioners implement EBD. The second part is disseminating the most current scientific information for members of the dental team.

The Center does this through three main initiatives:

- Clinical recommendations
  - Sealants
  - Topical fluoride
  - Fluoride supplements
  - Infant formula
- EBD website
  - Critical summaries of systematic reviews
  - Database of systematic reviews
- Education though conferences and workshops
  - EBD conferences
  - EBD workshops

ADA Center for Evidence-Based Dentistry™ website (ebd.ada.org)

If you haven't already visited the EBD website, I encourage you to do go at once. You can either type the above address in your web browser or visit the site by navigating on the ADA's website. It is an excellent one-stop site for most of your evidence-based clinical queries.



The home page has three distinct areas you can visit:

1. Evidence

The brief description of this page is: "Scientific evidence is just one tool an informed dentist uses to arrive at the best treatment decision. But with such a large volume of published studies, how do you easily find the latest evidence? This website is a great place to start your search for systematic reviews, critical summaries, and clinical practice guidelines."

2. Education

"Whether you are looking to learn online or in person, the ADA Center for Evidence-Based Dentistry offers a variety of educational programs to fit your learning style and busy schedule. We can even create a custom program for your institution if you have a large group that wants to learn more about EBD."

For additional EBD education, the ADA has many options to learn and earn from 10 to 35 hours of CE credits.

- *EBD Champions Conference.* The goal of the conference is to improve the quality and effectiveness of dental care through the application of an evidence-based approach to patient care.

Continues on page 22 ➲

➲ *Continued from page 21*

- *Advanced EBD workshop: Assessing the Quality of Evidence.* A five-day workshop that builds skills in formulating clinical questions, searching for evidence, critical reading and appraisal, and implementing EBD into practice.
- *ADA CE online.* Two EBD courses are available: "EBD: The Basics and Finding" and "Using EBD Resources."
- *EBD custom workshops.*
- *ADA Evidence Reviewer (AER) Workshop.* AERs are dental professionals with a dental degree or PhD who write critical summaries of systematic reviews. There are three types of reviewers: AER Trainees; AERs; and Senior AERs. Volunteering as an AER gives you CE credits and other great benefits.

3. Resources

Additional support for the evidence-based practice is found right on the ADA's EBD website.

The ADA also publishes the *ADA Clinical Practice Guidelines Handbook* which includes recommendation statements to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

I hope the information presented will you interested in this evolving paradigm shift. The ADA and the staff at the Center for Evidence-Based Dentistry™ are always willing to answer any questions related to this concept. Please email them at ebd@ada.org for further details.

I want to thank the leadership at SJDS for allowing me to compile this information for our members. A special thanks to Dr. Nick Veaco, Ms. Kathy White, and Ms. Colleen Lee for their efforts in getting this published. ▪

Acknowledgements

The entire team at the ADA Center for Evidence-Based Dentistry™.

Dr. Krishna Aravamudhan at the ADA Center for EBD.

Dr. Jane Gillette and her contribution to 2009 EBD Champion's conference.

Dr. Philippe Hujoel and his article at the 2009 EBD Champion's conference.

Dr. Joseph Matthews and his article in the 2009 EBD Champion's handbook.

Endnotes

1. Philippe Hujoel, MS, PhD. "Grading the Evidence: The Core of EBD," *Journal of Evidence-Based Dental Practice.* September 2009 Volume 9, Issue 3, Pages 122–124

Robert Anderson
s_nds@hotmail.com

Hello, and wishes for a happy and prosperous 2015 from your Southern Nevada Dental Society! Time certainly marches on!

As we look ahead to 2015, we are continuing to work to provide our members with the best options and values we can. So I'll list some of our upcoming events and you can put them on your calendar.

We'll be holding our annual Give Kids A Smile event in two phases. First, on Saturday, Jan. 31 at Roseman University in Henderson, young patients will get exams and x-rays. The following weekend, Saturday, Feb. 7, we'll meet at the UNLV School of Dental Medicine for treatment. We are working with three elementary schools and a social services agency. We hope you'll volunteer to help out! Watch for details in the *SNDS Leader*, on our website, and on Facebook. I'm also happy to report that, besides Roseman and UNLV; our steadfast sponsors, Henry Schein, Pact-One, and United Way are on board again this year. A big thank you to them all, for making this possible.

Our Premier CE Series will pick up in March, when we host Dr. LeeAnn Brady on Friday, March 6. She will be speaking on "Top Clinical Tips For Esthetic Success." We'll round out the Premier Series with Dr. Gerard Kugel, speaking on "Adhesive Dentistry & Cementation: Is Newer Always Better?" You can see details on our website, under "Premier Series."

Our New Dentist Forums have been very popular. Aimed at dentists in the first 10 years out of dental school, we have a presentation, food and beverage, and time to visit and network. The next Forum will be Wednesday, Feb. 18 at Implant Direct. The very special, "don't-miss" topic is "The Compliance Jungle." Attendees will learn about the maze of regulatory agencies and requirements that a dentist must negotiate in a practice. The New Dentist Forums are free, but we do ask for an RSVP. Thanks to Implant Direct for use of their facility and to Citibank for providing the refreshments.

All of our member dentists are invited to take advantage of the first 2015 installment of the CE Café Series. On Wednesday, Feb. 25, we'll have two consultants address the topic of "Making Social Media Work for Your Practice." Having a website or Facebook page isn't as effective as having a website, a Facebook page and a *plan*! If you're not getting the maximum potential out of your social media footprint, be sure to attend the CE Café. This is free for members, and is held after work at the Henry Schein facility. City National Bank provides dinner, and you'll receive two CEUs. You are sure to leave this presentation with tips you can put to work the next morning. We do ask that you RSVP.

On Friday, April 10, 2015, we'll be holding our 2nd Annual Shredding Day. Last year was so successful that the shredding continued from 9:30 AM to 6:30 PM! We also came close to blocking traffic! So this year we're working to find a better location, and expand the space to add more food, music, and fun to basically make it a SNDS Block Party! This is scheduled for the weekend before the IRS deadline, so if you want to vent your frustrations by tossing boxes of files into a shredder, we've got the event for you! Shredding Day will also be free for members… and *only* for members!

Of course, we're in the midst of our membership renewal time, and we hope you will continue your membership. The Nevada Legislature is in session, and the NDA and SNDS are actively working to represent the interests of dentists in Nevada. This is a benefit that you don't really see, or attend, but it may be the most valuable of all. Certainly, the impact made in the last session for Non-Covered Services can still be felt by all dentists in the Nevada!

Watch the *SNDS Leader* and our website and Facebook for more information, and new events that are coming. We're scheduling two or three Infection Control seminars to help you with your license renewal next spring, and we'll be expanding our New Dentist Forums as well. But I wanted to let you know that 2015 is off to a busy start! ▪

Autumn can be a whirlwind, sandwiched between summer vacations and the holidays. Now, with the new year starting, we can all get back into our routine.

As I attend meetings and speak with the companies, agencies and organizations that cooperate with the SNDS, I have gained a much greater appreciation of how important it is to maintain our own focus as health care providers and in organized dentistry. We have to work in an organized manner, plan ahead, and do a better job of anticipating instead of reacting. I'm very impressed with the American Dental Association's commitment to their "Power of Three" campaign, which will improve communication and coordination through all levels of the Tripartite system.

Of course, the first thing to come to mind is the ongoing process of dealing with the insurance industry. Organized dentistry worked as a team in the last legislative session to address the non-covered services issue. That was something that benefits every dentist in Nevada, and still does today. But there have been other initiatives made by insurance companies since then, and in each case, we have to have a unified view, and consistent guiding principles to represent the interests of our members.

As we approach this legislative session, the NDA will have a presence in Carson City once again. We should educate ourselves, individually and as an organization, in the issues being addressed. Things can change very quickly, but an understanding of the process and issues can go a long way toward helping us to be involved and organized.

I was pleased to participate in a meeting to plan for closer involvement with the UNLV School of Dental Medicine. We can't succeed without a plan, and the best way to preserve our profession is to develop relationships with the coming generations of dentists. From sharing resources, to monitoring progress, to making use of our SNDS meetings and new dentist events, working together gives us all a lot to work with. We planned an ambitious series of events for our new dentists and on November 4, SNDS applied for grant money to fund additional study club-themed events. We planned ahead for our new dentists which will now include 2nd and 3rd year dental students. Watch for more participation with UNLV, and more access for our dental students and new dentists, in the new year.

Of course, our greatest resource is our dedicated, committed volunteers. SNDS President-Elect J.B. White and Steve Saxe have been very effective force on the NDA's Legislative Committee.

Thanks to Dr. Richard Featherstone, SNDS Membership Committee Chair; Dr. Paul Vrenon, Vice-Chair; and Dr. Suffoletta, Chair of our New Dentist Committee. Our New Dentist Committee has had two very well received events this last fall, and we will be expanding that program in the spring of 2015. Thank you to all of the new dentists participating in our hosted events. To all of you active participants, please ask one of your colleagues who has not yet attended to join you at the next event.

Our Continuing Education opportunities continue. We are committed to membership benefit and have listened to your feedback on the speaker content. Our focus has been sharpened more towards clinically-centered CE with specific content and of course much consideration to a budget and sponsorship funding.

We have four sessions of the CE Café scheduled, and in March we'll be hosting Dr. LeeAnn Brady, and Dr. Gerard Kugel in April to round out our Premier CE Series. Check our website for details, join us on Facebook, and watch for the *SNDS Leader*.

Lydia Wyatt, DDS
lw@lydiawyattdds.com

We also welcome you as a volunteer for Give Kids A Smile. This is a national program of the ADA, which provides oral health care for children whose families have no insurance, no Medicaid, and no ability to pay. Our event will be Saturday, Feb. 7 at the UNLV School of Dental Medicine. We are cooperating with three schools and a social services agency to provide the patients, but we welcome your involvement, too. We can make a difference in the lives of children and demonstrate to Nevada legislators just what dentists do for their community.

With all of these initiatives, there are more opportunities for you to make a difference than ever before. Feel free to contact me, or our Executive Director, Robert Anderson, about serving on our committees or serving as a delegate. None of us is as strong as all of us! ▪

Lori Benvin
nnds@nndental.org

Happy holidays to all my dental friends and their families as we close another year and reflect on its successes and thank many. It has been a privilege to be your Executive Director for the past 13+ years and I look forward to 2015 and the fantastic line up of quality continuing education, special events, legislative triumphs, and continued generosity from our members who participate with the Northern NV Dental Health Program and Adopt a Vet Dental Program.

I'd like to devote my editorial this issue into thanking all of our generous sponsors/contributors at our 12th Annual Northern Nevada Dental Health Program/Joel F. Glover Charity Golf Tournament. It was held on Friday, Sept. 26 at LakeRidge Golf Club with outstanding volunteer golf committee members Dr. Arnie Pitts, Dr. Joel T. Glover, Dr. Greg Pisani, Bob Barone, Mike Johnson, Kathy Peak, Linda Haigh, Debi Falvey, Veteran Jim Snyder, and myself. **All proceeds** from our tournament this year went directly to the Adopt a Vet Dental Program (AAVD); now part of the Northern NV Dental Health Program (NNDHP).

Our tournament **raised over $35,000** this year for our veteran dental program! Sept. 25, 2015 will be our 13th year and its proceeds will again be earmarked for AAVD. AAVD began in 2010 and as of 6/30/14 has treated 450 veterans with the generous help of 115 volunteer dental professionals and 17 dental labs; **$1,377,339 in donated dental care has been provided to our veterans.**

2014 Golf Chairman
Arnie Pitts, DDS

Major tournament sponsors
AAA
Cornerstone Retirement Group
Mercedes Benz of Reno
Orgill Singer Insurance
ProAssurance
Patterson Dental/3M ESPE
Reno Tahoe Oral Surgery
Universal Value Advisors/Robert Barone

Special contributors
Barone Imports
Pigeon Head Brewery

Hole/tee sponsors
Scott Boyden, DDS, MD
GEICO
Henry Schein Dental
Daniel Muff, DDS, MD
Nevada Dental Association
Saint Mary's Regional Medical Center
Small Smiles of Reno
Superior Dental Lab, Inc.
Wells Fargo Bank

Contributing donors
Cutting Image, LLC/Eric & Debbie DeWitt
Doughboy Donuts
Dr. Perry & Cate Francis
Francovich/Stoker Family
Golf Headquarters of Reno
Nothing Bundt Cakes
Sam's Club
Whispering Vine Wine Co.

Hole sponsors
Mrs. Mary Glover
Sparks Family Dental

Breakfast sponsor/partner
Heritage Bank of Nevada

We thank all of our sponsors, our golf participants, and your continued support. Watch and *open* your emails from the NNDS office for upcoming eNewsletters. 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. ▪

Upcoming NNDS Events

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 at SouthCreek, 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. *Atlantis Hotel Casino Spa, Reno.*

March 15, 11 AM—NV Legislative Oral Health Awareness Day. *Nevada Legislature Building, Carson City.*

March 16, 6 PM—Mario Gildone Lifetime Achievement Award Dinner. *Atlantis Hotel Casino Spa, Reno.*

Welcome to our new NNDS members

Cody Besso, DMD
General Dentist

Bryce R. Cremean, DDS
General Dentist

Amy Marie French, DMD, MS
Periodontist

Katie O'Gorman, DDS
General Dentist

Perry Francis, DDS

A new year brings with it a feeling of optimism and excitement. We will be all gearing up to help out with the legislative session that will be in full swing. I want to bring your attention the legislative day which falls on tax day this year. If at all possible please try and make it to Carson City to show our strength and cohesiveness. This is our opportunity to showcase what we as dental professionals do the needy in the communities we serve.

We have really put a lot of effort to bring some nationally known speakers to Northern Nevada to offer classes to our membership in our own back yard. We are scheduled into the Fall of 2016. We will make every effort to continue this trend so that the membership can count on obtaining their continuing education credits through their own dental society. We are also hoping that these courses will be interesting to our hygiene professionals.

We are also trying new things to reach out to the younger colleagues in our community to encourage them to be a part of organized dentistry. Adam Welmerink, DDS, has been working on securing grants from the ADA to help us accomplish this goal.

Best wishes to all of you from the members of the NNDS. May this new year bring you good health and success in all your endeavors. ▪

Q: "If you owned your own bank, what would you want?"

CCCU is a member-owned cooperative. That means all of our extra earnings are really yours. How does that help you?

- Better rates on loans and deposits
- More free services
- Cash back - a share of the CCCU Bonus Dividend coming in 2015.

A: "When my credit union earns a profit, I get a piece of it."

Since 2001, CCCU member/owners have shared more than $47 million dollars in direct cash back payments. That's cash to help with loan payments, household bills, vacation money, or savings for college. Hey, it's what bank owners do when they declare a share-holder dividend.

This time, the share-holder is you.

- No-monthly fee Checking
- Low-rate Auto Loans
- Free mobile banking
- Free Bill Pay
- Mortgage department
- Convenient ATM network
- Full service branches
- 35,000 members like you

CCCU Clark County Credit Union
The bank you own.

Apply online at ccculv.org or call 702-228-2228 / Option 3

ASI **Your deposits are insured up to $250,000**
American Share Insurance insures each account up to $250,000. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.

EQUAL HOUSING LENDER

Greetings from the UNLV School of Dental Medicine!

UNLV
UNIVERSITY OF NEVADA LAS VEGAS
School of Dental Medicine

Admissions and Student Affairs

The Class of 2018 has begun its four year journey. The class consists of 81 students—43 from Nevada and 38 from out-of-state; 49 males and 32 females. Their average GPA is 3.46 and DAT academic average is 20. This elite class was selected from an applicant pool of 1,977.

The 2014–15 application cycle began on June 1. To date, we have received 1,835 applications. There have been 233 applicants interviewed so far for the Class of 2019.

The White Coat Ceremony was held on September 12. This ceremony officially welcomes second year students into the profession as they transition from their preclinical training to clinical training. During the ceremony, the Class of 2017 recited the Dentist's Pledge and signed to uphold the UNLV SDM Code of Professional Responsibility and Conduct. We were honored to have Dr. Barbara Atkinson, Planning Dean of the UNLV School of Medicine as our keynote speaker. Also in attendance and speaking were: Donald D. Snyder, Acting President of UNLV, Mr. Kevin J. Page, Chair of the Nevada System of Higher Education Board of Regents, Dr. Marcia Turner, Vice Chancellor of Health Sciences of the Nevada System of Higher Education, Dr. George McAlpine, Secretary of the NDA, and Dr. Raymond D. Rawson, former Nevada of System of Higher Education Board of Regents Member and former Nevada State Senator.

Advanced Education in Orthodontics and Dentofacial Orthopedics Residency Program

The following Residents will graduate on December 16, 2014 with a Certificate in Orthodontics and a Master's of Science in Oral Biology: Saoly Benson, Happy Ghag, Levi Hansen, and Aubrey Young. We wish them all the best.

Advanced Education Program in Pediatric Dentistry

We are pleased to welcome Visiting Professor of Pediatric Dentistry, **Dr. Owen Sanders**, back to SDM. Dr. Sanders is a 2011 graduate of the UNLV Pediatric Dentistry program. He is also serving as Director of Pre-Doctoral Pediatric Dentistry at the dental school.

Office of Research

SDM Dean's Symposium and Student Research Day will be held on March 2, 2015. More information will be announced at a future date.

John Silvaroli, Class of 2017 and the winner of the ADA/Dentsply Student Clinician award, represented the UNLV SDM at the ADA Meeting in San Antonio, Texas.

Mehrnaz Khadiv, Class of 2016, represented the UNLV SDM at the Hinman Student Research Symposium held in Memphis, Tennessee.

Faculty news

Dr. Wendy Woodall was inducted into the American College of Dentists on October 9, 2014.

Dr. Rewadee Meevasin was named the 2014 School of Dental Medicine Alumna of the Year by the UNLV Alumni Association. Dr. Meevasin completed her DMD degree in 2007.

Dr. Karen P. West has been elected Vice-Chair of the Commission on Dental Accreditation and is currently chair of the American Dental Education Association Council of Deans.

Community service report

Students and pediatric dental residents continue to provide preventive services in community-based, underserved settings in Clark and Nye Counties.

From Feb. 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).

On October 15, team members from The Venetian, The Palazzo, and Sands Expo presented a check for $70,000 to the Sergeant Clint Ferrin Dental Clinic for Veterans at the UNLV SDM. This clinic was started by UNLV SDM graduate, John Ferrin, DMD, in memory of his older brother, Sergeant Clint Ferrin, who was killed in action in 2004. The Ferrin Clinic provides free care to low-income veterans who do not qualify for Veteran's Administration benefits, have no health insurance or financial means to pay for treatment.

The donation from the global corporate citizenship program, Sands Cares, at The Venetian, The Palazzo, and Sands Expo will help eliminate the current wait-list for veterans seeking care at the school. All 100% of the donation will go to patient care with faculty and students volunteering their time and talent to provide much needed dental services. The UNLV SDM is grateful to the Sands Cares Team for their commitment to improving the lives of veterans in need in our community.

Continuing education

Details on courses being offered by the UNLV SDM can be found on page 16. ▪

A short history of bleaching

By Robert E. Horseman, DDS

From the beginning of time until recently, the only middle-aged people with white teeth were wearing prosthetic replacements for their own naturally colored teeth. As they aged, their hair turned white and their teeth turned dark. It was the natural order of things to gradually exchange the bloom of youth with sags, wrinkles, crow's feet and wattles. Many people accepted this metamorphosis with grace and understanding, chuckling ruefully that although they were now in the "Golden Years," the whole phenomenon sucked.

In the entertainment industry, aging was simply not acceptable and the money was there to thwart it. Movie stars in particular sought the services of teams of plastic surgeons and, inevitably, sympathetic dentists who could put the brightness of an 18 year-old's smile back in a 60-year-old face. Thus we were treated to the startling and sometimes ludicrous look of actors who, distraught by baggy eyes and similar inroads of senility, insisted on rectifying Nature's perversity by displaying smiles frozen white in the dreadful risus sardonicus. Although the result shouted "phony" clear up to the last row in the balcony, the pursuit of youth was not to be denied. An exception was Walter Brennan who won all sorts of awards with no teeth at all, but it was a sacrifice that never caught on with SAG members.

As with other trends innocent of logic, the Hollywood white smile caught on immediately and soon dissatisfied shop girls, housewives and scullery maids began clamoring for whitened teeth. Obeying the basic canon of business, dental supply firms were quick to oblige.

The whole advertising arm of dentistry concentrated on the transcendent importance of Everyman's right to really, really white teeth regardless of age, social status or access to a mirror. Dental manufacturers, who initially cultivated a hooded, watchful gaze on "bleaching" as it came to be called, began turning out bleaching agents in a wild variety of strengths and viscosities.

Robert E. Horseman, DDS was a general dentist for 66 years and the long-time humor columnist for the Journal of the California Dental Association. *He is happily retired from both.*

Dentists, suspicious of whatever chemical reaction was taking place in their patients' mouths, ultimately reckoned this to be a singularly unexpected bonanza. As expected, insurance companies with Olympian certainty, declared the process of whitening teeth to be a cosmetic procedure, another human fatuity, and therefore not a covered benefit.

No matter the cost of tooth whitening, when compared with a full face lift, nose job or breast augmentation, was a sybaritic bargain hunter's delight. Teenagers, whose teeth were already whiter than any middle-aged person could hope to achieve, were clangorous in their demand to get in on the process.

Inevitably, companies with no background in dentistry streamed like pilgrims to the Kaaba in Mecca in their haste to get in on a good thing. Over-the-counter tooth whitening kits proliferated, featuring bleaching trays suitable for going 15 rounds with Lennox. The dental profession righteously excoriated this attempt to lure away their clientele with a potentially hazardous treatment and dubious results.

About the same time, the American public's penchant for wanting things done *now* began to be heard. The usual bleaching process had been taking up to a week or more of wearing the bleaching tray for eight hours at night or at periodic intervals during the day for extended periods. Nobody, even the attending dentist, seemed to know exactly when the procedure was finished. If teeth got several shades lighter after five nights, patients wondered, would they get 20 shades whiter if the time was extended for two weeks? Or a month? Who knew? Nobody was prepared to define exactly what constituted a shade change, but the numbers were impressive regardless. Impatient patients bleated, "Why can't we do this faster, Doc? We got other fish to fry."

Not a problem for our compassionate researchers. We will sell the profession a high-powered light suitable for illuminating the Coliseum, they enthused. Couple that with a bleach strong enough to whiten the Black Hills of South Dakota and promise the public that their teeth will lighten at least 12 shades (company definition) in one hour. YES! One hour!

So that's where we are today. Some of us are still futzing along with a week or two goal and 15% carbamide peroxide, some of us with healthier bank accounts are toasting teeth with major arc lights and 30%+ chemicals. The public, tilting at Mother Nature's windmill, is still pursuing the chimera of the perfect smile. Wouldn't you love to run this by Drs. Fauchard and Black? ▪

Originally published in the Journal of the California Dental Association, *06/02.*

NDA Calendar of Events

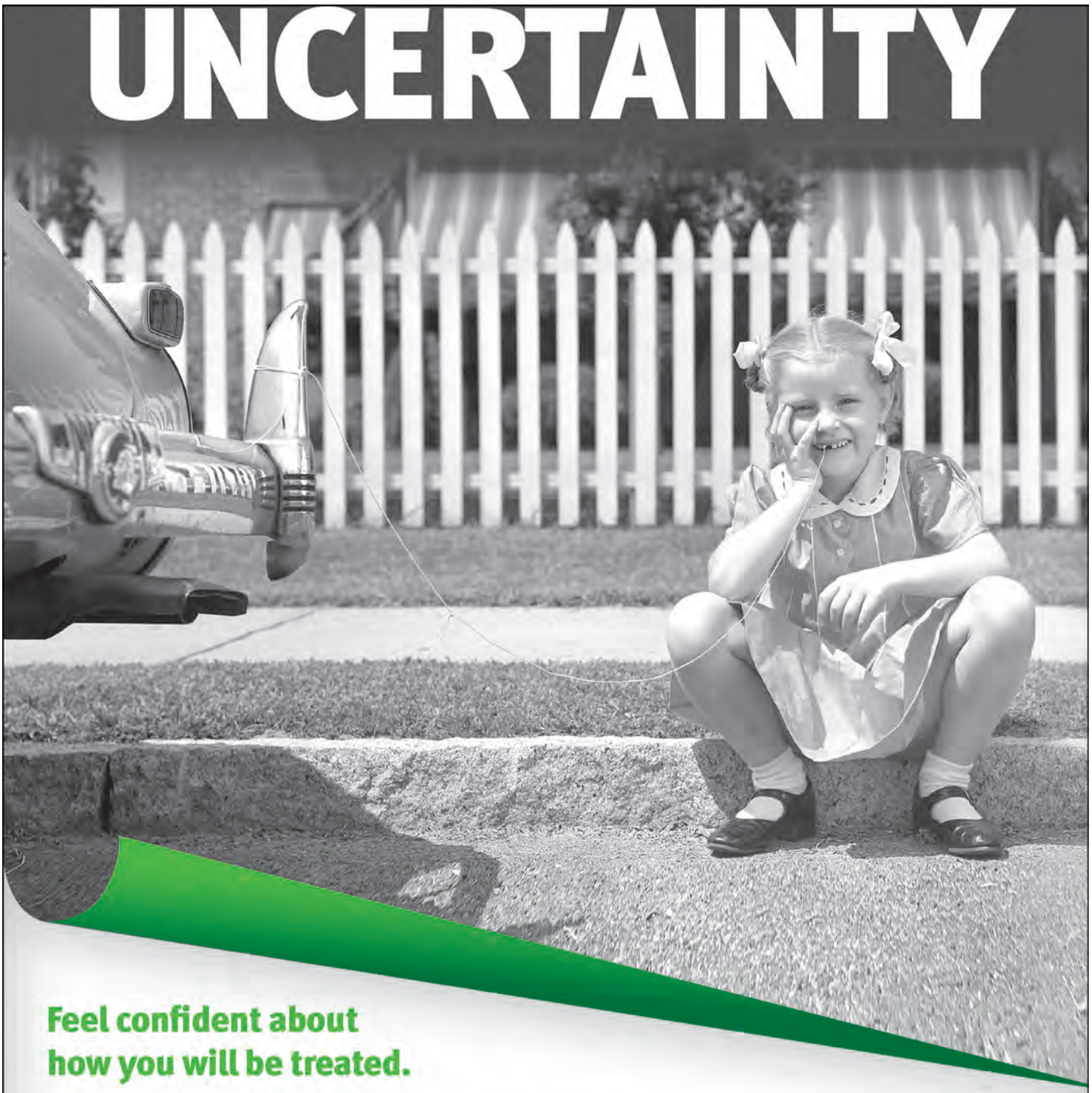
JANUARY – MARCH 2015

JANUARY			
Tue 13	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel, Las Vegas
Tue 13	NNDS Executive Committee Meeting & PreMeeting for Delegates	5:30 PM	161 Country Estates Cir, #1B, Reno
Thu 15	NNDS General Membership Dinner Meeting	6 PM	The Grove at South Creek, Reno
Thu 22	NDA Executive Committee Meeting	6 PM	Video conference
Thu 22	AGD General Membership Dinner meeting "Dental Office E/R"	6 PM	*tbd*
Sat 24	NDA Mid Winter Meeting	9 AM	Atlantis Hotel, Reno
Tue 27	SNDS Executive Committee Meeting	6 PM	SNDS Office, Las Vegas
Sat 31	GKAS (Give Kids A Smile) Pre-screening		Roseman University, Henderson
FEBRUARY			
Sat 7	GKAS (Give Kids A Smile)		Roseman University, Henderson
Tue 10	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel, Las Vegas
Tue 10	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Thu 12	AGD General Membership Dinner Meeting. Dr. Arnie Pitts with "Ortho"	6 PM	*tbd*
Wed 18	SNDS New Dentist Committee	6 PM	Implant Direct, Las Vegas
Thu 20	NDA Executive Committee Meeting	6 PM	Video conference
Wed 25	*SNDS presents:* CE Café	6 PM	Henry Schein, Las Vegas
MARCH			
Fri 6	*SNDS presents:* All-Day CE course. Dr. LeeAnn Brady	9 AM	Gold Coast Hotel, Las Vegas
Tue 10	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Thu 10	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel, Las Vegas
Wed 18	*SNDS presents:* CE Café	6 PM	Henry Schein, Las Vegas
Fri 20	*SNDS presents:* Infection Control	9 AM	TPC Summerlin
Thu 26	NNDS General Membership Dinner Meeting with Robert Vogel, DDS	6 PM	Atlantis Hotel Casino Spa, Reno
Fri 27	*NNDS presents:* All-Day CE course. Robert Vogel, DDS	8 AM	Atlantis Hotel Casino Spa, Reno

Classified Ad

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 Choices**—designed to suit your needs
- **PracticeGuard**®—helps protect your practice if a covered dentist becomes disabled
  (Available for groups of ten or fewer dentists or specialists.)
- **Innovative Risk Resource Services**—tap into our experienced advisors and helpful resources

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 Resource Services

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

SINCE 2007 WARD'S 50

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

Save the Date!

NDA 97th Annual Summer Meeting

June 25–27

Hotel Park City
Park City, UT

Reservations:
435-940-5010
Group name:
Nevada Dental Association

www.nvda.org/summermeet.shtl

www.hotelparkcity.com