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NDA JOURNAL Editor

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

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

Fool Me Once...

had the privilege of participating with the NV-1 Disaster Medical Assistance Team (DMAT) group that went to Louisiana in September 2005, a month after the devastation of Hurricane Katrina. The experience was gratifying and worth the many hours of training and days out of the office.

DMAT members are federal employees acting under the auspices of the U.S. Office of Personnel Management (OPM), which requires all applicants to have background checks in order to be placed into a DMAT group.

The volunteers fulfilled their responsibilities, but the government did not.

Many DMAT team members recently received a form letter from Donna K. Seymour, the Chief Information Officer of the U.S. OPM, stating that a cyber security incident affecting its systems, potentially also including DMAT member personal information, had occurred.

OPM reportedly has now partnered with the U.S. Department of Homeland Security (DHS) and the U.S. Computer Emergency Readiness Team (US-CERT) to study this situation. OPM subsequently implemented additional security measures and stated it would improve the security of such sensitive information.

The OPM then wrote it takes very seriously its responsibility to protect personal information, and in order to mitigate the risk of potential fraud and identity theft, OPM offered access to a credit monitoring service and identity theft insurance free, for 18 months.

OPM also advised the quickest and most convenient way to enroll in the CSID program was via an OPM www link. The link revealed a list of protective services including credit monitoring, internet surveillance, identity theft insurance, and more.

The OPM was careful to advise that these services were offered as a convenience to individuals whose data may have been compromised and that nothing in the letter should be construed as OPM or the U.S. Government accepting liability for any of the matters covered in the letter (any such governmental data breaches are subject to federal law, which grants sovereign immunity to the government, even while enabling the government to prosecute the private sector, such as doctors, for relatively de minimus quantity and quality breaches).

The OPM also stated they regret the incident and remain deeply committed to protecting the privacy and security of information and has taken appropriate steps to respond to this intrusion.

The letter logically raises questions for those whom might be interested in confidentiality.

1. Why would anyone believe the DHS has any expertise in this matter?

Formed in 2002, this department's airport screeners have yet to catch a terrorist (although they have caught a few Boy Scout pocket knives, except for one reportedly hidden in an airport flower put and retrieved by the returning passenger after the return trip.

2. Why were additional security measures needed?

The government has essentially unlimited manpower and funding to develop these programs. Why couldn't it be done optimally the first time? (Perhaps this is standard for federal development, i.e. see the Obama Care websites after billions in funding, and still "under construction.")

3. Please define "very seriously."

4. Why, with equivalent breaches, can't the sovereign be sued but those that fund the sovereign can? It seems incongruous that billions of data breaches by the government go unpunished but if a health professional errs, punishment is swift and sure.

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.

Editor's Message

5. Please define "deeply committed." 6. Please define "appropriate steps."

We all, except for the government of course, understand that the DHS, formed some 7,000 years after doctors formally began practicing confidentiality, is at a disadvantage. Doctors have recognized the concept and have practiced confidentiality for millennia, i.e.: "Whatever, in the course of my practice, I may see or hear (even when not invited) whatever I may happen to obtain knowledge of, if it be not proper to repeat it, I will keep sacred and secret within my own breast."

Further, some might even say the government's definition of confidentiality is different than Webster's. For instance, the Health Insurance Portability and Accountability Act (HIPAA) allows at least 2.2 million entities, including 1.5 million business associates or government entities, access to patients' data without consent if some anonymous entity determines there is a need to know.

Questions 1–6 aside, some DMAT members determined to check the very serious, deeply committed, and appropriate OPM link to the new problem solving program.

What was found was that the OPM link required the entry of even more personal information not secured the first time around.

OPM, thank you for the offer, but I'm going to pass.

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Letter to the Editor



02 June 2016

Dear Dr. Orr:

We at the Clark County Coroner's Office appreciate the articles about forensic odontology the Journal published last year: NDAJ 17:1 Spring 2015: "Why Forensic Odontology Fails, An Ongoing Innocence Project Case" and "Why Forensic Odontology Fails: A Reply" authored by our own Chief Forensic Odontologist David Ord, DDS. Forensic odontology is an integral component of our services here at the Coroner's Office.

I would like to issue an invitation to all NDA Members

who might be interested to attend our Annual International Association of Coroners & Medical Examiners (IAC&ME) Meeting at the Golden Nugget in Las Vegas, July 23–29 2016. The meeting again includes a dedicated Forensic Odontology Course hosted by the Clark County Coroner and the University of Nevada School of Dental Medicine, which will grant up to 40 ADA CERP credits. This special session of the meeting will be July 24–28. Any NDA Member who wishes to attend may register gratis at: www.theiacme.com. Please contact me at the Coroner's Office with any questions.

Sincerely,

John Fudenberg, Coroner, Clark County Office of the Coroner/Medical Examiner

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

t has been a busy spring. Your NDA team has been working with the ADA on two new projects. The first is a complete redo of our website with new logos and a new look. The key component of this change was to make all of the component websites look similar to the ADA website using branded web templates. There will be links to each other's websites and key areas such as continuing education offerings and other events. Soon our Northeast Nevada component will have its own one page site.

The second project is called Partnership for Growth and is an education campaign on the NDA and ADA PAC funds. Members will be receiving a set of educational emails explaining the funds and their purpose. I again thank all of you who have donated to these funds and hope others will consider a contribution. These funds help protect and keep our profession strong.

The Nevada State Board of Dental Examiners is about to approve some new regulations at the time of the writing of this article and we will have a full report on these in the next *Journal*.

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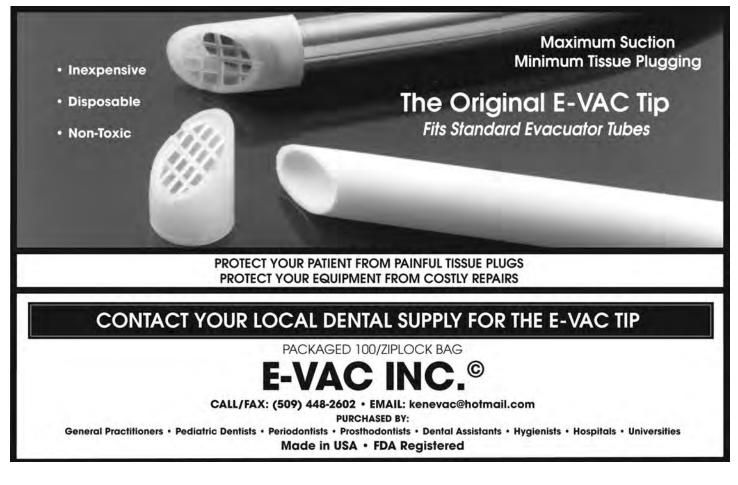
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NDA President's Message



Brad Wilbur, DDS

s I ease into the coveted Past President role, it's time to look back and reflect upon the year. Time does actually fly by during the twelve months one is in office, as well as the preceding term as President Elect. The interesting aspect of the job is that as the quantity of time involved increases, so do the rewards. The only downside of the process is that it's hard to let

all the members know how many people are striving to ensure our profession both retains its position of respect amongst the public, and remains a viable career for the dentists that spend a lifetime refining their craft. I would like to try and share with you some of the best moments.

One of the absolutely best experiences is the Western States Presidents Conference, attended by presidents and presidents elect. It's incredible that the entire meeting is devoted to hot button issues, with immediate feedback from other participants. Oftentimes as dentists we are used to attending meetings where we feel fortunate to gain only one or two items that we feel can utilize this meeting contains issues that as a state we either have, are, or will be facing in the near future. It's impossible to walk out of the meeting without a greater breadth and depth of knowledge. An interesting fact is that this meeting began years ago by the executive director of the Nevada Dental Association calling his counterpart in California and saying "Let's get together and talk about common issues." We can be proud that Nevada was the initiator of such a stellar meeting!

The other amazing meeting is the Presidents Elect Meeting. Every state sends a representative, and at this session quite a bit of the time is spent showing aspects of the national organization that could be of help to the individual societies. Several of the topics, like co-branding of websites for local, state and national societies, can be heard here for the first time. Nevada is currently in the process of changing our websites, and the "power of three" has brought with it the ability to change our websites and enjoy lowered costs. Other highlights at the PE meeting are networking with multiple other states and making relationships that allow us to later reach out if we have questions that the other states can answer. The only negative with the meeting is that it occurs in mid-January, and walking to dinner in a blizzard is somewhat over-rated.

Thank you for the opportunity to work with the dentists of Nevada — it has been one of the highlights of my 36 years in practice. Nevada is fortunate that David White will assume the presidency and I'm sure that under his guidance we can look forward to a fantastic year. Also know that staff at the state and local societies are truly there for your benefit. Don't be afraid to utilize their knowledge of the wide-ranging issues that take place in our state.



Standard of Care or Affordable Access

By Richard J. Dragon, DMD



entistry and its specialties, as all professions, are governed at the state level. According to the Nevada Constitution, the role of government in regulating all business in the state is for the "protection, security and benefit of the people" (Article 1. Section 2). Nevada Revised Statutes, Chapter 631 (NRS 631) and Nevada Administrative Code, Chapter

631 (NAC 631) govern dentistry in Nevada.

Existing laws have served Nevadans well, but there is a new conversation that has begun in the halls of government that should concern both practicing dental professionals and the general public alike. Should the role of state government now include the goal of promoting "affordable access" to healthcare, specifically dentistry? As many dentists know, a midlevel dental provider is being proposed in many states. The position would entitle graduates of accredited programs to perform irreversible procedures that, at the present time, only licensed dentists are legally allowed to perform. The justification for allowing this new position is the perception that there is a need for "accessible and affordable" dental healthcare. However, the real question is; will the creation of a midlevel provider adequately serve and protect the general public?

In response, consider the following discussion as an overview of how dentistry became organized, where it stands today, and the potential of what it may look like in the future.

Great advancements occurred in dentistry during the 19th century. It was at this time that dental textbooks were first widely published; porcelain, gold as well as amalgam restorations were available; anesthesia; accurate impressions; vulcanized rubber; innovations in both equipment and techniques such as dental chairs, radiographs, gutta percha and of course G.V. Black and everything that came with him. By 1839 one of the first dental periodicals was published by Harris and Harden, the *American Journal of Dental Science*. The following year Harris established the Baltimore College of Dental Surgery, the first school in the world for the training of dentists.

Significant Events

1859–Organization of the American Dental Association on a representative basis.

1866–Organization of college faculties was established.

1881–Alabama first state to create a regulatory dental board.1891–Standardization of a three-year course in dental colleges.

1903–Standardization of a four year course in dental colleges.

1909–Organization of the Dental Educational Counsel of America.

1913–First publication of organized dentistry appears as *The Official Bulletin of the National Dental Association.*

1921–Entrance requirement for dental college rose to four years of high school and one year of college.

1921–Two important collateral groups are formed: The American Association of Dental Schools and the National Association of Dental Examiners including various councils, e.g. Council on Dental Education, and Council on Dental Therapeutics.

1922–The National Dental Association changes its name to the American Dental Association. The association publication changes its name from *National* to the *Journal of the American Dental Association*. The active membership consisted of 33,000 dentists. The main purpose of the American Dental Association is: "to cultivate the science and art of Dentistry, and all collateral branches, to elevate and sustain the professional character of Dentists, to promote among them mutual improvements, social intercourse and good feeling, and to collectively represent and have cognizance of the common interests of the dental profession in every part of the United States."

1936–ADA Council on Dental Education is formed.1945–First Dental Admissions Test is administered.

In Nevada, the mission of the State Board of Dental Examiners is to protect the dental health interest of Nevadans by developing and maintaining programs to:

• Ensure that only qualified professionals are licensed to practice dentistry and dental hygiene.

Resources

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Journal of Dental Education October 1, 2011 vol. 75 no. 10 1333-1344

Standard of Care

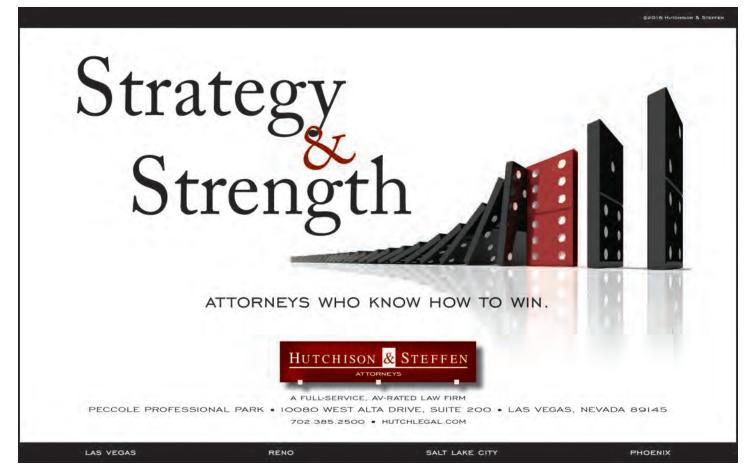
• Ensure that violators of the laws regulating the dental and dental hygiene professions are sanctioned as appropriate.

The attitude towards the profession during this age of dentistry was one of excitement, advancement, along with a sense of professional responsibility. Some specialty programs had been developed by 1927. Since that time there has been little change in requirements to practice dentistry with regards to education. However, dentistry itself has changed; one only has to compare how the profession was practiced up through the 1970's to the way many are currently practicing. The demand on dentists has never been greater. Government agencies continually add regulatory burdens such as OSHA, HIPAA, or continuing education requirements. Liability concerns have become more burdensome as well, often initiated by a disgruntled patient, staff member, insurance carrier, or one of many layers of regulators. Continuing education, although both exciting and interesting, has never been so demanding with ever increasing new developments, techniques and technology. The burden to "keep up" still requires time, study, and commitment. Dentists must understand the impact treatment has on the patients' entire health and well-being. When we consider these aspects of our daily routines it becomes apparent that dentistry involves more than teeth.

What is dentistry's response to these new challenges? Do the old models of education and screening exams for dental professionals still apply? Does something have to change? The question is what sort of adjustment would best fit the needs of the profession, the public we serve, and at what cost? Dental education requires academic loads similar to medicine plus the additional burden of lab and clinical requirements. However, unlike medical school graduates, dental school graduates are not usually required to do an internship or residency. With today's advancements in dentistry, one has to wonder if a four year dental program is actually enough training to adequately meet the demands faced in a private practice.

With all this in mind, what is today's conversation concerning our continually developing profession? Simply stated, affordable access! And how is this attained? Easy they say, just produce more providers via reciprocity which can and does include dentists trained in foreign schools, or by developing a new "midlevel" provider. In addition, in the state of Nevada at least, the Nevada Dental Board Examination has been eliminated in favor of an easier exam, the Western Regional, in order to practice in our state. (Editor's note: The author took both the Western Regional and the dedicated Nevada State Board licensing examinations and will, as others have done, attest to the

Continues on page 12



differing levels of difficulty.) Is there credence in asking the question on whether the requirements to practice dentistry in Nevada have actually decreased in an effort to provide "affordable access" while the demands of the profession have only increased?

With the increased demands dentistry faces every day, dental education should demand more not less. A review of the current curriculum for dental students at the UNLV SDM shows significant time allocated to concepts that require depths of study such as implants, infection control, as well as other areas not addressed historically. It seems reasonable to conclude that in the allotted time given for study, mastery with understanding is sacrificed and the result is that certain traditional aspects of training may be reduced or modified. If one simply considers current courses on human anatomy and physiology, it becomes apparent that more schools have discontinued or are considering to no longer use cadavers. In 1982 Washington University School of Dental Medicine, St. Louis, MO had 32 cadavers to study anatomy. Students learned very quickly that specific anatomical features in one body were not always shaped or arranged identically in a different body. Unlike computer models used by some schools, the ability to dissect, tug and pull gives a complete understanding, not a theoretical one. The use of these theoretical "short-cuts" must surely impact the depth of education offered to the dental student.

Additional training and education of our dental students would broaden the scope of what dentists offer the public, while providing the dentist additional competency and increased confidence. Is it time to require an internship or residency for licensure? The State of New York does have a previous experience statute for licensure which consists of either two years practice in a jurisdiction within the United States or one year in an accredited general practice residency.

What if the State of Nevada considered the requirement of a post-graduate residency program? In addition, what if that program also provided an opportunity to learn conscious sedation? Wouldn't dentists as a group become even more distinct and competitive? Dentists would then be recognized as being more competent, better equipped in handling emergency medical needs, have a greater knowledge of general medicine including pharmacology as well as the complications associated with medically compromised patients, not to mention a more willing population seeking dental treatment. Established dentists could at any time learn these disciplines using a viable continuing education program.

Granted, additional education requires more time and

expense. Understandably, students are under the gun and are in a hurry to get out of debt, not accumulate more. As a result, we see our graduates signing on with corporate groups more than ever before. They have large loans and want to earn decent money immediately.

If government intends to mandate "Affordable Access to Care," then it needs to invest in post-graduate programs offered throughout the state that would meet the needs of the underserved public while at the same time giving more training and experience to dental graduates. The state could pay for tuition expenses incurred by dental students willing to trade service years for dollars owed.

With pressure from businesses and unions to provide affordable health care packages to employees, legislators are succumbing to lobbyists representing these organizations by proposing legislation that is intended to flood the market in order to lower prices. Dentists sign contracts with these insurance companies in order to keep their books filled during a time when "fee for service" has become scarce, meaning dentists are working harder for less.

Corporate dentistry accepts almost all insurance, allowing it to discount its way into the market. A reasonable conclusion is that corporate dentists experience lower profit margins per procedure. If so, quantity usurps quality as a solution to an adequate profit. Do our corporate colleagues experience frustration with their current structure as well? What will happen to corporate dentists if and when midlevel providers start coming on the scene? Loans, family, and mortgage obligations will not disappear.

Affordable access and quality assurance appear to be at odds with one another. Considering the mindset we are seeing nationally and in state houses across the land, dentists realize that the American public and the profession as we know it are at risk. Only dentists understand the scope of what is happening within dentistry and our importance as trained doctorate level health professionals. Dentists need to become proactive in order to forestall experimentation with the best dental health care system in history. We need to do this now, before dentistry becomes too broad and flooded with non-dentist providers.

Edmund Burke stated, "The only thing necessary for the triumph of evil is for good men to do nothing." That maybe somewhat overstated but by all means applicable. Consider becoming involved with the ADA via the Northern, Northeastern, or Southern Nevada Dental Societies. By doing "something" you will neither grieve nor be held accountable for doing "nothing." Simply attending a meeting shows numbers and by the numbers we demonstrate strength. Not everyone is comfortable with

Standard of Care

being a delegate or meeting with legislators but those who are need collegial encouragement. Just by showing up and interacting at meetings or even by email amongst colleagues, especially with delegates, is of great value. If dentists work together, those who govern us will take notice and the profession will be heard.

Dr. Dragon graduated from Washington University School of Dental Medicine and then served in the US Navy for three years at Fallon Naval Air Station. Dr. Dragon practices in Gardnerville and is active in the NDA Committee on Governmental Affairs.

Dr. Dragon would like to thank his spouse Barbara who assisted with the editing of this paper. Mrs. Dragon is a NV Registered Non-Paid Lobbyist who co-authored the Nevada Homeschool Freedom Bill, SB 404. She is an advocate for parental rights, homeschooling, and authored Homeschoolers Reveal Path to Greater Educational Achievement for the Nevada Policy Research Institute.

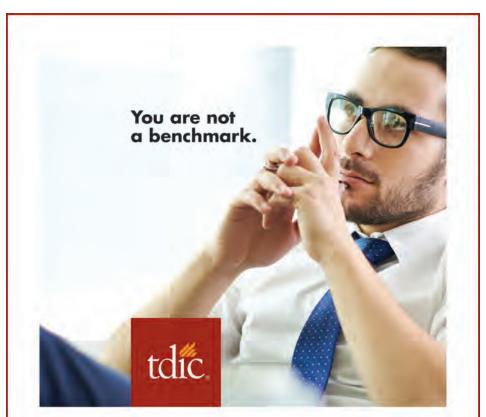


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Why Schein's \$250,000 FTC Fine May Mean HIPAA Liability For You

By Lindsey Olson, Esq. and Ty Talcott, DC

Y ou have probably heard by now that Henry Schein Practice Solutions, Inc., the dental practice management software company which offers products such as Dentrix and Easy Dental, is soon to be handed a \$250,000 fine by the Federal Trade Commission (FTC) for falsely advertising the level of encryption associated with the transmission and storage of dental patients' protected health information (PHI). While the FTC charges have little to do with the dental practitioners who were duped by the false claims, the collateral damage could be a slew of HIPAA violation fines directed towards those practitioners.

Those practitioners unaware of the thousands of HIPAA regulations will be hard-pressed to make the connection between an FTC sanction given to a software company and possible HIPAA violations resulting in fines for the dentists who innocently transmitted their patient information via Schein's software programs. However, the potential liability is very real and should be taken seriously by anyone using a Henry Schein product to transmit or store patient data (and should serve as a lesson for those transmitting patient data via other providers).

According to an FTC press release, Schein knew the standards that its dentists are required to meet under the HIPAA security standards, advertised and promised that it would meet those standards, and then knowingly violated them. The press release reads as follows:

The security of patient data is of particular concern to dentists and other healthcare providers because of their obligations under HIPAA. To help them meet those requirements, HHS cites guidance from the National Institute of Standards and Technology (NIST), which recommends Advanced Encryption Standard (AES) encryption – a nationally recognized standard... Schein was aware of the recommendation of AES...and understood why encryption would be a key selling feature for dentists. So the company hit that point hard in its promotional material. For example, according to a sales brochure, [Schein claimed that] "The database also provides new encryption capabilities that can help keep patient records safe and secure. And of course, encryption plays a key role in your efforts to stay compliant with HIPAA security standards."

Because most practitioners' efforts to stay up-to-date with HIPAA requirements are lagging or nonexistent and/

or they have not put the required protections in place within their offices, the dental practices that used Schein's software to transmit protected health information are possibly liable for Schein's improper encryption.

To the logical mind, this sounds asinine and the opposite of what common sense would dictate, but, unfortunately, there are no requirements that laws must follow the rules of logic, or even make sense.

Fortunately, though, there are ways practitioners can protect themselves and reduce or eliminate their liability for their vendors' actions. If a vendor is considered a "business associate" (the definition of which is an entirely separate and lengthy discourse), HIPAA dictates that each "covered entity" (i.e., dental practice) must have a business associate agreement in place with that vendor. Under the old HIPAA rules, a properly worded business associate agreement would very likely have shielded the doctors from any liability due to Schein's misrepresentations. However, and this is a big however, the Omnibus Rules that went into effect in 2013 extended a doctor's liability to include the actions of his/her business associates who are considered to be agents under federal common law.

This is where the rules get sticky. Many factors are considered on a case-by-case basis, but the laws of agency, as applied here, will basically revolve around how much control the doctor had over what this vendor was doing. The million-dollar question that will undoubtedly make lawyers a lot of money is, "Did the doctor retain any control over what the vendor did or how it did it?"

Assuming that most, if not all, of the practitioners involved in the Schein issue failed to read Schein's service agreement and do not have a business associate agreement in place to properly disclaim any control over Schein's operations, then the doctor could face an "agent" ruling with dire consequences. In retrospect, it's safe to say that the doctor could have taken steps to mitigate any potential liability and reduce any fines for which he/she may now be liable.

In assessing fines, HIPAA states that the Secretary of Health and Human Services is to issue a fine from \$10,000 to \$50,000 per violation for instances where the doctor made a conscious, intentional failure or exhibited reckless indifference to the obligation to comply with a HIPAA requirement and the violation is corrected within 30 days

after the Secretary notifies the doctor of the breach. The fine would be \$50,000 (or more) if the violation is not corrected after such notice. If the violation is corrected within 30 days after the Secretary notifies the doctor of the breach, a lower fine would probably be assessed. The fine would be \$50,000 (or more) if the violation is not corrected after notice. While most doctors will not fall into the "conscious, intentional failure" group, not having a business associate agreement in place gives the Office of Civil Rights (to whom HHS has delegated HIPAA enforcement) very good cause to find that the dental practice did "exhibit reckless indifference" (i.e. did not even try to comply by ensuring that a basic HIPAA requirement was met). That's a major setback, or possibly even a fatal blow, to most dental practices that could have been prevented just by keeping out of the "reckless indifference" category and meeting the basic HIPAA standards that were within their control. There is no fine for the same violation when the OCR determines that the doctor was not in the willful neglect realm (as long as the violation is corrected within 30 days of the Secretary's notification of the breach).

As recently as five years ago these issues and fines were few and far between, but HIPAA's enforcement has been greatly amplified. It's time to start paying attention to the consequences of ignoring compliance. The days of sticking your head in the sand and hoping to dodge the bullet are absolutely over.

For starters, patient data is much more fluid than it ever has been before. PHI is being sent from offices to offsite servers (the cloud!) and is being accessed from mobile devices and tablets at an ever-accelerating rate. The increased off-site transmission of PHI has created additional needs for safeguarding that information in new and more comprehensive ways.

As the value of healthcare information rises, so do the instances of that information being stolen and sold on the black market. In its first-ever industry report on cybersecurity challenges in the healthcare services industry, Raytheon found that healthcare records contain information that is now up to ten times more valuable on the black market than the conventionally-desired financial information. Because of this increase in value, the healthcare industry is now more than 200% more likely to encounter data theft, and sees approximately 340% more security incidents and attacks than the average industry. These hackers' targets are both large and small operations, because regardless of where the information originates, there is money to be made by stealing it.

The combination of increased medical data theft with several headline healthcare information breaches has pushed the public to demand better protection from the government. The Department of Health and Human Services delivered. The HHS Inspector General has stated, "Without fully implementing [a permanent] audit program, OCR cannot identify covered entities that are noncompliant." The OCR director responded by asserting that random audits will begin early this year. To back up the bark with a significantly big bite, OCR's budget was increased by \$3.9 million for 2016 to fund these random physician office audits. As if that wasn't reason enough to jump on the HIPAA compliance bandwagon, all revenue generated from non-compliance fines must be used for additional enforcement. HHS explains, "OCR retains and expends these collections to support overall HIPAA enforcement activities."

With increased breaches and impending random audits, what do practitioners need to to do stay out of hot water with the Office of Civil Rights? First, prioritize doing whatever it takes to keep out of the "willful neglect" category. Saying "I didn't know" won't cut it anymore! By this point, the government contends that all practitioners either know or should know that there are requirements that need to be met. Not putting forth effort to meet those requirements or only meeting a portion of them and ignoring the others will land you square in center of "reckless indifference" (i.e. willful neglect with \$10,000 to \$50,000 fines per violation).

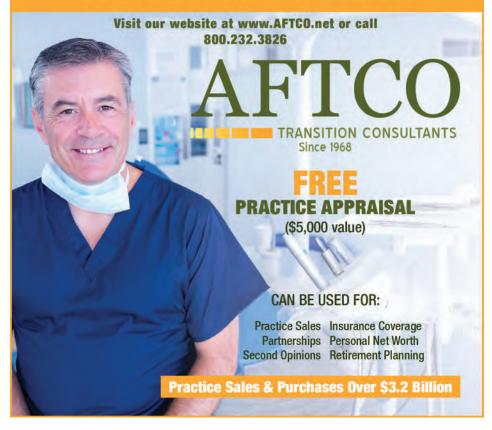
You do have options on how to go about implementing a HIPAA compliance program in your practice. Continuing education is available to give you a good starting point and cover most of the basics. You can also employ a reputable company offering a do-it-yourself product that will keep you from having to read the thousands of pages of law, but will require some heavy lifting on your part. For the busier doctor and the more sophisticated offices, professionals are available to do the work involved in getting a HIPAA compliance system in place for the office.

Avoid the fate of being out of business due to an administrative failure! HIPAA laws are changing, you *are* liable for what you don't know (or, as in the Schein case, had no way of knowing!) and for most healthcare offices it's not a matter of *if* an audit is going to happen, but *when*.

Lindsey Olson, Esq. has a private law practice and is an on-staff attorney with HIPAA Compliance Services (www. hipaacomplianceservices.com), which provides comprehensive HIPAA training, compliance materials, and onsite HIPAA program installation services. She graduated with her J.D. from Southern Methodist University and is a Certified HIPAA Onsite Consultant. Where most lawyers work on the backside of conflict and earn their keep after a client is in trouble, Olson prefers to work with clients on protecting themselves upfront to save them time and money in the long run.

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FREE PRACTICE APPRAISAL





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Ty Talcott D.C. is the president of HIPAA Compliance Services. He is a certified HIPAA privacy and security expert (CHPSE). Each year he presents dozens of webinars and live presentations across the country for practitioner associations to assist doctors in protecting their practices. He is known for taking this complex, tedious subject and turning it into small, bite-size "doable" pieces in a humorous and highenergy fashion.

Resources

https://www.ftc.gov/news-events/pressreleases/2016/01/dental-practice-softwareprovider-settles-ftc-charges-it-misled

https://www.ftc.gov/news-events/blogs/ business-blog/2016/01/ftc-takes-toothlessencryption-claims-dental-practice

Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules Under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules., 78 Fed. Reg. 5580 (Jan. 25, 2013) (amending 45 C.F.R. pts. 160, 164).

Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules Under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information Nondiscrimination Act; Other Modifications to the HIPAA Rules., 78 Fed. Reg. 5581 (Jan. 25, 2013) (amending 45 C.F.R. pts. 160, 164).

5 45 C.F.R. §160.404

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http://www.hhs.gov/about/budget/ budget-in-brief/ocr/index.html

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13 Effective Dental Marketing Strategies that Will Not Break the Bank

By Grace Rizza

1. Shape Your Reputation

Simply put, your brand is your reputation. You can influence how patients perceive you with a carefully crafted business name, logo, and tagline. Do not opt for a generic "tooth" logo. Make your practice more memorable and invest the time to establish the foundation of your marketing campaign.

Start by asking yourself, "Why do patients stay loyal to me? What makes my practice different?" From there, develop your business name, logo, and tagline to echo your strengths. Remain consistent in colors and fonts on everything you create.

2. Invest in a Custom Website

Patients will view a professional, custom website and assume you are knowledgeable, established, and skilled. The right website will highlight your strengths and provide qualified leads when paired with an effective Internet marketing campaign.

3. Consider (Ethical) SEO

Dentists must become savvy to the methods of providing a real, tangible return on investment (ROI). When looking at past years, many will recognize consistent trends in the effectiveness of a "white hat" search engine optimization (SEO). Make sure to employ an SEO professional who achieves results with a varied approach, utilizing both on-site and off-site SEO strategies. Make sure your SEO professional does not over utilize stock content or attempt to automate the SEO process. Google favors manual, varied link building and on-site strategies, and it penalizes sites that utilize automated methods.

4. Pull Patients with Social Media Interaction

In the past, dentists regularly put team members in charge of posting on social sites. Now, many dentists are personally learning to interact with patients themselves, being careful to not establish a true doctor/patient relationship by giving advice without an examination or breaking HIPAA laws. Coming up with interesting and fun ways to truly connect will help to gain real exposure. Instead of a "push," social media should "pull" your visitors in and allow them to get to know you on a more personal level. Viral exposure is best. Come up with a plan that allows your patients to post on your behalf and watch how the buzz affects your bottom line.

5. Patients Trust Online Reviews

Entering 2016, Google Plus is restructuring itself, perhaps leading to a separate review platform. A comprehensive strategy involving Google, Facebook, and other review sites is important. Do not let your reputation building stop with automated patient communication systems. Those reviews are far less powerful than live reviews on Google. A word of caution: Do not post reviews on behalf of your patients. Google can see when reviews come from one IP address and can eventually assess a penalty. Google penalties may result in being removed from the results pages when people search related keyword terms.

6. A Photo is Worth 10,000 Words

Even though you have a few team photos and office photos published, patients often want more. They want to see what your patients' results look like. If you have been putting off compiling your online gallery, it may be time to get it done.

7. Video Marketing is Vital

Whether you show off a professional welcome video on your website's homepage or contribute monthly to your video blog, make it a priority to compile video content as part of your marketing campaign. When prospective patients view your videos, they will trust in you and want to learn about what makes you different. Some of the most successful dental practices allow patients to speak in front of the camera. Simply ask your patients to explain how your dentistry has "changed their lives." These testimonials are powerful and can take your online presence to the next level.

<u>8. Involve Your Team</u>

Internal marketing is key to exponential growth. Find ways to involve team members in hitting your new patient goals. Let's face it, your team is important and your patients often stay loyal to you because of your team. Your team, if on board with your goals, can be your biggest asset in new patient attraction.

9. Leverage a Niche Website

As more dentists become familiar in niche areas such as sleep apnea, whole health dentistry, implants, cosmetics, and periodontics, it becomes increasingly important to find new ways to stand out. Find ways to expand your reach by publishing a targeted website in addition to your main

Continues on page 18

website. Find services that are enjoyable, unique, marketable, and profitable. If developed properly, a highly targeted website will rank better on Google for relevant search terms than a website highlighting several features and benefits.

10. Make it Easy for Your Patients to Communicate

Make it easy to post reviews online. Make it easy to submit patient forms from a smart phone. Make it easy to request an appointment. Find ways to use the Internet to make your patients' lives easier. They will love you for it and will refer their family and friends.

11. Find Ways to Contribute to Your Patients' Overall Health

Choose a topic each month that you feel is important for your patients. Examples include: the dangers of sleep apnea, the oral health connection with heart disease, or the importance of a thorough oral cancer screening. Each month, carefully craft a branded flyer to give to patients. Also, be sure to post this on your website and email it to your patients. They will see how much you care about their overall health and will trust your opinions and suggestions.

12. Do Not Dismiss Email Marketing

Email marketing has gotten a bad rap in the past, but it can be an effective way to stay in touch. Send informative and interesting information to your patients once per month. Use it to educate and connect. Your most valued patients will appreciate your recommendations, insights, and education. Do not bombard patients with boring, overdone content about brushing and flossing. Do not send more than one email newsletter per month.

13. Connect with Moms

Many moms belong to online support groups. Working and stay at home moms collaborate on best formulas, diapers, doctors, schools, daycares, and more. Get involved in your community's "mom groups" and represent your business. When crafting your marketing plan, consider each of these elements, but also do not be afraid to try new things. Track how new patients learn about you to quickly assess whether to stick with or quit any marketing strategy.

Grace Rizza is the Founder and CEO of Identity Dental Marketing. She and her team are committed to getting results for their clients through ethical marketing strategies. Contact: 847-773-5418.



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Grace Rizza, Founder, CEO

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Contract Risks for Dentists Involved with Corporate Dentistry

By Michael W. Davis, DDS



Introduction

Traditional dental education for doctors includes very few classes on the business side of dentistry. Legal training for dentists is also generally very limited. Much focus is on the importance of patient records as a legal document, the essential patient right of the informed consent process, and the

ethical and legal obligation for doctors to always hold interests of patients paramount.

The landscape of the dental profession is changing. Our recent graduates of undergraduate dental programs are often saddled with over a quarter million dollars of student loan debt. Those graduating specialty programs may have well over double that debt load to service. None of these moneys are dischargeable in bankruptcy court, and must be repaid.

Traditionally, numbers of recent professional grads would begin their careers with military service or service in public health. There aren't nearly enough available positions for the amount of new doctors. Others might have associated with a senior doctor in a small group practice, and experienced a mentoring relationship as they advanced their skills in the clinical arena, patient communications, and the business side of dentistry. Since the great recession of 2007-2008, many of those opportunities have dried up.

Today, one of the few employment options available to recent graduates is working for a large group practice. This is also true for more seasoned doctors who may sell a practice, or older dentists who may desire limited part-time employment.

Beneficial vs. Nominee Practice Ownership

The beneficial owner of a dental practice has full rights to freely sell their asset of the dental practice, to whom they choose. The beneficial owner controls the bank accounts of the dental practice. They freely retain and dismiss practice support entities such as payroll services, dental lab support, staffing personnel, and vendors for supplies and equipment. The beneficial owner establishes hours of operations, patient scheduling, and staff salaries (inclusive of quotas and bonuses). The beneficial owner of a large group practice may be a corporate private equity group, a dental support organization (DSO), a publicly traded company, or a group of one or more dentists.¹⁻³ Only a licensed dentist may lawfully make clinical decisions affecting patient care.

The majority of states require lawful dental practice ownership, only by a duly licensed dentist.⁴ This is to protect patient rights, as doctors have an ethical and legal responsibility to place patient interests to the fore. By contrast, corporations have a primary fiduciary responsibility to place shareholders' interests and profit generation to the fore. The conflict-of-interest is clear and evident. Doctor ownership of a dental practice is better positioned to serve the public and patient welfare.

In order to circumvent state statutes relating to dental practice ownership, large group practices often retain nominee dentist owners. In fronting as façade owners, these doctors are generally remunerated by the DSO. Other than the North Carolina State Board of Dental Examiners (NCSBDE), few states dental boards have challenged dental practice ownership misrepresentations.⁵

Risks to Doctors Acting as Sham Practice Owners

Nominal dentist owners are corporate dentistry's first line of defense in asset and liability protection. In fact, their entire rank-and-file employee dentists serve as a layer of protection for corporate management.

The DSO for a large group practice monitors daily production metrics for all their doctor employees. They know exactly what services each doctor produces, time spent, patients served, and all related overhead production costs. It is inconceivable for a doctor to cheat a government program like Medicaid or an insurance carrier, and for the DSO to not observe significant deviations in standard metrics for production. Yet, that's exactly what Kool Smiles Dental and Ocean Dental alleged, as two employee dentists got "thrown under the bus," each paying substantial fines and each serving 18-month sentences in federal correctional facilities.^{6,7} Further, each doctor subsequently lost their dental licenses. By contrast, the DSOs continued with their Medicaid-focused business and admitted no wrongdoing.

The now disgraced and bankrupt Small Smiles Dental retained a wide number of nominal owner dentists. In legal

deposition, the "owners" had no idea how "their" business operated.8,9 Federal Health and Human Services - Office of Inspector General (HHS-OIG) didn't swallow the ownership deception. HHS-OIG demanded Small Smiles Dental relinquish assets which they technically didn't own. This included a dental clinic in Manassas, VA,¹⁰ and three dental clinics in New York.11 Eventually because of habitual violations to a federal corporate integrity agreement, Small Smiles Dental was suspended for five years from business with government healthcare service (which effectively closed them down and into Chapter 7 bankruptcy).¹² Yet, Small Smiles Dental falsely held themselves out as only a DSO (emphasis on "support"), and individual dentists (nominal owner dentists) supposedly owned and operated the clinics.

These in name only dentist owners were paid a monthly fee, to mask as owners. Numbers subsequently faced dental board disciplinary actions, appearances in pre-trial depositions, testimony in open court, and future potential criminal actions for perjury.¹³⁻¹⁵ Jail time was also in play as a risk.¹⁶

Business Service Agreements

Business service agreements (business management agreements) are contracts signed between the dental practice nominal owner and the DSO, which truly runs the dental practice.8 Such contracts generally severely limit the rights of the nominal owner to "their" asset, of the dental practice. Usually, the DSO controls ownership, salaries inclusive of quotas and bonuses, dental laboratory services for patients, clinic bank accounts, etc. In fact, federal Fifth Circuit ruling 07-30430 stated many of these actions of the DSO constituted the unlicensed and unlawful practice of dentistry.17

As stated from the federal appellate bench, a corporate entity should be disciplined the same as an individual by state regulators for unlawful violations of the unlicensed practice of dentistry, with no special considerations.

Naturally, the business service agreement will have a bogus disclaimer that only licensed dentists control clinical decisions. This is invariably false and has been challenged by federal rulings, and state attorney general settlement agreements with DSOs.¹⁷⁻¹⁹

Dentists who elect to enter into business service agreements with DSOs may face years of litigation, administrative board hearings and witness depositions, as was seen with the earlier referenced the cases of Orthodontic Centers of America and Small Smiles Dental.

Employment Contracts

Employment contracts between the employee doctor and the DSO are typically written by the DSO. Regardless of what may be verbally told the doctor, nothing in the contract is standard boilerplate. Generally the entity crafting the wording in the agreement has created benefits to themselves and/or ambiguities benefiting themselves. DSO recruiters are commissioned on generation of new employee doctors, not on their satisfaction with employment. As such, verbal misrepresentations are standard fare with certain DSO recruiters.

Employee dentist financial compensation and benefits should be very clear in the wording of the employment agreement. Too often the verbiage is highly convoluted, such that a PhD in economics would be scratching their head. This represents an unacceptable contract, and further gives any doctor cause not to trust any employer presenting such a contract for consideration.

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Some contracts stipulate any disputes be decided by binding arbitration. This rarely favors the employee, because the employer generally retains the selected "nonpartisan" arbitrator's services on an ongoing basis. The fiscal conflict of interest is self-evident. An employee doctor is usually better served by retaining legal counsel, who then decides the best venue for resolution of grievances in their client's interest. This may be a hearing before a state regulatory board, a state district court, or binding arbitration with a mediator selected by mutual agreement between employee and employer.

A number of contracts further stipulate potential disputes only be resolved in the state and court jurisdiction of the DSO's headquarters. This generally presents an undue burden upon the financial underdog in any legal dispute, the employee dentist. The legal costs of out-of-state litigation maybe unduly prohibitive on doctors, which numbers of DSOs rely upon. Further, numbers of state statutes prohibit this pre-assignment of legal venue in employment agreements. Again, the employer knows this at the onset of the contract, and therefore merits additional distrust.

Most employment agreements will mandate a noncompeting clause for a set time period (i.e. three (3) years) and within a set distance of the dental practice. Unfortunately, a DSO which may have numbers of clinics within a state, unlike a small group practice, may attempt to enforce the noncompeting covenant to include each of their clinics in the state. This violates restriction of free trade statutes of most or all states, and is wholly unenforceable. Unfortunately, many dental professionals are ignorant of the law, and lack resources and access to advocates, to counter such unlawful practices by large group practice employers.

Practice Sale

The sale of a practice to a DSO carries its own potential risks. Firstly, this may not be permitted in many states, regardless of the wording in the contract. The selling dentist may be the party most vulnerable to discipline by regulators, not the purchasing corporate DSO.^{20,21}

Some practice purchase sales agreements by DSOs are for an agreed amount of cash. Other purchase sales agreements include the seller receiving junk-grade privately traded securities, in lieu of cash. Privately traded stocks and bonds are not regulated by the US Security and Exchange Commission (SEC). The value of these securities is often fully controlled and manipulated by insiders. The timing when these securities may be sold, and to whom, is fully determined by corporate insiders. In good times, the stock and bond valuation of these securities may seem to skyrocket. In bad times, the bottom may fall out with owners of these securities holding worthless paper. The SEC has little to no legal standing to intercede, to protect dentist investors in these specific cases.²²

Numbers of these agreements mandate the selling doctor continue working for the DSO for a predetermined time frame (often a minimum of 2-years). Thus, a backend payment for the practice purchase is withheld from the selling dentist, until that time has expired. In order to remove themselves from this financial obligation, certain DSOs routinely pressure selling dentists to leave before the timeframe and forfeit moneys. The DSO may generate working conditions untenable for an ethical and responsible doctor. The fiscal bottom line will take priority over patients' interests.

Conclusion

Resources are available to doctors from organized dentistry. Contracts can be reviewed for member dentists by the American Dental Association (ADA), as a membership benefit.

ADA-Contract Analysis Service- http://www.ada.org/en/ member-center/member-benefits/legal-resources/ contract-analysis-service

Doctors should have all contracts between themselves and DSOs reviewed by qualified legal representation. Large corporate entities avail themselves to the best attorney representation which money can buy. Some of these corporations are notorious for habitual misrepresentations to dentists. Cheating doctors may sometimes be viewed with wanton indifference, and simply an additional method to increase quarterly profits.

Legal review of dental industry contracts is a specialty. The average local law firm may be ill-equipped for this challenge. The results can be inflated hourly billings and ongoing frustrations to dentists, without meaningful resolution. Remember, the doctor is up against a corporate entity with substantial legal resources, contract law acumen, and a track record of winning. It is essential doctors retain a law firm expert in corporate dentistry practices, before signing any engagement or termination of agreements. Even after a contract is perfected, expert legal counsel in corporate dentistry may salvage a very bad situation for a doctor. These legal experts can save dentists unimaginable headaches.

Doctor's expertise resides in clinical excellence, not legal matters. Because dentists are highly trained in one field doesn't automatically make them expert in another. Doctors are often "swimming with sharks" in dealing with corporate dentistry, particularly numbers of our junior colleagues. Dentists must retain skillful and experienced legal representation, especially in contract negotiation, renegotiation, and contract termination with DSOs and corporate dentistry.

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Michael W. Davis, DDS, is a general dentist in Santa Fe, New Mexico and is chairperson for the Santa Fe District Dental Society peer-review. He may be contacted at MWDavisDDS@comcast.net.







Jessica Beason jessica.beason@sndsonline.org

ay 1 was my first day as the New Executive Director of the Southern Nevada Dental Society. Having spent 19+ years in the Dental Industry as an Expanded Functions Dental Assistant, Practice Manager, Clinical Course Manager at the Scottsdale Center and as an Educator, I am thrilled to be here and a part of this great organization.

May has been an exciting month for many reasons around the Society with the induction of our new officers: President Tina Brandon-Abbatangelo, President-Elect Richard Featherstone, Past President JB White, Secretary Joseph Wineman and Treasurer Steven Saxe. The induction took place at our May dinner meeting as we celebrated in style kicking up our boots and hats with a BBQ fit for any cowboy. The Gold Coast and President Brandon made it a very special event. A special thanks to Dr. James Mah from UNLV for presenting on Botox. As this new service is made available to our Nevada Dentists, it becomes eye opening to the treatment possibilities. The SNDS will be partnering with UNLV School of Dental Medicine to offer courses available to dentists interested in expanding into this area, dates TBD.

May 21 was our Give Kids A Smile event at UNLV. Events like these would not be possible if it were not for our members who have volunteered their efforts to help kids in our community. It is a great feeling to give back and make a difference. A special thanks to Dr. Emily Ishkanian who stepped up and spent endless hours putting this event together this year. We also want to thank UNLV, Henry Schein, Screen Content Management and all of our corporate sponsors that contributed making this a successful and rewarding event.

June kicks off our CE Café Summer Series! Implant Direct will be hosting, with WestPac sponsoring a light dinner. Dates for the series are June 15, July 13, August 3 and August 31 starting at 6pm. The CE Café is a great way to take advantage of your SNDS membership. Two CEU's are available for each course. For more information and to RSVP for these evening courses call the SNDS office (702) 733-8700, we look forward to seeing you there.

Looking ahead there are many exciting events planned for the year! President Tina Brandon has a schedule of great speakers set as well as some great themed dinner parties. Stay connected, join us on Facebook and look for our new website.

our community. We want to help begin relationships that last a lifetime. The dental society will be that place again — a sanctuary, a place of peace and

SNDS President's Message



he baton has been passed. Thanks To Dr. JB White for all the guidance and leadership he shared with our society and me. It is an honor to serve as your president, and I am grateful for this opportunity. I am also thankful for the confidence bestowed upon me as I help lead SNDS back to greatness. My journey to this position has been a long one with some resistance along the way. Anyone that really knows me understands that I am not one to back down from a challenge. I look forward to this new journey and ask that you take the adventure with me with an open mind and open heart.

According to *LivingWordsofWisdom.com*, there are many interpretations of Namaste. The one I find most appropriate for this article is "I honor the place in you which is love, of truth of light and of peace." As I begin to make this journey, those words shine bright in my mind. Since this adventure started, I always felt it was important to bring truth and clarity.

To start out my presidency, we hired a new Executive Director — Jessica Beason has joined our team. She comes from a knowledgeable dental background. She is kind, smart, organized, and dedicated. Our members have enjoyed her positive energy. I look forward to working with her more, and I know once you meet her you will feel the same. She is ready for the adventure as well.

Many of my goals are to recreate the value to our members. From our CE series to our dinner meetings, my attempt is to bring membership to a different level.

Give Kids a Smile was rescheduled to May due to changes at the SNDS. Dr. Emily Ishkanian helped guide the event to success. We will be back on schedule in February to do it again.

Dinner meetings have been given some flare. We have brought music and local talent to our meetings. Young singers from local schools are singing our National Anthem, and local talent has been entertaining us. In May we celebrated our Installation of Officers Dinner meeting western style. We had a Hee Haw of a time as Dr. Mah from UNLV spoke about the many advantages of Botox in dentistry. A few other themed nights planned include Forensic Dentistry Night, Elvis Presley Night, Oscar Night with Oscar and Dental Ergonomic Night.

Our Continuing Education Premier Series is set and ready for the next year. We have clinical as well as practice management courses. We are working with UNLV to help provide a solid and interactive Botox course that meets the NSBDE standards. This summer we are offering the "Summer CE Café". With the help from WestPac and Implant Direct we are able to provide four summer courses that are free to our members.

I will bring my best to this position to make our society stronger. One important change is that we voted to split the Secretary and Treasurer position. We felt it would give more stability to our finances as well as let the Secretary learn how the society works as they make their way up the ladder to President. Together with Dr. Featherstone, Dr. Wineman, Dr. White, and Dr. Saxe, we will make a strong Executive Board. We will help guide Jessica Beason to be her best as the new Executive Director.

Camaraderie is our main focus. SNDS members will be asked to bring their Namaste to one another to help empower our fellow dentists and in return help tranquility where we come to relax, learn from one another and share positive and uplifting energy. I am looking forward to being a part of this transition. Sending positive energy your way. Namaste.



Tina Brandon, DDS



REPORT

ADMISSIONS AND STUDENT AFFAIRS

The Class of 2016 held their Senior Gala at the Red Rock Hotel & Casino on May 11. The School of Dental Medicine Commencement took place on May 13. Twenty-six out of a total of seventy-seven members of the Class of 2016 will be going into associateships/ private practice in the state of Nevada. Ten members of this year's graduating class will be practicing in California. SDM graduates will be working in Alaska, Arizona, Colorado, Florida, Hawaii, Iowa, Missouri, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Canada and Korea. We wish them all the best in their future endeavors.

Irina Sharp (Class of '17) was named the recipient of the Dr. Thomas P. Nowlin Scholarship and the "Lucy Hobbs Project" Scholarship. John Silvaroli (Class of '17) was awarded the Leta M. Orr Scholarship. The Dean's Scholarship was granted to Toni Jilka (Class of '18).

The American Student Dental Association appointed Rachel Bush (Class of '18) to the position of Electronic Editor in January.

IMPORTANT DATES

Spring Break March 14-	-18
Application Cycle 2016–2017 BeginsJun	e 1
Summer Semester EndsAugust	17
Class of 2020 Orientation September 6	5-9
Fall Semester BeginsSeptember	12
Class of 2019 White	
Coat Ceremony September	16

ALUMNI NEWS

On May 12, the UNLV Alumni Association honored Dr. Nora Vinh Svihl as the School of Dental Medicine Alumna of the Year. Dr. Svihl completed a BS in Biology at UNLV in 2003 and her DMD in 2007. Dr. Svihl is the founder of Fountain Valley Dental Care in Fountain Valley, CA. She has provided free dental services to the homeless in her community in addition to volunteering her dental services in Mexico, South America, and Ethiopia.

ADVANCED EDUCATION PROGRAM IN PEDIATRIC DENTISTRY

The Class of 2018 will begin July 1 and complete their program in 24-months. Class members include the following:

Dr. Samira Farokh, DMD University of Nevada, Las Vegas School of Dental Medicine

Dr. Nora Ghodousi, DDS University of Southern California

Dr. Larry Hon, DMD University of Nevada, Las Vegas School of Dental Medicine

Dr. Travis Neu, DMD University of Nevada, Las Vegas School of Dental Medicine

Dr. VanKhoa Quan, DDS University of California, Los Angeles

Dr. Alice Trieu, DDS University of Southern California

Second year resident Dr. Tim Seo won a \$750 scholarship award and presented "Parental Perspective of Dental Care Access for Children Diagnosed with Autism Spectrum Disorders" at the annual meeting of the Special Care Dental Association in Chicago.

All twelve residents in the program presented at the American Academy of Dentistry Annual Session held May 26–29 in San Antonio.

OFFICE OF RESEARCH

The UNLV SDM Dean's Symposium and 14th Annual Student Research Day was held on February 29. We were honored to have Dr. Edward Lynch, Head of Dentistry from the Warwick Medical School Coventry as our guest speaker and Student Research Day judge. Congratulations to the following students who were awarded prizes during this event: **First place winner:** Toni Jilka (Class of 2018) will attend the ADA/Dentsply Student Clinician Research Program in Washington, D.C.

Second place winner: Kristi Agari (Class of 2018) will attend the ADA Foundation - Colgate Dental Students' Conference on Research to be held at the Dr. Anthony Volpe Research Center (VRC) in Gaithersburg, Maryland.

Third place winner: Whitney Saarem (Class of 2018) will attend the Hinman Student Research Symposium in Memphis, Tennessee.

Advanced Education winner:

Differential CBCT Analysis of Collum Angles in Maxillary & Mandibular Anterior Teeth In Patients with Different Malocclusions–Erin Ma, DMD (Ortho Resident Class of 2016), James Mah, DDS, MS, DMSc

We are also pleased to announce that on March 12, thirteen students from the School of Dental Medicine won awards at the UNLV Graduate and Professional Student Association (GPSA) Research Forum. Winners include the following:

1st Place Winners:

Kristi Agari (DS2) Science and Health Science Poster Session B

Matthew Thacker (DS2) Science and Health Science Poster Session C

Ian Pearson (DS2) & James Taylor (DS2) Science and Health Science Poster Session E

2nd Place Winners:

Whitney Saarem (DS2) & Fang Yu Wang (DS2) Science and Health Science Poster Session C

Inyoung Chong (DS2) Science and Health Science Poster Session E

Honorable Mentions:

Toni Jilka (DS2) Science and Health Science Poster Session B

Chun Wong (DS3) Science and Health Science Poster Session C Van Tang (DS2) Science and Health Science Poster Session C Evan Davis (DS3) Science and Health Science Poster Session D Ghazaleh Rezaei (DS2) Science and Health Science Poster Session E Weston Milne (DS2) Science and Health Science Poster Session E Congratulations to Toni Jilka who won a \$500 travel award to the AADR/CADR Annual Meeting and Exhibition in Los Angeles, California, March 16–19 for her research project application, "Differential expression of micro (mi) RNA within Cancer Stem Cell (CSC) subpopulations."

Faculty Publications

Ahmad, M., Sleiman; N.H., Thomas, M.; Kashani, N.; Ditmyer, M.M. "Use of high-definition audiovisual technology in a gross anatomy laboratory: Effect on dental students' learning outcomes and satisfaction." *Journal of Dental Education*, 2016.

Orr, D.L. "Economic analysis studies." Journal of the *American Dental Association*, 2016.

Polanski, J.M., Marsh, H.E., Maddux, S.D. "Dental size reduction in Indonesian Homo erectus: Implications for the PU-198 premolar and the appearance of Homo sapiens on Java." Journal of Human Evolution, 2016.

FACULTY AND STAFF NEWS

The School of Dental Medicine is pleased to welcome Assistant Director of Clinical Operations Patricia Clark and Director of Communications, Kevin Dunegan.

UNLV SDM's Dr. Robin Reinke was presented the Omicron Kappa Upsilon Charles Craig Award at the annual OKU meeting of the Supreme Chapter during the ADEA Annual Session in Denver, Colorado. This national award is presented annually to young educators recognizing their innovative and effective teaching. Nominations are received from numerous OKU chapters across the country and we are pleased that Dr. Reinke was selected from a very competitive group of nominees. Dr. Reinke was presented the award by Dr. Henry Gremillion, Dean, LSU School of Dentistry and past President of the Supreme Chapter Board of Directors for 2016.

Congratulations to Dr. Tanya Al-Talib who was awarded the American Association of Orthodontists 2016 Orhan C. Tuncay Teaching Fellowship Award for her research project titled, "3-D Upper Airway Volume and Shape Comparison between High Risk and Low Risk Skeletal Class I and II Adults."

In June, two UNLV SDM faculty members will travel to Tianjin, China to offer two elective courses to dental students as part of an ongoing exchange program with the Department of Stomatology, Medical School of Nankai University. A total of four elective courses have been provided to Nankai University, which were integrated into Nankai's dental curriculum. This year Drs. Rick Thiriot and Wenlian Zhou will present 1.) Comprehensive Dental Care Concepts and Standards, and 2.) Clinical Diagnostic Conference – Grand Rounds. In the past, dental students and faculty from Nankai University have come to SDM to learn about our curriculum and experience classroom and clinical teaching. Although the visiting faculty and students were not able to treat patients, they reported learning a great deal from observing our techniques and patient management efforts. In return, our faculty has learned a great deal about Chinese culture, dental education status, and their continued commitment to improve their educational programs. It has been a mutually beneficial effort.

On April 27, Dr. Raymond Tozzi retired from the School of Dental Medicine after twelve years. We wish him all the best in his next chapter of life.

COMMUNITY SERVICE REPORT

The UNLV School of Dental Medicine (SDM) has been actively participating in various community events including health fairs, career days, and the school-based sealant program (Seal Nevada South). Preventive services have been offered to children, adults, teens, and seniors. From the period of March 8 - May 9, 2016, a total of \$15,060 in donated services was offered to the community (children, adults, seniors) at 26 separate events. Outreach (does not include Seal Nevada South info) Number of children: 49 Number of adults (>18): 77 Number of seniors (>65): 2 Informational events: 1,692 (including OHI and Career Days) Seal Nevada South (SNS): Seal Nevada South visited four schools during this time frame with nine separate visits. Children receiving OHI: 97 Children screened: 97 Sealants placed (teeth): 243 Children receiving sealants: 75 Children receiving fluoride varnish: 96 SDM continues to offer the free Saturday Morning Children's Clinic (SMCC) sessions for children, veterans, homeless teens, and women's clinic. SDM has established an agreement with the Huntridge Teen Clinic to offer preventive/restorative treatment for the homeless teens/adults. All first year dental students are enrolled in Pediatric Community Outreach. In addition to completing oral health presentations at local schools, dental students and SDM faculty visited Opportunity Village's four campuses. We plan to visit these four campuses again this fall.

Continues on page 28 🗢

UNIX School of DENTAL REPORT, CONTINUED

CONTINUING EDUCATION

Courses being offered at the UNLV School of Dental Medicine include the following:

- "Osseodensification: Optimizing Your Implant Practice" will be presented by Salah Huwais, DDS on July 8.
- James Mah, DDS, Msc, DMSc and Robert Danforth, DDS discuss "Cone Beam (CT) Radiography: A Certification Program for Dentists" on July 22–23.
- "Forensic Odontology" will be held on July 24–28. Registration for this course is available through the International Association of Coroners and Medical Examiners.
- On July 30 "A Certification Course

 CBCT Dental Implant Software & Surgical Guide Fabrication" led by Dr. Michael Scherer will take place.

To register for any of these courses or for more information on Continuing Education at SDM, please visit unlvdentalce.com.

Pediatric Comm	Pediatric Community Outreach Spring Semester 2016 Oral Health Presentation CCSD Title 1 schools		Oral Health Presentations- CCSD Title 1 schools	
Total students pr	resented to: 15,964		Total number of schools: 40 Plus Opportunity Village: 4 campuses (181 clients)	
Grade			Number of children	
Miscellaneous A	ellaneous Ages/Special Needs 96		96	
Pre K	re K 356		356	
Kindergarten	dergarten 3354		3354	
First		3,107		
Second		2,907		
Third	Third		1,992	
Fourth 1,705		1,705		
Fifth	Fifth		1,246	
Mixed Grades P	K/SLD/K	150		
Mixed Grades K	L, 1st, 3rd	368		
Mixed grades 2r	nd ,4th ,5th	683		
February 2016	Number of schools	Number of	Number of students	
	32 plus Opportunity Village Campus	7,497 plus 9	7,497 plus 90 Opportunity Village Clients	
March 2016	Number of schools	Number of students		
	31 plus Opportunity Village Campus	6,866 Plus 6	6,866 Plus 66 Opportunity Village Clients	
April 2016	Number of schools	Number of	Number of students	
	13 Plus Opportunity Village Campus	1,601 plus 25 Opportunity Village Clients		



NDA 2016 Meeting Calendar

2016

8/2 (Tues)	NDA Executive Com. Meeting Video Conference	6рт
	Western States President's Conference	-
9/9–11	Caucus 1	Phoenix, AZ
9/27 (Tues)	NDA Executive Com. Meeting Video Conference	6pm
10/20-25	ADA Annual meeting	Denver, CO
	NDA Executive Com. Meeting Video Conference	
	ADA Lobbyist Conference	
2017		

2017

1/17 (Tues)ND	A Executive Com. Meeting Video Conference	6рт
1/21 (Sat)ND	A Mid-Winter Meeting	Reno, NV 9:30am
2/28 (Tues)ND	A Executive Com. Meeting Video Conference.	6pm
4/25 (Tues)ND	A Executive Com. Meeting Video Conference	6pm
6/6 (Tues)ND	A Executive Com. Meeting Video Conference	6pm
6/22-24ND	A Summer Meeting	. Whistler, British Columbia, Canada



JULY 2016			
Tuesday, 7/12	NNDS Executive Committee Meeting	5:45 pm	161 Country Estates Cir, #1B, Reno
AUGUST 2016			
Tuesday, 8/9	NNDS Executive Committee Meeting	5:45 pm	161 Country Estates Cir, #1B, Reno
TBD	NNDS Annual Open House Picnic	5:30 pm	Bartley Ranch Regional Park
SEPTEMBER 2016			
Tuesday, 9/13	NNDS Executive Committee Meeting	5:45 pm	161 Country Estates Cir, #1B, Reno
TBD	NNDS Spouses Night/ Mystery Bus Trip	5:30 pm	TBD
Friday, 9/16	NNDHP/Joel F. Glover 14th Annual Charity Golf Tournament	8:00 am	Lakeridge Golf Club, Reno
OCTOBER 2016			
Tuesday, 10/11	NNDS Executive Committee Meeting	5:45 pm	161 Country Estates Cir, #1B, Reno
Thursday, 10/13	NNDS General Membership Dinner Meeting	6:00 pm	Atlantis Casino Resort Spa, Reno
Thursday, 10/20	AGD Gen'l Membership Dinner	6:00 pm	TBD
NOVEMBER 2016			
Thursday, 11/10	AGD Dinner Meeting	6:00 pm	TBD
Tuesday, 11/15	NNDS Executive Committee Meeting	5:45 pm	161 Country Estates Cir, #1B, Rend
Thursday, 11/17	NNDS General Membership Dinner Meeting w/ Dr. Harel Simon	6:00 pm	Atlantis Casino Resort Spa, Reno
Friday, 11/18	All Day Continuing Education Course with Dr. Harel Simon	8:00 am	Atlantis Casino Resort Spa, Reno
Saturday, 11/19	Hands-on CE with Dr. Harel Simon	9:00 am	nSequence Dental
JANUARY 2017			
Tuesday, 1/10	NNDS Executive Committee Meeting	5:30 pm	161 Country Estates Cir, #1B, Reno
Thursday, 1/12	NNDS General Membership Dinner Meeting	6:00 pm	Atlantis Casino Resort Spa, Reno
Thursday, 1/19	AGD Dinner Meeting	6:00 pm	TBD
FEBRUARY 2017			
Tuesday, 2/7	NNDS Executive Committee Meeting	5:30 pm	161 Country Estates Cir, #1B, Reno
Thursday, 2/9	NNDS General Membership Dinner Meeting	6:00 pm	Atlantis Casino Resort Spa, Reno
Thursday, 2/16	AGD Dinner Meeting	6:00 pm	TBD
MARCH 2017			
Tuesday, 3/7	NNDS Executive Committee Meeting	5:30 pm	161 Country Estates Cir, #1B, Reno
Thursday, 3/19	NNDS General Membership Dinner w/ Dr. Marc Geissberger	6:00 pm	Atlantis Casino Resort, Reno
Friday, 3/10	All Day Continuing Education w/ Dr. Marc Geissberger	8:00 am	Atlantis Casino Resort, Reno
Thursday, 3/16	AGD Dinner Meeting	6:00 pm	TBD
APRIL 2017			
Tuesday, 4/11	NNDS Executive Committee Meeting	5:30 pm	161 Country Estates Cir, #1B, Reno
Thursday, 4/13	MGLAA Dinner	6:00 pm	Atlantis Casino Resort Spa, Reno
Thursday, 4/20	AGD Dinner Meeting	6:00 pm	TBD
Friday, 4/28	Continuing Education Course with Dr. Lynne Brock	8:00 am	Atlantis Casino Resort Spa, Reno
MAY 2017			
Tuesday, 5/9	NNDS Executive Committee Meeting	5:30 pm	161 Country Estates Cir, #1B, Rend
JUNE 2017 (New NNI	DS Officers effective June 1)		
		8.00 am	Atlantic Casino Report Spa Rono
Friday, 6/2	OSHA & Infection ControL CE w/ John Molinari	8:00 am	Atlantis Casino Resort Spa, Reno

UPCOMING CONTINUING EDUCATION: Dr. Stanley Malamed – November 16–17, 2017

Check our website for the latest updates to calendar at www.nndental.org





Lori Benvin nnds@nndental.org

t has been a much needed wet winter and spring this year in northern Nevada in hopes of restored summer activities and increased food and water resources for our wildlife. We welcomed many new dentists to our area this past year as well as congratulated those fellow colleagues who retired after many years of practicing dentistry and a lifetime of membership to the NNDS, the NDA and the ADA. Thank you to those retired life members for your years of support and continuation of organized dentistry participation; we value you and hope your retirement is enjoyable.

The NNDS has a new website; our address remains the same at www.nndental.org. The ADA began to offer 'branded' website templates for all state dental associations and component societies. These branded websites were offered to us at a fraction of a cost that a new webhosting company could ever propose. Along with the Nevada Dental Association the NNDS, the NENDS and the SNDS now have very similar websites all branded with the ADA; your tripartite - the Power of 3. Our new website will bring some much needed changes and some challenges in learning its features. We hope you all welcome its changes but be patient as we teach ourselves its features. Our website will still offer online meeting registration, membership directory, event calendar, classifieds, news, but, it will also offer additional information for you and your practice in accessing useful and pertinent resources from the NDA or the ADA.

We are also adding a membership printed directory this year. We are currently working with the NDA Journal publishers LLM in creating a state directory for all of our members. Many of you have asked for it and we are bringing one to you soon!

Lastly, I'd like to give thanks to your 2015/16 Executive Board and Committee chairs and welcome our new board members and committee chairs for 2016/17. I'd like to personally thank Drs. Perry Francis, James Mann, and Stephen Sims for your volunteerism and dedication as part of the Executive Board, you are all outstanding. Every one of these fellow colleagues has dedicated their time for the betterment of your society and association. Please assist me in thanking and welcoming your new 2016-17 Executive Board, Committee Chairs and Delegation:

- Maggie Heinen, DMD NNDS President
- Brandi Dupont, DMD Immediate Past President
- Spencer Fullmer, DDS Vice President & Temporary Dentist Network Chair
- Adam Welmerink DDS *Secretary/Treasurer*
- Jason Doucette, DMD & Craig Andresen, DDS Members at Large
- Perry Francis, DDS *Chief Delegate* **Delegates:**
- Stephen Sims, DMD
- Frank Caffaratti, DDS
- Pat Silvaroli, DDS
- Tom Melendrez, DDS
- Troy Savant, DDS
- Adam York, DMD
- Erin Anderson, DMD New Dentist Committee Chair
- James Mann, DDS Co-Chair
- Paul Brosy, DMD Peer Review Chair
- David White, DDS *ADA Delegate, NDA President Elect, Legislative Chair*
- Eric Pendleton, DDS Membership Chair
- Ryan Falke, DDS Continuing Education Chair
- Rick Dragon, DMD NDA Vice President
- Jade Miller, DDS Mario Gildone Lifetime Achievement Chair
- Eric Dean, DDS *NNDS Health & Wellness Chair* Welcome Newest NNDS Members:
- Brian G. Chan, DMD General (rejoining member)
- Chelsea Dean, DDS General (rejoining member)
- Nelly Hashem, DDS General
- Amy Moon, DDS General





Maggie Heinen, DMD

hope you had a great winter and spring. We had a wet winter in Northern Nevada, which helped with our drought situation. Now we are looking forward to summer and sun.

Our Northern Nevada Dental Health Programs have certainly been successful in 2015 and 2016. The "Healthy Smile Healthy Child" program has helped 229 children with dental care.

In 2015 and 2016, our volunteers donated dental care to 249 Veterans with our "Adopt-A-Vet" dental program. Thanks to the increase in dental volunteers and donations, we have been able to cut our "Adopt-A-Vet" waiting list in half! Now we are able to help more Veterans sooner and be more efficient with their care.

We also had a wonderful "Give Kids a Smile" event. The NNDS dentists volunteered on February 6 and treated over 90 at-risk children. I personally would like to thank all our volunteers in the NNDS. It is amazing how many people we can help with volunteers like yourselves.

The NNDS is ramping up our continuing education program with some great speakers. In the spring, Dr. Lee Ann Brady's class on restorative dental concepts was a hit. On October 13, Dr. Timothy G. Giroux will be discussing "The New Economics of Dentistry." We also look forward to having Dr. Harel Simon, a well-known Prosthodontist, who will be discussing CAD/CAM dentistry and implants. This will be a great CE series on November 17, 18, and 19, that includes a hands on workshop for a passive fit in implant dentistry.

Have a wonderful summer and I look forward to seeing you all at the Annual NNDS Picnic on August 4 and at the annual NNDHP/ Joel F. Glover Golf tournament on September 16.

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.

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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

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PRACTICE FOR SALE

RETIRING GENERAL DENTIST IS selling his practice in Elko County in northeast Nevada. Over 1,500 patients collected over \$525k in 2015. 3 ops in a stand-alone building. Pano included. Not familiar with Elko County? Check out their website at http://www.elkocountynv.net/. Find out about the advantages of owning a dental practice in a smaller city! Email becky@paragon.us.com for more details on this listing. Ref #NVERBEGL.

PRACTICE FOR SALE

LOCATED IN BEAUTIFUL RENO/ Sparks, Nevada is a retiring dentist looking for someone to take over his mostly PPO practice (no Medicaid or capitation). The office includes 4 fully equipped operatories and all digital equipment in a stand-alone building. 2015 collections were over \$415,000. Lots of potential for growth within the existing patient base. Great as a second location as well. Email lance@paragon.us.com for more details. Ref #NVERLAWE.

HIGHLY MOTIVATED SELLER. Long established general dental practice for sale in beautiful Reno, NV. Stand-alone building with 6 ops. Digital X-rays. 3,400+ patients. 2015 collections were \$578k. Strong hygiene program with tremendous potential. Great opportunity to jump into a fully functioning practice for a great price and grow grow grow! Email becky@paragon.us.com for full report and details. Ref #NVRIBEPE.

Place a Classified Ad

Classified Advertising: \$50 minimum for 30 words; 25 cents for each additional word. NMDA members receive a 10% discount on classified ads. Email text with billing information to Dan Hartzog at DanH@llm.com or call 800-647-1511 x2241.





ADA CE Online www.adaceonline.org

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