SUMMER 2015

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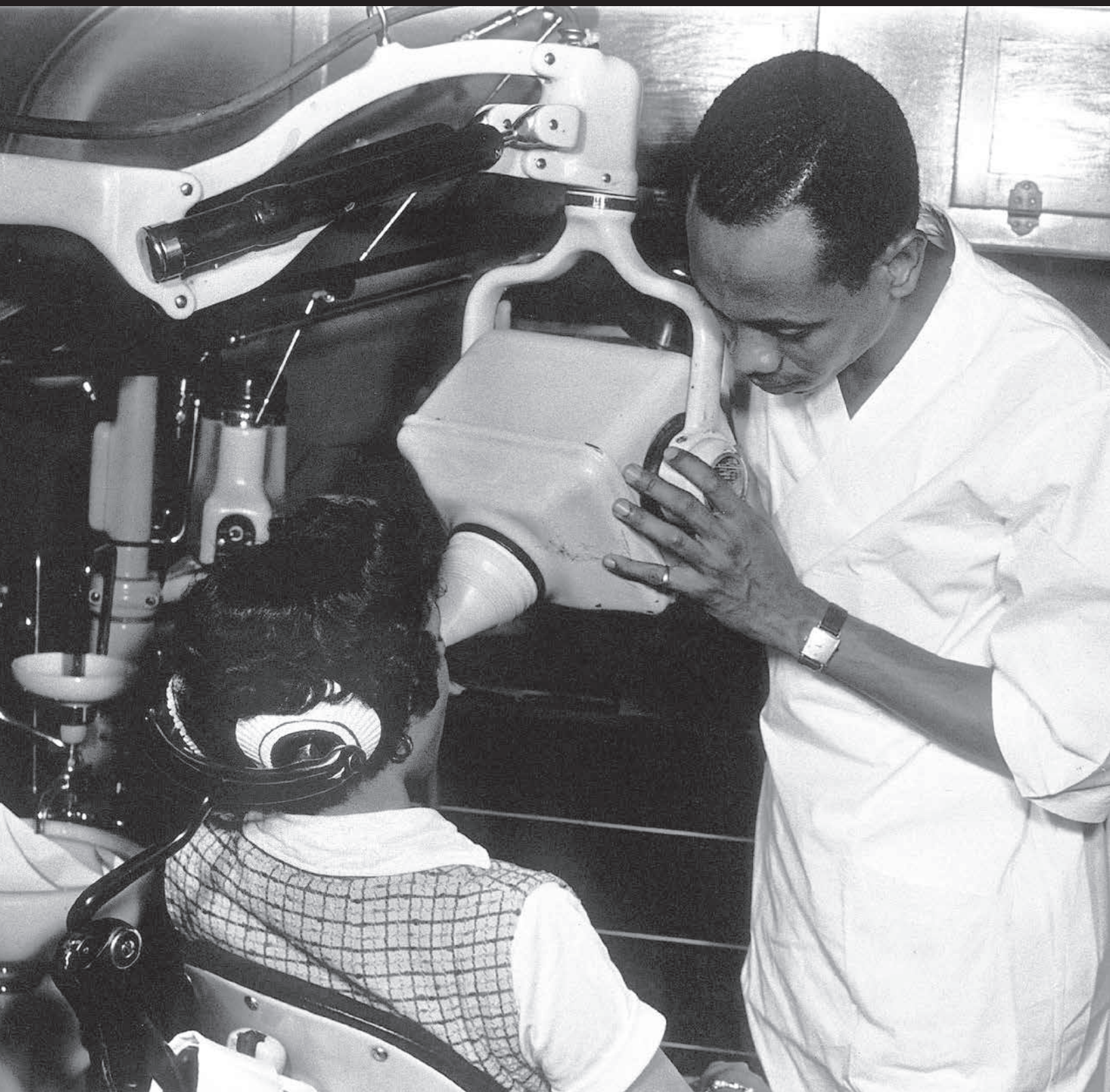
NDA JOURNAL

OFFICIAL MAGAZINE OF THE NEVADA DENTAL ASSOCIATION AND COMPONENT SOCIETIES

A PEER REVIEWED JOURNAL



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NDA JOURNAL
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NDA JOURNAL

SUMMER 2015

On the cover

"Administering a dental x-ray."

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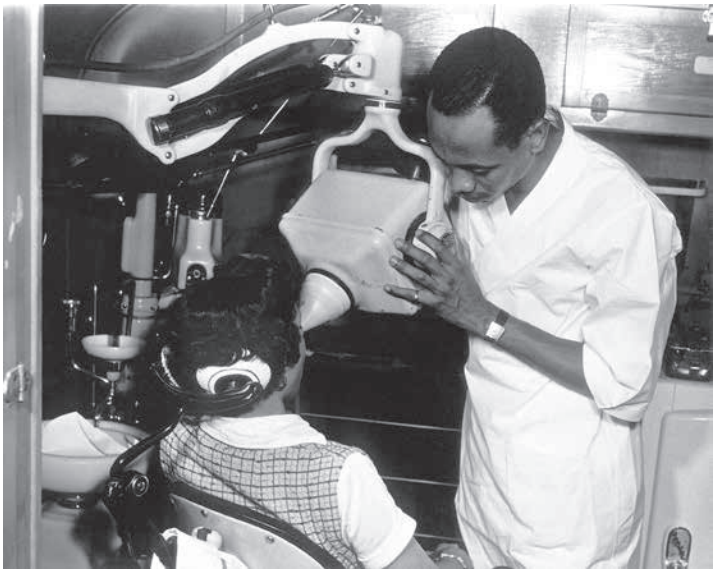

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Pan Nostalgia

Historically, dentists are self-starters, independent, realistic, optimistic, and constantly engaged in good causes, like the relief of pain and suffering. They don't sit around waiting for things to happen, but are busily proactive.

However, I have been vegetating mentally the past few days, nostalgic one could say. In 1678, nostalgia was described as a disease by Johannes Hofer.[1] Nostalgia was often seen in the displaced, i.e. individuals deployed in the military, immigrants, prisoners, or me at my first long-term Boy Scout camp complete with the diagnostic "emotionally charged desire to return home."[2] People get homesick/nostalgic about places or things from the "good old days."

I lost some important things this past week, and they are missed. The Southern Nevada Dental Society's Executive Director Bob Anderson arranged the second annual SNDS shredding day, and my office took advantage of it by hauling over a pickup truck full of charts, some more than 30 years old. (Fig. 1) It was sad to see those symbolic patients being mechanically masticated to HIPAA standards, but that nostalgia was mitigated because it was all for free, and something office staffers Jennifer and Leanne wisely encouraged and lovingly prepared me for over the past year.

Fig. 1. SNDS shredding precious memories.

But, I was not at all prepared for the loss of Pan. She has been an intimate part of my existence for over half my life, ever since I was first enamored by her enameled picture in 1979. (*Fig. 2*) Pan is not very curvy, and is a little macrocephalic, but has always been beautiful to me in a beige, line angle sort of way. She finally became non-functional, potentiating the SNDS chart trauma. Too late, we tried to revive her with head motor surgery, but the Chinese power plant didn't quite fit her Japanese housing. We decided DNR was the most appropriate treatment plan and the plug was pulled—in fact the cords were cut. (*Fig. 3*) Pan's autopsy, also known as the legally required certificate of recycling, from Nevada State Recycle, showed the cause of her demise: mechanical failure. (*Fig. 4*)

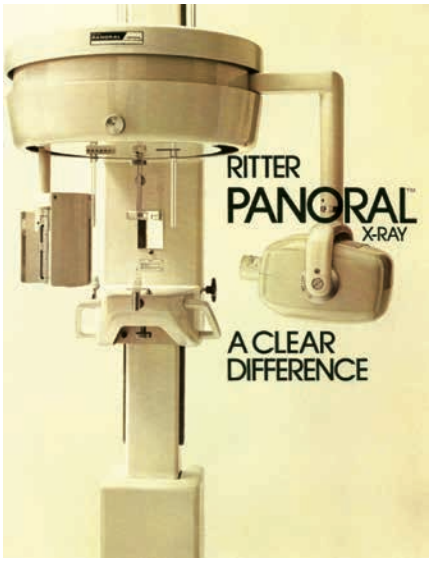


Fig. 2. Pan's classy glamour shot.

She was a pricey companion back in the day—about 20% of the equipment expense to open the office. After seeing her picture, Procor's Parke Simmons arranged for us to get together and we never looked back. Equipment counselor Sheirld Hickman made sure we were compatible, calibration-wise. At 500+ pounds she was admittedly

➲ *Continued on page 4*

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.

Fig. 3. Pan's life support terminated.

Fig. 5. How to turn Pan on; until the plug was pulled.

Fig. 6. Ameloblastoma displacing #25–26 roots.

Certificate of Recycling and/or Liability

Nevada State Recycle

Given on **4/16/15** for signifying that the designated company has consciously recycled electronic waste with a state of Nevada licensed recycler. **Nevada State Recycle** assumes title & ownership of the following materials received from
Daniel Orr

Company Name

Item(s) Description:
1 Non-working X-Ray Machine
Due to Mechanical Failure Destroyed
Properly recycled to meet EPA Standards

All above materials have either been tested, separated, refurbished or recycled according to the guidelines set by the EPA at our facility **1816 Industrial Road, Las Vegas NV 89102**
All plausible end markets were explored & no remaining materials were disposed of into a landfill.
Nevada State Recycle will keep all related data in confidence & bear responsibility of data destruction & privacy protection to the company or individual above.

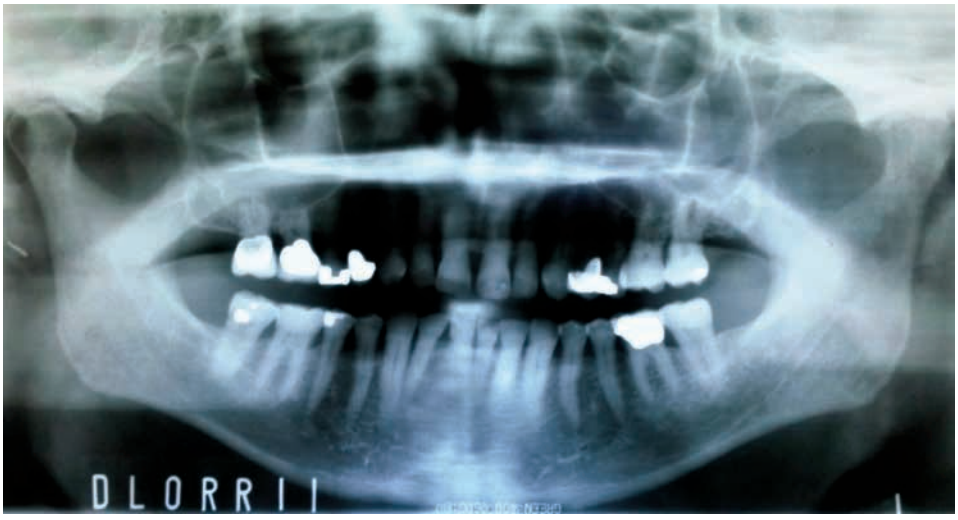
Fig. 4. All disposed x-ray machines must get a Certificate of Recycling

➲ Continued from page 3

a bit heavy, but she never gained another ounce. Pan more than paid her own way over the years, too. A radiographic overachiever, she easily provided 100,000+ radiographs without a single complaint, often at a moment's notice, 365 days a year, and even after hours when I alone was amateurishly trying to adjust her sensitivity and push her buttons to get her going. (*Fig. 5*) She was very forgiving and just there for me, no matter what.

In OMS residency, we were taught to use radiographs to confirm our clinical differential diagnoses. Pan quietly confirmed my clinical impressions countless times, giving me all the credit after her near instantaneous third-party validation. I have to admit, Pan occasionally, but always very discretely, would hint that pre-operative differentials had to be reevaluated...never making a scene about it in front of patients. Not infrequently, she surprised all with additional important information after clinical exams. One of the last films she provided revealed an asymptomatic radiolucency on a physician colleague that biopsy confirmed was an ameloblastma. (*Fig. 6*)

Over the years, Pan was loyal to the practice and its patients no matter if they were so famous they brought bodyguards for an after-hours appointment or those so socially estranged that we were instantly their very best friends after eliminating some pain. Pan understood that odontalgia is indeed a great equalizer…kind of like death or progressive taxes.



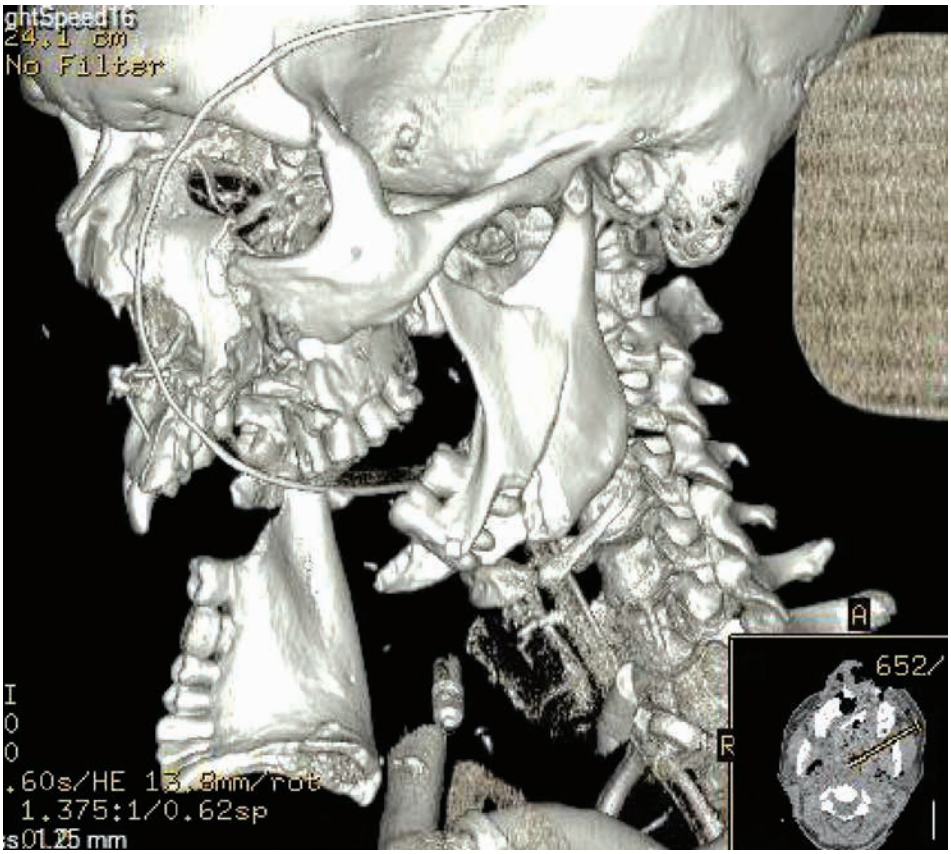


Fig. 7. Gunshot wound 3D CAT scan.

Fig. 8. Pan contentedly watching the Stratosphere rides during a break.

Pan had some rivals, younger pretenders, over the years, such as MRIs and CAT scans. Hotter, as in radiation, machines like fluoroscopes were just too high maintenance to be appealing. 3D CAT scan reconstructions are admittedly pretty tempting, (*Fig. 7*) but nothing showed teeth like Pan did.

Thank heavens my mom agreed to help get the practice going and then manage the office for almost 25 years. It was tough to see mom retire, but Pan lasted over 10 years longer than mom did.[3] In fact, Pan was functional years after all kinds of other dental equipment let us down: compressors, suction, autoclaves, developers, hand pieces, lights, you name it.

She's outlived all my dogs, never had to be house trained, and has arguably been more loyal. I've known Pan longer than my wife or any of my nine children. She did have an office with a nice view of the Strip, but she earned it. (*Fig. 8*) Pan outlasted houses, cars, and countless fickle computers and diva cell phones.

She helped make my reputation, loving to show off results when things went well. She also helped save my name. Once Medicaid asked why they had received an extraction bill for a previously removed tooth. After Medicaid was advised that Pan appropriately documented the extraction, the controversy became someone else's issue. Ultimately, it was found that the patient borrowed a friend's name, Medicaid card, and ID.

Pan will be missed; it will be tough to fill her base plate. Please forgive the nostalgia. Things will be fine…someday. ▪

References

1. Editorial, Nostalgia, a vanished disease, *Br Med J*, 1976 Apr 10; 1 (6014): 857–858.
2. McCann, WH, *Psychological Bulletin*, 1941, 38, 165.
3. Orr, D, It's not easy, it's not minor, and it's not simple! *NV Dent Assn J*, Spring 2012, 3–4.

NDAJ Follow-up

Flawed FBI hair analysis testimony

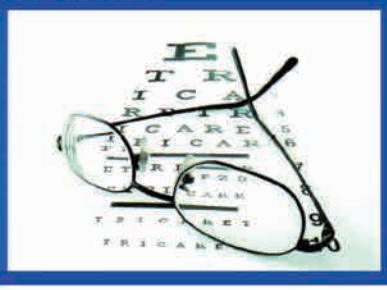
The *Journal* reported in the last issue about concerns with bite mark analysis. Forensic odontologists are not the only group having some negative review secondary to the use of niche evidence. The *Washington Post* reported that FBI hair examiners overstated forensic matches more than 95% of the time in 268 trials, including murder prosecutions. The trials took place for two decades prior to 2000. The FBI is reviewing approximately 2,500 cases all together.

After 2000, hair evidence has been used only to rule out suspects as is done with bite mark evidence at times. ▪

REMOTE AREA MEDICAL 2015

VOLUNTEERS WANTED

RAM is an international organization that travels the country and throughout the world providing free medical services with no qualifications. This event is for those in Southern Nevada who are uninsured or underinsured, with no eligibility requirements and no ID necessary. Medical services are provided on a first come, first serve basis.



Types of volunteers needed:

Medical Professionals
Medical Specialists
Paramedics/EMTs
Dentists (for adults & children)
Oral Surgeons
Dental Hygienists, Assistants & Technicians
Vision Professionals
Optical Lab Technicians
Laboratory Technicians
Medical, Dental and Vision Students
1000 General Volunteers

Want to help in other ways?

We are requesting cash or in-kind donations to supply items needed for the event as well as follow-up medical, dental and vision care.

*** 100% of donations will go towards this event.*

OCTOBER 2 - 4

LAS VEGAS, NV
Tarkanian Basketball Academy
2730 S. Rancho Drive
Las Vegas, NV 89102

OCTOBER 9-11
YERINGTON, NV
Boys and Girls Club
124 N. Main Street
Yerington, NV 89701

OCTOBER 16-18
CARSON CITY, NV
Carson City High School
1111 N. Saliman Road
Carson City, NV 89701

Check out last years successful RAM 2014 event.
Search YouTube: 2014 Las Vegas Remote Area Medical

Hosted by CARE coalition

We look forward to welcoming you to the RAM Team!

Call 702.900.2124, email RAMinfo@CARECoalitionNV.org, or visit www.CARECoalitionNV.org to register and become a volunteer, questions about the event, or how to become a sponsor.

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

We had a very good session but anyone who is involved in politics knows this will not happen every time and you should not expect it. We will celebrate our victories for a short time then it is back to work for the next session. I plan to take advantage of our wins to help show value for membership. All members who know someone who is not a member should feel free to point out what the association has done for them this year and get them onboard. Our battles to keep us different than medicine will grow harder in future sessions and it will be important to have a strong membership and a large PAC Fund to support friends of dentistry.

Here is a summary of our priority bills this session:

SB 137 NDA Bill on Coordination of Benefit. Passed both Houses. To the Governor.

SB 159 NDA Bill on Insurance claim peer review. Signed by the Governor on May 14.

SB 341 NDA Bill on rental network. Passed both Houses. To the Governor.

As I write this, the session is not finished, so we will have a full report on the bills of interest to the association from our lobbyist soon on the website along with effects on your practice.

There have been some reports of unannounced inspections of dental offices by state Radiation Safety officials. The association has written a letter of concern to the state agency. Please remember that if an inspector shows up at the office you can request that they come back when patients are not present so as not to disrupt your day.

Please consider signing up to volunteer at one of three RAM (Remote Area Medical) events being held in Nevada in October. The dates are Oct. 2–4 in Las Vegas, Oct 9–11 in Yerington, and Oct. 16–18 in Carson City. Please go to ramusa.org for more information and to sign up or call your local component society. (*See also page 6.*)

I invite you to check out our new affiliated product, NDA Supplies, by Source One. You may be able to save money on dental supplies and they always have free shipping. Please see the information on the left. ▪

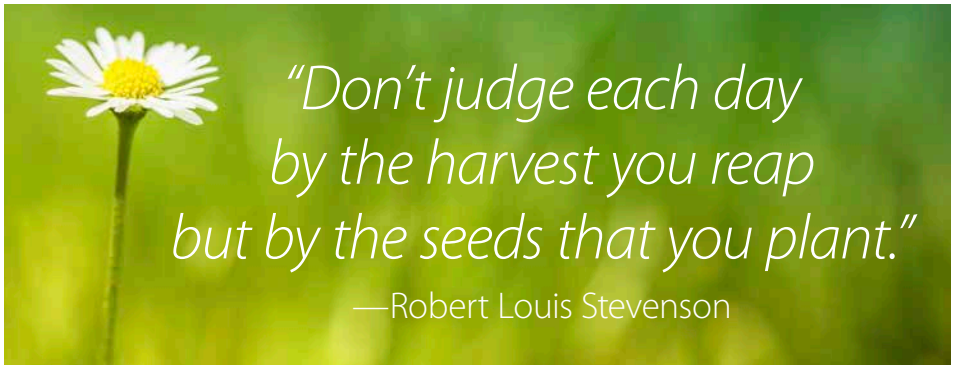
Mark J. Handelin, DDS, MSD
mark@pittsorthodontics.com

I hope this article finds everyone well. The days are growing longer and the air crisp with life as spring transitions to summer. It seems like only yesterday that I was assuming the position of NDA President. I can't believe it's almost over!

We have had quite a busy legislative session, and as I write this our bills are moving through the process. As usual, there have been long hours of discussion regarding the legislation and the usual give and take that makes the legislative process work. I would like to especially thank Chris Ferrari and his outstanding team, Joanna and Adam, for their wonderful representation and work on our behalf. Their guidance and council in legislative matters is second to none, please thank them when you see them. They are truly fighting the good fight and we are a better lobbying group for it.

As I reflect on my time serving at the local, state—and by default—national level, it has been quite a ride. I had a desire to get involved with organized dentistry because it was instilled in us our first day of dental school. Dr. Art Dugoni stood in front of us and extolled the many virtues of organized dentistry and stated that we will be the leaders of dentistry tomorrow and into the future. His words of wisdom and the importance of banding together for the profession resonated with me. As I entered practice after my residency it was through the encouragement of many local leaders that I was prompted to take the next step and get more involved with our dental society. Past NDA presidents Drs. Arnie Pitts, Joel Glover, and John DiGrazia were always willing to lend an ear and be a sounding board for what we endure during our tenure at the state level.

I would first like to thank my wife for allowing me to spend countless nights missing dinner, helping with our children's homework assignments, and spending time together so that I could do what I've done. She has always been by my side through thick and thin and I look forward to many more years with her. She may want me to pick up another position as I'll be around the house more often now though!



Also, a very heart felt thank you to the executive directors that I had the pleasure of working with over the last decade. First, Lori Benvin at the NNDS is absolutely incredible; to this day I enjoy calling her for questions and advice. She knows what every member is up to in the NNDS and works extremely hard to ensure we have what we need professionally.

Second, Dr. Robert Talley has been a guiding presence through my learning process of the state and national association levels. We are extremely fortunate to have Dr. Talley as our executive director. His previous life as a dentist is invaluable for he knows exactly what we are going through. Attending meetings with Dr. Talley is like being part of the Rolling Stones entourage; he seems to know everyone from around the country and is summoned for advice throughout meetings. When we don't travel outside of our own reality, we often don't know how good we have it. I can say with absolute conviction that we have one of the most respected, knowledgeable, and effective executive directors in the country.

I also had the pleasure of working with the most dedicated and intelligent volunteers on the respective executive committees. Individually listing everyone would take more than I'm allotted at this time! I give a sincere thank you to those that came before me and hearty congratulations to those who will come after me.

I know our society is in good hands with the upcoming executive board. Dr. Brad Wilbur will do an outstanding job leading our society. Although he can be quite a smart-ass, he has tremendous insight and thoughtfulness that will make him a great president. Following him, Drs. Lynn Brosy and George McAlpine have incredible talents that complement each other very well.

The future is bright and thus, with all those that have come before me, it's time to begin planning our own erasure so that those who come after us build on the foundation passed on to them. ▪

Oral Health Awareness Day

(L to R Front row): Arin Alexander, Spencer Mecham, Bennett Mortenson, Matthew Thacker, Tate Guild, Dr. Emily Whipple, Dr. Jessica Allen, Dr. Jason Wasden.
(L to R Back row): Dr. Rick Thiriot, Dr. Cody Hughes, Dean Karen West, Development Officer Cindy O'Grady.

By Emily Ishkanian, DMD
ADA 14th District New Dentist Committee Representative

Since 2014, the Nevada Dental Association (NDA) has worked in collaboration with the UNLV School of Dental Medicine to plan Oral Health Awareness Day in Carson City. Primary goals were to increase student and faculty involvement in organized dentistry as well as raise awareness with Nevada legislators regarding the public policies affecting the practice of dentistry and its patients.

In part, Oral Health Awareness Day's focus was to showcase the services UNLV School of Dental Medicine provides for the under-served populations. Students, alumni, faculty, staff and members were equipped with statistics of the many volunteer outreach programs that UNLV supports including: six Saturday clinics, six specialty clinics, five community outreach programs and funding approximately $2.6 million in donated services.

On April 15, 2015, five students, two faculty, four alumni, Dean West, two UNLV staff members and Southern Nevada Dental Society members were greeted by Northern Nevada Dental Society members and taken to the Capitol building where they were introduced to other participants, NDA executive council members, and NDA lobbyist Chris Ferrari.

Engaging students and faculty is a wonderful way to exhibit an active presence ADA and the NDA. Another goal is to show students that they can add their voices to the 176,000 members of the ADA and fight together for the things that matter to the profession and its patients. Furthermore, legislators were able to have a first hand account of how important it is to consider dentistry when legislating. ▪

SNDS 2nd Annual Shredding Day

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

SNDS Executive Director Bob Anderson and Office Manager Jessica Layton coordinated another successful shredding day Friday, April 10. This year the event was held at Village Center Circle in Summerlin. Just as the New Dentist Fora and CE Café events, shredding day was provided at no cost to SNDS dentists or the SNDS itself. Westpac Wealth Partners sponsored the shred. The event was catered by The Spot and the actual legal shredding was completed by Assured Document Destruction, Inc.

Nevada legal requirements for document destruction, such as for records identified as "confidential" (NRS 239.010) or "restricted" (NRS 239C.090) are available online. Such records must be destroyed in a secure manner that will prevent reconstruction or retrieval of the information (NAC 239.722). Other records may contain sensitive information that has not been declared by law or regulation

The Spot catered at the SNDS shredding site.

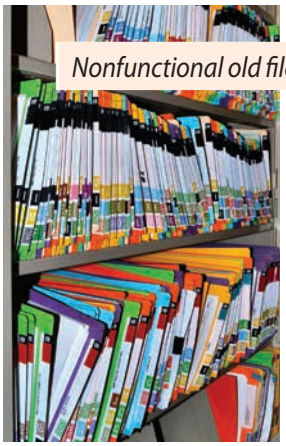
to be confidential or restricted. When in doubt as to the legal classification of records and the specific requirements for their destruction, one can contact the Attorney General or a records management officer.

One thing made clear in recent years is that when one's control of unnecessary documents which contain protected information is discontinued, the documents cannot be disposed of without destruction. Media reports regularly document truncated document destruction treatment plans, often resulting with in-tact documents being found in a dumpster and subsequently being turned over to state and/or federal regulators. Not only have private dentists been culpable, but also entities such as the Central Regional Dental Testing Service and Delta Dental.

According to Assured, legitimate document destruction enterprises must have state and local licenses and certifications similar to any business. The National Association of Information Destruction (NAID) certifies member businesses after successful applications which include both scheduled and unannounced site visits by NAID.

Assured Document Destruction at the SNDS shredding site.

Assured contracts with organizations when document destruction is sought. Whoever gives to Assured documents for destruction assumes responsibility that the proper documents have been released. What happens to the paper that has been shredded? Assured transports file residuals for processing to end use paper products.


Nonfunctional old files.

Functional end use files.

In Nevada, records must be maintained for five years after their receipt or production (NRS 652.135). An exception to this law applies for patients who are less than 23 years of age on the date of the proposed destruction of the records. Per state law, health care records for patients less than 23 years of age shall not be destroyed. Of particular interest to orthodontists and pediatric dentists, it appears that the longest legally mandated patient record maintenance would be created for a patient of age 22 years, 364 days. Including the five years of record retention, the file could be destroyed one day short of the 28th birthday. ▪

Southern Nevada Dental Society
A Community of Leaders

Government Overreach on Obesity Control

By Michael L. Marlow, PhD

It is not surprising that public health advocates propose policies aimed at stemming obesity. Obesity prevalence has doubled in the U.S. during the past three decades, with more than one-third of adults considered obese.[1]

Obesity is a major health concern, given its association with chronic conditions that include diabetes, hypertension, hypercholesterolemia, stroke, heart disease, certain cancers, and arthritis.[2] Obesity is routinely defined as a body mass index (BMI) greater than or equal to 30. To calculate BMI, divide 703 times the individual's weight in pounds by the square of his height in inches. Or divide weight in kilograms by the square of the height in meters. A six-foot-tall man, for example, is obese if he weighs at least 221 pounds.

This commentary argues that lack of knowledge in both the scientific community and popular press regarding possible solutions carries over to public health advocates engaged in proposing government policies attempting to lower population weight. Market-based solutions are argued to be imperfect, but continued experimentation and scrutiny from paying customers interested in weight loss ensures progress toward developing effective solutions.

The poor state of scientific understanding

Despite decades of research, it has been recently argued that we are no nearer to a solution now than when the rise in body weights was first chronicled decades ago.[3] While conceding that obesity may not be simply the result of overeating, researchers point to a long list of obstacles that impede our clear understanding of the nature of the problem. These include problems in defining obesity, lax application of scientific standards, tenuous assumptions, flawed measurement, and limited examination of alternative explanations of cause. Lack of due diligence in maintaining rigorous research standards is believed to be the root of the problem.

A recent study concludes that false and scientifically unsupported beliefs about obesity are pervasive in both scientific literature and the popular press.[4]

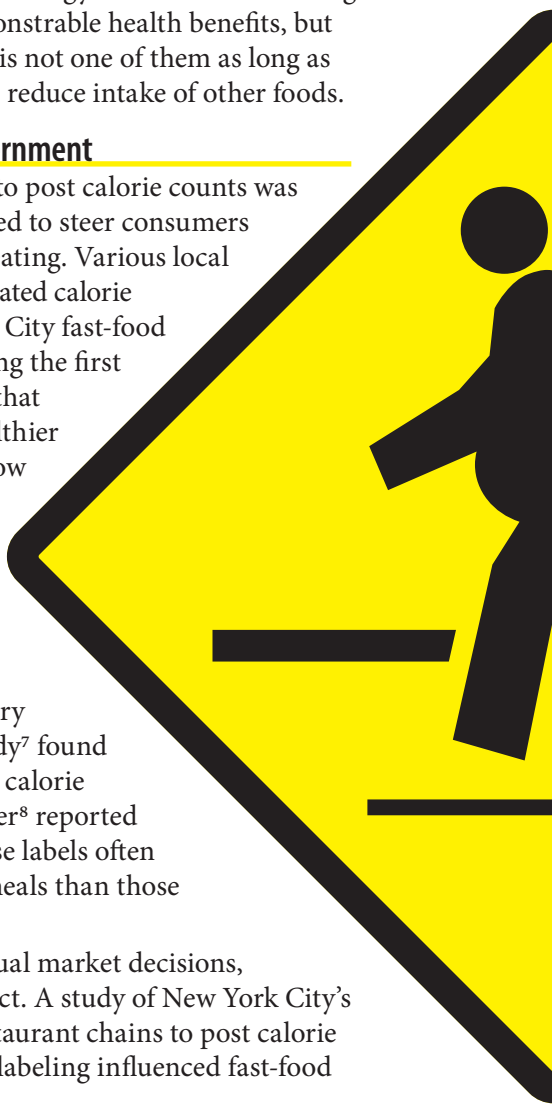
Beliefs persisting despite clear contradicting evidence were labeled by the authors as "myths" and include the beliefs that: (1) small sustained changes in energy intake or expenditure produce large, long-term weight changes; (2) setting realistic goals in obesity treatment is important because otherwise patients become frustrated and lose less weight; and (3) large, rapid weight loss is associated with poorer long-term weight outcomes than is slow, gradual weight loss.

Labeled as "presumptions" were beliefs about obesity that persist in the absence of supporting scientific evidence. These include: beliefs that (1) regularly eating (vs. skipping) breakfast is protective against obesity; (2) eating more fruits and vegetables will result in weight loss or less weight gain, regardless of whether one intentionally makes any other behavioral or environmental changes; and (3) snacking contributes to weight gain and obesity. Even the common prescription to eat more fruits and vegetables to promote weight loss is not fully supported by the evidence.[5]

Policies meant to steer individuals toward weight loss often incorporate these myths and presumptions. Such recommendations are included in the Department of Agriculture's "Choose My Plate" food guidance system. This prescription apparently only works to lower weight as long as individuals combine this recommendation with reduced intake of other energy sources. Fruit and vegetable consumption has demonstrable health benefits, but apparently weight loss is not one of them as long as individuals do not also reduce intake of other foods.

The light hand of government

Requiring restaurants to post calorie counts was an early policy predicted to steer consumers away from unhealthy eating. Various local jurisdictions have legislated calorie counts, with New York City fast-food restaurants being among the first in 2008. The theory is that consumers choose healthier foods upon learning how much they underestimate calories, fats, or other attributes described on labels. Most studies supporting this theory were based on laboratory experiments.[6] One study[7] found that labeling improved calorie estimates, while another[8] reported that consumers who use labels often choose lower-calorie meals than those who ignore them.



Studies based on actual market decisions, however, find little effect. A study of New York City's 2008 law requiring restaurant chains to post calorie counts examined how labeling influenced fast-food

choices.[9] Information provided by patrons of fast-food restaurants in New York City was compared with information provided by patrons in Newark, NJ, a city without labeling laws. While 28 percent of New York patrons said the information influenced their choices, researchers found no change in calories purchased after the law. Another study reached a similar conclusion in a study of menu-labeling regulation requiring all restaurant chains with 15 or more locations to disclose calorie information in King County, Wash.[10] No effect on purchasing, measured by transaction trends and calories per transaction, was found.

Over-generalizing results of laboratory experiments probably explains policy advocates' overconfidence. There are well-known problems in extrapolating results from experiments to the real world.[11,12] Results are influenced by factors that include financial incentives, the way choices are framed, the nature of others' scrutiny, and participant selection. Real-world decisions are made under circumstances not easily mimicked in laboratories.

Overconfident advocates may also believe the myth that small reductions in calories usually add up to significant weight loss. For example, if an experiment concludes that adding calorie labels leads to 25 fewer calories per meal, researchers might simply estimate annual weight loss by multiplying 25 calories by three (meals per day) by 365 (days per year). But, 27,375 fewer calories per year remains most unlikely. Businesses making such false promises would eventually find few customers.

Consumers understand that cheeseburgers with large sodas and fries contain many more calories than simple salads with low-calorie dressing and an apple. It is not surprising that stating known information to consumers on mandated labels is not a successful formula for weight loss.

Heavy hand of government

Taxes on sugared drinks have also proven ineffective.[13] One study by Fletcher et al. finds that increases in soda tax rates decrease soda consumption among children, but do not influence total caloric intake, as children increase their consumption of other high-calorie beverages.[14] A recent study examined how taxes steer consumers into consumption of a wide array (23 categories) of other food and beverages.[15] A price increase of one half-cent per ounce for sugared drinks reduced caloric intake of those beverages, but subjects quickly compensated by consuming almost half of those calories in substitutes often laden with sodium and fat. Another recent study examined the effects of sugared drink taxes on consumption and showed little to no effect of current sales tax rates on consumption or obesity.[16]

One problem is that tax policies are designed to steer all individuals, fat or not, toward healthier choices. Interventions predictably exert less influence on those being targeted for behavioral changes than on persons with healthier habits. Research demonstrates that tax hikes on alcohol and tobacco serve primarily to decrease consumption by light, not heavy, users.[17] There is little reason to suspect that taxes aimed at reducing caloric intake work any differently. Tax hikes might lower consumption by those without weight problems, but exert little to no effect on the overweight.

Tax advocates presume that the primary reasons for obesity are well known and that policy solutions are clearly evident. This view predicts that advocates will be comfortable with continually raising taxes until the evidence showing weight loss appears. This is a recipe for expanding government with promises of benefits that are unlikely to occur. This prediction is also consistent with previously discussed studies concluding that tenuous assumptions, linked to limited examination of alternate explanations of obesity's causes, explain why so little progress has been made on the obesity problem.[3,4]

Heavier hand of government

Former New York City Mayor Michael Bloomberg's proposal to ban sugared beverages in restaurant portions larger than 16 ounces was to be applied to food-service establishments selling large-size drinks of more than 25 calories per eight-ounce serving. The proposed ban also excluded sales of large-size drinks in groceries or convenience stores such as 7-Elevens, but not in delis, fast-food restaurants, and movie theaters.[18] Consumers could still buy the drinks, but the ban was designed to steer consumers from overindulgence. It remains unclear what effects, if any, such regulation of food environment would exert on population weight when it is not imposed on all businesses, and when consumers may simply substitute calories from other products.

A recent book proposes a broad template for regulation of our food environments that mirrors regulation of the environment, food safety, alcohol, tobacco, and building codes.[19] Proposals include: (1) standardized portion sizes with only single-portion units allowed; (2) banning certain foods in locations not dedicated to food (e.g., sodas sold in hardware stores) and allowing drive-up windows to be

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open only during designated meal periods (i.e., breakfast, lunch and dinner); and (3) running government advertising to counter industry marketing of "unhealthy" foods. Cohen speculates our future will have encoded ID cards for citizens, personalized with unique energy requirements informing restaurants what citizens may consume.

This view is consistent with that of a recent paper in the *New England Journal of Medicine* calling for bans on placing candy near cash registers at stores.[20] These authors argue that food regulation should not place additional cognitive demands on the population, and suggest limiting the types of foods that can be displayed in prominent end-of-aisle locations, and restricting foods associated with chronic diseases to locations that require a deliberate search to find.

One critical concern of many who believe individuals bear personal responsibility for their behavior is that experience is vital. Regulating the food environment assumes that individuals are incapable of learning by experience that overeating causes weight gain. This view also encourages overweight individuals to believe that self-regulatory efforts are futile. The "obesity is a disease" message, as formally recognized by the AMA in June 2013,[21] provides a recent example. Defining obesity as a disease has been shown to be beneficial for body image, but it also lowers self-regulation by the obese.[22] The disease label may also reinforce policy advocates' belief that they should assume primary responsibility for ordinary citizens' weight control.

Misplaced blame

Policy advocates appear to accept simplistic views that profit-seeking sellers ignore health attributes of their products, or even knowingly take advantage of consumers who cannot control their eating. Mandated calorie labels, taxes, bans of large-size drinks, and heavy-handed food regulation are believed to protect consumers from profit-seeking sellers with no interest in helping overweight consumers.

This view squarely places blame on sellers, but is not supported by the evidence. A more thoughtful view is that sellers can systematically profit when marketing "healthier" products to customers interested in controlling their weight. Businesses have incentives to meet customers' weight concerns. There is an ample consumer market for weight control, as indicated by a recent Gallup poll that finds that 51% of adult Americans want to lose weight.[23]

Consumers have also taken steps to lower consumption of high-calorie products. For example, U.S. per-capita soda consumption has fallen since peaking in 1998, with

calories from soda decreasing by 23% between 2000 and 2013, according to Beverage Digest.[24] A U.S. Department of Agriculture study shows rapid growth of new products appealing to weight-conscious consumers.[25] Displays featuring health claims are considered evidence of growing awareness of obesity-related problems.[26] Health and nutrition-related claims per product increased, from 2.2 in 2001 to 2.6 in 2010. The study suggested that growing demand for food products that contribute to general health beyond basic nutrition provided incentives to manufacturers to supply and promote these products.

Conclusion

Market-based solutions will evolve if given a chance, based on continued experimentation.[27] This is fortunate, given the myths surrounding weight loss.[4] Products and services designed around myths are eventually rejected by unhappy customers. Consumers signal to businesses which products are effective through their purchases, and which products are harmful through lawsuits. Businesses routinely monitor these signals.

Government, however, is not subject to a market test, thus allowing regulators great latitude in promoting myth-based policies. Only government has the ability to maintain ineffective policies because it does not have to please paying customers in order to remain financially secure. Lacking a market test, government cannot easily distinguish effective from ineffective policies. Feedback is scarce in an environment in which ineffective policies do not directly jeopardize government jobs. Harmful policies may also never be discarded in an environment that has so little scrutiny of programs' effectiveness.

Government overreach on obesity control is a recipe for expanding government with inflated promises unlikely to be fulfilled. Meanwhile, taxpayer resources are allocated to poorly informed theories based on myths that are often developed within laboratories insulated from real-world interactions of profit-minded suppliers and weight-conscious consumers. This view is consistent with studies concluding that tenuous assumptions, linked to limited examination of alternate explanations of obesity's causes, explain why so little progress has been made on the obesity front.[3,4] ■

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Teledentistry:
Part I, An Overview

By Toan Foeng (Bill) Tham, DDS, JD, FCLM

Introduction

Teledentistry/telemedicine is the use of electronic information and communications technologies to provide and support health care when distance separates the participants.[1] The American Telemedicine Association defines it as the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status.[2] Additionally, California State Law defines Telehealth as "…the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site."[3]

This article will be in two parts. First, this overview will look to the applications of teledentistry in various areas of dentistry; demonstrating teledentistry can improve patient access to quality dental care. Benefits of teledentistry include serving in underserved areas, reducing health care costs, and facilitating the communication between dentists and other health professionals in geographically separated locations in a timely fashion, including emergent situations. The second part will discuss legal considerations in teledentistry.

Teledentistry definitions and background

The term of "teledentistry" was first used in 1997, when Cook defined it as "the practice of using video conferencing technologies to diagnose and to provide advice about the treatment over a distance."[4] Of course, the basis of modern system of teledentistry is the Internet. The Internet, due to its ease of use and popularity, provides an appealing medium for the communication of health related information. "Telemedicine in dentistry" or "teledentistry," often used interchangeably, means the use of electronic information and telecommunications technologies to support long distance clinical oral health care, patient and professional health related education, and public health and health administration;[5] whereas, University of Nebraska Medical Center defines teledentistry as "the use of information technology for dental consultation, education, public awareness and care."

Teledentistry is one of the subspecialty or niche areas in telemedicine that uses electronic health records, telecommunication technology, digital imaging, and the Internet to provide health care to rural or remote areas and education for underserved. The birth of teledentistry can be traced to 1994 within the United States Army's Total Dental Access (TDA) Project. The TDA Project is considered the harbinger of teledentistry wherein the goals of this project are to increase patient access to quality dental care and to establish a cost effective teledental system. It focuses on three areas of dentistry: improve patient care, dental education, dentist-laboratory communication.[6] This military project showed that teledentistry reduced total patient health care costs in providing dental care to remote areas and offering information for later use.[7]

www.winbeta.org/news/microsoft-brings-first-telemedicine-service-botswana

Teleconsulting methods

The two most common methods of teleconsulting are "Real-Time Consultation" and "Store and Forward Method" communications. Real-Time Consultation often involves a videoconference where the dental professionals and their patients can see, hear, and communicate with one another from different locations. Store and Forward Method involves the exchange and collection of clinical information, such as radiographs and still images, which are stored by dental practitioners who then forward them for consultation and treatment planning.[8] There is no face to face communication with a patient. Patient information including radiographs, images of periodontal and hard tissues, photographs, and other information can be shared with multiple providers. This sharing of data is particularly important, especially for patients who need specialist consultation.

Applications of teledentistry

(1) In Pediatric dentistry

Kopycka-Kedzierwawski and Billings showed that the intraoral camera is a feasible and cost effective alternative to a visual oral examination for early childhood screening for caries conducted for preschool children[9] and successfully demonstrated a teledentistry project established in inner-city childcare centers in Rochester, NY.[10] A study done primarily authored by Amavel stated that remote diagnosis of childhood dental problems based on photographs constitutes a valid resource.[11]

(2) In Orthodontics

Cook and coauthors wrote that online teledentistry services helped reduce the high level of inappropriate orthodontic referrals to consultants and provided general dental practitioners with quick access to advice that would enable them to tackle a wider range of cases themselves.[12] Minor emergencies in orthodontics such as rubber band rupture, rubber ligature displacement, discomfort, or soft tissue irritation may be solved in a straightforward fashion at home without the need for a patient to visit to the clinic, thus limiting visits to dental offices to cases of real need.[13] A trial to assess the validity of teledentistry was carried out by Mandal to see whether the same decision to accept referrals or not was made through a "store and forward" teledentistry link. It was seen that clinician agreement for screening and accepting orthodontic referrals based on clinical photographs was comparable to that reported for clinical decision making.[14]

(3) In Oral and Maxillofacial Surgery

According to Duka et. al., the diagnostic assessment of impacted or semi-impacted third molars assisted by the telemedicine approach was equal to the real-time clinical diagnosis.[15] There is a need and demand for change in the referral system for OMS specialist care. Telemedicine could conceivably be one way to improve access to specialist OMS.[16] Rollert's group showed that telemedicine consultations, in adequately assessing patients for dentoalveolar surgery with general anesthesia and nasotracheal intubation, are as reliable as those conducted by traditional methods and that

➲ *Continued on page 18*

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telecommunication is an efficient and cost-effective mechanism to provide pre-operative evaluation in situations in which patient transport is difficult or costly.[17]

(4) In Oral Medicine

In 2011, a publication by the Northern Arizona University Dental Hygiene Department, reported a teledentistry-assisted, affiliated practice dental hygiene model allowed dental hygienists to provide oral healthcare to underserved populations by digitally linking up with a distant oral health team.[18] Bradley and coauthors also successfully proved the effective use of teledentistry in oral medicine in a community dental service in Belfast, N. Ireland, using a prototype teledentistry system.[19]

(5) In Endodontics

Brullmann's researchers reported that remote dentists can identify root canal orifices based on images of endodontically accessed teeth.[20] Furthermore, Zivkovic et. al. demonstrated that teledentistry based on the Internet as a telecommunication medium can be successfully utilized in the diagnosis of periapical lesions of anterior teeth, reducing the costs associated with distant visits and making urgent help accessible.[21]

(6) In Periodontics

The US Department of Defense Dental Clinics which developed and used web-based teledentistry consultation showed that referrals to OMS, prosthodontics, and periodontics had the highest number of consults.[22] Fifteen patients underwent periodontal surgery at Fort Gordon, GA and had their sutures removed a week later at a location 150 miles away under the tele-supervision of the Periodontist. Only one patient returned for a follow-up procedure.[23]

That teledentistry can be very functional and efficient has been shown. Implementation of this modality will occur. As with any new paradigm, legal questions will arise. Some of these issues will be addressed in Part II. ▪

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Interesting Politics in the Silver State

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

Last year, in an historic political electoral statement, Democrat after Democrat was upset in our statewide elections as Republicans took control of both the house and senate and joined Governor Sandoval in an apparently formidable conservative paradigm.

Nevada had not seen this kind of configuration in Carson City since 1929 and the majority of voters were excited to see the new legislators follow through on their campaign promises.

But, somehow, the legislature just passed, and the Governor signed, the largest tax increase in state history, over $1,500,000,000.00 (that's $1.5 billion, an over $500.00+ obligation for every citizen in the state). This plan was presented to Nevada voters and was rejected by 80% of them in November last year. What happened? What now?

Some 2014 campaign history

The gross receipts tax, the Tax Gorilla in the room, was Governor Sandoval's brainchild, a plan he did not mention until after last year's election. Again, when the voters were asked to opine about it directly on ballots, it was rejected by 80% of them.

Assembly candidate Derek Armstrong
(before voting for the tax increases)

"I oppose all three of these tax increases because each will have a negative impact on jobs and the state's economy. The way to increase revenues is by increasing economic growth and making all of our citizens wealthier, not by raising taxes."

Assembly candidate Erv Nelson
(before voting for the tax increases)

"I am against raising property taxes or renewing taxes which have sunsetted. Government should operate within its proper, limited scope and live within its current budgetary and tax scheme."

Assembly candidate P.K. O'Neill
(before voting for the tax increases)

"I believe that we need to remove ourselves from these 'Sunset' taxes, as originally intended, particularly as the economy continues to recover."

Assembly candidate Stephen Silberkraus
(before voting for the tax increases)

"Instead of always looking to raise taxes we must work on growing our economy…"

Speaker **John Hambrick** signed the Taxpayer Protection Pledge (before voting for the tax increases) but at the end of the day supported the Governor's proposal, becoming the only signer to go back on his word.

After the final tally, the following **voted for** the tax increases:

Paul Anderson	Erv Nelson
Derek Armstrong	P.K. O'Neill
Chris Edwards*	James Oscarson
David Gardner	Steven Silberkraus
John Hambrick	Lynn Stewart
Pat Hickey	Glenn Trowbridge
Randy Kirner	Melissa Woodbury

*voted for it and then against it only after its passage was assured, so is included in the pro-tax group.

The following voted **against the tax increases**:

Jill Dickman	Victoria Seaman
John Ellison	Shelly Shelton
Michele Fiore	Robin Titus
Ira Hansen	Jim Wheeler
Brent Jones	

Vicki Dooling (her husband passed away that day) and John Moore (who was taken to the emergency room the day before the vote) would have likely voted against the taxes.

➲ *Continued on page 22*

➲ *Continued from page 21*

In addition to the gross receipts tax, Republicans, admittedly with a few Democrats that made it through the conservative tsunami last election, also voted to:

- Raise the stat business license fee
- Raise the payroll/modified business tax
- Raise the payroll/modified business tax on mining
- Create a new tax on ride-sharing ("Uber tax")
- Create a new tax on taxis and limousines
- Raise the taxes on auto racing and concerts
- Raise cigarette taxes (125%)
- Raise elk hunting taxes
- Raise DMV automobile registration fees
- Raise sales taxes
- Raise online purchase sales taxes
- And, finally, voted to make permanent several "temporary"* taxes that were set to sunset.

** "There is nothing so permanent as a temporary government program."—Economist Milton Freedman*

What now?

The Nevada Constitute allows citizens to gather signatures to create voter referenda. It has been done seven times previously, since the process was established in 1908, with 6/7 referenda ultimately being approved by voters.

Referendum number 8 is now in the works. The WeDecideCoalition (WeDecideCoalition.com) has been formed in order to put Governor Sandoval's revenue plan on the 2016 ballot. A modest 55,000 qualified signatures will be needed to have the WeDecide referendum placed on the ballot.

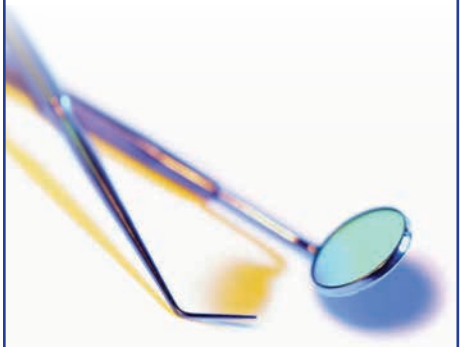
Now voters will likely have the option to opine again whether or not the billion and a half dollar package is money well spent or not. Enough of our current Republican legislators changed their minds to enable the plan's passage and they will now have the opportunity to educate voters about their thought processes. We will soon see not only if voters are supportive of the new taxes, but also which politicians are reelected. Indeed, it should all be very interesting. ▪

The NDAJ thanks the Las Vegas Review Journal *and Muth's Truths, and Nevada News and Views for research used in this report.*

Classifieds

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**.



Robert Anderson
s_nds@hotmail.com

Once again, the bright spring weather gives way to the even brighter summer heat! We hope everyone has a chance this summer to get away, have some recreation and some family time.

As always, at the SNDS office, summer is our busy season. We finalize our plans and programs, make some upgrades, and get everything ready to roll out in the fall.

Look for changes to come. We will be moving our dinner meetings from the 2nd Tuesday of the month to the 2nd Thursday. This will give everyone a chance to relax with the work week winding down. We are also looking into shifting the venue for different events.

We are working on the slate of events for our New Dentist Committee. This season went very well, with very positive comments from everyone who attended our series of forums. As we get the dates set we'll send out save the date notices, so be sure to watch for that. We also thank Implant Direct and CitiBank for their faithful support of the series.

Similarly, we are looking at the lineup for our next CE Café series. This has proven to be very popular, with a variety of niche topics. Thank you to all of our great presenters this past year, and thank you, too, to Henry Schein for hosting and to City National Bank for providing food and beverage. Thanks to these folks, the CE Café remains free to members.

Our Premier Series of all-day, six-hour lecture seminars, is in place. Save the dates for Dr. Ed Lowe on Oct. 23, and Dr. Bernie Villadiego on Nov. 20. Next spring, we'll host Dr. Ross Nash on March 18, 2016 and Dr. Michael Block on April 22. This is an outstanding line-up, and we will send out reminders and advance registration materials over the summer.

We will also be upgrading the members' section of our website at www.sndsonline.org. Over the summer it will be transformed into a community marketplace, with classified ads, information on events and seminars, and a free associate listings. You'll also be able to find contact information for our corporate partners and cooperators. With links to Facebook, our activity calendar, and all of our services, programs and benefits, we hope to make it an online destination for all of our members.

As we prepare for the coming year, if there is a seminar topic or speaker you'd like to see, please email or call the SNDS office. With eight dinner meetings, six CE Café events, and four New Dentist Forums, we have ample opportunity! We want to continue to meet your needs and interests.

Enjoy the summer, but watch for details and updates, and we'll see you at Community Night, Thursday, September 10! ▪

CE Programs

Southern Nevada Dental Society
A Community of Leaders

Every day you deal with a lot of demands for your time and attention, your patients, your team members, all the concerns of running your practice. At the same time, you strive to stay ahead of the curve on technology, procedures and expanding trends. To meet *your* needs, the SNDS has a full menu of continuing education opportunities.

- Premier CE Series: brings world-class speakers here to Las Vegas.
- CE Café: a free, members-only series.
- CE On-Demand: our most flexible option to fit almost any schedule.

You can mix and match and put together a CE program that suits your interests, your schedule, and your budget. Leaders have special requirements, so it's good to have options. Check out our schedule on our website www.sndsonline.org.

Continuing Education Premier Series

CE Café

CE On Demand

Is your life in dentistry what you dreamed it would be?

JB White, DDS

I recently attended the convocation at UNLV SDM and it brought me back to the day I walked across that stage. I couldn't wait to get into the "real world." My friends and I would fantasize and tell stories about all the fun and freedom that was to come. Finally, after a lifetime in school, staying late and working hard, we would have the opportunity to help people and let the entrepreneurial side shine. The sky was the limit, the sun upon our faces and the wind to our backs.

As the first six months to a year passed, the same friends and I would catch up at conferences and Sunday calls discussing private practice. We always agreed that life was different than we expected, more difficult. Our DDS degrees weren't exactly the keys to the kingdom so to speak. We were exhausted, scared and frustrated. When we would bring the reality to the attention and question those more experienced than us, we would not get optimism. We would look at each other puzzled as if to think, "what did we get ourselves into?" and "why are we just now finding out?" In school, our peers were excited and bright eyed during the four years we spent together. We all felt privileged to be one of the 100 or so chosen out of 2,400 applicants to take this journey. But the journey seemed to lead to a profession of empty promises.

If we analyzed our practices and lives critically to determine our source of despair, we consented that we felt controlled by outside influences. Many of us chose the profession with an understanding that it would provide us freedom…financial freedom, time freedom, relationship freedom, and personal freedom. Freedom to choose when we were going to work and how we were going to work. Freedom of choice as to who we will work on and our patient's choice as to who will work on them. The personal freedom that comes with the security of knowing that you will not be tied to the chair later in life. These are the very reasons we chose the profession in the first place. The opportunity to have the freedom to do what we want in our lives is the American dream.

In the early years, and sometimes much longer, dentists find themselves in the survival stage of dentistry. Your life is in distress as you feel a constant urgency to figure out how to pay the bills and how to get new patients in the door. You feel anxious and insecure as if you don't have any control. You take one day at a time and just try to make it through the week. You feel as if you are always reacting to what is thrown at you as compared to creating an environment with structure. What ultimately happens in this stage is you develop behaviors and belief systems that are very hard to let go of for the rest of your career. As a means of attracting new patients and keeping a healthy flow, dentists sign on to managed care plans.

Managed plans have dramatically changed since their inception in 1971 and dentists have been losing control and giving up their freedom. In 1959, an average ADA dentist had a gross income of $60,000 and net income of $30,000. Adjusting for inflation, today $60,000 equals $1,171,000 in gross revenue and $597,000 in net income. The biggest change is the 50% overhead that now averages upward of 80 to 85% as a result of managed care write-offs. In 1971, the $1000 dental co-pay benefit would be equivalent to $6,704.20 in 2015. Patient care times will continue to deteriorate as dentists attempt to out produce the increasing overhead which leads deeper into a vicious cycle of moving faster and faster. A negative outlook ensues and sometimes even hopelessness.

Two years ago, I was curious as to how my contract had changed over a five year period from 2008 to 2013 as far as reimbursement compared to overhead increase. My overhead was increasing at an average rate around 3% per year but my reimbursement was increasing by .6% per year. In that five-year period, my overhead had increased by 15% and my reimbursement by just 5%. My overhead was increasing by 10% every five years. If I did the same amount of dentistry on managed care patients, my net income would be decreasing 20% every decade of practice.

Dentists try to combat this by speeding up and adding different procedures to their armamentarium. When volume goes up, quality relationships and treatment acceptance go down. Dentists then build a practice model which operates so fast that they are caught in the single tooth trap and an "I'll do whatever the insurance will pay for mentality," regardless of what a patient really needs. Precisely where insurance corporations want you to be.

This reality has happened slowly over the years and is referred to as the boiling frog dilemma. If you put a

➲ *Continued on page 26*

SNDS President's Message

➲ *Continued from page 25*

frog into a boiling pot of water, the frog will jump out. However, if you put a frog into a room temperature pot of water, and very slowing increase the temperature, the frog will unknowingly cook. Dentists are the frogs, the pot of water is our practices that we built, and slowly managed care has increased the heat. And we as dentists have let them. There is an inability or unwillingness of people to react to threats that occur gradually.

Organized dentistry is one of the only platforms to combat the outside force, nationally. It starts with education and camaraderie. Taking a good hard look and honest approach about the current state of our profession, and knowing that if we don't act, the heat will increase. I feel many in our profession have turned their back to organized dentistry out of frustration of past efforts and the current state.

My "Call to Action" for each one of us is to support organized dentistry and make information into transformation. Both as professionals and personally, we need to educate our friends, family, team members and patients that health care and managed care is really disease care. To achieve optimum wellness and health, our patients need to take responsibility for their own health and we need to be their role models leading the way. We need to get healthy ourselves. Take the time to better develop our relationships with our patients and ask them if they would like to get healthier. For those that say "yes," help them. Over time, more and more of your patients will get healthier and so will you, your practice and dentistry as a whole.

We owe it to the dentists who just walked across that stage, and to the ones who will walk across it in future generations, to have a profession where they can have their freedom. ▪

NORTHERN NEVADA DENTAL HEALTH PROGRAM/JOEL F. GLOVER DDS

13TH ANNUAL CHARITY GOLF TOURNAMENT

"Caring for the most vulnerable and those who protect them"

TO BENEFIT

AAVD
Adopt a Vet Dental Program

SPONSORSHIP OPPORTUNITIES

MAJOR SPONSOR** **$5,000**

- Your company name/logo prominently advertised on tournament golfer's gift.
- Pre and post event publicity.
- Special recognition during tournament and Award BBQ.
- Tee Signage including invitation for company representation.
- Two (2) foursome reservation to play.

GOLF SPONSOR**

Returning Sponsor **$2,650**
New Sponsor **$2,850**

- Your company name/logo on tournament golfer's gift.
- Special recognition during tournament and Award BBQ.
- Tee Signage including invitation for company representation.
- One (1) foursome reservation to play.

HOLE/TEE SPONSOR** **$1,350**

- Recognition during tournament and Award BBQ.
- One (1) foursome reservation to play.
- Tee Signage including invitation for company representation.

FOURSOME ONLY** **$940**
INDIVIDUAL GOLF** **$250**
BREAKFAST SPONSOR **$1,000**
BBQ LUNCH SPONSOR **$1,500**
BBQ LUNCH SPONSOR** with one (1) foursome **$2,300**
HOLE SPONSOR ONLY **$550**
ADDITIONAL BBQ GUEST **$40**
DONATION ONLY ..... **$_____**

LAKERIDGE GOLF COURSE
FRIDAY, SEPT. 25, 2015

7 A.M. Breakfast & Golfer check-in
7:45 A.M. Tee Time

Format: Modified Scramble, mulligans available. (Collared shirt, please. No denim.)

Fees include: Breakfast, BBQ lunch, hosted beer and wine, range balls and golfer's gifts

LAKERIDGE

LakeRidge Golf Course
1218 Golf Glub Drive • Reno, NV 89509
lakeridgegolf.com

Call (775) 337-0296 or Fax (775) 337-0298
send an e-mail to nnds@nndental.org or
visit our websites at www.nndental.org
or www.adoptavetdental.com

NORTHERN NEVADA
DENTAL HEALTH PROGRAM

Lori Benvin
nnds@nndental.org

It was a banner fiscal year for the NNDS and we hope that 2015 has begun as a prosperous one for our members as well. Based on a recent three year analysis of our budget, which included lowering the cost to attend our general membership dinner meetings for our members, our special events, and our quality continuing education courses, the NNDS will continue to offer those lower cost savings because of YOUR support by record attendance. We all agree that because you have supported our events we will continue to offer lower prices for our members.

I'd also like to join your outgoing NNDS President Dr. Perry Francis in thanking all of the Executive Board members, committee chairs and committee members, and delegates who volunteer their time to serve this strong society. Thank you to the NSBDE board members and DSO volunteers; they put in a great deal of time to assist fellow colleagues.

Special thanks to Dr. Francis. You have done a stellar job as president and someone I have enjoyed getting to know better, especially this past year. Your dedication is appreciated, your leadership is top-notch, and you 'had my back' when I needed the support to conduct the business of running this remarkable society. I am also excited for the 2015–16 year and the continued dedication including new leadership of the NNDS Board members (*see box on right*).

Don't miss our annual NNDS Open House Picnic on Thursday, August 13 at Bartley Ranch Park in Reno. After years of schlepping and cooking food, Nick and I are taking a break and the meal will be catered by Jimboy's Tacos. We welcome members, new members, and new dentists and their families to join us for a tasty evening with friends.

Join us on September 12, as we kickoff our 2015–16 year at the UNR vs. Arizona football game. Our Spouse/Guest/Family Night football tailgate will be in the private BBQ area at the UNR Mackey Stadium. Price includes dinner, drinks, and game seats—or watch from our private area at north end of stadium… don't miss it!

2015–16 NNDS Board members

President
Dr. Brandi Dupont

Vice President
Dr. Maggie Heinen

Secretary/Treasurer
Dr. Spencer Fullmer

Member at Large
Dr. James Mann

Member at Large
Dr. Stephen Sims

Continuing Education Chair
Dr. Craig Andresen

Membership Chair
Dr. Adam Welmerink

New Dentist Chair
Dr. Erin Anderson

Peer Review Chair
Dr. Paul Brosy

Chief Delegate
Dr. Frank Caffaratti

NNDS Health & Wellness Chair
Dr. Eric Dean

Mario Gildone Lifetime Achievement Award/History Creation Chair
Dr. Jade Miller

We also have some outstanding continuing education speakers coming to Reno in the coming year. Watch for more information, and check your email for our monthly eNewsletters for more about the NNDS 2015–16 Calendar of Events (*also on page 31*).

If you are not receiving our emails, please contact the NNDS office at (775) 337-0296, email us at nnds@nndental.org, or go to our website at www.nndental.org. ▪

Welcome to our new NNDS members

Christopher C. Hock, DDS
Oral Surgeon

Khalid Janali, DMD
General

Another fiscal year is coming to a close at the NNDS. My year as NNDS president is coming to a close. First of all I would like to thank Lori Benvin for her knowledge and support during this last year. Thank you to the board members for sharing their thoughts and ideas; many of which we put into action and will be putting into action over the next year.

Fiscally we are in a better place than we were last year. We had some very well attended world-class continuing education courses in our area. Rick Dragon and Spencer Fulmer have arranged three more excellent classes in the next couple of years. Our members can take these classes in their own backyard—which is such a good benefit for us. Monthly dinner meetings had much higher attendance compared to previous years and we had record attendance for the OSHA class.

Our membership numbers remain strong for the coming year and we are so thankful and proud to say that we have many new members that are recent graduates, involved in the dealings of the society. Adam Welmerink, Erin Anderson and James Mann are working on events and get togethers that will give recent and new graduates an opportunity to meet with seasoned veterans and leadership within the dental society. We are compiling a list of long time members that are excited to be mentors for the newer members so that they are welcomed and given the direction they need. This program is spearheaded by Lynn Brosy.

Personally, my time with our executive committee was an opportunity to meet many members of the dental society, spend time with AGD members and people from the Northern Nevada Dental Health Program—the best thing that we do for the deserving people of this community that we all call home. NNDHP reminds you, all you have to do is look to your right or to your left because you are surrounded by so many members that give so much of their time and talent. We are blessed.

Perry Francis, DDS

I want to thank all of you for giving me the opportunity to serve you. I am looking forward to the leadership of Brandi Dupont followed by Maggie Heinen. I have also acquired a wealth of knowledge from the leadership of the NDA, Bob Talley and Chris Ferrari, our capable lobbyist. ▪

UNLV School of DENTAL MEDICINE REPORT

Admissions and Student Affairs

The Class of 2015 held their Senior Gala at the Bali Hai Golf Club on May 13. Convocation was on May 15 followed by the UNLV Commencement on May 16. Twenty-seven members of the Class of 2015 will be going into associateships/private practice in Nevada. Ten members of the graduating class will be practicing in California. SDM graduates will be working in Arizona, Colorado, Florida, Idaho, New Jersey, New Mexico, Oklahoma, Oregon, Texas, Utah, Washington, and South Korea. Four graduates will be serving in the U.S. Army.

Important dates:
Sept. 14—Fall semester begins
Sept. 18—White Coat Ceremony

Advanced Education in Orthodontics and Dentofacial Orthopedics Residency Program

Orientation for new Ortho Residents will begin on July 6, 2015. This will be the first class to have six residents, who will complete the program in 34 months and graduate in May of 2018.

The Orthodontic program now has a website designed for new and existing patients at www.unlvorthodontics.com.

Advanced Education Program in Pediatric Dentistry

We are pleased to welcome part-time instructor **Dr. Chad Ellsworth** to the pediatric program.

In March, **Dr. Cody Hughes**, Dir. of the Advanced Education Program Pediatric Dentistry and **Dr. Keaton Tomlin** ('16) participated in the American Association of Pediatric Dentistry Public Policy Advocacy conference in Washington, D.C.

Dr. Jarod Johnson ('15) presented "Tipping the Cap: New Developments in Materials Used in Vital Pulp Therapy" at the CSPD/WSPD meeting.

Class of 2015 members **Dr. Matthew Herring** and **Dr. Emily Whipple** will be presenting posters at the annual AAPD meeting in Seattle.

A paper titled "Parents' Knowledge of Children's Oral Health and Their Ability to Retain Information" by **Dr. Levi Sorenson** ('14) was published in the *Nevada Journal of Public Health*.

General Practice Residency

The UNLV General Practice Residency (GPR) went through its accreditation site visit by the Commission on Dental Accreditation (CODA) on April 14, 2015. Unofficially, the chair in the closing session indicated that there would no recommendations for the program and he stated that the UNLV GPR was exceptional, one of the best programs and would recommend it highly.

GPR Resident Class of 2015–16 will commence on July 1, 2015.

Office of Research

The UNLV SDM Dean's Symposium and 13th Annual Student Research Day was held on March 2. Dr. Linda Niessen, Dean of the Nova Southeastern Univ. (NSU) CDM was our guest speaker and Student Research Day judge.

Congratulations to these students who were awarded prizes at the event: First place: **Saro Oknaian** ('16); Second place: **Brady Petersen** ('17); Third place: **John Silvaroli** ('17); Advanced Education Travel Research Award: **Dr. Matthew Herring** (Advanced Education Program in Pediatric Dentistry).

GPSA participants and winners

The UNLV Graduate and Professional Student Association (GPSA) annual research forum was held on March 21. Close to 200 graduate and professional students presented their research and were judged by department and division-specific faculty from the Graduate College. Nine students from SDM (**Jennifer Brown, Michelle Farnoush, John Silvaroli, Brady Petersen, Jessica Dick, Kory Grahl, Austin Whetten/Kaylee Wonder, Ecsile Chang**, and **Saro Oknaian**) participated. Congratulations to the following student winners: 1st place, Science and Health Science Session C—Michelle Farnoush ('17); 2nd place, Science and Health Science Session C—Ecsile Chang ('17); Honorable Mention, Science and Health Science Session C—Jessica Dick ('17); 2nd place, Science and Health Science Session D—John Silvaroli ('17); Honorable Mention, Science and Health Session D—Brady Petersen ('17).

IADR/AADR student presentations

Nine students attended and participated in the IADR/AADR Annual Conference in Boston: **Jennifer Brown, Michelle Farnoush, John Silvaroli, Brady Petersen, Jessica Dick, Kory Grahl, Kaylee Wonder, Ecsile Chang**, and **Saro Oknaian**. Brady Petersen received $1,500 as the winner of the 2015 International Wrigley Clinical Salivary Research Award for Dental Students.

Faculty news

Dr. Patrick Mascarenhas, Associate Professor in Residence of Clinical Sciences, was added to the SDM faculty.

Awards

Congratulations to **Dr. Georgia Dounis** on her acceptance as a member of the 2015–16 Class of Fellows in the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program.

Congratulations also to **Dr. Rhonda Everett** on being named the 2015 ADEA Enid A. Neidle Scholar-in-Residence.

Community service report

The SDM submitted two grant applications to HRSA with the purpose of improving access to dental care in rural Clark, Elko, Lyon, and Nye Counties. NSHE/PEDO HIPSters (Partners Engaged in Delivery of Oral Health in Interprofessional Settings) Training Program: Improving Access to Oral HealthCare will provide education and training to address integrated pediatric oral health and general health elements in multiple healthcare delivery systems. Investigators for this five year project include **Dr. Cody Hughes** (PI), **Dr. Christina Demopoulos** (co-PI), and **Dr. Owen Sanders** (co-PI).

The second application, Grants to States to Support Oral Health Workforce Activities will improve access to oral healthcare services for low income, underserved, disadvantaged and minority populations in Nevada through the development of a Dental Public Health (DPH) Residency Program and a diverse Dental Public Health Training Program (DPHTP). **Dr. Christina Demopoulos** will serve as the primary investigator on this three year project. ▪

NDA Calendar of Events

JULY – SEPTEMBER 2015

JULY			
Tue 14	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Thu 16	SNDS Peer Review Committee Meeting	TBA	
Tue 21	NNDHP/AAVD Advisory Board Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
AUGUST			
Tue 11	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Thu 13	NNDS Annual Open House Picnic	5:30 PM	Bartley Ranch Regional Park
Thu 20	SNDS Peer Review Committee Meeting	TBA	
Tue 25	SNDS Executive Committee Meeting	6 PM	SNDS Office
SEPTEMBER			
Tue 8	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Thu 10	**SNDS Community Night**	TBA	
Sat 12	NNDS Spouses/Guest/Family Night UNR Tailgate, UNR vs. Arizona	5:30 PM	UNR Mackey Stadium, Reno
Thu 17	SNDS Peer Review Committee Meeting	TBA	
Fri 25	**NNDHP/Joel F. Glover 13th Annual Charity Golf Tournament** to benefit Adopt A Vet Dental Program	8 AM	LakeRidge Golf Club, Reno

Record Purging

By Robert E. Horseman, DDS

There are many reasons to look about our office with pride. Our collection of used diamonds, for example, is second to none. The 3M Company has cited us for recognition as being the most innovative users of yellow Post-it notes in the Dental Offices Under 1,000 square feet Division. The Southern California Edison Company has often publicly marveled at the number of extension cords we have emanating from a single power outlet.

Yet, there is one area that threatens to erase the smugness of these accomplishments. It is the disposition of patient records. Our custom over the years has been to simply decamp from our venue when patient records reached the point where they occupied 68% of the total office space, leaving the next tenant the task of disposal. Nomadic tribes used to do this when their accumulated refuse gave even the most tolerant of them migraines. The heady feeling of a fresh start and the chance to start over with a clean slate, is admittedly attractive, but can interfere with the continuity of treatment. This does not mean you shouldn't move just beyond the limit that lower denture patients are willing to seek you out.

So we came up with Plan B: a simple solution, really, involving the removal from our files all the patients who had not visited during the last five years. Although this has the desirable effect of thinning the herd so to speak, it also produced an inactive file approximately 100 times the size of the active file and that's why we can't get the car in the garage now.

Even more depressing is the discovery that we are facing what appears to be thousands of individuals who, because they have not been in for 10 years or more, force us to ask ourselves "Why not?"

What immediately comes to mind, of course, is the distinct possibility that the work we did for them was so good they will never require any more dentistry.

We concede that some may have moved out of the area or to that ultimate "beyond," but what about those that didn't return because we hurt them, we didn't live up to their expectations, we were too expensive or, worse yet, too cheap? Were we too old, too hairy, too pushy, too wishy-washy, too fat, too emaciated or so totally lacking in charm and ordinary social graces that wild Caucasian ponies couldn't drag them back?

Write this legibly on a yellow Post-it and stick it on your forehead: *Don't go there*! Analysis of one's shortcomings is an exercise best left to one's spouse. Instead, work on getting your active files, now purged of all these missing hordes, into some sort of recognizable alphabetical order. Alphabetical is the keyword here. Sometimes temporary staff has innovated a filing system involving first instead of last names, or hair color, thus ensuring themselves of an indispensable position of being the only employee able to find anything.

You realize that all these missing people were the recipients of your recall cards, the ones with the little charming first molar brandishing a toothbrush and asking that they call your office RIGHT NOW for an appointment because it has been six months since their last visit and you are worried sick that their oral health will be endangered if they procrastinate a minute longer. These are the cards that cost 34 cents apiece to mail and can carry the same imperative impact that other unsolicited junk mail delivers.

There is a theory that the surest way to see a long-absent patient suddenly reappear is to place his or her records in an inaccessible place, perhaps in an incinerator. This is an unreliable ploy at best, vying with the recall card in results, but cheaper.

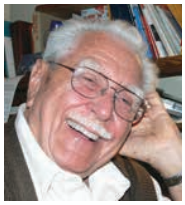
The law states that patient records must be maintained for a minimum of seven years. Why seven instead of five or eight, nobody knows. Why are there seven days in a week, or why does a soft drink have a name like 7-UP that can be bought at a 7–11? It never came up for a vote.

One of the enduring characteristics of dentists is that they never throw anything away. That's why their cupboards are full of stuff for which they have no earthly use. If it weren't for assistants who daringly give the heave-ho to vast quantities of this junk when the doctor is on vacation, the whole profession would grind to a halt for lack of space. We don't need a law to tell us to keep all these records, we would just keep them with all the other useless stuff anyway. We can't help it. But really, who cares what we did on Joe Blow ten years ago? We can't even read our writing. What we want to know is what are we going to do with Joe right *now*.

Which brings us to Plan C. All the dentists in your town who are speaking to one another gather up all their ancient records and anything else they are willing to relinquish. We stack all this impedimenta in a huge pile after getting the proper permits from the City Council, the Fire Department, the EPA and the ACLU and torch it.

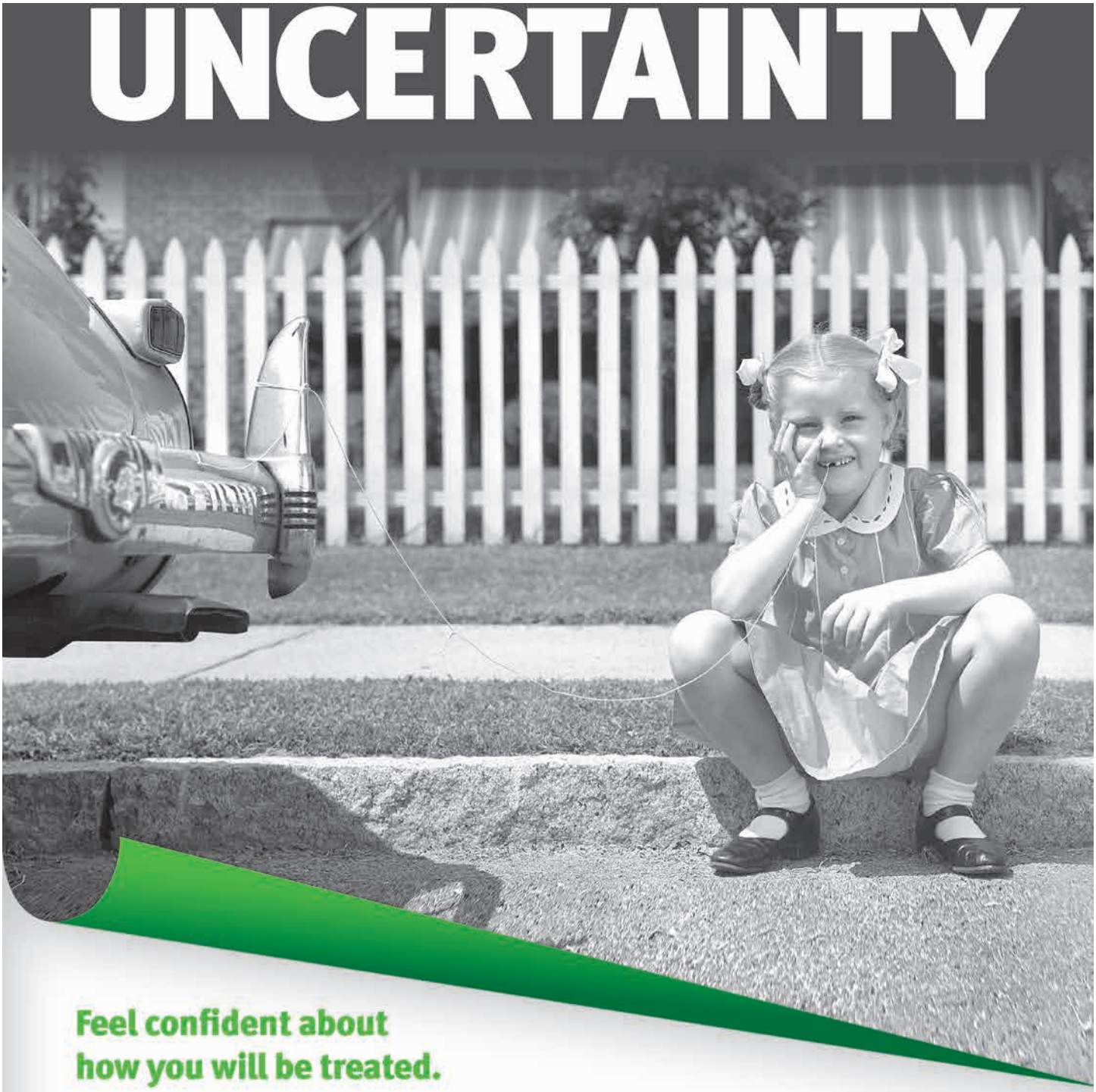
The act of culling, of purging, of expunging can be a liberating experience. Deny yourselves no longer! ▪

Originally published in the Journal of the California Dental Association, May 2003 as "Pitfalls of Being a Patient Records Packrat." Post card postage updated from $0.23 to $0.34 by the NDAJ.



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.*

UNCERTAINTY



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