

# Aspect

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A QUARTERLY NEWS BULLETIN

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*Great Health Starts Here*<sup>®</sup>

**Summer 2018**  
**ISSUE 2**

Welcome to Aspect, Nevada Dental Benefits, Ltd.'s quarterly newsletter, through which we offer contemporary news information on oral health, the dental industry, the latest research and advice for providers.

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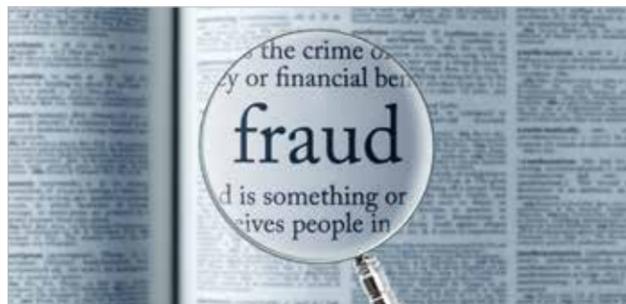
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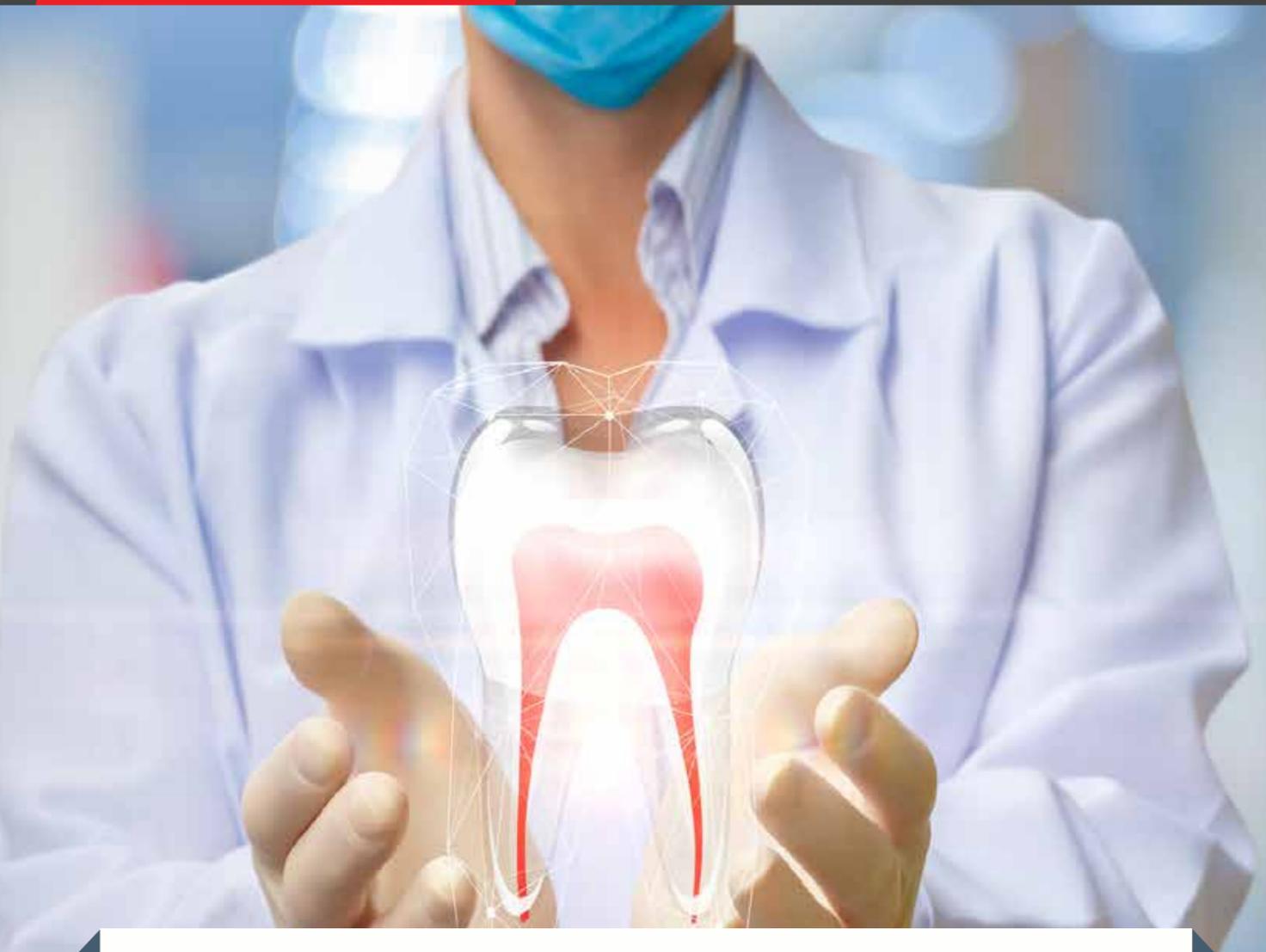
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### HOW DENTAL INEQUALITY HURTS AMERICANS

By Austin Frakt | NY Times

#### Lack of dental care through Medicaid not only harms people's health, but has negative economic implications as well.

Even before any proposed cuts take effect, Medicaid is already lean in one key area: many state programs lack coverage for dental care.

That can be bad news not only for people's overall well-being, but also for their ability to find and keep a job.

Not being able to see a dentist is related to a range of health problems. Periodontal disease (gum infection) is associated with an increased risk of cancer and cardiovascular diseases. In part, this reflects how people with oral health problems tend to be less healthy in other ways; diabetes and smoking, for instance, increase the chances of cardiovascular problems and endanger mouth health.

There is also a causal explanation for how oral health issues can lead to or worsen other illnesses. Bacteria originating in oral infections can circulate elsewhere, contributing to heart disease and strokes. A similar phenomenon may be at the root of the finding that pregnant women lacking dental care or teeth cleaning are more likely to experience a preterm delivery. (Medicaid covers care related to almost half of births in the United States).

"I've seen it in my own practice," said Sidney Whitman, a dentist who treats Medicaid patients in New Jersey and also advises that state and the American Dental Association on coverage and access issues. "Without adequate oral health care, patients are far more likely to have medical issues down the road."

There are also clear connections between poor oral health and pain and loss of teeth. Both affect what people can comfortably eat, which can lead to unhealthy changes in diet.

But the problems go beyond health. People with bad teeth can be stigmatized, both in social settings and in finding employment. Studies document that we make judgments about one another - including about intelligence - according to the aesthetics of teeth and mouth.

About one-third of adults with incomes below 138 percent of the poverty level (low enough to be eligible for Medicaid in states that adopted the Affordable Care Act Medicaid expansion) report that the appearance of their teeth and mouth affected their ability to interview for a job. By comparison, only 15 percent of adults with incomes above 400 percent of the poverty level feel that way.

Some indirect evidence of the economic effects of poor oral health comes from a study of water fluoridation, which protects teeth from decay. It found that fluoridation increased the earnings of women by 4 percent on average, and more so for women of low socioeconomic status.

Other evidence comes from a randomized study in Brazil. In that study, investigators showed one of two images to people responsible for hiring: pictures either of a person without dental problems or with uncorrected dental problems. Those with dental problems were more likely to be judged as less intelligent and were less likely to be considered suitable for hiring.

The relationship between oral health and work has gained new salience in light of Kentucky's recently approved Medicaid waiver, which permits the state to impose work requirements on some able-bodied Medicaid enrollees. It's a step that some other states are also considering.

Medicaid takes different forms in different states, and even within states, different populations are entitled to different benefits. Though all states must cover dental benefits for children in low-income families, they aren't required to do so for adults.

To view the original article, [click here](#).

# SUMMER HACKS

Bucky is celebrating Summer with a few do it yourself activities.

## JOIN THE FUN!

### DIY Sprinkler

All you need is a hose and a water bottle. Punch as many holes as you'd like into the bottle and attach to hose with tape.

### Keep Valuables Safe

Place items in a rolled-up diaper or clean sun screen bottle.

### Frozen Water Balloon Cooler

Instead of ice, freeze water balloons to keep your drinks cold. Now you can have a water fight when the ice melts.

### Soothe a Sunburn

Freeze aloe into ice-cube trays and place on skin. Use trays with shapes or characters to make first aid more fun for the kids.

### Keep Ice Cream Soft

Place tub into a freezable bag to prevent ice cream from getting hard and/or forming ice crystals.



Meet NDB's Dental Director Patricia Steiner, DMD. Currently a Dental Quality Alliance Ambassador, Certified Dental Consultant and member of the American Dental Association, Nevada Dental Association and Southern Nevada Dental Society, Dr. Steiner is using her 17 years of experience in the healthcare industry to provide valuable tips as our resident dental expert.

I would like to share this bulletin from the State Board of Dental Examiners regarding fraudulent or fictitious google reviews. I feel it is important to get this information to anyone that may be a victim of this attack on our profession.

## FRAUDULENT GOOGLE REVIEWS

The Nevada State Board of Dental Examiners has been contacted concerning recent Google "reviews" regarding at least two Nevada licensees. These reviews have been posted from April 5, 2018 through the date of this Bulletin (April 9, 2018), and may continue into the future. In the instances about which we have been contacted, several reviews are posted under different names within minutes or hours of each other, all give "one star" and all describe alleged dissatisfaction with the practitioner.

Please be advised that it has been confirmed that the alleged reviewers are **NOT** patients of the practitioner being "reviewed" and that no one by any of these names has been treated with the practitioner at any time. It is believed that the negative posts submitted during this time frame are **fraudulent** posts generated with the intention of damaging the reputation of the targeted dentist.

We wish to make the dental community aware of these incidents and encourage all Nevada dentists to check their own Google and Yelp reviews for similar posts. If you find that similar "reviews" have been posted about you, and you can confirm that the "reviewers" are not actual patients in your practice, in addition to reporting the posts to Google or Yelp, please also report these instances to the Board as we have an ongoing investigation into these matters.

**Should it be determined that these posts were submitted by, at the direction of, or with the knowledge of, any Nevada Dental Board licensee, the Board will take appropriate action.**

If you have any information concerning these fraudulent posts, or have any additional questions, please contact the Dental Board office at (702) 486-7044.

Thank you.

The Nevada State Board of Dental Examiners

# A CHECKLIST FOR HANDLING DENTAL RECORDS

By Fred L. Horowitz, DMD

In today's world there are more administrative demands placed on the dental office than in the past decades. This is, perhaps, most present in the dental record or health record. Whether in electronic format ("EHR") or traditional paper, this record must be comprehensive. Single line entries on procedures performed are no longer acceptable, even though it was never advisable to do so. The health record must, at minimum, contain the following components:

**Health History** – This should be comprehensive, reviewed by the DENTIST, and updated each visit. In addition to allergies, medications, history of surgeries, illnesses or diseases, all should be clearly indicated in the health record. Make certain the health history form that you are using is complete and up to date.

**Presenting Conditions** – This is more than just caries on an odontogram. Thorough documentation of the patient's Chief Complaint, along with soft and hard tissue evaluation should be noted. As practice management systems add "standardized" diagnostic terminology, this will become easier and ever a more valuable information component.

**Radiographs** – Some form of patient exam must be performed prior to the ordering of radiographs. Current guidelines of needed radiographs are tied to presenting conditions. As we try to keep radiation exposure to a minimum for our patients, only the minimum necessary radiographs should be made. As an example, 4 bitewings every six (6) months on every patient is not minimum necessary, as many patients with low or no caries do not require that frequent of radiation exposure.

**Treatment Plan** – The treatment plan allows the dentist, staff and the patients a complete understanding of what, if anything, needs to be done. This should include sequence information.

**Informed Consent** – One blanket Informed Consent form is not adequate for the many procedures performed in the dental office. While an initial document at first routine visit may cover things such as prophylaxis, radiographs, etc., if irreversible treatment is to be performed, a more definitive Informed Consent form should be used AND, most importantly, discussed with the patient and so noted.

**Progress Notes** – Every time there is an interaction for treatment in a dental office (or medical office) it is important to record all that was done. Make sure to include all drugs, including anesthetic administered, any prescriptions written (some PMIS have a separate section for this), post-operative instructions, unexpected issues, and the procedure itself. An indication of next appointment, if appropriate, is helpful as well. While there are more components to a comprehensive health record, the above highlights major components that should be completed for every patient.

## Check List

- ✓ **Health History**
- ✓ **Presenting Conditions**
- ✓ **Radiographs**
- ✓ **Treatment Plan**
- ✓ **Informed Consent**
- ✓ **Progress Notes**



## WHAT YOU NEED TO BE DOING ABOUT ORAL HEALTH ?

By Rachael Zimlich, RN | Contemporary Pediatricist

In some cases, pediatricians don't offer education about children's oral health. In others, parents might not take it. Either way, parents who aren't prompted by their pediatrician or other health professional don't get their children the early dental care they need.

A new poll from C.S. Mott Children's Hospital, University of Michigan, Ann Arbor, reveals that of nearly 800 parents polled on oral health for their children, less than half were educated by a physician or dentist. Of the parents who were not educated by a healthcare provider on dental care, 17% believed their child didn't need to see a dentist until age 4 years.

Both the American Dental Association and the American Academy of Pediatrics (AAP) recommend children begin visiting a dentist around age 1 year as teeth begin to emerge, but this poll makes it clear that education aimed at parents about dental care is lacking.

"For many families, the pediatrician is key to making sure parents understand the importance of early dentist visits, but this study shows that over half of parents don't recall any recommendation from the pediatrician," says Sarah J. Clark, MPH, associate research scientist for the Department of Pediatrics at the University of Michigan's Child Health Evaluation and Research Center (CHEAR) and co-director of the C.S. Mott Children's Hospital National Poll on Children's Health. "Pediatrician guidance is particularly important because many parents don't make routine dental visits themselves, so they are not in a position to get that information and guidance from the dentist."

Clark says early dental care is important for establishing good dental health, and for early detection and treatment of tooth decay in children. However, there seem to be pockets of parents who are not receiving education about dental care.

According to the poll, 45% of parents reported receiving information from their child's dentist or doctor about initiating regular dental visits, but parents in this group were typically from higher income and education brackets with private dental insurance. This divide is concerning, according to the poll researchers.

Tooth decay occurs in up to 40% of children by the time they reach kindergarten, according to the AAP, and poll researchers note that dental caries occur at higher rates in low-income populations. Many state Medicaid programs already fall short when it comes to dental coverage, and additional proposed cuts may exacerbate the problems further.

Whereas state programs are mandated to cover dental care for children, parents may not receive coverage or have restrictions in place in order to receive care. Poor dental health can not only affect an individual's appearance and oral health, but it can also lead to infection and a host of other health problems.

For these reasons, it's important to educate all patients, particularly in cases in which parents also may not be receiving the dental care or education they need.

The poll also notes, however, that even when education is offered, parents might get outdated information or misunderstand the recommendations given to them.

Among parents who say they did receive education from a pediatrician or other physician about dental care, 47% reported that they believed children should first see a dentist at age 1 year or younger; another 47% thought the first dental visit should be between ages 2 and 3 years; and 6% of parents who received education from a provider thought dental visits should be delayed until age 4 years or later.

In comparison, among parents who received no education or information on dental care from a healthcare provider, just 35% believed dental visits should begin at age 1 year or younger; 48% reported dental care should begin between ages 2 and 3 years; and 17% stated that dental care should begin at age 4 years or older.

As far as overall compliance with dental care, 60% of the parents polled had taken their child for a dental visit, and the age at which they first took their child to the dentist matched the parents' belief about when to start dental care 85% of the time. Nearly 80% of parents reported feeling that their child's dental visit was worthwhile.

For the 40% of parents polled who had not ever taken their child to the dentist, researchers investigated why. Forty-two percent of parents who had not taken their child to the dentist believed that the child was not yet old enough; 25% believed their child's teeth were healthy; and 15% felt their child would be afraid of the dentist.

In a statement about the poll results, researchers say that parents' lack of awareness of dental care recommendations is understandable, considering how much guidelines have changed over the years. "Parents get much less guidance on when their child should go to the dentist compared to the doctor," the statement continues.

Well visits for children begin immediately after birth, and the first few years of a child's life are filled with scheduled assessments and vaccinations. Parents can easily become overwhelmed with all the information they receive at these visits, or physicians may run out of time to discuss dental care.

"A likely barrier is the time crunch to include all recommended elements of anticipatory guidance at well-child visits in the second year of life (ages 12, 15, and 18 months)," Clark says. "A related barrier is the challenge that parents have remembering all that advice-so a handout or 'prescription' to make a dentist appointment might be helpful."

Clark says this poll is a good reminder to pediatricians to discuss dental care and to find new ways to educate parents.

"This is a great reminder for pediatricians that guidance to parents makes a difference," Clark adds. "We don't assume that parents know when to seek well-child visits and other aspects of preventive care-we guide them; the same is true for dental care. I hope this research encourages pediatricians to communicate clearly about the importance of early dental visits."

To view the original article, [click here](#).

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## EXTORTION SCAM TARGETING DEA REGISTRANTS

U.S. Department of Justice | Drug Enforcement Administration | Diversion Control Division

We would like to share the below alert with you. It was released by Department of Justice in early April.



DEA is aware that registrants are receiving telephone calls and emails by criminals identifying themselves as DEA employees or other law enforcement personnel. The criminals have masked their telephone number on caller id by showing the DEA Registration Support 800 number. Please be aware that a DEA employee would not contact a registrant and demand money or threaten to suspend a registrant's DEA registration.

If you are contacted by a person purporting to work for DEA and seeking money or threatening to suspend your DEA registration, submit the information through "[Extortion Scam Online Reporting](#)" posted on the DEA Diversion Control Division's website, [www.DEADiversion.usdoj.gov](http://www.DEADiversion.usdoj.gov).

To submit an online report incident for an extortion scam, [click here](#).

### For more information contact :

Locate DEA Field Office for your area -

<https://apps.deadiversion.usdoj.gov/contactDea/spring/fullSearch>

Registration Service Center - 1-800-882-9539 | Email - [DEA.Registration.Help@usdoj.gov](mailto:DEA.Registration.Help@usdoj.gov)



If you know of a dentist that might like to be featured in one of our upcoming newsletters, please let us know. E-mail Tammy Ishibashi at [tishibashi@nevadadentalbenefits.com](mailto:tishibashi@nevadadentalbenefits.com).

# M

ay is National Military Appreciation Month, when our nation observes and honors current and former members of the U.S. Armed Forces. In fact, at Nevada Dental Benefits, Ltd. (NDB), we are privileged to work with such members, both within our network of dental professionals and our company. One such individual is Dr. Andrea Sacks, Army Veteran and Associate Dental Director at NDB.



In this position, Dr. Sacks performs an important role in monitoring the quality and appropriateness of dental care provided to NDB members. As a provider, you've likely met Dr. Sacks, whether it was to discuss a prior authorization or perhaps at a visit to your office. So, we thought this would be a good opportunity for you to get to know Dr. Sacks even better!

### What inspired you to become a dentist?

*AS: I always wanted to work in the medical field. I had volunteered in medical and worked in dental. During undergrad, I worked with oral surgeons, Dr. Martin and Dr. Hamilton, which was great, but I soon found that when it came to actual extraction procedures, it just wasn't for me. Out of that experience, I found I really liked dental, but realized general practice was more for me!*

### Where did you attend dental school?

*AS: After receiving my undergraduate degree at UNLV, I went on to USC for dental school. When it came to my third year, I applied for the Army's Health Professional Scholarship Program (HPSP). It helped pay for my last two years of dental school. Once I completed dental school, I then served three years in the Army.*

### Where were you stationed and what was that experience like?

*AS: I was stationed at Fort Knox in Kentucky, but first had to attend Officer Basic Course, which is a basic training program at Fort Sam Houston in San Antonio, TX. There was both classroom and field training, which included weapons training, physical training and hand-to-hand combat. During my time at Fort Knox, I really enjoyed both the area and the experience. It served as a good transition from dental school, before entering private practice. I learned a lot and gained a lot of experience. I was also lucky to have access to specialists in all the different areas, so if I ever had a question, I always had a great resource to go to. I really enjoyed my time at Fort Knox. I met so many great people that I keep in touch with today.*

It is with much appreciation that we thank Dr. Sacks and the many other members in our network that have served our country and cared for the dental health of our troops and veterans. We also extend special thanks to their families for the support they lend to these honored men and women.



 **Nevada Dental Benefits, Ltd.**<sup>®</sup>  
a **PRIMECARE**<sup>™</sup> company  
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