

Aspect

A QUARTERLY NEWS BULLETIN

Great Health Starts Here[®]

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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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DENTISTRY FINALLY HAS ITS OWN LIST OF NEVER EVENTS

By Audrey Sternberg | Dentist's Money Digest

Incidents known as “Never Events” (NEs) – severe healthcare failures by practitioners that should never occur under any circumstances – are well-established and internationally recognized in the medical community.

Now, a recent study published in the British Dental Journal has compiled similar guidelines surrounding NEs in dental practice.

Previously, there had been no international agreement in the dental community about NEs in patient care. “By listing a consensus position on never events in dentistry, we hope that regulators and professional bodies will be able to assess the frequency of such events and reduce their occurrence,” said Professor Aziz Sheikh, the project lead and director of the University of Edinburgh’s Usher Institute of Population Health Sciences and Informatics.

Examples of NEs in medicine include performing surgery on the wrong part of the body or leaving surgical instruments in the bodily cavity. The dental list includes failures at the diagnostic and surgical levels, too. Many, if not all, of the NEs on the list come as no surprise to practicing dentists who strive to reduce all adverse events in their dental practice. Awareness of the new list, however, is a good reminder of safety practices learned in dental school. Reviewing the dental NEs routinely can help clinicians remain diligent in their safety protocols, and avoid bringing undue costs and frustration into their practice.

Methods of Data Collection

Surveys were distributed to participants from many countries with different educational, experience and specialty backgrounds. Initial NEs included on the survey were selected by evaluating NEs for general hospital care, common failures seen in dental safety reports and issues reported in recent dental literature. Primary and secondary rounds of surveys were distributed to participants, with the second survey including more crucial inclusions written in by primary survey participants. NEs in dentistry are broken down into four categories by treatment phase including: routine assessment, preoperative stage, intraoperative stage, and post-operative stage.

Routine Assessment

Failures at this level happen when basic practices performed routinely by both the hygienist and the dentist are neglected. Failure to record patient medication changes or allergies received the greatest consent among professionals as the worst NE at this level. Other NEs include not performing oral cancer assessments and failure to refer possible oral cancer lesions for evaluation.

Preoperative Stage

NEs at the preoperative level are related to rendering the wrong treatment to a patient or failing to check the patient’s identity before proceeding with treatment. Additionally, failure to sterilize reusable instruments ranks as an important NE.

Intraoperative Stage

This treatment level includes the most comprehensive section of the list naming thirteen NEs, with majority consensus for treating the wrong tooth. Using the wrong injectable anesthetic, or using an unlabeled cartridge, both rank on the list because of their potential to cause adverse events. Jaw fractures associated with improper, or misplaced, implant procedures rank as important NEs as well as safety concerns including eye injuries due to lack of protective eye wear, aspiration of any materials and injection of sodium hypochlorite into surrounding structure of the root canal.

Post-operative Stage

Post-operative failures mainly include improperly prescribing medications to vulnerable populations such as pregnant women, children and people with allergies. Retained foreign objects, like broken needles or root canal files, also make the list.

A comprehensive list of NEs for the dental community is a much-needed addition to continuing education patient safety protocols. Sheikh hoped NEs are incorporated into the dental awareness as a “vital way to flag failures in procedure that put patient safety at risk.” Ensuring the entire dental team monitors appointments for these failures can take the headache out of unwanted, preventable treatment complications down the road.



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.

NEW CHANGES IN PERIODONTAL CLASSIFICATIONS

In November of 2017, the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP) co-sponsored the World Workshop on the Classification of Periodontal and Peri-implant Diseases and Conditions. The workshop yielded changes to the 1999 classification system that has been in place for almost 20 years. Periodontal diseases and conditions are divided into three main classifications that are further defined. The three classifications for Periodontal Diseases and Conditions are outlined below.

Periodontal Health, Gingival Diseases and Conditions

- ▶ Periodontal Health and Gingival Health
- ▶ Gingivitis: Dental Biofilm-Induced
- ▶ Gingival Diseases: Non-Dental Biofilm-Induced

Periodontitis

- ▶ Necrotizing Periodontal Diseases
- ▶ Periodontitis
- ▶ Periodontitis as a Manifestation of Systemic Disease

Other Conditions Affecting the Periodontium

- ▶ Systemic diseases or conditions affecting the periodontal supporting tissue
- ▶ Periodontal Abscesses and Endodontic-Periodontal Lesions
- ▶ Mucogingival Deformities and Conditions
- ▶ Traumatic Occlusal Forces
- ▶ Tooth and Prosthesis Related Factors

In addition to classifications, a case definition framework based on staging and grading was developed. Stages (severity, complexity and extent) I to IV and Grade (progression rate) A-C.

A new classification system for Peri-implant diseases and conditions was also developed. The new classifications are Peri-implant Health, Peri-Implant Mucositis, Peri-Implantitis and Peri-implant Soft and Hard Tissue Deficiencies.

The changes and approach are encouraging. I hope this leads to better defined diagnosis, which paves the way for implementation of specific treatment guidelines and results in improved patient outcomes. This is a very brief introductory summary of the changes.

Please reference the cited articles below for more information.

Caton J, Armitage G, Berglundh T, Chapple I, Jepsen S, Kornman K, Mealey B, Papapanou P, Sanz M, Tonetti M. A new classification scheme for periodontal and Peri-implant disease and conditions – Introduction and key changes from the 1999 classification. J Clin Periodontol. (2018, June 20th). <https://doi.org/10.1111/jcpe.12935>

Tonetti MS, Greenwell H, Kornman KS. Staging and grading of periodontitis : Framework and proposal of a new classification and case definition. (2018, June 20th). <https://doi.org/10.1111/jcpe.12945>

Bucky's Bites

GAME-CHANGING IDEAS FOR PACKING LUNCHES

SPONGE ICE PACK

Soak a sponge in water, place it in a plastic bag in the freezer and in the morning you have yourself an ice pack.

DON'T LET THOSE APPLES TURN BROWN

Cut apples in wedges or slices and place them back together with a rubber band. Easier to eat, and without the brown color.

DRINK MORE WATER

Add fruit for flavor. Get creative, it's super easy.

For more ideas visit [Good Housekeeping online](http://GoodHousekeeping.com).



Medicare, through the Centers for Medicare & Medicaid Services (CMS), of the federal government, has initiated a program to replace all Medicare cards for recipients that began in April this year. The reason: Medicare will no longer be using social security numbers as identifiers. This process is targeted to be complete by April of 2019. While dental programs are not a large part of Medicare (versus Medicaid), those dentists that do bill Medicare need to be able to pass the new identifiers, instead of social security numbers, on claims sent for payment. The new cards and numbers are being rolled out geographically. Nevada recipients are slated to begin to receive the new cards starting in July of 2018.

This is part of the larger efforts by the health benefits community to protect an individual's social security number.



For more information visit the CMS website.

SMOKING AND NEVADA RESIDENTS

By Fred L. Horowitz, DMD

According to the Centers for Disease Control and Prevention ("CDC"), 15.5% of U.S. adults were cigarette smokers in 2016. That translates to over 37 million people! So how do males and females compare? 17.5% of all adults are cigarette smokers are male, while 13.5% of all adults who smoke cigarettes are female, yielding the average of 15.5% of all adults.

The CDC also keeps statistics by state. Nevada is above the national average with 16.5% of all adult Nevadans smoking cigarettes in 2016. As to our youth, 7.5% of high schoolers report smoking cigarettes while a huge 30.4% reported using any tobacco product, including e-cigarettes.

The sad fact is that some 4,100 Nevada adults die each year from smoking related illnesses. Across the country more than 16 million Americans are living with a disease caused by smoking.

More people are addicted to nicotine than any other drug in the U.S., and research is available about how to help our patients quit smoking. Approximately 50% of smokers who quit, do so without any specific smoking cessation program. With that said, the CDC provides excellent guidelines on available programs. This information can be found at www.cdc.gov.

While the numbers have shown improvement over the years, we still have a long way to go to combat this serious situation.

To view more of the recently released facts on smoking in the U.S. visit the [CDC website](http://www.cdc.gov).



Timing of the prophylactic removal of impacted third molars is important and new information suggests that waiting for the patient to reach 20 years of age or older and allowing for growth of the jaw is likely beneficial.



IMPACTION OF LOWER THIRD MOLARS AND THEIR ASSOCIATION WITH AGE : RADIOLOGICAL PERSPECTIVES.

By : Ryalat S | AlRyalat SA | Kassob Z | Hassona Y | Al-Shayyab MH | Sawair F - BMC Oral Health

Abstract and Introduction

Background: Third molars are the most commonly impacted teeth, and their extraction is the most commonly performed procedure in oral and maxillofacial surgery. The aim of the present study is to describe the pattern of mandibular third molar impaction and to define the most appropriate age for prophylactic extraction of mandibular third molar teeth.

Methods: A total of 1198 orthopantomographs (OPGs) with 1810 impacted lower third molars were reviewed by two authors. The pattern of eruption in relation to patient's age was examined using standard radiographic points and angles. Statistical analysis was performed using SPSS for Windows release 16.0 (SPSS Inc., Chicago, IL, USA).

Results: In patients older than 20 years, vertical pattern of impaction was the most common (21.4%); while in young patients; horizontal impaction was more common (21.3%). Furthermore, there was a constant pattern of increase in Pell-Gregory ramus class 1 with increasing age, as the prevalence of class 1 was 0% at age 18 years compared to 54.9% at the age of 26 years.

Conclusion: Frequency of vertical impaction of lower third molars was seen more at an older age (> 20 years) in this study, with an increase in the retromolar space. Late extraction of mandibular third molar teeth (i.e. after the age of 20) is therefore recommended when prophylactic extraction is considered.

Ryalat S, AlRyalat SA, Kassob Z, Hassona Y, Al-Shayyab MH, Sawair F. (2018, June 4th). *Impaction of Lower Third Molars and Their Association With Age: Radiological Perspectives*. BMC Oral Health available on Medscape: <https://www.medscape.com/viewpublication/11717>.



Please meet Dr. Iraj Kasimi, new owner of Hillcrest Dental located in the Northwest part of the Las Vegas Valley. Dr. Kasimi recently acquired Hillcrest from Dr. Olya Banchik, so we thought this would be a good opportunity to introduce him and share a little bit about himself.

Where did you attend dental school?

I grew up in the Portland, Oregon area and attended Portland State University for my undergraduate education. I was able to complete my undergraduate studies in three years and went to dental school afterward at Oregon Health & Science University School of Dentistry in Portland, OR from where I graduated in 2013. Having grown up in the Oregon area, I was eager to explore other areas in the country. After graduation from dental school, I spent about two years working in an underserved community in rural Oklahoma. Afterward, I spent some time practicing in the San Diego and Portland areas prior to being introduced to Drs. Olya and Leon Banchik. I am so honored and thrilled to be practicing dentistry in the Las Vegas area, which I plan to make my permanent home.

What made you choose dentistry as a career?

As a child, my early exposure to dentistry was very positive. I recall my mother having dental pain. We did not have dental insurance and had limited access to dental care. I recall the improvement in my mom's quality of life and her symptoms after she was able to get the care she needed. The dentist who took care of her was very friendly and outgoing. He was inspiration and even at a fairly young age I could recognize the good he did in my mom's life. This along with my unusual enjoyment of visiting the dentist and having cleanings performed, had always given me a positive impression of dentistry. In high school, I was able to attend a charter high school that allowed me to spend time in dental offices, learn dental assisting and get more exposure to dentistry. It was during this period that I realized dentistry is the perfect fit for me. I enjoy working with people, making a difference in people's lives, and enjoy working with my hands. Dentistry combined a lot of what I enjoy and am passionate about and I decided to pursue dentistry as my career once I realized this.

What are you happiest doing, when you're not working?

I enjoy the outdoors. I enjoy hiking and spending time with family. Picnicking and playing volleyball, basketball, soccer, and other outdoor activities with family and friends would be an ideal day for me if I'm not working.

Do you have a personal or professional motto?

The golden rule is good, but I believe the platinum rule is better and more helpful. "Treat others how they'd like to be treated."

Welcome to our network of dental professionals Dr. Kasimi. We appreciate your continued care for the patients of Hillcrest Dental and look forward to working with you.



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

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