

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.

CONTENTS



Flu Vaccines 04



Dental Supplies 07



Bucky's Bites 05



Dental Visits to the ER 08



Sit Down with Dr. Steiner 06



PrimeTime with Dr. Reese 09



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IT IS FLU VACCINE TIME, AGAIN

By Fred L. Horowitz, DMD

HAVE YOU RECEIVED YOUR FLU SHOT THIS YEAR?

The influenza virus tends to spread most intensely between October and May each season. The Centers for Disease Control and Prevention (CDC) recommends that everyone over the age of six months obtain the flu vaccine each year. Infants under the age of six months are generally too young to receive the vaccine. Protecting other family members will help reduce the chances that an infant will be exposed to the virus. In past years, the vaccine was available in both injectable and nasal spray. The CDC is recommending that the nasal spray version (live attenuated virus) not be utilized this season (same as last year). The injectable form comes in two (2) types: trivalent and quadrivalent. Both help to protect against two type of flu virus: Influenza A and one type of influenza B. The quadrivalent adds a second type of Influenza Virus B. The CDC, however, is not recommending one type over the other this year.

Remember to remind your staff to obtain the vaccines as early as possible, as everyone in dental practice is more likely to be exposed from all of the patients that we treat. It also helps in preventing the staff from becoming a vector to further spread of the flu. See the CDC website (www.cdc.gov) for more details.



STAIN SOLUTIONS

With the kiddos back in school and your ever-growing schedule, Bucky is here to help you with some common stain solutions, and a few non-traditional ideas you may want to try.

Blood Pour hydrogen peroxide on area

Deodorant Rub with a dryer sheet

Dirt on Suede Rub with stale bread crust

Grass Soak in vinegar

Ink Soak in milk

Makeup Dab with shaving cream

Red Wine Dab with white wine

For this list and more stain-fighting tips, visit www.whowhatwear.com





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.

ATHLETIC MOUTHGUARDS

As our patients start back to school, remember to educate about the importance of mouthguards. Organized youth sports are popular and competitive. It is generally accepted, that sports related accidents account for 20-40 percent of all dental injuries in children. The ADA Council on Scientific Affairs promote the, "Use of a properly fitted mouth guard as the best available protective device for reducing the incidence and severity of sports-related dental injuries." The American Academy of Pediatric Dentistry encourages, "Dentists to prescribe, fabricate, or provide referral for mouthguard protection for patients at increased risk for orofacial trauma."

When prescribing a mouthguard for our patients, which type is best?

The simple answer is, the mouth guard they actually wear. Barriers to compliance with mouth guard usage include awareness, cost and lack of requirement for their use. We need to provide appropriate options for patients while overcoming the barriers for compliance. There are three types of mouthguards recognized by the American National Standards Institute.

Type I - Stock: This type of guard is a preformed mouthpiece that is not customized to the user's mouth. They are the cheapest with a cost usually less than \$15, but provide the least amount of protection.

Type II - Mouth-formed (boil-and-bite products): This type of guard is the most commonly used. It allows for some customization at home, but limited sizes and errors with customization are the biggest drawbacks. They perform better than stock guards, but are not as effective as custom fabricated. The cost is around \$20-\$40.

Type III - Custom: These mouthguards are professionally fabricated and have excellent fit and comfort. They perform the best of all three types. The cost varies, but range from \$100-\$300.

Cost can be a barrier to patient acceptance for custom mouth guards. If you are recommending an over-the-counter option for your patients, you may want to advise them to look for the ADA Seal of Acceptance. To qualify for the Seal, the company must provide evidence that:

- ▶ The product components are safe for use in the mouth and do not harm or irritate oral soft tissues

- ▶ Mouth-formed appliances can be prepared by the average person with low risk of injury to oral hard or soft tissues, or damage of orthodontic appliances
- ▶ The mouthguard is free of sharp or jagged edges
- ▶ The mouthguard passes tests outlined by the American National Standards Institute/American Dental Association for hardness, ability to resist tearing and withstand impact; as well as a measurement of the amount of water absorbed

For a list of sports mouthguards with the ADA Seal of Acceptance, visit www.ada.org. Be an advocate for the safety of your patients and educate them on the importance of sports mouth guard usage.

Dental Supplies



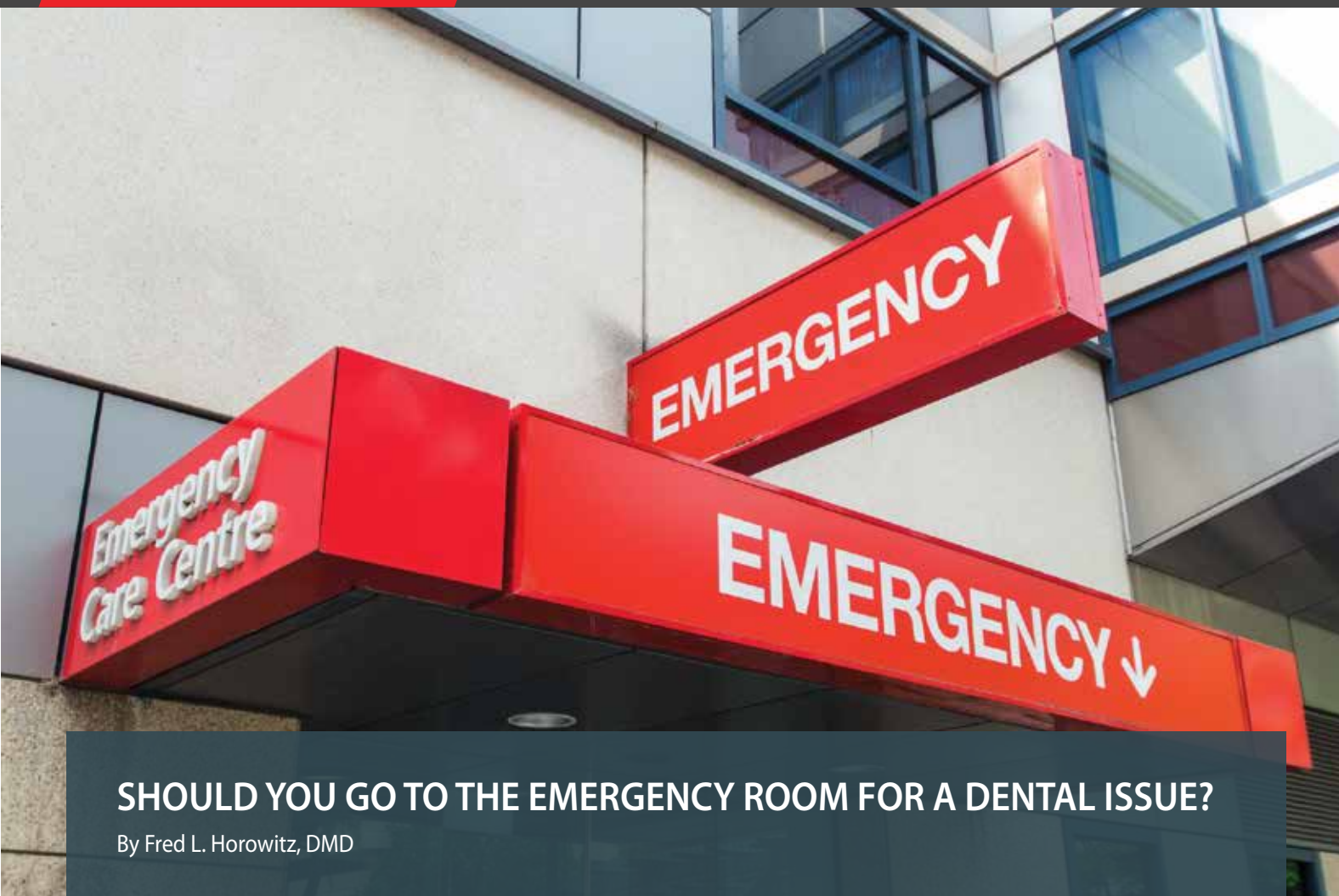
WILL AMAZON DISRUPT THE DENTAL SUPPLY BUSINESS?

By Fred L. Horowitz, DMD

Amazon has increased competition and disrupted the delivery of goods in almost all consumer facing products. It has similarly changed the competitive landscape on office supplies and now has put its toe in the water on medical and dental equipment and supplies. You can now purchase composite instruments, elevators, disposables and even NSK handpieces on Amazon.com. How will Henry Schein, Inc. and Patterson Dental, among others respond?

On the medical side, some health care institutions have already started purchasing many of their supplies from Amazon.com. While I do not believe that Amazon will enter the dental large equipment or highly technical instrumentarium at this point, I do believe those suppliers and distributors that are not prepared to compete will see a significant impact on their small items and disposables sales.

If you have experience purchasing on Amazon or have an opinion, please send me an email at FHorowitz@nevadadentalbenefits.com. We are very interested to hear your thoughts.



SHOULD YOU GO TO THE EMERGENCY ROOM FOR A DENTAL ISSUE?

By Fred L. Horowitz, DMD

One of the most frequent, and avoidable, Emergency Room (ER) visits is for dental issues. Those along with mental health and alcohol abuse can often be treated in more appropriate settings than the ER. Most emergency departments are not well-equipped to handle dental issues, and the patient is often dismissed with a prescription for antibiotics and/or pain. These very costly visits, add to the increasing cost of healthcare in the United States.

What can we do?

Advise our patients that if they have an oral health urgent issue to try to contact their dentist first. It is more likely that if they can see a dentist they will receive more definitive treatment and at a lower cost to the healthcare system. Perhaps contact your local immediate care/urgent care center to see if they have a dentist relationship and if not, if would they consider one.

Tammy Ishibashi | Provider Relations

For this month's featured provider, I had the opportunity to sit down and speak with Dr. Truvella "Trudy" Reese, graduate of the University of Nevada, Las Vegas School of Dental Medicine. Dr. Reese is the owner of Crowne Dental, where great emphasis is placed on her patient's first visit, dedicating significant time in listening, completing a thorough examination and discussing the diagnosis and treatment plan with each one. "In school, my mentor was focused on oral medicine and the importance of the early detection of oral cancer through proper screening. So, I really have a passion about the diagnosis and prevention aspect of dentistry. I perform a complete head and neck exam, including an oral cancer screening, often using the Identafi© System, on all of my patients."

Dr. Reese recalled a particular patient that came to her after going through treatment for oral cancer. He had underwent surgeries that removed jaw bone, which was replaced with bone from his hip and parts of his tongue were replaced with tissue from his forearm. "As a result, he was disfigured, had no teeth on one side of his mouth and had very little ridge. It was a very non-traditional case and he said he just wanted to be able to eat solid food again. Seeing how devastating and impacted his life was by this, it really re-emphasizes how important it is to take the time to screen for oral cancer."



Dr. Reese went on to explain, it's not always about identifying cancer though, but any ulcer or abnormality. "I had a patient where her chief complaint was a cut on the roof of her mouth that she said came from a chip. It became ulcerated, but as I was performing a head and neck exam, I saw an abnormal lesion in the back of her throat, that had not been there when last examined. So I biopsied it, and am waiting for the results, but every time I see a patient, I check to see when I last examined their head and neck and screened for oral cancer. If it's been more than 12 months, then I do it. I make it routine, just like taking a patient's blood pressure before treatment. Several patients tell me they've never had this done at a dental office, but if I'm going to be injecting you with an anesthetic that is going to constrict your blood vessels, then I have to know if you have hypertension. After all, I'm a health care professional first and then a dentist."

Thank you Dr. Reese for sharing your message and reminder of the importance of a complete exam.



If you know of a dentist that might like to be featured in one of our upcoming newsletters, please let us know.

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