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President's Message

WOW! Where did the time go?



Dr. Scott Wieting

Three years ago I was stressing out over the reality that I was actually going to be sworn in as the next president of the Nebraska Dental

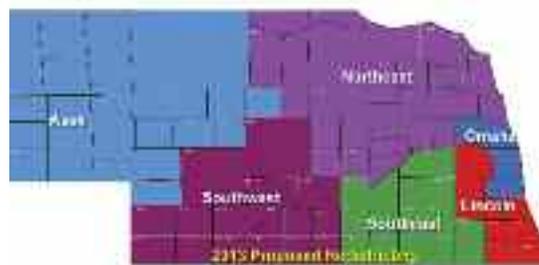
Association and now in a few short weeks I will join a pretty exclusive club of ex (past) presidents. I think it is natural to look back and evaluate the progress made on the goals I set for myself and the NDA so here goes:

(1)-Expanded Duties-A large chunk of my focus and energy has been concentrated on resolving a 3 year process initiated by Dr. Jack Wesch and Dr. Jessica Meeske to bring about legislation giving our members some extra tools to help alleviate the barriers to care we have in our state. After a long process of task force meetings, NDA committee recommendations, personal and email exchanges with the leaders of the NDAA and NDHA, a model was passed unanimously by the House of Delegates in September. Following an executive committee meeting and a recommendation from the legislative council, the BOT (at their January board meeting) overwhelmingly endorsed going ahead with a 407 application using the language passed by the HOD in the fall meeting. We have been assured we have the full support of the NDAA and the process is now underway. I would like to thank the entire NDA membership for their attention, input and serious deliberation in bringing this issue to the next critical step toward becoming law.

(2)-ER Diversion-David has been the point man on this and has had some excellent discussions regarding a partnership with existing Board of Health entities in our state using existing resources to provide a navigator that will keep dental emergency patients out of the ER and into dental offices where they belong. I feel we are very close to proposing a plan that makes sense and is workable. Of course, then we will have to deal with the issue of funding this program. It is never easy!!

(3)-Strategic Plan- Many of the recommendations put forth in the strategic plan formulated a couple of years ago are in the process of being implemented or are on the horizon. I feel we have done an excellent job of acting on the agenda identified by the strategic plan but obviously we need to continue to revise and update the objectives to keep this organization moving forward.

(4)-Redistricting-In March I anticipate the House will approve a Bylaws change which will change the alignment of our current 8 districts to 6, combining a couple of the smaller, inactive districts into larger ones, which should stimulate quality meetings, better CE opportunities and prepare our younger members to take on leadership roles in our organization. Thank you to Dr. Tom Fagot for your work on this issue.



(5)-Fluoridation-While no concrete proposals have been forwarded on this issue, it is the opinion of anyone interested in preventative oral health that this needs to be a continuous topic of conversation I have noticed an increase in interest of reviving this at the state level by NDA leadership as well as some of our state Senators, so I believe the next effort to make statewide fluoridation a reality is coming.

(6)-Membership- There is always work to do in this area and we need our members, more than ever to be ambassadors for the advantages of membership which are many. The NDA and ADA are always looking for ways to offer more benefits to membership; for example, the BOT approved a measure by the ADA to offer an insurance portal to make navigation of the ACA more user friendly for members. Please don't be afraid to brag about the advantages of membership in this organization, as we are only as strong as our members.

(7) One area where we have been less than successful is in the hiring of a **State Dental Director**. The 2013 legislature approved a line item in the budget to provide funding for hiring of a state dental director. To say government sometimes moves at a snail's pace is an understatement in this case. Despite HHS's contention that there have not been suitable candidates, we believe there has been at least one excellent applicant and we would like to see this individual given a good look. David recently had a conversation with Senators of the Appropriations Committee, some of which were unaware by the lack of progress to hire a director. Hopefully, in the near future, we will have a voice at the state level to help advance the causes important

to the oral health of the people in our state.

(8)-One of my pet projects was to make the **Annual Session** a “can’t miss” event for every dentist in this state. The Annual Session committee has made several changes to try and streamline the meeting and make it more attendance friendly for everyone, including eliminating some things and tweaking some others (new fee structure for our younger members); without compromising the excellent CE we provide year in and year out. We will present the House with a proposal to adjust our dues structure to include the annual session so we can stabilize and provide a more financially predictable meeting in coming years. Please let your Delegate, NDA officer or staff

member know how you feel about this. The bottom line is, I would love to see EACH AND EVERY ONE of you in Omaha in March, and as always would welcome your comments about the changes and suggestions about how to further improve this meeting.

It has been an honor and privilege to serve as your President this past year. The experiences, new friendships within the NDA, as well as all over the ADA’s 10th District, catching up with old friends and the opportunity to have a small impact on the future of this great profession has been in a word-PRICELESS.

Scott



Mark Your Calendar

for Upcoming Nebraska Academy of General Dentistry courses!



June 6, 2014

2014 Annual Meeting
“Current Concepts in Implant Prosthodontics”
Presented by **Dr. Joseph Massad**
Cornhusker Marriott Hotel, Lincoln, NE
(8 hrs. AGD/CE lecture credit)

Also offering a hands-on/participation course on June 7-8, 2014



October 17, 2014

“Oral Surgery”
Presented by **Dr. Karl Koerner**
Cornhusker Marriott Hotel, Lincoln, NE
(8 hrs. AGD/CE lecture credit)

Also offering a hands-on/participation course on October 18-19, 2014



The AGD-Nebraska is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership. Maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry. The current term of approval extends from 1/1/2014 to 12/31/2017.

Visit us at Booth #53 at the NDA Annual Session

Don't miss these exciting upcoming courses!

Courses are open to all dentists on a first-come first-serve basis. Class is limited so don't delay!!

For a full brochure and registration information, visit our website at www.NebraskaAGD.org or contact the NAGD Office at 402.438.2321 or info@NebraskaAGD.org.

Creating Happiness as a Practice Protocol

There is a lot of science that demonstrates the positive effects being happy has on people, including better health and a longer life. According to Webster, happy can be defined as "being pleased or glad about a particular experience or event." So, how does being happy apply to the dental practice? Is creating happiness important and can it become a system within the practice that is implemented on daily basis? Happily, the answer is yes!

What is Happiness?

As doctors, your role is not just to cure but also to care. When people know you care, whether they are patients or team members, they tend to be happier. Logically, making patients happy should be a deliberate part of delivering effective treatment. So, let's consider what makes a happy patient. Being happy is much more dynamic than being satisfied. Dr. Martin Seligman, Director of the Positive Psychology Center at the University of Pennsylvania and founder of Positive Psychology, a branch of psychology which focuses on the empirical study of such things as positive emotions, strengths-based character and healthy institutions, defines authentic happiness as a positive emotion resulting from engagement and meaning. In dentistry, happy patients are quality patients, as demonstrated by their behavior. A quality patient commits to consistent, continuing care visits, accepts your treatment plan, agrees to your financial arrangements, keeps appointments, re-appoints for her next appointment, refers family and friends and values your practice's philosophy of preventive dentistry.

Creating a Happy Environment

Owning and operating a small business is an exciting opportunity, professionally and personally. The best part is being able to develop other people to their potential, to uncover and enhance their strengths and make their limitations irrelevant. As a leader of a dental practice, the dentist sets the example for conduct and behavior, including

happiness expectations for employees and patients. In other words, they cast the vision and determine the practice philosophy, which, subsequently, determines the practice systems, including both the hard-side and soft-side systems. The hard-side systems are the structure, processes, benchmarks and feedback tools. The soft-side systems focus on creating a positive environment and the expectation for happiness, which is equally, if not more, important.

For example, dental practices understand the importance of having a daily huddle, but tend to focus on what happened yesterday, what's on the schedule today and what is coming down the road tomorrow. These are all hard-side systems. They often miss the other component, the soft-side, which is about setting the right tone for the day. At Straine, we have a huddle every morning and begin with a gratitude statement. There is science that shows gratitude exercises have the ability to change people's happiness set-point. Based on my practice philosophy, the first thing that I want to do is plant positive seeds to sprout and bloom for the rest of the day so my team will embrace opportunities to share their happiness with others.

Creating a Happy Team

Unfortunately, having a positive work environment does not automatically result in a happy team. A happy team feels they have control over the things that happen to them and they can solve the problems they encounter on a daily basis because there are clear policies, a proven management system and understanding roles and responsibilities. A happy team is created through encouragement, education and positive reinforcement. The most powerful type of reinforcement is attention, approval and appreciation and need to be given abundantly every hour of every day. But it must be authentic, which means the

reinforcement is specific to the team member's behavior and an important component of that person's job responsibilities. For example, instead of being general and saying to your financial coordinator, "You're really great at handling patients," you would be more specific with "I really appreciate that you resolved the treatment plan with Mrs. Smith as effectively as you did. I appreciate the way you handled her objections."

It is critically important that the doctor is in tune with the team and is proactively encouraging and reinforcing positive behavior. Why? Because a lot depends upon it, including the team's own personal and professional growth, their openness to redirection and positive criticism and their impact on others, including patients. Ultimately, patient happiness, treatment acceptance, retention and referrals are all influenced by the dental team. Human beings are very porous. When the team is not happy, they transfer their emotional state onto the patient. There's a new discovery called mirror neurons that show we imitate the behaviors of the people we're interacting with and mimic the emotion that accompanies those behaviors. So, in other words, if the team is not happy, patients will pick up on the negativity and, more than likely, will not end up as happy, quality patients. Conversely, if your team is truly happy, their behavior will reflect that mental state and patients will, again, begin to mimic them.

Creating Happy Patients

But just like having a happy environment does not necessarily make a team happy, having a happy team does not guarantee happy patients. There's a bit more to it than that. Start by identifying if there is a problem with patient happiness. There are two ways to find out. First, measure and monitor key practice vital signs like patient

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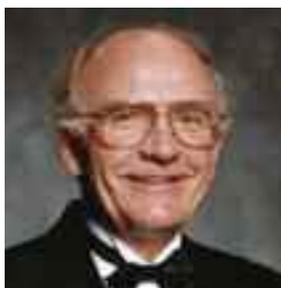
Announcements

Hall of Fame & Young Professional Awards

Every year during the annual meeting, the NDA recognizes dentists who have made outstanding contributions to dentistry in the past year.

This year, the Board of Trustees will recognize **Dr. John Reinhardt** (top right) and **Dr. Donald Asbjornson** (center) (posthumously) as this year's Hall of Fame recipients. **Dr. Melanie Steckelberg** (bottom right) will receive the Young Professional award.

These outstanding members will be recognized before the House of Delegates meeting on March 27, 2014. **Congratulations!**



2014 DUES STATEMENTS HAVE BEEN MAILED!

2014 dues statements were mailed around the end of November and were due on January 1, 2014, and delinquent on March 1, 2014.

Invoices can be paid by check, credit card, or online at www.nedental.org. If you participated in the prepaid dues program, you should not have received an invoice. If you have any questions about your invoice, or did not receive one, please email Jody at jodycameron@windstream.net and we will get one out to you. Thanks!

retention, treatment acceptance and referrals. If they are not healthy, your patients are not happy. The second way is to simply ask a patient if there's a problem if their behavior or body language seems negative. Researchers interviewed patients at the Mayo Clinic in Scottsdale, Arizona and Rochester, Minnesota and identified seven ideal physician behaviors.¹ Patients want their doctors to be confident, empathetic, humane, personal, forthright, respectful and thorough. Patients also want their health problems to be properly diagnosed and completely treated. It's about respecting the patient, listening to the patient's concerns and addressing or providing solutions to those concerns. This means that as a healthcare provider, they want and expect us to let them know the current health of their mouth, all issues and concerns and treatment solutions. So, we need to confidently,

empathetically and respectfully communicate the results of the patient's examination and treatment recommendations without filtering it with our own perception of the patient's willingness or ability to accept the dentistry or invest in their oral health. If this is done consistently and with compassion, it will be difficult for patients to be unhappy with the dentist or team. Now, they may be unhappy with the extent of care they need, the limitations of their insurance benefits, the time needed to achieve oral health and the cost of care. But if happiness is a system and a goal in your practice, your team is more likely to proactively provide solutions to these patient concerns. They will work with patients to maximize their benefits, patiently explaining how insurance really works. They will try to consolidate appointments to minimize the patient's time investment. And they will proactive

offer financing solutions, like CareCredit's healthcare credit card, so the patient is happy about how the cost of care fits into their monthly budget.

Creating a happy environment, happy team and happy patients must be done systematically and deliberately. The good news is, that when you create and maintain happiness in your practice, you'll end up happy, too. Authentic happiness is contagious. So, every day take advantage of the opportunity to get everyone on your team and every patient in the chair - infected!

1. Neeli M. Bendapudi, Leonard L. Berry, Keith A. Frey, Janet Turner Parish, William L. Rayburn. (2006). *Patients' Perspectives on Ideal Physician Behaviors*. Mayo Clinic Proceedings, Vol. 81, Issue 3, Pages 338-344, DOI: 10.4065/81.3.338

From the Trenches



David J. O'Doherty

While attending the Board of Dentistry meeting that discussed Dermal Fillers, the Board asked me to include a reminder to NDA members about advertising, as the Board had been receiving a number of complaints from the Public. Dr. Hinrichs forwarded this article from the 2008 Board newsletter:

Advertising and the Board

By Mark Hinrichs, DDS

As a friendly reminder, we would like to reiterate the ethical and professional responsibility of dentists and advertising.

Recently, several advertising-related cases have been brought to the attention of the Board containing misleading information in newspapers and yellow pages.

Below are some suggestions to help you avoid an investigation.

1. **Specialists** - *If you are a specialist you can advertise as one. It is against state regulations to allow non-specialists to advertise as specialists.*
2. **Misleading statements** - *Making false claims about procedures or products. It is against state regulations to allow misleading statements to be made.*
3. **Non-Credentialed Degrees/Fellowships**- *Although Fellowships often come with enormous study and personal sacrifice, if it is not an ADA-recognized degree, currently you*

cannot use the fellowship letters behind your name in your advertising.

4. *All advertisements must have your name attached within the print. It is not acceptable to list a practice name or location only.*

*These rules are listed in **172 NAC 54 Regulations Governing the Professional Advertising by Dentists**. These regulations can be found on the Department's website at <http://www.dhhs.ne.gov/crl/medical/dent/Dentist/Dentist.htm#Rules>.*

It is the responsibility of the individual license holder to approve and accept all advertising placed on their behalf. If you work for a clinic, group or corporately run practice, it is your license on the line even if someone else places your ad. Read the contract and make sure it protects you from fraudulent advertising. Make sure you know where your ad/name is going to be placed in the yellow pages.

* * * * *

I had the opportunity to testify on LB 1051 last week in front of the Appropriations Committee regarding the addition of a Community Health Worker, similar to the ADA's Community Dental Health Coordinator model. Before I testified, I thanked the Committee for their support of the Dental Director funding last year, overriding the Governor's veto. I let them know, however, the Dental Director position remained unfilled. **Senator Nelson** approached me after the hearing

and was surprised that the position remained unfilled. I informed him that we knew one of the candidates interviewing for the position and felt that person would be a good candidate. Senator Nelson appreciated the information, as they would be meeting with HHS this week and he would follow up on this issue. Thank you Senator Nelson for being a strong advocate for the Dental Director last year and helping us continue the effort to fill this important position for our state.

* * * * *

This week I was invited to speak at the Nebraska Student Dental Association lunch and learn at UNMC about the importance of organized dentistry (photo below). With 100% student membership in NSDA, this was a bit like preaching to the choir, but not really.

There is so much more going on with the NDA and ADA than we have the ability to put in the pages of the newsletter and online communications. It is analogous to the little icons on the bottom of your computer screen . . . often unseen, but always working on your behalf.





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Annual Session 2014

Speaker Summary

Session 1

Friday, March 28, 2014

Dr. Frank Higginbottom -

"Current Concepts in Implant

Dentistry: The State of the Implant Today" and "Digital Implant Dentistry: "New Technology for Teeth and Implants"



Time - 9:00 a.m. to 4:30 p.m.
CE Credits - 6

The morning session, "Current Concepts in Implant Dentistry: The State of the Implant Today" will review the philosophy of implant therapy today. Today both tissue level and Bone level implants are appropriate. Active implant surfaces and stable abutment connections impart very high predictability. Loading protocols will be reviewed from immediate to delayed loading. Digital planning and placement, impressions, and CAD/CAM restorations are a reality. Technology today is not a shortcut but actually makes treatment better. Of most importance is the goal of providing patients with a predictable esthetic result.

Participants will learn:

- Treatment Planning
- Abutment Selection and Impression Technique
- Fabrication of Cemented and Screw Retained Restorations
- Custom Abutments

Dentists for many years have performed very well using the analog world. Today however dentists have the option of incorporating digital technology to actually make treating our patients better. From digital

radiographs, digital records keeping, to cone beam CT's. We have so much more information for diagnosis and treatment planning today. Dentists can perform digital planning for implants, digital placement, digital impressions, and CAD/CAM restorations.

Participants will learn:

- Digital Implant Planning
- Guided Surgery
- Digital Impressions
- CAD/CAM Restorations

Frank L. Higginbottom is a 1971 graduate of Baylor College Of Dentistry. He has a private practice of Esthetic, Restorative, and Implant Dentistry in Dallas, Texas. He is a Professor in the Department of Restorative Sciences and Graduate Prosthodontics at Baylor College of Dentistry as well as The Department of Oral and Maxillofacial Surgery, and Clinical Associate Professor in the Department of Periodontics at The University Texas San Antonio. He lectures nationally and internationally on the subjects of Dental Implants, Restorative Dentistry, Provisional Restorations, and Treatment Planning. He has also authored numerous articles and contributed to textbooks on these subjects. He is active in basic research in the field of dental implant systems and is a member of the "The ITI a world implant education group. He is a member of the Education Core Group for the ITI in Switzerland. Other memberships include the American Academy of Restorative Dentistry where he just finished service as President, the American Academy of Esthetic Dentistry, and the Academy of Osseointegration in which he is a Fellow and where he served as a Director. Dr. Higginbottom is a Fellow of both the American and International College of Dentists. He was awarded Honorary membership in the American College of Prosthodontics. He served as Director and Vice-President of the Texas Dental Association. He was the 2009 Dallas County Dental Society's Dentist of The Year, and was awarded Baylor College of Dentistry's Distinguished Alumnus in 2010.

Session 2

Friday, March 28, 2014

Dr. Harold Edelman - "So What's New in Infection Control?"



Time - 9:00 a.m. to 4:30 p.m.
CE Credits - 6

This session will cover everything you need to know about infection control in your office. Some of the questions that will be answered:

- Hand hygiene - boy, do we need help!
- Influenza vaccination: Is it going to be mandatory?
- Post exposure protocols: What's new?
- New technologies in our professional areas: How do we deal with them in infection control?
- Dental Aerosols . . . yuck!
- Updated OSHA compliance directives that are relevant to dentistry
- OSHA, CDC, State Boards of Examiners . . . please clear up the fog!
- Instrument processing . . . many of us need some fine tuning
- HIV ... Should you do in-office HIV testing?
- Engineered sharps / safety devices

Harold Edelman has been in active practice for thirty two years, and a consultant in infection control for eighteen years. He has provided infection control services/programs for over 800 dental offices. He is certified by OSHA to teach "Voluntary Compliance in the Private Sector" and "Biohazards". Dr. Edelman has been retained as an expert witness in multiple

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cases of litigation alleging disease transmission in a dental facility and has been involved in seventy two OSHA inspections of dental offices to date. He has presented at many national, regional and local dental meetings and organizations, all of which inform attendees of the new updated guidelines from the CDC as well as recent OSHA compliance directives.

Session 3

Friday, March 28, 2014 -

Young Professional's Lunch & Learn - "A Healthy Lifestyle" - Dr. Larry Mitchell



Time - 12:00 p.m. to 1:30 p.m.

This presentation will focus on a healthy mental attitude. We will discuss setting priorities to achieve success. To do this we will discuss how to define a successful life and career. The focus of this topic will be on the approach to a successful career in dentistry and the integration of family and lifestyle.

Dr. Larry Mitchell is a graduate of the University of Nebraska at Lincoln. He attended the University of Nebraska College of Dentistry and graduated with a DDS degree in 1979. Dr. Mitchell practiced dentistry in private practice in Wilber, Nebraska, from 1979 until 1992. At that time he entered medical school at the University of Nebraska Medical Center in Omaha. He received his M.D. degree and subsequently completed an internal medicine residency at UNMC. After graduation in 1999, he entered private practice with Nebraska Internal Medicine in Lincoln Nebraska.

Session 4

Saturday, March 29, 2014

Dr. Terry Donovan - "Restoration of the Worn Dentition"



Time - 9:00 a.m. to 4:30 p.m.
CE Credits - 6

The number of patients presenting to dental offices with excessive loss of tooth structure is clearly increasing. This loss of tooth structure is often multi-factorial, and all potential etiologies of the wear must be considered before tackling extensive rehabilitative procedures. This presentation will analyze the various causes of tooth structure loss and present strategies to prevent further loss as well as reconstructive procedures to replace lost tooth structure. Topics to be discussed include:

1. The relative roles of chemical erosion and bruxism in patients with excessive loss of tooth structure.
2. The diagnosis, treatment and prevention of dental erosion.
3. Intrinsic versus extrinsic erosion.
4. The etiology and management of bruxism.
5. The controversy surrounding occlusal vertical dimension.
6. Materials considerations for restoration of the worn dentition.
7. Abfraction: Fact or fiction.
8. Treatment recommendations for non-cariou cervical lesions.
9. A Critical analysis of current all-ceramic alternatives to PFM.
10. Prevention and management of root caries.
11. Case presentations.

On completion of this course participants will be able to:

1. Recognize the clinical signs of chemical erosion at an early stage and implement the appropriate preventive strategies.
2. Understand the etiology and treatment options for bruxism.
3. Know when and how to open the vertical dimension of occlusion for patients exhibiting extreme wear.
4. Understand the multifactorial etiology of non-cariou cervical lesions and options for treatment when indicated.
5. Understand the complex multidisciplinary procedures that often must be utilized when treating patients with worn dentitions.
6. Choose the optimum ceramic system to meet the needs of patients in specific clinical situations.

Dr. Terry Donovan received his DDS from the University of Alberta in 1967, and practiced full time in Regina, Saskatchewan for 13 years. He received his Certificate in Advanced Prosthodontics from the University of Southern California in 1981. He was formerly Professor and Director of the Advanced Education in Prosthodontics Program at USC and was Chair of the Department of Restorative Dentistry there for many years. He was also the Associate Dean for General Practice and Executive Associate Dean for Academic Affairs. He is currently Professor and Section Head for Biomaterials, Department of Operative Dentistry at the University of North Carolina School of Dentistry at Chapel Hill. He has published extensively, and has lectured worldwide on restorative dentistry and materials science. He is a member of the ADA, CDA, North Carolina Dental Society, CAIC, the American Academy of Restorative

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Dentistry, the American Academy of Esthetic Dentistry, and a Fellow of the American College of Dentists. He is an honorary life member of the College of Dental Surgeons of Saskatchewan, the Association of Prosthodontists of Canada, the Canadian Academy of Restorative Dentistry and Prosthodontics, the American Dental Society of Europe and the Western Canada Dental Society. He is past Chairman of the American Dental Association's Council on Dental Materials, Instruments and Equipment.

Session 5
Saturday,
March 29, 2014
Steve Maly -
"Maximize Your
Investment In
Social Media To
Gain New
Patients"



Time - 9:00 a.m. to 12:00 p.m.

There are over 1 billion people on Facebook and over 60,000 hours of video are uploaded onto YouTube every hour. What does that mean to you being a dentist based in Nebraska? We will talk about the local reach of social media and how to leverage your current connections to get real results. We will talk about how to set up a program that will pull in leads, generate engagement and how to measure it. We will also discuss how to use email marketing to really explode your social media reach. Everyone in attendance will walk away with tactic tips and tricks that they can implement once they get back to their desks. Plus it will be a guaranteed fun time so what is there to lose?

Steve Maly is Founder and Chief Activist of Maly Marketing, Steve has an extensive background in marketing and video production. Steve is often sought after for his speaking talents to educate people on online marketing and social media. He often teams up with community colleges, UNO/UNL, business organizations, and chambers throughout the Midwest. He's so good he was voted the #1 speaker at a national conference. He is dedicated to helping small, local businesses with all of their marketing efforts.

Annual Session Schedule of Events

Thursday, March 27

8:30 a.m. to 12:30 p.m.

NDA Board of Trustees Meeting & Lunch

1:00 p.m. to 4:30 p.m.

Recognition of Award Winners & NDA House of Delegates Meeting

5:00 p.m. to 7:00 p.m. "Meet Us In the Dug Out" - Welcome Party Exhibit Hall Preview

7:00 p.m. to 9:30 p.m. ACD/ICD Dinner (offsite)

7:00 p.m. to 9:30 p.m. ACD/ICD Dinner (offsite)

Friday, March 28

7:30 a.m. to 4:30 p.m.

NDA Registration

8:00 a.m. to 5:30 p.m.

Exhibits Open

8:00 a.m. to 4:30 p.m.

Nebraska Society of Orthodontists Meeting

9:00 a.m. to 4:30 p.m.

Session 1 - Dr. Frank Higginbottom

9:00 a.m. to 4:30 p.m.

Session 2 - Dr. Harold Edelman

12:00 p.m. to 1:30 p.m.

Session 3 - Young Professionals Lunch & Learn with Dr. Larry Mitchell

12:00 p.m. to 1:00 p.m.

American Association of Women Dentists Lunch

12:00 p.m. to 1:00 p.m.

Nebraska Society of Pediatric Dentists Lunch

4:00 p.m. to 5:00 p.m.

NDA Foundation meeting

6:30 p.m. to 11:30 p.m.



"A Night at the Ballpark" President's Party with the Raw Nerve.

Saturday, March 29

7:30 a.m. to 2:00 p.m.

NDA Registration

7:30 a.m. to 8:30 a.m.

Endo Breakfast

7:30 a.m. to 8:30 a.m.

Perio Breakfast

9:00 a.m. to 4:30 p.m.

Session 4 - Dr. Terry Donovan

9:00 a.m. to 12:00 p.m.

Session 5 - Steve Maly

12:00 p.m. to 1:30 p.m. NDA Past

President's Lunch

NE Medicaid Provider Update

What Your Office Needs to Know if you are a Provider

NE Medicaid is trying to put together 2 contact lists (one for dentist providers and another for their contact staff that deal with technical issues with Medicaid). Providers can also choose to email their addresses to Medicaid directly.

DHHS.MedicaidDental@nebraska.gov or fax them at 402-471-9092. This will allow the Dental Medicaid Program Specialist to contact those who need to be reached more quickly with key information.

The Medicaid Dental Consultants (**Dr. Anderson** and **Dr. Pudwill**) have office hours typically on Tuesday morning, Wednesday morning, and Thursday morning. You can reach them regarding specific patient questions at 402-471-9283. Preauthorization questions should be directed to the inquiry line or emailed to DHHS.MedicaidDental@nebraska.gov

As of Jan 1, 2014, you must submit claims using the ADA 2012 claim form. Medicaid claims staff spend countless hours sorting through several types of ADA claim forms that cost valuable time. This time is better spent making payment to dentists. Dentists can still send in the claim forms by paper, but electronic claims will be paid faster. The Affordable Care Act is driving much of these decisions in order to get as many providers using the same claim forms as possible to expedite efficiency. The NDA understands that some dental practices are experiencing problems using 2012 forms. All dental software vendors and electronic claims data (EDI) clearing houses (such as Emdeon) must be compliant with accepting 2012 forms. Please contact your vendors if you are having trouble.

If you have questions about EDI, Nebraska Medicaid has a home page with helpful information and FAQ's. You can submit your email to get updates. http://dhhs.ne.gov/medicaid/Pages/med_edindex.aspx .

This EDI page has lots of specific information available to you and your staff that handles Medicaid, including the following:

- a) **Frequently Asked Questions:** http://dhhs.ne.gov/medicaid/Pages/med_edifaq.aspx
 - b) **Electronic Submission Requirements** (if you want to submit ASC X12 Health Care Transactions directly to NE Medicaid): <http://dhhs.ne.gov/medicaid/Documents/x12-SFTP.pdf>
 - c) **EDI Trading Partner Reports** (sample reports of what is sent to your current clearinghouse on your behalf): http://dhhs.ne.gov/medicaid/Pages/med_edirep-5010.aspx
 - d) **A link to the Washington Publishing Company HIPPA Code Lists** (utilized for reporting on electronic remittance advice & other reports): <http://www.wpc-edi.com/reference/>
 - e) **Companion Guides 5010** (specifically for the 837D dental claims): <http://dhhs.ne.gov/medicaid/Documents/837D-5010.pdf>
 - f) In addition, the contact information (phone and email) for the **EDI Help Desk** is also listed here. Medicaid EDI Help Desk 866-498-4357 (toll free) or 402-471-9461 (in Lincoln)
- Email: DHHS.MedicaidEDI@nebraska.gov

If you or your staff have general claims processing or payment issues, there is the **Medicaid Inquiry Line**. They are also able to transfer calls to the appropriate processing unit, payment reviewer, or manager, should a call need to be elevated for a particular reason. Medicaid Inquiry (Customer Service) 877-255-3092 (toll free - choose option #1 for a service representative) or 471-9128

Provider Bulletins: http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx as well as Provider Handbooks (specifically Dental): http://dhhs.ne.gov/medicaid/Pages/med_phden.aspx are available. Every

dental practice needs these handy. You must submit your email address on the website to get Dental Medicaid Provider updates. These are very important because they will list any changes in codes, fees, or policies that affect Dental Medicaid. Here's the process you follow:

- a) http://dhhs.ne.gov/medicaid/Pages/med_updates.aspx
- b) Click on **Subscribe to this page** Located at the top of the page.
- c) Provide the e-mail address you wish to register.
- d) Select a delivery preference
- e) Enter an optional password (used to secure/modify your user preferences)

To becoming eligible to be a Medicaid Provider, dentists and other providers will see more paperwork to fill out both as a new first-time provider, adding a second practice site, and you will need to renew your eligibility every 5 years. These are all things that are part of the Affordable Care Act and like many other federal government requirements, a push for more accountability. It also ties into reducing Medicaid fraud. While Dental Medicaid fraud has not been a huge issue in Nebraska, it has in other parts of the country. If you have questions about becoming Medicaid Provider, contact is 877-255-3092 or you can reach them by email at DHHS.MedicaidProviderEnrollment@Nebraska.gov

Medicaid client eligibility verification can cause dentists and their staff a great deal of time and headaches. In some cases, the staff must check multiple places to get verification correct. The NDA and NE Medicaid are working to find out where the problems are and how we can make the process more efficient. Correct verification of clients' eligibility is important to be sure the right people have coverage on any particular day. However, the NDA and Medicaid both recognize that process should be as efficient as possible.

Board of Dentistry Approves Dermal Fillers

On January 17, 2014, Karry Whitten, DDS, addressed the Board of Dentistry regarding the use of dermal fillers in dentistry. Dr. Whitten explained that dermal fillers are usually used to add volume to the lower face at different levels or depths under the skin. There are hands on training courses available. Dentists would use dermal fillers as a cosmetic finish to smile designs.

Dr. Whitten also explained that other states allow nurses/nurse practitioners to apply dermal fillers. Also, other states do not separate the use of Botox and dermal fillers. Anderson asked about the use of non-biodegradable fillers. Dr. Whitten explained that liability insurance companies include coverage for this type of procedure but it is not widely used.

David Swanson, DDS, addressed the Board stating that it is appropriate for dentists to use dermal fillers with the proper training. He has had the similar experiences as Dr. Whitten. Dr. Swanson explained that he has not seen that many severe complications just mostly bruising.

Dr. Bauer asked how many dentists in Nebraska are providing this service. Dr. Whitten and Dr. Swanson did not know. Dr. Swanson explained that his insurance premiums did not increase. These types of procedures are performed on less than 2% of his patient base. William Nelson, DDS, explained that procedures are reversible and it is a nice adjunct to Dentistry.

Kim Work, RDH, from Whitten Dentistry, commented that nurses are performing these procedures based on a physician's order. Dr.



Bauer asked if Ms. Work knew if this is a procedure a dental hygienist would want to perform in the future. Ms. Work commented that it would be hard to speculate on this issue.

The Board voted that it is the Board's opinion that it is appropriate for a dentist to use dermal fillers for cosmetic/esthetic purposes and it is the practitioner's responsibility to be competent in the use of dermal fillers.

The Dental Practice Act does not directly address the issue. The controlling statute defines the practice of dentistry as:

Diagnoses, professes to diagnose, prescribes for, professes to prescribe for, treats, or professes to treat disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure - Neb.Rev.Stat. §38-1115(6)

The key phrase at issue: "**or adjacent structure**"

Calendar

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(402) 472-2175
Toll Free 866-700-4747.
Creighton University
registration and information
in Omaha call (402) 280-5054.
Outside Omaha, call 1 (888) 273-6576

February 28, 2014

Lasers in your Dental Practice- A Hands-on Course, Creighton

February 21-22, 2014

Radiology for Dental Assistants, Creighton

March 21, 2014

OSHA, Infection Control and Your Office., Creighton

March 28-29, 2014

NDA Annual Session, Hilton, Omaha

May 23-24, 2014

Radiology for Dental Assistants, Creighton

June 13, 2014

2014 Periodontics Symposium
Keynote Speaker, Omaha, NE

August 8, 2014 - West District meeting in Gering

September 12, 2014 - 5 District meeting in Grand Island

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NEW OR REINSTATED MEMBERS:

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Norfolk Comm. Health Care Clinic
110 N. 16th Street, Suite 12
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402-644-7355

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Dr. Rachel Brown

908 N. Howard Ave. Suite 103
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Dr. Steven Shaffer

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1188 Ridge Run
Seward, NE. 68434

Dr. Jim Walker

6400 Black Forest Court
Lincoln, NE. 68516

Dr. Jodi Day

1320 West A Street
Lincoln, NE. 68522
402-438-5555

NDA Dues Survey

In 2004, NDA dues were \$320. In 9 years, dues have increased only one time and only \$7.00. If you increased the \$320 dues amount by an annual Consumer Price Index adjustment, the \$320 dues of 2004 would be \$394 in 2013!

We have been very efficient at the NDA to contain costs but we can no longer avoid discussions how to increase our income. *We need your opinion.* Please complete the brief survey that will be discussed at the January Board of Trustees and voted upon at the March 2014 House of Delegates.

Option A: A few states in the Midwest have implemented an Annual Session fee to all members. This replaces the lost Annual Session income and allows all NDA members to attend Annual Session CE for free! To replace the lost income from Annual Session divided by all Active members would result in an Annual Session Fee around \$100. This would be in addition to the current dues of \$327.

Option B: Begin an annual dues increase that would at least be tied to the CPI and perhaps more, depending on the success of the NDA Annual Session. For 2015, the House of Delegates would recommend an appropriate increase. The House of Delegates has the authority to adjust dues annually.

Your NDA District: _____

You can fax your response back to the NDA at **402-476-2641** or complete the survey online at **nedental.org**

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*U.S. Centers for Disease Control & Prevention (CDC)

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Associate & Partnership Opportunities: Midlands Dental Group, Jeffrey T. Garvey, DDS, Seeking full time dentist to join our successful general dentistry practices. Opportunities in Omaha, Nebraska, Council Bluffs, Iowa and Missouri Valley, Iowa, 25 minutes North/East of Omaha. 1. Gain diagnostic, clinical and treatment planning proficiency without being burdened with management of your own business; 2. Tap 30 years experience from senior doctors; 3. Earn an income of \$150,000 to \$250,000; 4. Learn the business of dentistry. Some of our past associates have been graduates from Creighton University, University of Nebraska and University of Iowa. Some needing interim employment while waiting for

spouses to graduate, and some have opened their own practices or have become partners within our group. For more information, please call Jean; 712-642-4136 or email at grover@qwestoffice.net.

Dentist Position: allPOINTS Health Services is seeking a full-time dentist to provide patient care in the allPOINTS: Yankton Clinic. For more information visit: <http://allpointshhealth.com/employment> or call 605-356-3317.

In Memoriam

The NDA would like to extend its sincere sympathy to the families of **Dr. Melvin Tatelman** of Omaha, Nebraska, who passed away on December 30, 2013 and **E. Newton "Newt" Kelley**, who passed away on February 9, 2014

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