



Tri-County Dental Society

BULLETIN

Representing the Dentists of the Inland Empire

MAY/ JUNE 2009

Volume 56 No 3



Happiness is Giving Kids A Smile

TCDS Membership Status Report

Active/Recent	1,438
Life Active	85
Life Retired	135
Retired	36
Post Grad	22
Faculty	37
Disabled	15
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Provisional	9
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Inactive	0
Pending Applications	11
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Mission Statement:

It is the mission of the TCDS to be the recognized source for serving the needs and issues of its members and the dental community.



Featured TCDS City

South Corona

The banner at the top of the cover page features South Corona and the 13th fairway at the Trilogy Golf Course at Glen Ivy.

Featured Cover Photo

Dr. John Bianchin, from Rancho Mirage, opened his office to the kids in his community. He is pictured with Esmeralda and Angelina Magallon and their mom, Annette Gomez. Harpo the Clown joined in the fun. (Articles and more photos from Give Kids A Smile begin on page 11.)

Glittering Prizes and Endless Compromises Shatter the Illusion of Integrity



In his book, *Get There Early*, Bob Johansen discussed the idea of real-time information. He feels that in the not-too-distant future we may wear glasses, or some other device, which will provide information on different businesses as we view them through our glasses.

He said that we may see and understand that a particular building was built in 1927 and has since been refurbished using green technology; also, that the business inside hires minorities, but isn't great on customer service. Because of technological advances, this idea does not sound as farfetched as it once would have.

If you think of those real-time glasses, what would they say about you and your practice? What would they say about how you conduct business and about how you treat your patients? What would they say about you and about your character? I hope that yours would be positive feedback. I wish that for each of you now and in this future scenario. What could you do to ensure that the information would be positive? Would your character traits contribute to a good report?

I propose that integrity is the most important character trait. What is integrity? The word integrity is related to the word integer, which means "entire" or "whole." Integrity may be defined as "the state of being unimpaired." Integrity also means "incorruptibility"-a firm adherence to a code of values. Integrity denotes a state of completeness.

When I place a post in a tooth, I expect it to have structural integrity; that is, the measurable qualities of the material should be consistent throughout. If the post lacks integrity, the inner flaws may cause it to fail when pressure is applied. In the same manner, my personal integrity is a measure of how consistent I am from the inside to the outside. If I have integrity, then there will be no facades, no veneers; what is seen on the outside is what exists deep inside.

A man or woman of integrity is true to his or her core values, regardless of the cost. Ronald Reagan said, "The character that takes command in moments of crucial choices has already been determined by a thousand other choices made earlier at seemingly

unimportant moments. It has been determined by all of the seemingly little choices of years past, by all those times when the voice of conscience was at war with the voice of temptation, whispering, aloud or internally, 'It really doesn't matter.'"

Kevin Rollins of Dell said, "As business leaders we spend too much energy focusing on compliance, on meeting our minimal obligations as defined by law. Our time would be better spent, in my view, developing a fuller picture of who we are, what values define us, and how we can instill those values into the fabric of our organizations and by replacing blame with responsibility."

Does this sound like your practice, or worse yet, your family? If so, perhaps it is time to take inventory and determine what is really important to you. In doing so, it is helpful to know who you are and what you stand for. You must commit to be true to your beliefs, to act ethically and morally regardless of who is watching. This is where your vision statement and mission statement are helpful.

Integrity leads to trust, and, as health professionals, we all know the importance of being trusted. A wise business leader said, "The presence of trust with those we serve can be as important to success over time as the service we provide." I have found this to be true in my own practice. If I have established a relationship of trust with a patient, he will be more understanding if an ideal result is not initially obtained, or if something goes wrong.

So why is integrity so important? Just like my posts, if we have integrity, then we will be able to withstand the pressures that continue to confront us. We will be able to resist the everyday pressures of life, and when parafunctional pressures arise, we will still be strong enough to resist them.

A wise man said, "Our achievements are shaped by the terrain of our lives and the strength of the foundations we set. In building the life we've imagined, we must be true to our beliefs, dare to be ethical, and strive to be honorable. For integrity is the highest ground to which we can aspire."

I hope that we will all continue to strive for integrity as well as clinical excellence. And in this quest may we all continue to move forward. Together.

Just when you thought you had heard everything...



Last week I was completely caught off guard by the most bizarre question I have ever been asked. Let me set up the story.

We saw an emergency patient because her regular dentist was out of town for the next three weeks. She had decayed and broken off

the distal third of her upper central incisor, and wanted it fixed as soon as possible. We took a radiograph and gave her two treatment options. She decided that it would be prudent to treat the tooth with a porcelain crown. It was at this time that she dropped this bomb of question on us.

"Will Dr. May work on me without wearing gloves?" at which time, one of my employees told her that we have latex-free gloves and would be happy to use them on her. This didn't deter her and she said that we couldn't wear any gloves because if we did "it would make her throw-up." And besides, she says, her current dentist doesn't wear gloves when he works on her because of her condition.

I would be lying if I said I didn't, at least for a minute, think about working on her without gloves. After I came to my senses, I decided I could not let a patient dictate behavior that is below the standards we have set for our practice. Then the real answer came to me. It would be against OSHA regulations.

So, we stood our ground and let the patient know we were unwilling to violate an OSHA regulation and if she was unwilling to go along with this she could wait for her original dentist to come back in three weeks or go find someone else to do it. For whatever reason, she decided to let us work on her under our conditions. Guess what, we were able to complete her work with no adverse reactions to our gloves.

This brought on a couple of questions about this situation. First, to what extent are we willing to let our patients dictate our treatment protocols? Secondly, what is my obligation to educate the previous dentist who had treated her without using gloves?

In these interesting economic times, when we are all trying to "tighten our belts" we will be tempted to keep busy and our schedules full by possibly going along with requests that we previously would never have even considered. It is during these times that we must rely on the principles we have been taught in the past. We must stand by our ethics and what we inherently know is right.

Now, how should I deal with Dr. GoneForThreeWeeks? I think when he returns, I'm going to report to him my visit with this patient. I will let him know how she didn't want to postpone treatment until he returned from his trip. Then, I will just casually ask if she had ever asked him to work on her without gloves. Without waiting for an answer, I'll slip in how glad I was that I called my Liability Insurance Carrier and was told, loud and clear, that I should never work on a patient without wearing gloves.

Just in case this is sounding familiar to one of you out there, all I can say is, sorry dude, you should have known better.

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Honestly...How Are You Doing?



During a break at a Tri-County Dental Society meeting, one of our retired members who knows me well came up to me and asked, "How are you doing?" I answered him with my usual "OK!" Then, he leaned forward and gave me that experienced, knowledgeable

look and said, "No...I mean, how you are doing?" I immediately realized this was a fellow dentist who knew the real life of being a dentist. Then, we had a heart-to-heart talk.

Many consultants say that we should always tell people that things are great and we are doing fine. This is to give the portrayal of success and confidence. It also is to make a believer of yourself about yourself. This can be thought of as positive thinking and, while that is a good thing, it is not everything. There certainly is a lot to be said about honesty, too!

One of the great things about getting to know our fellow members is that a level of trust is developed so we can be open and honest with each other. This means we get good advice from knowledgeable experienced dentists who will not judge us by our situation. These mentoring members know the difficulties with difficult patients, the depression of a recession, and the joy of having a happy practice.

It would be good if we had a network of mentors who share with all of us their sage advice, but, in fact, a mentor program has been tried before. Interestingly, it failed, not because of the lack of mentors, but rather the lack of dentists asking for being mentored. Why? I think, that while we may all want an answer to many questions, we do not want to share our situations with others we do not know.

This is where building camaraderie through the social activities at the society events is important. Sure, the CE meetings are important for improving our knowledge and skills in dentistry. The education that goes on during the breaks, however, can be priceless if it helps you in your practice-or helps keep your hopes alive in a difficult time.

I had many positive email responses about the last Bulletin's editorial regarding "The Recession is Over." I was asked to give more tips for a practice. Frankly, I struggle like everyone else, but I think that one nugget was good and it is still working-look at the rise in the stock market since it was published! But honestly, I think the best way to get individual, personalized help is by getting to know each other through the regular CE meetings, the Emerging Leaders Institute's monthly leadership courses, by participating in various committees, by volunteering for Give Kids a Smile events, and by hanging out at the TCDS Hospitality Suite in Anaheim during CDA Presents "The Art and Science of Dentistry." Getting to know each other better will lead to being able to trust and be honest with each other. Plus you will be learning a lot and improving our society as well as your practice - honestly, it will!



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Red Flags Rule Effective May 1, 2009: Are you Prepared?

John S. Findley, DDS
President, ADA



Washington is ready to raise Red Flags - and it could cost your practice hundreds of dollars. The Federal Trade Commission has declared that on May 1, 2009, businesses, including dental offices, are supposed to begin complying with the so-called "Red Flags Rule" con-

tained in new federal regulations designed to deter identity theft.

The ADA has worked diligently to secure a legitimate exemption from these rules which we all believe were never intended to apply to dental practices.

We continue to press three main points:

- Including dentists within the definition of a "creditor" who needs to comply with the Red Flags Rule is contrary to the legislation that the Rule purports to implement;
- The Red Flags Rule was not adopted in accordance with the requirements of the federal Administrative Procedures Act; and
- Imposing the Rule on dentists represents unsound public policy and would impose an undue burden on dentists if they are required to comply.

As recently as March 4, the ADA's legal staff and I talked with representatives from the FTC in an attempt to at least postpone the introduction of the Rule.

Unfortunately, these attempts were not successful. If the new regulations go into effect as scheduled, your practice will need to write new policy procedures, train your staff, and confirm that all your business "associates" comply with identity theft rules.

I know that my dental practice doesn't have a legal team and a federal regulations compliance officer on staff to deal with these new requirements. But as an ADA member, I have access to a thorough guide to help me comply with the new Red Flags Rule- and you do too.

Your state dental society is making these valuable materials available to all ADA members. And now we have made them available on the members-only section of ADA.org, where you can download these resources on your own. [You can also access it on the members' side of www.cdacompass.com...Editor]



The guide is a step-by-step plan to help you prepare and implement the requirements of the Rule, while the sample policy and procedures can save your dental practice hours, as well as legal fees necessary to meet FTC requirements.

These are very valuable documents for the exclusive use of our member dentists that would be expensive if purchased from an outside vendor. We are pleased to be able to make them available to you as a member benefit free of charge.

This is one more example of how the ADA is working hard every day to make the most of your dues dollars. We will continue to stand up for you in Washington on this and other issues that can affect your practice - and we'll stand beside you to minimize the impact of new regulations on your bottom line. (See related article, "an unexpected membership benefit." on page 7.)

Be sure your membership is current in order to access Red Flag Rules sample policy and procedures.

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An Unexpected Membership Benefit

We are sharing this with you for several reasons. First, and most obvious, you need to be aware of the regulations. Second, we wanted you to know that ADA did go to bat for us on this issue. Unfortunately, the government's agenda frequently trumps our professional concerns. Third, you should be aware of the resources that your dental organization has provided for you to deal with the regulations.

There are still some unresolved issues (for example, HIPAA takes precedence over Red Flags), but this will give you what you need to know. With this information, it should not be necessary for you to buy software packages, pay consultants or take compliance courses.

If you haven't looked at CDA Compass yet, I would encourage you to do so. It is a great collection of practice management resources for CDA members. This is yet another benefit of belonging to CDA.

Peter DuBois, CDA's Executive Director, released the following statement:

"A compliance guide for this program is now available. The Federal Trade Commission delayed implementation of this rule to May 1, 2009, to allow certain industries more time to meet with the FTC and to determine how the new rule

applies to these industries. Following its meeting with the FTC, the ADA prepared a Guide for Compliance with the New "Red Flags" Rule and a sample policy and procedures document for identity theft detection and response. We have made those documents available on cdacompass.com.

"A dental office must adopt and implement written policies and procedures designed to: (1) identify red flags relevant to the practice; (2) explain how red flags will be detected; (3) describe procedures to respond to any detected red flags; and (4) establish procedures to administer the program, including training and periodic review and evaluation of the program. This is a direct link to the guide:

http://www.cdacompass.com/Home-Inner/Article.aspx?topic=Identity_Theft. You must be a CDA member and a registered user on CDA Compass to access the guide and sample policy. The materials also may be emailed to members by sending a request to compass@cda.org."

We appreciate the volunteers and the staff members throughout the Tripartite who provide these services for us. If you would like to be more involved in these and other discussions, please call us.

Dental-Dotes - Green Dentures

Dr. Ann Steiner is sharing this story of a veteran who has taken "going green" to a new level!

The veteran presented with diabetes and during the evaluation of his dentition, and his ability to eat properly, it was determined that his dentures were loose. The following was a consult received from the physician requesting new dentures for this patient:

"Patient is wearing his 'dead' buddy's denture and states, 'He does not need them anymore, and I can eat with them.' Dentures are loose in his mouth and very soiled."

Recycled dentures...what a concept!

Hot Shorts

Riverside CTE Dental Assisting Program

is offering summer classes beginning June 29 through July 31. Please call (951) 826-6334 or (951) 826-6335 for pre-registration and more detailed information. Classes offered: Dental X-ray Technician; Coronal Polishing; Pit & Fissure Sealant; Ultrasonic Scaling.

The Dental Student Association (DSA) of LLU

is organizing their Annual Golf Tournament on Sunday, May 10th, and looking for dentists to participate in this "FUN" draiser. To sign up, or for more information, please write to hharrington@llu.edu

CDC Releases New Disinfection and Sterilization Guidelines

In November 2008, on behalf of the Healthcare Infection Control Practices Advisory Committee (HICPAC), the Centers for Disease Control and Prevention (CDC) released a document entitled *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*, which details evidenced-based recommendations for cleaning, disinfecting, and sterilizing patient-care medical devices and environmental surfaces in healthcare settings.

What is HICPAC?

HICPAC is a federal advisory committee made up of experts who provide guidance to the CDC and the Secretary of the Department of Health and Human Services (DHHS) regarding healthcare infection control and strategies for surveillance, prevention, and control of healthcare-associated infections in the U.S. HICPAC members have expertise in the fields of infectious diseases, nursing, surgery, epidemiology, public health, and related areas. All 14 members are recommended by the CDC and appointed by the Secretary of Health and Human Services.

What does “evidence-based” mean?

Evidence-based practice is an approach which specifies the way in which decisions should be made by identifying such evidence for a practice, and rating it according to how scientifically sound it may be. The goal is to eliminate unsound or excessively risky practices in favor of those that have better outcomes.

Evidence-based practice promotes the collection, interpretation, and integration of valid, research-derived evidence. Where evidence-based practice is applied, it encourages professionals to use the best evidence possible and the most appropriate information available to improve the quality of clinical judgments and facilitate cost-effective care.

What is CDC's hierarchical scheme for categorizing disinfection and sterilization in healthcare settings?

Disinfection and sterilization are essential for preventing the transmission of infectious pathogens to

patients and healthcare workers. Given that, the CDC defines varying levels of disinfection required based on the type of procedure and equipment used. In the updated guidelines, the model for disinfection and sterilization has not changed, only the application of the model has been updated.

What's new in the updated guideline?

The updated guidelines contain significant changes to the last version, dated 1985.

- Formaldehyde-alcohol mixtures have been deleted as recommended liquid sterilants/high-level disinfectants.
- 3% phenolics, iodophors, isopropyl alcohol, and ethyl alcohol have been deleted as high-level disinfectants.
- The minimum exposure time required for high-level disinfection has been reduced down to 12 minutes, depending on the FDA-cleared label claim and the scientific literature.
- Several new chemical sterilants/high level disinfectants have been added such as hydrogen peroxide, peracetic acid, and orthophthalaldehyde.
- Many new topics have been added: the inactivation of emerging pathogens; bioterrorist agents and bloodborne pathogens; toxicologic, environmental, and occupational concerns associated with disinfection and sterilization; disinfection of patient-care equipment in ambulatory and home care; inactivation of antibiotic-resistant bacteria; new sterilization processes; bleach-dilution guidelines, and disinfection of complex medical instruments.
- A statement is included in the guidelines specifying that EPA-registered products must be used strictly in accordance with product label instructions (use-dilution, shelf-life, storage, material compatibility, safe use, and disposal).

Do the updated guidelines replace CDC's Guidelines for Infection Control in Dental Health-Care Settings - 2003?

The new Guidelines are written generally to apply more to the hospital setting, but can be extrapolated with some interpretation to all health-care facilities, including dental offices. Out of the 117 pages that make up the new 2008 guidelines (minus the reference pages), two pages are devoted specifically to dentistry.

The recommendations for dentistry contained in the new guidelines follow closely in line with CDC's Guidelines for Infection Control in Dental Health-Care Settings - 2003 and include:

1. Dental instruments that penetrate soft tissue or bone (e.g., extraction forceps, scalpel blades, bone chisels, periodontal scalers, and surgical burs) are classified as critical and should be sterilized after each use or discarded. Dental instruments that are not intended to penetrate oral soft tissue or bone (e.g., amalgam condensers, air-water syringes) but that might contact oral tissues and are heat-tolerant should be sterilized, after each use, even though such instruments are classified as semi-critical. Heat-sensitive semicritical items must be cleaned and at a minimum, undergo high level disinfection.
2. Noncritical clinical contact surfaces, such as uncovered operatory surfaces (e.g., countertops,

switches, light handles), should be barrier-protected or disinfected between patients with a low-level disinfectant (i.e., EPA-registered hospital disinfectant with HIV and HBV claim) or intermediate-level disinfectant (i.e., EPA-registered hospital disinfectant with a tuberculocidal claim).

3. Barrier protective coverings can be used for noncritical clinical contact surfaces that are touched frequently with gloved hands during the delivery of patient care, that are likely to become contaminated with blood or body substances, or that are difficult to clean. Change these coverings when they are visibly soiled, when they become damaged, and on a routine basis (e.g., between patients). Disinfect protected surfaces at the end of the day or if visibly soiled.

Both the 2008 and 2003 CDC Guidelines can be accessed at www.oshareview.com.

Rodney Stine is the president of OSHA Review, Inc., which provides the Spore Check System, a weekly spore testing service endorsed by CDA, and SUV Disinfectant, an effective surface disinfectant and cleaner. OSHA Review, Inc. also publishes OSHA Review, a bimonthly continuing education subscription service for California dentists. For information about Spore Check, SUV, or OSHA Review, call toll free 800-555-6248.

In Sympathy

The Tri-County Dental Society Board of Directors, Members and Staff express their sincere sympathies to Dr. Bud Feldkamp and his wife, Pam, over the loss of their daughters, dental hygienist Amy Jacobson and Dr. Vanessa Pullen, their sons-in law, Dr. Erin Jacobson and Dr. Michael Pullen, and their five grandchildren in the recent plane crash in Montana.



The ADA sponsored a dinner in honor of current and past participants of the ADA's Institute for Diversity in Leadership Program. Pictured are, seated: Dr. Brian Shue, Penny Gage, Dr. Ruth Bol and Dr. Phil Maldonado. Standing are: Dr. Kevin Chang, Dr. Tim Verceles, Dr. Carol Summerhays and Dr. Russ Webb.



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TCDS Give Kids A Smile A Success!

Tri-County Dental Society, which covers all of Riverside and San Bernardino Counties as well as the eastern portion of Los Angeles County, conducted 14 stationary and 2 mobile Give Kids A Smile clinics during February 2009. We also worked with Project K.I.N.D. (Kids In Need of Doctors). Fourteen members of our society opened their offices and Project K.I.N.D. worked with the school districts and scheduled the children for free dental care.

"One of the difficulties we have found, over the past seven years as we have been holding free clinics for children, is getting the children into the GKAS clinics," said Dr. Rick Nichols, chair of Tri-County's GKAS program. "In the past, we have wanted to try busing the kids from area schools to one of our clinics, but we just didn't have a relationship with any school districts, so they were less willing to work with us."

We were fortunate enough, this year, to build a relationship with Superintendent Dr. Jay Hoffman and school nurse Jackie Thompson of the Nuvew School District in Nuevo, and were able to bus 35 children, and their parents on a Saturday, to the Riverside Community College Dental Hygiene Clinic in Moreno Valley, approximately 15 miles. The Nuvew School District even packed a snack for the kids.

Another relationship that was established was with Christine Ridley, the head school nurse in San Bernardino County. Although we were unable to do any busing, we were able to provide mobile clinics

to the elementary school children in Trona-Tri-County's northernmost community, approximately three hours from the TCDS office-and in Baker, also about three hours away. With the help of Victor Valley Community Dental Service and Loma Linda University School of Dentistry, we were able to use their mobile dental clinics to treat approximately 100 children at the two schools.

Because Trona is so far away and required us to start treating at 7:50 a.m., TCDS paid for the volunteers to spend the night in Ridgecrest, the closest community to Trona with motels. TCDS was able to pay for the motel costs and the cost of busing the children from Nuvew because of a successful fundraiser last summer. We collaborated with the Inland Empire 66ers, minor league team for the Dodgers, and held GKAS Night at the Ballpark. We raised over \$2,300. We are holding another event at the ballpark on June 14, 2009, and hope to build on the success of last year's event.

The other communities in which we had GKAS events were Rancho Cucamonga, Riverside, San Bernardino, Muscoy, Bloomington, Montclair, Rancho Mirage and Victorville.

In total, 386 volunteers screened 1,668 children. Five hundred fifty-three children received \$286,173 worth of free dental care.

On March 19, the volunteers were Tri-County's guests at a thank you dinner held at the Old Spaghetti Factory in Riverside. The 120 attendees celebrated the success of Give Kids A Smile 2009.

Thank You to Our GKAS Volunteers

Brandi Abbott, RDA
Noha Abdel-Salam, DDS
Sylvia Acuna, DA
James Adame, DDS
Sophia Aguayo
Brein Ahrens
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Continued on Page 14



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Thank you for being my
best friend. Thank you for
always being there for me.
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Makam
Vilani

Thank you
for working
on my teeth
love dante

Thank you
for not paying
paying when
took out my teeth.
love dante



From Makam
Thank you for fixing
my teeth.
From Angel Thomas
From Christian
Thank you for taking care of my teeth.



Baker Valley Unified School District

B

THANK YOU

THANK YOU VERY MUCH FOR COMING TO OUR SCHOOL AND HELPING US OUT. OUR STUDENTS, TEACHERS AND STAFF REALLY APPRECIATE IT!
Mr. [Signature]

Thank You to Our GKAS Volunteers

Natalie Cochran, DDS	CDA	Alenda Luptrawan, DDS	Thanh Pham, DDS	Alan Tsubota
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Dawnetra Cooper	Karen Guzman, RDH	Mariela Madrigal	Isabella Piedra, DDS	Karen Uribe, RDA
Laura Corrales, DA	Heather Hafner-	Melody Martin	Grayson Pierson, DDS	Stephanie Urzua, DA
Silvia Cortez	McDonald	Chris Martinez, DDS	Shawna Pittman, RDA	Patel Vaihava
Chris Cox, DDS	Lori Halzle, RDH	Jesus Martinez, DDS	Roxana Pomeroy, DDS	Irma Valerio
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Gracie Cuevas, RDA, CDA	Mark Harris, DDS	Audra Massena	Kelly Porter, RDA	RDH, BS
Sonia Curi, RDA	Effuah Harris, DDS	Jaimie McCain	Alma Potter, DA	Rosario Vasquez
Tina Dabols, RDH	Sarah Hererra, RDA	Dane McClurg	Ferris Prado	Christina Vautrain
Emily Damian	Cecilia Hernandez, RDH,	Raelene McDowall, DDS	Whitney Pratt, RDA	Emily Jo Velasquez
Francesca Darmont, DA	RDA	Debbie McKinney, RDH	Noo Prompravati	Liz Villalobos, DA
Carrie Darwin	Mayte Hernandez	Edison Medina	Claudia Pulido, RDA	Maria Villegas, RDA
Dennis Davis	Erika Hernandez, RDA	Laureen Mendenhall	Antoniett Ramirez	Liz Villalobos, DA
Eman Dawud	Socorro Hernandez, DA	Allissa Mendez, DA	Magaly Ramirez	Narendra Vyas, DDS
Vanessa De La Rosa	Sarah Herrera, RDA	Rachel Mendoza, RDA	Kelly Randazzo, RDH, BS	Traci Walker
Yvette De La Rosa, DA	Christy Heslin	Benjamin Mendoza	Jamie Reinbolt	Mercedes Walker
Maria DeAnda	Marilynn Heyde, RDH,	Maria Meza, DA	Barbara Richardson, RDA	Vernise Walker, RDH, BS
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Pamela Deza, DA	Susie Himmelberg, RDA	Michelle Miller	Christine Ridley, RN	Robert Weiser, DDS
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Olyvia Dominguez	Larynda Huckaby, RDH	Autumn Milstead	Julie Robinson, DA	Robert Whiting, DDS
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Rachael Fallan, RDA	Brittney Johnson	Mari Munoz	Leann Schoepflin, RDH	Nageen Zareh, DDS
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Lindsey Feipel	Kimberlie Johnson	Mitsuko Murata	Stuart Segura, DDS	Harpo the Clown
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Carla Fernandez	Tina Juarez, DA	Drina Najjar	Brent Shakespeare, DDS	Arlanza Dental Clinic
Lyn Ferrer	Jan Judman, RN	Jessica Naranjo	Nida Shakil	Bloomington Dental
Chris Fisher	Sitara Khan	Jessica Navarro, RDA	Archana Sheth, DDS	Clinic
Bryan Fletcher, DDS	Sheida Khazaii-Tabari	Leslie Nazaroff, RDH	Christine Sie, DDS	Community Health
Ryan Flores	Diem Kieu	DrPH	Hillary Silberman	Systems, Inc.
Skye Flores	Jennifer Klocki	Lori Neff	Rosario Simburger	Dental Care of San
Maurice Foersch	Derek Kreeger	Thy Nguyen	Rohan Singh	Bernardino
Carla Frey, RDA, CDA	Guari Kumar, DDS	Rick Nichols, DDS	Hardev Singh, DDS	Eastside Dental Clinic
Rosario Fuentes	Michael Kurumada	Natalie O'Brien	Tenley Slabaugh	Hospitality Dental Group,
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Priscilla Garcia	Stephanie La Face, RDA	Kelly O'Connor, RDH	Michelle Solis	Inland Family Health
Johanna Garcia, DA	Tara Lee Lachica, RDH,	Julie Oddo	Martina Soto	Clinic
Raquel Garcia	BS	Kathy Olguin	Thomas Strand, DDS	Montclair Plaza Dental
Desiree Gilmore, RDA	Pamela Lange, RDH, BS	Mireya Olguin	Robert Straubinger, DDS	Group
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Ryan Gonzalez	Louise Lopez, RDA	Angela Pai, RDH	Resse Sok Thearo	Clinic
Kathleen Gordon, DDS	Karina Lopez, DA	Brittany Pang	Dee Thomas	SJVC Dental Hygiene
Jamie Goyette, MBA,	Aracely Lopez	Dudley Pang, DDS	Jackie Thompson, RN	Clinic
MPH	Oariona Lowe, DDS	Vijay Patel, DDS	Nichole Tillison	Valley View Dental
Richard Grabowsky, DDS	Dana Lugo	Bindi Patel, DDS	Christy Tomes	Victor Valley Community
Megan Graff, RDH	Analee Lugo	Makbul Patel, DDS	Gabriela Torres, DA	Dental Service
Heidi Green, DA	Agnes Lugosi, RDH	Vibha Patel	Isabella Tovar	
Toni Greenhouse, RDA,	Maria Luna, RDA	Michelle Penhollow	Hanh Trinh, RDA	

Memo

Thank you so much for a very successful GRAS day for our students! The kids had a great time with the face painting, balloon animals, games and videos. The staff was wonderful with the children and created a festive atmosphere while they waited for treatment. Our families were very appreciative of the free dental services. Having the transportation provided by Tri-County Dental Society ensured treatment for some of our most needy families. It's been a joy to collaborate with you!

Sincerely,
Jackie

Jackie Thompson, RN
District Nurse
New Union School District

Memo

Dear Tri-County Dental Society...

I just wanted to say, "thank you so much," for offering the free dental clinics in February. I'm a school nurse in the Colton Joint Unified School District. We find so many dental needs so your clinics were a blessing to have as an additional resource. We are running out of money in one of our programs that we use for dental needs. So I was able to refer several children to your free clinics.

One Mother came to Birney School asking for dental help as her daughter needed dental work she couldn't afford. You still had two upcoming clinics so we gave her the flyer.

Please pass on my thanks to the dentists and others who made this service possible. Any time you have programs like this again, I'm grateful to know about it.

Thank you again for this service you offered to the community.

Sincerely,
Helen Bunch, R.N., M.S.
School Nurse



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A.M. Best Affirms TDIC's "A" (Excellent) Rating

The Dentists Insurance Company (TDIC), CDA's endorsed professional liability and property carrier, recently received affirmation of its "A" (Excellent) rating for 2009 from A.M. Best.

What does this rating mean and why is it important to dentists? A.M. Best is a leading insurance-rating agency, which provides independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. For California dentists, this means A.M. Best considers TDIC stable, strong and able to pay policyholder claims-now and in the future.

A.M. Best affirmed TDIC's rating because of the company's "strong capitalization, conservative loss reserve position, consistently high policyholder retention, and largely favorable pre-dividend, operating results." TDIC was also commended for its stable outlook, which reflects the company's "conservative operating strategy, demonstrated expertise within its niche dental professional liability book of business and solid balance sheet."

"In the current economic climate, TDIC is proud to provide policyholders the peace of mind that they have entrusted their business to a stable carrier," said TDIC Board Chair Walter Weber, DDS. "While some carriers are in financial turmoil or are leaving the market altogether, A.M. Best's affirmation of our rating tells the dental community that they can rely on us to be there when they need us."

Founded 29 years ago by dentists-and still managed by dentists today-TDIC provides professional liability, employment practices liability and office property coverages exclusively to dental professionals. TDIC insures more than 17,000 dental professionals nationwide. Eight state dental associations/societies endorse TDIC as their preferred carrier, including CDA.


For more information about TDIC and its coverage options in California, please contact TDIC Insurance Solutions at 800.733.0633, or visit theden-tists.com.

Donated Dental Services Program Creates Public Service Announcements

The CDA Foundation has released public service announcements highlighting the importance of senior oral health and informing seniors about the Donated Dental Services program. The :15 and :30 second radio PSAs were produced in English, Spanish, Cantonese and Mandarin. They can be downloaded at cdfoundation.org. We would like to thank CDA secretary Philip Maldonado, DDS for his assistance recording the Spanish version of the PSA.

Donated Dental Services links volunteer dentists with underserved, at-risk, elderly individuals who cannot afford care and do not qualify for government-sponsored dental programs. Since January, 41 patients have completed treatment resulting into \$131,641 in donated care. Currently DDS is actively managing 100 patient cases with 30 additional seniors waiting to be placed.

The CDA Foundation has expanded the program to the southern half of the state, from San Benito and Fresno counties south to San Diego and Imperial counties. If you are a dentist and would like to volunteer, please contact Tahira Bazile at tahira.bazile@cda.org or 916.554.4971.



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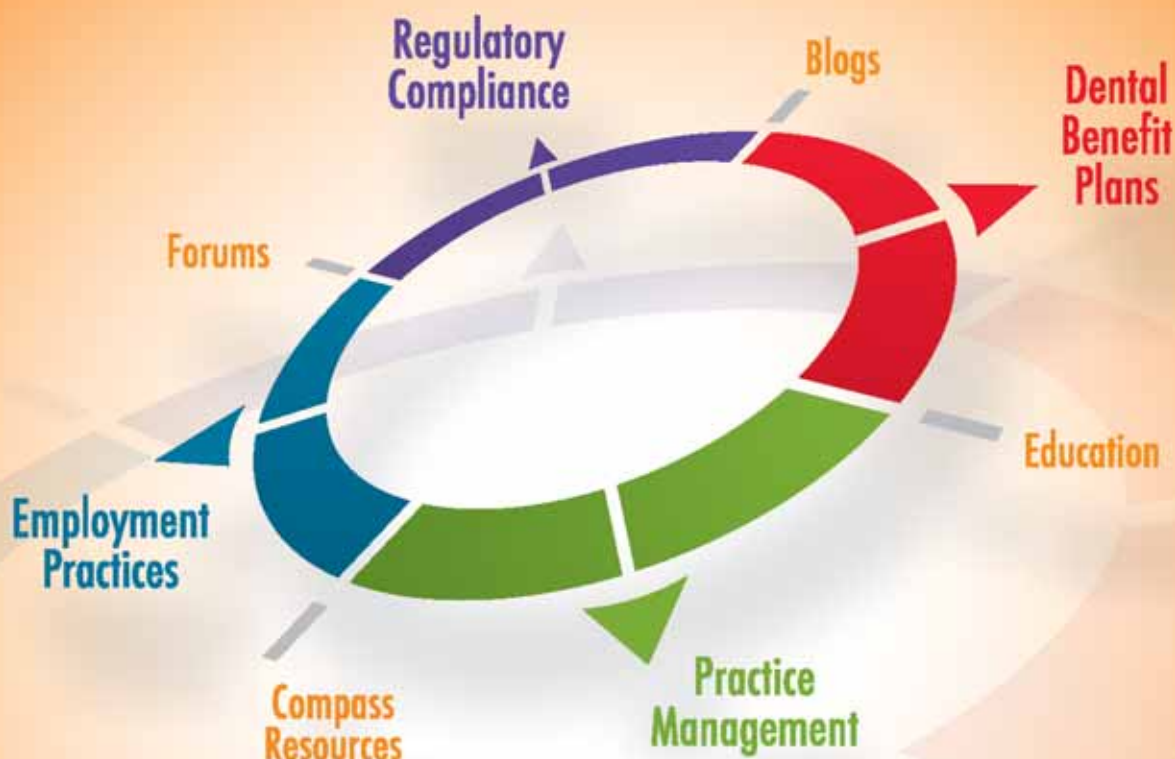


The Loma Linda University School of Dentistry students want you to step up and be a leader. The students were participants in the CDA Leadership Conference held in Beverly Hills in early March.



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For Sale: Dental office lease hold improvements and equipment. Modern building located in the Hospitality Lane area of San Bernardino. Great location and good parking. Please call (909) 885-0855 or (909) 798-5212.

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What can I do when I discover a patient has posted defamatory comments online?

In today's ever expanding and developing use of technology, the application of the Web as a communication tool is expanding faster than regulations designed to limit potential abuse of this social media. Web sites like doctoroogles.com, healthgrades.com, ddsreviews.com, and localsearch.com are gaining in popularity and are examples of online venues that encourage users to rate or review dentists. The tendency for health care professionals to challenge these postings is increasing in response to the growing number of patients who choose the Internet as a public means of expressing personal dissatisfaction with services provided. In January 2009, a San Francisco chiropractor successfully settled a lawsuit against a patient who posted inaccurate statements about his office billing practices on yelp.com. The same Web site permitted parents to post claims against a pediatric dentist and, as a result, she has filed a defamation suit against the individuals. The dentist also attempted to sue yelp.com; however, the federal Communications Decency Act provides protection for Web sites that publish third-party information.

Dentists should have a plan of action to address defamatory comments patients may post online. Defamation is a false statement of fact about an individual to a third party in such a way that the statement has the potential to "tarnish the person's morality or integrity, or even to discredit the person's financial standing in the community." Slander is defamation by the spoken word. Libel is defamation by the written word, and publishing by posting in a public forum, such as a newspaper or online, is the communication of defamatory statements.

There are specific actions dentists and their staff can take to reduce the likelihood of a patient posting a negative review online. Apply interpersonal skills such as listening and repeating back in your own words patient comments, concerns or questions when treating individuals or advising parents or guardians about a patient's treatment plan. The Journal of the American Medical Association (JAMA) reported in 2007 that breakdown in communication is a causative factor in up to 80 percent of all professional liability lawsuits. The Internet

gives unhappy patients a free and unfettered forum for venting displeasure rather than taking legal action. If a patient's interactions in the dental office—from the introduction to the practice, to clarification of clinical and financial expectations—are consistent, respectful and responsive to patient concerns, the chance of the patient finding fault with how he or she was treated is greatly reduced.

Documentation is an excellent defense against defamatory statements. Charting should be chronological, factual and objective, and provide anyone who reviews the patient record with clear insight into how staff responded to that person's specific concerns. It is appropriate to have members of the staff document interactions with the patient. For example, if the office manager is the only one to hear a patient comment about how unhappy he is with the treatment he received, he or she should record it in the patient's chart and immediately notify the dentist. It is the dentist's responsibility to follow up with the patient and record both the discussion and outcome in the chart.

If dentist and staff strive for good communication and documentation, yet a patient still chooses to write a negative posting online, apply the following guidelines:

- Do not attempt to publicly respond or refute the claim on the Web site. There is a common misconception that once the patient has divulged private information his or her disclosure protects you from violating the patient's privacy rights if or when you reply. Do not fall prey to that error. You may inadvertently breach patient confidentiality (e.g., John Doe has hepatitis C) or make a libelous statement (e.g., Sally Smith never pays her bills on time) in return.
- Check to see if the Web site has a written policy or protocol for removal of potentially libelous postings. Follow the process to request removal of the information.
- Ascertain who posted the negative comments then review chart documentation to determine whether information exists that may either corroborate your position or contradict the poster's claim.

- Seek legal advice to determine what type of recourse may be available.

Under section 230 of the Communications Decency Act of 1996, specific protections are afforded Web sites that publish or post information from a third-party online; so there is no direct legal remedy available against Internet domains that post libelous information. A Strategic Lawsuit Against Public Participation (SLAPP) is intended to intimidate defamation defendants into withdrawing their comments by the threat of a costly lawsuit; however, Anti-SLAPP statutes have been passed in Arizona, California, Hawaii, Illinois, Minnesota, Nevada and Pennsylvania to prevent misuse of SLAPP litigation. Anti-SLAPP regulations allow defendants the opportunity to file a special motion to have a court determine whether the comments posted fall under the right of petition or free speech.

It has been suggested dentists have patients sign a document prohibiting the individual from posting defamatory claims on the Internet. Think carefully about what kind of message this sends. The patient may become curious as to whether the practice has received a bad review and speculate

that the only reason the dentist has requested he or she sign an agreement is because of poor patient relations or service in the past. Also, the patient may feel the dentist is unfairly requesting the individual give up a basic First Amendment right - freedom of speech. While a dentist may believe this is a proactive step to combating abuse of the online rating and review system, patients may see it as a license to practice bad dentistry without the threat of disclosure.

Patients pleased with the care they receive will refer friends and acquaintances to the practice, while less-than-satisfied individuals may complain openly about perceived poor service and care to anyone who will listen. Whether the complaints are slanderous or libelous in nature, the best protection a practice can offer itself is to effectively communicate with patients, colleagues and the dental team, and to document these interactions accurately and objectively.

If you are unsure about how to handle a situation, please call TDIC's Risk Management Advice Line at 800.733.0634, where a risk management analyst can assist you with finding a solution.

Nominating Committee Selects Trustee, Delegates, Alternates

The Nominating Committee met in February and nominated Dr. Narendra G. Vyas to serve as CDA Trustee to fill the position left by outgoing trustee, Dr. Clelan G. Ehrler. Dr. Vyas, a general dentist from Fontana and past president of Tri-County, will work closely with Dr. Ann Steiner, who will complete her terms of office in 2010. The Nominating Committee also nominated the following members to serve as delegates and alternates to the CDA House of Delegates, November 13-15 in Sacramento.

Delegates:

Robert W. Casady	Oariona Lowe
Vijaya Cherukuri	Gerald M. Middleton
Marileth D. Coria	Rick J. Nichols
Todd B. Ehrler	Leonard J. Raimondo
Arthur D. Gage	Archana A. Sheth
Kenneth T. Harrison	Robert D. Stevenson
Daniel N. Jenkins	Narendra G. Vyas
Jeffrey D. Lloyd	R. Bruce Walter

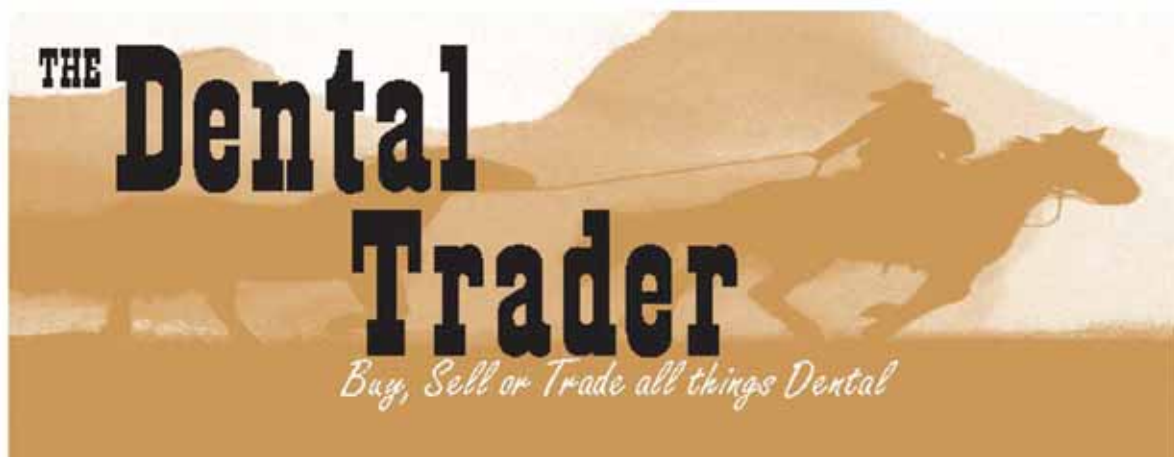
Alternates:

Samir K. Batniji	Paulette Newman
Joan Dendinger	Al Ochoa
Liviu Eftimie	Dhanesh Pore
Clelan Ehrler	David Roecker
Richard Grabowsky	Ann Steiner
Mark Harris	Gulabrai Ukani
Elva Maldonado	Judy Wipf
Larry Moore	

Additional nominations for trustee and delegates and alternate delegates to the California Dental Association, may be made by an active, dual or life member of the Society, provided such nomination is supported by the endorsing signatures of 15 active, dual or life members and received in the Tri-County Dental Society office by June 10.

Candidates nominated for an office, delegates and alternates, if unopposed, shall be declared elected at the close of the 30-day nominating period. In contested elections, voting will be held by mail ballot.

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What's Happening?

Day/Date	Event Details
Fri. May 1	CE Program The Palms Center Registration 7:30 a.m.; Lecture 8 a.m. - 1 p.m. "Core Concepts: Complex Rotary Endodontics" Ronald Lebby, DDS
Tues. May 12	Board Meeting TCDS Office, 6:30 p.m.
May 14-17	CDA Presents Anaheim
May 15-16	TCDS Hospitality Suite Palisades Room, Anaheim Hilton 9 a.m. - 6 p.m. Bring your invitation postcard to be entered in a drawing to win an iPod touch donated by Innovative Practice Solutions
Mon. May 25	Memorial Day Observed TCDS Office Closed
Fri. June 5	CE Program The Palms Center Registration 7:30 a.m. Lecture 8 a.m. - 1 p.m. "Care & Feeding of Hi-Tech Equipment" Daniel N. Jenkins, DDS, Moderator
Sun. June 14	GKAS Afternoon at the Ballpark Inland Empire 66ers' Stadium 280 So. E Street, San Bernardino Gates Open at 10:30 a.m. Baseball Clinic: 11:00 a.m. Game Starts at 1:05 p.m. Call Jillian Pena at (909) 495-7658 for tickets!
Fri. July 3	Independence Day Observed TCDS Office Closed



Pamela Skeate, from PS Consulting, instructs attendees on how to "Run Effective Meetings" during the Emerging Leaders Institute in February.

Short Abstracts

Ear, TMJ, and Dental Pain Connection

Dental Otalgia, Kim DS, Cheang P, Dover S, Drake-Lee AB. J, Laryngol Otol. 2007 Dec;121(12):1129-34. Epub 2007 Aug 21. Department of Otolaryngology, University Hospital Birmingham, Worcestershire Royal Infirmary, UK. Daekim72@yahoo.co.uk

Authors state dental disorders are the most common causes of secondary otalgia presenting to the ENT clinic, and may account for up to 50 per cent of referred otalgia. Temporomandibular joint dysfunction syndrome represents the most common dental cause of referred otalgia. Decay and pulpal inflammation of posterior teeth can also frequently present as otalgia. They feel this is due to overlapping sensory nerve supplies. There is an overview of common dental causes of otalgia and guidelines for ENT's to perform a simple dental and TMJ examination to rule out referred dental otalgia. PMID: 17708777 [PubMed - indexed for MEDLINE]

Obesity and Periodontal Disease Relationship: Forsyth Scientists Observe Relationship between Obesity and Risk of Gum Disease

Journal of Clinical Periodontology online on January 16, 2008, was led by Dr. Anne Haffajee, head of the Department of Periodontology at The Forsyth Institute

In a recent research study, which examined the differences in the periodontal health of individuals with different Body Mass Indices (BMI), Forsyth Institute scientists have found a connection between overweight and obese individuals and a particular gum disease-causing oral bacterium, termed *Tannerella forsythia*.

Previous published research has suggested a connection between obesity and periodontal disease. However, this is the first study to examine the relationship of obesity to the composition of the mouth's bacterial plaque, and whether microbial shifts in obese individuals might be associated with increased risk of developing severe gum disease.



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Two CDA Foundation Allied Dental Student Scholarships Awarded

The California Dental Association Foundation (CDA Foundation) firmly believes that by working together we are able to create an environment where success with any project can be achieved, improved, and maintained. An example of this cooperative effort is seen in the four-part collaboration between the Foundation, California Dental Association (CDA), TDIC Insurance Solutions and the Tri-County Dental Society. The Allied Dental Student Scholarship Program is sponsored by the Foundation, generously funded by CDA and TDIC Insurance Solutions, and distributed by all of the 32 CDA component dental societies.

Student achievement plays a crucial role in our efforts to expand the availability of oral health services to all Californians. Through this valuable scholarship program, each component is able to distribute \$1,000 in scholarships to deserving students enrolled in a state-approved dental hygiene, dental assisting or dental laboratory technology program.

Tri-County Dental Society is pleased to award two scholarships this year's scholarship to Tonya Alcocer and Nancy Kuy. Tonya and Nancy were chosen for their demonstrated leadership, outstanding achievements, community service and a desire to obtain a career in the dental field.

Tonya is pursuing her career in dental hygiene at Riverside Community College's Dental Hygiene Program in Moreno Valley. Letters of recommendation noted that Tonya is conscientious and relates well to patients. Having left her family and friends in Northern California, she is focused on her dental hygiene training.

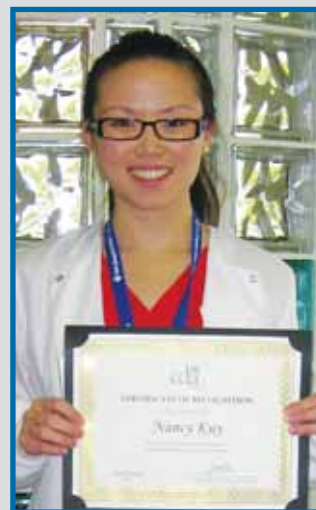
Nancy Kuy, a dental hygiene student at San Joaquin Valley College, has a B.S. from UC Irvine and a M.S. in Health Promotion from King's College London. Nancy's instructor wrote that she "is an accomplished student...eager to learn and give back to the community."

The Tri-County Dental Society is pleased to support such dedicated students as they complete their education and enter the dental profession.

To access and view other Foundation programs, please visit the CDA Foundation Web site at www.cdafoundation.org.



Tonya Alcocer



Nancy Kuy