



Tri-County Dental Society

BULLETIN

Representing the Dentists of the Inland Empire

JAN/FEB 2011

Volume 58 No 1



The First Couple

TCDS Membership Status Report

Active/Recent	1,489
Life Active	81
Life Retired	134
Retired	35
Post Grad	43
Faculty	37
Disabled	14
Military/Public Health	6
Provisional	66
Hardship	13
Inactive	12
Pending Applications	17
TOTAL	1,900

Toll-Free Numbers

ADA	(800) 621-8099
CDA	(800) 736-8702
Practice Support Center	(866) 232-6362
Resource Center	(800) CDA-SMILE (232-7645)
TDIC	(800) 733-0634
TDIC Ins. Solutions	(800) 733-0633
TCDS	(800) 287-8237
Denti-Cal Referral	(800) 322-6384

HMO Consumer Complaint
Hotline (800) 400-0815
State Dept. of Corporations
Consumer Services Division

Editor ■ *Daniel N. Jenkins*

Executive Director/Managing Editor ■ *Penny Gage*

Publisher ■ *Fred Lamb Design*

President ■ *Daniel N. Jenkins*

President-Elect ■ *Kenneth T. Harrison*

Vice President ■ *Jeffrey D. Lloyd*

Secretary/Treasurer ■ *Arthur D. Gage*

Immediate Past President/
Parliamentarian ■ *Leonard J. Raimondo*

Director ■ *Douglas M. Brown*

Director ■ *Marileth D. Coria*

Director ■ *David A. Roecher*

Director ■ *Evangelos T. Rossopoulos*

Director ■ *Archana A. Sheth*

CDA Trustee ■ *Gerald M. Middleton*

CDA Trustee ■ *Narendra G. Vyas*

Dean, LLU/SD ■ *Charles J. Goodacre*

Dean, Western U/SDM ■ *James J. Koelbl*

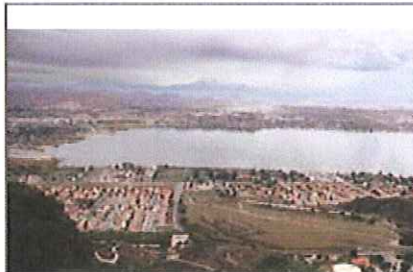


In this Issue...

Presidential Message	3
On Ethics	4
Editorial	5
Short Abstracts	6
Unclassifieds	7
Saving A Smile	8
Members In The Spotlight	9
Nominating Committee Selects Trustees, Delegates, Alternates	10
Technology, Science and Leadership	11
GKAS, Another Successful Year	12
Penny Gage To Be Honored At Hospitality Suite	18
The Best Meeting Is At The Meeting / Data Breach	19
Prescription Liability	20
ADA holds National Conference Call	21
What's Happening? / Dental Dote	23
Say What? / CDA Awards Two Scholarships	24

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

Lake Elsinore

The banner photo is a view of Lake Elsinore from the Ortega Mountains.

Featured Cover Photo

Dr. Dan Jenkins and his wife, Shirley, celebrated his installation into the presidency of the Tri-County Dental Society. For more about the installation, including photos, go to page 12.

You are included!



On December 2, 2010, I was installed as president of our Tri-County Dental Society. I have observed that many think of the president of an organization as a position of power. However, I assure you that, as with all of the offices of TCDS, the position is more about responsibility than power! I

hope that we accomplish many things for our society this year to make TCDS even better. However, a large ship changes slowly and our officers are only rudders...the combined membership is what provides the propulsion. I did make some comments at the installation and I was encouraged to include them in my president's message for this issue. The installation was held in Pomona at the Sheraton Fairplex which is in the western part of our component territory. This is the part of TCDS most people do not realize is the third county of Tri-County - Los Angeles.

Tri-County Dental Society is large - the largest in area in CDA. In fact, our 28,000 square miles is larger than all but 30 of the states of the United States! Our membership, when considering our dental student members, is also the largest in CDA and is larger than all but 20 of the states! We have grown a lot over the years and have improved services to our members and to the public we all serve.

We have a lot to be proud of with our accomplishments of Give Kids a Smile. Thanks to Dr. Rick Nichols', Dr. Ruth Bol's and Penny Gage's leadership, TCDS held 20 clinics this year!

We can be proud of our members' representation at the ADA, CDA, IDS, AGD, AAMOS, AAP, CSPD, SAID, ICD, AADE, IACA, LLUSD, Western University of Health Sciences, School of Dental Medicine, and...the Senate of the Great State of California!

Yet, with all of the accomplishments of TCDS and of its members there is still more work to do. We can do better! Because of the vastness of our component, some members feel left out. We must find ways to let them feel included. Because of the economy, some members are struggling more than usual and some to the point of selling practices just to get out of debt, some to the point of just walking out of their practices, and some to the point of bankruptcy. We need to provide information and programs in addition to our science to prevent this.

Because of our numbers, some members feel they do

not have a voice. We need to let them know the various ways we already have for communicating with TCDS. Because of increased time consuming governmental requirements, and the economy, members are hesitant to take time away from their offices to attend CE meetings during the day. We have shifted to less expensive evening CE meetings to meet the changes. This was led by Vice President Ken Harrison, chair of our CE committee.

Because of third party difficulties, dentists are losing thousands of dollars each month when they need it the most. The legislation, encouraged by CDA and assisted by TCDS member State Senator Bill Emmerson, has stopped the practice of insurance companies dictating fees for services they do not even cover.

Because of the ignorance of some in the media, dentists are pictured as money-hungry, low educated, incompetent tooth factory workers. In fact, an NPR program stated dentists can only diagnose cavities on radiographs 50% of the time and intentionally inflict pain on their patients so the patient will bond with them better and have more work done to pad the income of the dentist. The ADA president called for a letter writing campaign to NPR and this resulted in an apology by the NPR ombudsman.

Some of the other attacks on our profession of dentistry are not only external but internal. One group has even tried to exclude other dentists, including specialists,

Contact Your Dental Society Staff

(909) 370-2112 or (800) 287-8237

Penny Gage, Executive Director

Administration

Ethics

Governance

Extension 23 – Penny@tcds.org

Stacy Drake, CE Coordinator

Continuing Education

Give Kids A Smile

Advertising/Exhibitors

Employment Assistance

Extension 21 – Stacey@tcds.org

Shehara Gunasekera, Membership Coordinator

Website Assistance

Recruitment/Retention

New Professionals Services

Dental Student Services

Extension 22 – Shehara@tcds.org

from treating TMJ disorders apparently by misusing official ADA publications. Some auxiliaries have successfully achieved being able to practice dentistry in some states. This is a major paradigm shift in dentistry. Dentists have also been attacked through the Internet by both patients and employees.

These problems and attacks have been addressed by our organized efforts. Some have been successfully stopped - such as the insurance companies cap on non-covered services and the exclusion of small dental offices having to be under the "red flags" rule regarding extending credit to patients. The Internet issues are winding their way through the courts as they have to dissect out what is free speech and what is slander.

While all of us practice dentistry in our own way, in our own specialty, with our own flair, we are dentists and must stand together to perpetuate our profession of caring for the teeth...and all the supporting structures. And, these days we are finding that the supporting structures are taking us farther and farther away from the teeth! It is important, therefore, that all dentists not just refresh the information they were taught in dental school. It is important not only for general dentists to learn new developments in the general dentists' realm and more of what is happening in the specialties, but it is also important for specialists to learn what has changed in general dentistry since they were in dental school. It is the increase of knowledge that can lift the public's perception

of the profession of dentistry.

We must work together to uphold the image of our profession. ADA president Ray Gist has stated many times regarding inclusion of all dentists. That is what it will take to protect dentistry. We need to include all dentists regardless of whether we agree with each other over national politics, religion, or treatment philosophies. We need to include all dentists regardless of race, regardless of national origin or origin of dental training, regardless of culture, regardless of sex and regardless of the number of years since they were in dental school.

The American Dental Association and its members are to comprise all licensed dentists who meet the minimum standard of care for dentistry. Some may be "better" dentists than others and some with varied specialties or treatment philosophies may feel the ADA does not represent them, but it does because the ADA represents all of us. It will be through this working together, learning together, and succeeding together that we will all be rightfully looked upon as health professionals primarily concerned with the teeth and all supporting structures who deserve respect and honor for the altruistic services we provide to our fellow mankind!

Tri-County Dentists

Indio Surgery Center located at 46-900 Monroe St, Ste B-201 Indio, California, is available to dentists who are interested in treating their own patients under general anesthesia.

- State Licensed
- AAAHC Certified
- State-of-the-Art Dental Facility
- Experienced registered Dental Assistants and Registered Nursing staff
- Dental and Medical Anesthesiologist on staff

For more information call Lawrence Church, DDS or Diana Jesson R.N.

Phone: (760) 396-5733

Email: d.jesson@indiosurgerycenter.com

A constant surrounded by change



Practicing general dentistry for 30 years, I have seen change in our profession. I believe that in this very short time, we all have witnessed many technological advances. We have seen the introduction of computers, internet, cosmetic dentistry, lasers, implants, bone

regeneration, CAD/CAM and more. These developments have enhanced our profession into offering more services to a more educated and demanding population. We have met those challenges and, in the majority of cases, exceeded the patient's expectations. And, as even more exciting innovations continue to be introduced to our profession (genetic testing, genetic engineering of teeth and more), the horizon is almost unlimited for new techniques and products to provide our patients in the future.

But as we all know, we wear two hats. One, as health care professionals with the fiduciary responsibility to place the well being of our patients first in their treatment; and second, we operate a business in a changing and competitive environment within the ethical boundaries of our profession. We meet this challenge daily.

Yet, we don't face the task alone. We have the counsel of our colleagues, business advisors and importantly the dental associations - National, State and local levels. These associations have provided services (conventions, CE) and benefits (TDIC, CDA Foundation, etc.) for our members. They continue to

build on the efforts of the previous leaders of our profession. We rank and file members may not agree on some items, but we know that the leaders are dedicated and work on our behalf. They have succeeded in successfully dealing with numerous issues that could have diminished the stature of our profession. They react to the ever changing business landscape of dentistry from within the profession (specialties, hygiene, expanded functions, etc.), too.

And as a business entity, we battle the outside influences such as the insurance companies with their alphabet soup of offered insurance plans, the economic recession, office staff, patient demands and the looming 800-pound government gorilla, are strong forces that must be reckoned with.

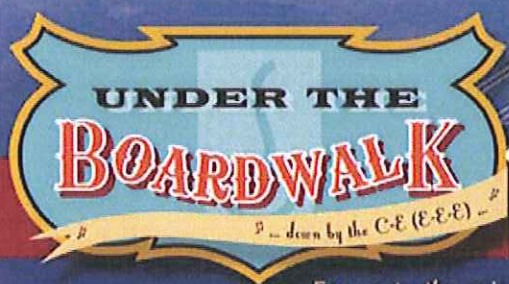
This gorilla can throw two strong arms at any entity under its jurisdiction. One is regulation and the other is litigation. On the state level, there are Cal OSHA regulations, Labor Board regulations and the requirements for every member in the clinical field of dentistry to maintain CPR, review dental sterilization techniques and jurisprudence. They are a nuisance but they benefit our practice.

Most recently, the Federal government has succeeded in regulating future medical care. So far, dentistry has been fortunate in not being included in the recent Federal healthcare bill. In the years to follow, the government healthcare entitlement may become the HMO on steroids and may be an additional "business partner" in our private practice.

But, the arm of litigation is continually and effectively being flexed too. We have seen the battle cry of "access to care" and "free trade" and the FTC litigation

DON'T MISS OUT!

Sacramento District Dental Society presents the 31st Annual



MIDWINTER
Convention & Expo

Thursday & Friday: **FEBRUARY 3 & 4, 2011**

For up-to-the-minute SDDS MidWinter Convention info, visit www.sdds.org/MW2010.htm

being used in supporting gregarious advertising, expanding dental practice models (dental therapists) and "specialty recognition (AAID)" by using the courts to change the boundaries of the business model of dentistry. This two-fisted pummeling is producing change in the current dental practice model.

While the traditional boundaries of our profession is changing, so too, organized dentistry will need to respond as well! They need to be more proactive and educate the public to the value of good oral health by ADA member dentists. For the national and state organizations, make our membership commitment in the ADA and CDA something of value to the public and promote that idea by a long-term contract of television and radio campaigns. Budget a long-term public relations campaign and "market" our profession. And while doing so, respond quickly and firmly to salacious and slanderous comments made in the press and radio against our profession. Provide our members the necessary tools (software or subscriptions) to combat the tattle-tale web sites such as Yelp.com, Angie's List and Yahoo to scan and protect against the unfair and inaccurate blogs.

Reach out and establish a partnership with the cardiologist and make periodontal care an adjunct therapy in the patient's treatment of cardiac disease. Make the same overtures to the oncologists, plastic surgeons and obstetricians/pediatricians, too. Continually promote our dental contribution to their patients' medical well being in the journals of the medical colleagues as well as the public service television spots.

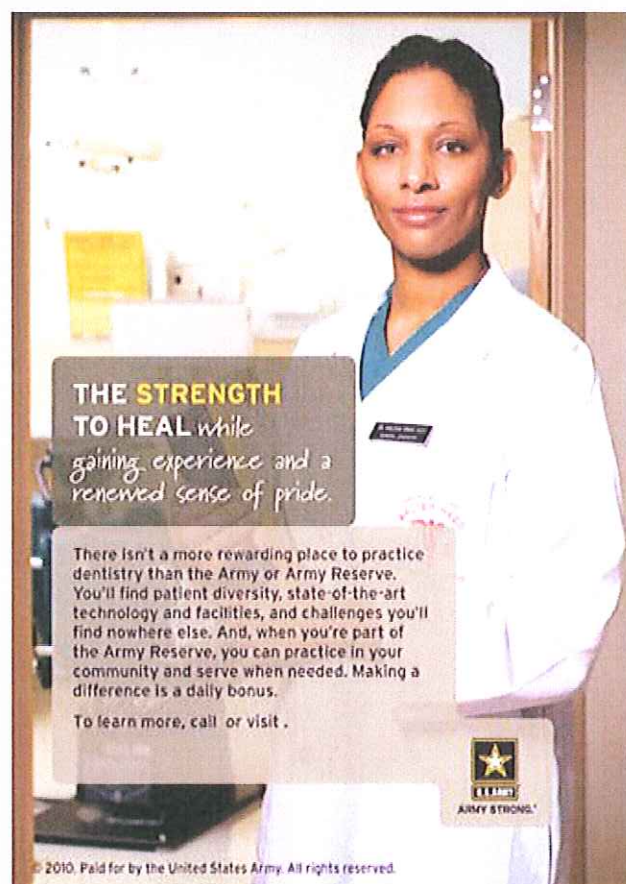
As many already know, the Tri-County Dental Society encompasses a large geographical area. It is difficult for even the most dedicated member to travel the 100 plus miles for a monthly meeting on a Wednesday evening. Why not take the Colton monthly meeting and go on the road to host an occasional monthly meeting for members in their backyard? It would improve communication and show that the society is reaching out. It will educate our local members as to the local business of our society. Perhaps also offer a continuing education course following a Wednesday afternoon local meeting. Or perhaps hold the monthly meeting on a Friday afternoon?

Set up a local mentoring program for new dentists with the offices of established Tri-County members in their respective community. Show them how important the benefits and lobbying the CDA provides our profession. Many of us remember the first days of our profession! We all could have used a mentor in deal-

ing with setting up or buying a practice.

Ultimately, the never changing constant is the recurrent commitment of membership of the individual dentist to our society. Every year, we dentists renew our faith in the society by paying our dues. When members see the same results or lack of needed responses, however, many members become disillusioned. Or worse, they become apathetic and do nothing. Therefore, organized dentistry must step forward to the membership and illuminate its efforts in these challenging times and showcase its accomplishments to the rank and file. They need to communicate their ongoing efforts with dealing with the changes buffeting our profession and because of those efforts they will tap the energy of its dormant members.


Lastly, members, if you're not happy with the direction of our organized dental community or the direction of change in your dental practice make 2011 the year you get off the couch and get involved. After all, WE are the dental society!



THE STRENGTH TO HEAL while gaining experience and a renewed sense of pride.

There isn't a more rewarding place to practice dentistry than the Army or Army Reserve. You'll find patient diversity, state-of-the-art technology and facilities, and challenges you'll find nowhere else. And, when you're part of the Army Reserve, you can practice in your community and serve when needed. Making a difference is a daily bonus.

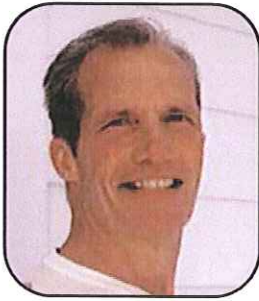
To learn more, call or visit .

 ARMY STRONG.

© 2010. Paid for by the United States Army. All rights reserved.

Lightning Strikes, Part II: The Trial

Roy Shelburne, DDS



I deeply appreciate the interest shown in the article submitted last month. It's a great honor to be the topic of conversation at the dental water cooler Monday morning and its reassuring to a degree that we all have a fear of lightning.

Just as there are precautions to take when "real" lightning is flashing around us, it is also possible to protect ourselves from a figurative lightning strike as well. But, before we get into that, shall we deal with some of the questions raised in the first article?

"Inquiring minds want to know." Among the many questions that have been posed as a result of the first article, a couple stand out as the most important to the readers. Ok, the question of the hour is...what "triggered" the action? The answer is that we don't know for sure, nor will we ever know. We do have an idea of the actions' origins. The consensus is that the action began as a complaint from either a disgruntled employee or a jealous neighboring dentist, referred to as a "whistle blower."

Unfortunately for me, and fortunately for the whistleblower, the truth of who made the complaint will never be known. Whistleblowers are protected by Federal and State law. Their identity is held strictly in confidence. Once a complaint is received by the Medicaid Fraud division of the Virginia Medicaid Fraud Unit an investigation begins.

I understand that every complaint made to the Medicaid Fraud division of the Virginia Medicaid Fraud unit is investigated. It is also my understanding that when the complaint was received, my Medicaid billing records were sent to a dental consultant for review. In my case, this was a non-practicing dentist in Kentucky who agreed to review my records. She, upon review, determined that there was possible cause for further investigation and that she would be available for the expanding investigation.

It didn't matter that I had never had a complaint to Medicaid, or the Virginia Board of Dentistry, or that according to Medicaid "I wasn't even on their radar." The investigation continued and expanded because of her concern. This led to patient examinations and then seizure of my records.

At this point, the action had reached the point of no return. The snow ball had been set into motion, rolling down hill, gathering speed and size. My fate had been sealed. It was just a matter of time before the prosecu-

tion had gathered enough information to construct a case they felt would convince a jury of my guilt.

A great deal of the evidence from witnesses presented during the trial was about the operation of the office and my family's personal lifestyle. Apparently, having morning huddles and sharing production collection numbers with the staff makes us all about the money. Running our practices like a business is unacceptable. Pictures of our home, vehicles, and receipts from vacations were all presented in evidence. According to the prosecution, our "lavish lifestyle" was the motivation for the fraud and that lifestyle was being funded by the jury's tax payments. Framing the situation in that way seemed to work!

Apparently having morning huddles and sharing production collection numbers with the staff makes us all about the money. Running our practices like a business is unacceptable.

Honestly, I'm glad I don't know who initiated the action. It does no good to bear ill will toward anyone. It just poisons your thoughts and feelings to the detriment of your health and attitude. I've long since put that behind me and have determined to move forward. People and situations only have as much

power over you as you allow them to have and I've already been to prison. I refuse to let anything or anyone affect any area of my mental freedom again.

The second most frequently asked question has been, "What were you accused of?"

There were 10 counts in the indictment. There was one count of Healthcare Fraud, one count of Racketeering, seven counts of Money Laundering, and one count of Structuring. All the counts, with the exception of structuring, hinged on my guilt of healthcare fraud. No healthcare fraud, then no racketeering - no money laundering. The fact is that the government used the shotgun approach in the indictment. There were 140 acts outlined in the indictment; however, they brought only one count of healthcare fraud. This meant that of the 140 acts, the jury had only to find guilt associated with one of the 140 acts. The issues the government raised against me in the 140 acts included, as outlined in the indictment:

- 1) Up-coding and submitting services that were not provided: For example, during this period there were 2 codes for extractions done at the same appointment. 7110 was the code for the first extraction and 7120 was

the code used for additional extractions done at the same appointment. Instead of using the 2 codes, the 7110 code was used for multiple extractions at the same appointment resulting in an over payment of a little less than \$2.00. The Medicaid administrator who processed the claims did not catch the error and we were paid more than we should have been paid. Additionally, there were instances where sealants were placed, but when the exam was conducted by the examiner, that sealant was missing. The examiner indicated that the sealant service was not provided as evidenced in her exam.

2) Submitting for services that were incomplete, medically unnecessary and which, in many cases, were detrimental to the patient: The prosecution held that many of the pulpotomies and stainless steel crowns that were placed were medically unnecessary and were detrimental to the patient. The examiner indicated in her review that because caries were not evident on the x-ray or that widespread decay was not evident, the restorations placed were not necessary.

3) Submitting billings for services that were performed in such a manner as to be the medical equivalent of no service having been performed at all: We had root canals that failed. Although our overall success rate was better than 94%, those failures were due to inadequate treatment, per the prosecution. (The prosecution even had a dentist testify that they never had an endodontic failure! My question to them would have been...."Have

you ever done one?") The jury, of course, believed if the treatment failed, it was because of the dentist's failure. The point made by the prosecution was that if something failed, the payment should be returned. Keeping payment for something that failed was fraud.

4) Submitting billings that were inaccurate and not supported by documentation in the patients file: We did make billing errors and my documentation was not as complete as was necessary to support treatment decisions I made. I failed to record what diagnostic "test" I used to determine the need for treatment; e.g., occlusal stick with explorer, trans-illumination, radiolucent lesion, lexicon, etc. I had an intraoral camera, but seldom kept copies of those pictures as documentation. An itemized treatment plan was not enough to establish a need for treatment or to serve as justification to a jury as to why treatment was provided.

5) Submitting billings which reflect abuse of billing for "emergency" treatment: The prosecution held that billing for emergency exams to determine the nature of the patient's complaint was an abuse of the code. The point made was that the exam should be included in the emergency treatment fee, not separate from.

6) Billing DMAS and private health insurance companies for services rendered in connection with a single procedure, collecting for both, and failing to reimburse either payor for fees collected; in essence collecting double payment of services allegedly provided:

Although we attached the EOB to the claim form submitted to DMAS and indicated that DMAS was secondary, DMAS processed the payment as if there was no primary insurance. We were to manually calculate the amount DMAS was supposed to pay and enter that information in the "administration only" column next to the procedure for DMAS to pay the claim properly. DMAS reimbursement being much less than UCR seldom resulted in negative balances. The business person at the front desk, if she was aware, never alerted me to the fact that DMAS paid improperly as she stated in her testimony. The point made by the prosecution was that we should have caught DMAS' mistake and returned the payment.

Unfortunately, in my case, the government was correct in their assessments in some of the cases. We made errors in billing and coding that should have never occurred. I was unaware of the errors, but even so, ignorance is no excuse in the eyes of the law. When, dur-

A Special Thanks to our sponsors

Patterson Dental

www.pattersondental.com

Glendale Implant and Aesthetics

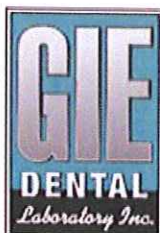
www.giedentallab.com

Precision Ceramics Dental Laboratory

www.pcdl-usa.com

TDIC Insurance Solutions

www.thedentists.com



ing our review, I recognized the errors, I offered to repay the overpayment and any penalty to an applicable fine; however, the government was not interested in this kind of resolution of the problem. The prosecution made clear that they wanted prison time in addition to any restitution and/or penalty due.

Because the errors were not intentional and I ignorantly believed this was an adequate defense, I was unwilling to plead guilty and go to prison for errors that were made. Not to mention the fact the "best" offer I received from the prosecution was 36 months in prison and restitution of \$350,000. I felt this was completely unreasonable.

The government's argument was that the errors were made intentionally or with "blind disregard" or "blind indifference" to the fact that errors were made. The prosecution argued that I was an intelligent highly-trained professional who bore the responsibility to see that systems and procedures were in place to identify and correct mistakes. I was being overpaid and that was to my advantage. They argued that I "probably" knew, but even if I didn't, I was still responsible....and the real truth is.....I was and am responsible. I was paid more than I

Over the course of the six and one-half years that I was a part of the action, I was paid in excess of three and a half million dollars. The government established that during that period I was paid \$17,889.57 more than I was entitled. This is .5% of the total billings.

was entitled.

Further, even though this doesn't make a difference, we found that there were a number of services provided that I could have billed but didn't....in excess of what I was paid that I was not entitled - this was of no consequence.

My practice was located in one of the poorest counties in Virginia. Over 85% of the children in the school system qualify for free or reduced lunches and the majority have Medicaid. Oral hygiene was often neglected and we saw children with rampant decay as the rule not the exception. Over the course of the six and one-half years that I was a part of the action, I was paid in excess of three and a half million dollars. The government established that during that period I was paid \$17,889.57 more than I was entitled. This is .5% of the total billings. This \$17,889.57 received over the course of six and a half years funded my lavish lifestyle.

Here again, it doesn't matter how little the amount. I also want it made clear that I believe that I should not

have received a cent in error. It was never my intention to receive anything that was not justified. Even \$1 would have been too much in error, but you decide if the amount in question as compared to the total amount billed indicates a scheme to defraud the government.

Nonetheless, On March 6, 2008, I was found guilty after a 9 day trial by a jury on all 10 counts....The 7 money laundering counts were dismissed as a result of a Supreme Court Decision determined 4 days before my scheduled sentencing. The Racketeering and Structuring convictions carried a forfeiture penalty that was determined to be \$200,000. In addition to the \$17,889.57 restitution, I was given a \$75,000 penalty and was sentenced to 24 months in Federal prison with 3 years of supervised probation to follow release from prison.

We made a motion after the decision to set aside the verdict. The Judge, in his opinion wrote, "The defendant argues that the evidence showed that he acted in good faith in his dental practice, with no intent to defraud. Similarly, he contends that he acted with a 'legitimate medical purpose and within the bounds of accepted medical practice.' I agree that his evidence supported such a defense, but there was substantial evidence to the contrary. A verdict in Dr. Shelburne's favor certainly would have been plausible and equally supportable. Under our system of justice, however, the jury's view of the evidence cannot be set aside where, as here, there was substantial evidence to support it."

The government initially appealed the decision...they were unhappy that the Money Laundering charges were set aside, but later abandoned that appeal, but not before I paid a \$25,000 retainer to be represented in the appeal. This was a "flat fee" and was not returned when the appeal was abandoned. Coming next: Prison and what can be done to protect and defend your assets! Dr. Shelburne may be contacted at RoyShelburne@gmail.com, website: www.RoyShelburne.com.

TROUBLE with ADDICTION? Alcoholism and drug addiction can touch any of us.

The Well Being Committee is an organization of dental professionals who can give CONFIDENTIAL ASSISTANCE to members of the profession, their spouses and staff members. Information, help and/or support is available at the numbers below.

- Southern California Well Being Committee (818) 437-3204 or (310) 406-6319
- Tri-County Dental Society Well Being Committee (951) 203-0505

INSTALLATION

Tri-County Installation Goes Western

The California Dental Association held its annual House of Delegates (HOD) meeting in Beverly Hills in November. The meeting alternates between a Northern and a Southern California location to make it easier for CDA members to attend if they wish. If they wish, all members of CDA may attend the proceedings, except for closed sessions. (Of course, if you wish to become one of the TCDS delegates you can apply for one of those positions also!)

This year both Thanksgiving and Christmas came early to the HOD delegates. Thanks to the preliminary work done by CDA Board of Trustees, CDA staff, and all the delegates preparing for the meeting through caucus meetings and a study of the materials, this house was extremely efficient.

The longest discussion was regarding dentists' involvement in the treatment of obstructive sleep apnea or OSA. Two years ago, a committee was charged with evaluating and coming up with recommendations on what the dentist's role should be. The report this year, after much discussion, was referred once again back to the committee. While this means it will be another year before a position will hopefully be accepted, many felt that was better than stating a poor position.

Tri-County Dental Society past president and present CDA Treasurer, Butch Ehrler received the most applause of any other CDA officer when at the end of the meeting he was able to announce, "No dues increase!" Those words are always a crowd pleaser, Butch!

HOUSE OF DELEGATES

Delegates Enjoy an Efficient House

This year the TCDS installation of officers was held in the western end of our component in Pomona at the Sheraton Fairplex. The theme for the event was western and many members came dressed in country-western attire, which made this installation unique - and fun.

The theme was continued with a western cuisine buffet, which was delicious! Members had a great time visiting with each other and getting acquainted with those they had not actually met before. David May drove all the way in from Hemet, (60 miles!), to attend the event.

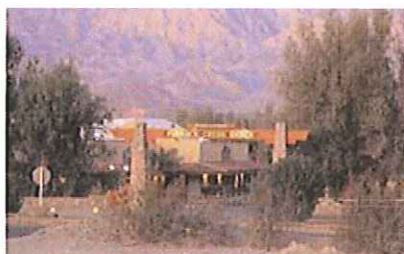
Annah Kreps, a TCDS staff member for more than nineteen years and now retired, was recognized for her contributions to the dental society. She was presented with a California State Senate plaque of recognition by TCDS member State Senator Bill Emmerson, nineteen red roses, and a LARGE retirement check - about 2x4 feet in size! I know we all will miss seeing her smiling face and cheerful voice on the phone at the TCDS office as well as her many helpful acts when we needed information.

William G. Dickerson, DDS, founder and CEO of the Las Vegas Institute and past president of the Clark County Dental Society in Nevada, was the installing officer. He and his wife, Heidi, were able to land their plane at Brackett Field right across the street from the Sheraton to attend. The rest of us had to fight the evening freeway traffic!

Incoming president Dan Jenkins gave an acceptance speech which can be read in the President's Message of this issue, and then the party began with karaoke, dancing and more visiting among our many TCDS friends in attendance. TCDS has a tradition of members bringing toys to be donated to a charity. This year the toys were donated to Alternatives to Domestic Violence in Riverside.

Thank you to all that came out for this annual TCDS event.

Third Annual CDA Dental Motorcycle Ride



Ken Sanford, DDS Memorial Ride This year - Jeep and Dual Sport Motorcycle Rides also MARCH 24-27, 2011

Join your colleagues for a weekend of FUN and EDUCATION! This weekend will combine riding through some of the world's most interesting scenery, fellowship with your fellow dentists, great food and top notch continuing education (courtesy of CDA PRESENTS).

This event will be based in Death Valley National Park during the spring. We are hoping for great weather and flowers. This is some of the most interesting terrain in the country. C.E. will be offered in the morning leaving plenty of time for rides. Preplanned rides/drives will be provided but participants are free to choose a different route if wished. This area has many activities for any family members or friends who do not ride.

A reception will be held Thursday evening, continental breakfast will be provided at the course and a BBQ dinner is being planned for Saturday night. The remainder of the meals will be on your own.

Location: The Ranch at Furnace Creek, Death Valley National Park
Make hotel reservations directly with hotel.
CDA has blocked 20 rooms - call early.
(800/236-7916)

Sunset Campground - most appropriate for RV's - is right across the street from The Ranch.

Speaker: Tom Lenhart, DMD, Practicing Dental Anesthesiologist and CDA Trustee. Dr. Lenhart will present on a variety of subjects including office emergencies, medical management, physical evaluation and anesthetic management

REGISTRATION DEADLINE - March 4, 2011
FOR MORE INFORMATION CONTACT:
dentistrides@gmail.com

MICHAEL LEE, MD Board Certified Anesthesiologist

- 14 Years Experience
- Bills Medical Insurance
- For Kids and Adults
- Most Competitive Rate in County
- Safety is My Top Priority
- Your Satisfaction or No Charge



Call 877.835.2738
Email: Mike@DrMichaelLee.com
CA License #G81265 Permit #157

TBS West, Inc. Offering Total Business Solutions



Services include:

- Accounts Payable
- Accounts Receivable
- Invoicing
- Deposit Receipts
- Monthly Bank Reconciliation
- On-Site Services
- Profit & Loss Statements
- ...and more!

as low as \$125 per month!

1090 E. Washington St., Suite B • Colton, CA 92324

Phone: 909-825-2143 • Fax: 909-824-6480

Email: tbswest@msn.com • www.tbswest.com

Also check out the best deals in travel: www.teenatravel.com

Need to get organized?



Do you need someone a few hours a week or maybe just one day a week but don't want the expense of an employee?

Outsource to a Professional!

Well Being Committee

*Fred Powers, DDS
Chair, TCDS Well Being Committee*



Dentistry has been good to me. I've been in practice now for 26 years and have found it not only satisfying as a profession, but fulfilling in my life.

Dentistry as a profession gives us much. Dentistry gives us a sense of satisfaction for a "job well done." Dentistry gives

us a respect from our community and society as a whole. Dentistry allows us affluence (to some degree) to enjoy the fruits of our labor. Dentistry can be very demanding. Stress levels run high as perfection is demanded on a patient by patient basis.

Within our dental society is a committee or group of dentists who "step up" when a professional colleague and friend succumbs to the disease of addiction. Some quiet members of our dental society anonymously, and with pure intent, render aid to those who have fallen into the addiction of alcohol and/or drugs.

Addiction is a nasty bridesmaid who slowly infiltrates a professional's ladder of priorities until she reaches the top rung. We, as a professional organization, would be neglectful if we failed to offer our help to these individuals. That help comes from the members of the "Well Being" committee.

Every dental society component has a Well Being committee. Some are more active than others. I recently made the trip to Sacramento for the CDA's annual meeting. I was impressed with the members who attended. I was privileged to listen to and meet dentists who are recovering alcoholics or drug addicts. Their stories were amazing. All had one thing in common. Each had a member of a Well Being committee that stepped up to assist in their recovery.

I am new to this committee and with the dealings that go on. I have met several persons/dentists who have been at this for a long time. These are wonderful people for whom I've garnered the utmost of respect. Not so much as to whom they are, but rather what they have done for some of our professional colleagues.

The members of this committee offer assistance to its members with addictions in a confidential and professional manner. There are different ways that individuals with addictions come to light. Usually it happens by way of a concerned colleague, family member, or perhaps a

worried patient. Addictions to substance abuse curtail the abilities to practice our profession to the standards society expects and demands.

Committee members seek out those in need with the foreknowledge they are not wanted. They persist in their quest to help the addicted befallen doctor and to protect society. We offer an outlet of help. Now granted, behind that helping hand is some leverage in the fact the doctor's license and livelihood is at stake. In the end, those doctors I heard at the Sacramento meeting gave me a profound sense of respect for them and the members of our Well Being committee.

In a world where metaphors are thrown around like the sands of the sea, I consider these individuals who go out of their way to help those who are in need as heroes—they are my heroes. They give of their time, efforts, and talents anonymously to save our fellow dentists from destruction. I can say now that I am a proud member of this committee and look forward to learning and working alongside them.

Your Well Being committee is here to help. If a member of TCDS is out there in need, I can be reached at 951-242-8282.

What can a CPA do for You?

We have extensive experience with Dental Practices. The professional staff of Frank W. Stearns offers a wealth of knowledge in financial practice management. We tailor our services to meet your specific needs. We offer the highest quality of professional services designed to improve the profitability of your practice while enhancing productivity and performance.

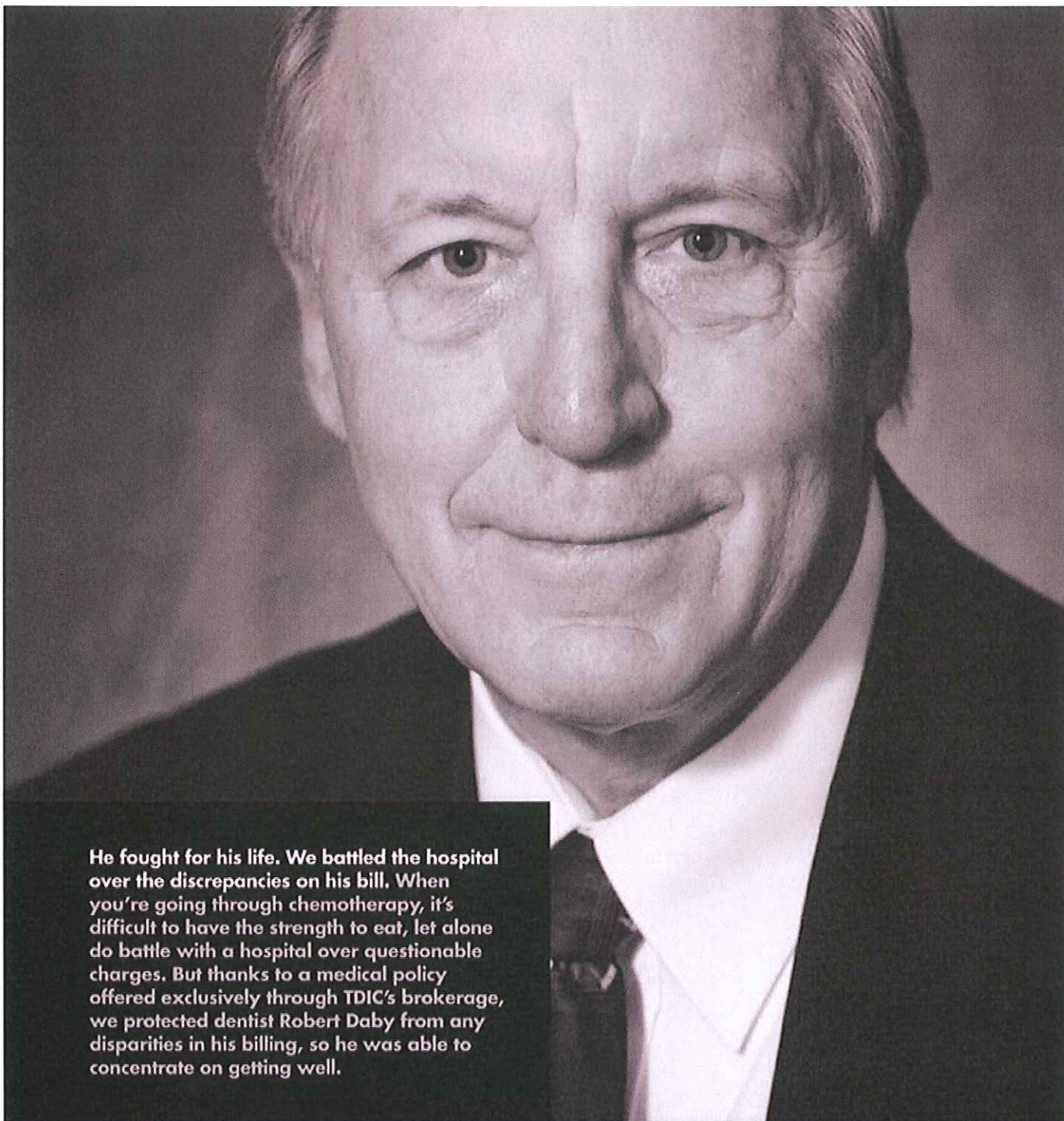
We can assist you with:

- Practice Acquisition/Mergers
- Tax Planning and Preparation
- Dental Practice Accounting
- Computerization
- Payroll Accounting
- Retirement and Estate Planning

If we can assist you in any of these areas, please call Frank (Chip) Stearns.

Frank W. Stearns

Certified Public Accountant, Inc.
2453 Falling Oak
Riverside, CA 92506
951-780-5100



He fought for his life. We battled the hospital over the discrepancies on his bill. When you're going through chemotherapy, it's difficult to have the strength to eat, let alone do battle with a hospital over questionable charges. But thanks to a medical policy offered exclusively through TDIC's brokerage, we protected dentist Robert Daby from any disparities in his billing, so he was able to concentrate on getting well.

**Protecting dentists.
It's all we do.™**

800.733.0633 tdicsolutions.com

Health Insurance is underwritten by other insurance carriers and brokered through TDIC Insurance Solutions. CA Lic. #0652783

Endorsed by
Tri-County Dental Society

tdic®

WHAT IS IT THAT CREATES SUCCESS

Charles J. Goodacre, DDS
Dean, Loma Linda University, School of Dentistry



The impact a school of dentistry has upon the public and the profession is largely realized through its faculty and students. Loma Linda University has been blessed with an incredible heritage of committed, innovative faculty and students who have made many positive contributions. It is fitting to

identify some of the accomplishments, not for the purpose of promoting the school, but to appropriately recognize those who have given so much. I have chosen 10 "firsts" and listed them by the decades during which they occurred. May they serve as a reminder to all of us of what can be done through dedication and hard work.

Firsts from the 1950's and 1960's

1. Dr. Niels Jorgensen developed the first intravenous sedation technique used in dentistry, a technique that dramatically enhanced the comfort of patients and the ease with which patients could have complex surgical and dental treatments performed.
2. Drs. Niels Jorgensen and Jess Hayden published the first textbook describing the anatomy and clinical procedures associated with local anesthesia as well as conscious sedation and general anesthesia. Dr. Jorgensen also produced the first 16 millimeter movies showing students and practitioners how to provide effective and comfortable local anesthesia. In 1965, his film, entitled "Inferior alveolar, lingual, and buccal nerve block," won the "First Grand Prix" award at the International Dental Film Competition in Paris, France.
3. In 1967, under the leadership of Dr. Ronald Buell, the advanced education program in Endodontics was established as the first endodontic specialty training program in the State of California and only the second such program west of the Mississippi River.
4. Drs. Lloyd Baum and Virgil Lau developed a paralleling device in 1958 that allowed pins to be precisely aligned with each other for longer lasting, more accurate restoration of teeth.
5. Drs. Lloyd Baum and Melvin Lund developed a refractory mold material in 1960 that allowed for the accurate casting of gold crowns without using the sometimes challenging process of removing a wax pattern from a die.

6. A porcelain inlay investment was developed by Dr. Robert Kinzer along with dental students Dean Bonlie and Kenneth Mertz. This new material allowed for easier and more accurate fabrication of tooth colored porcelain fillings.

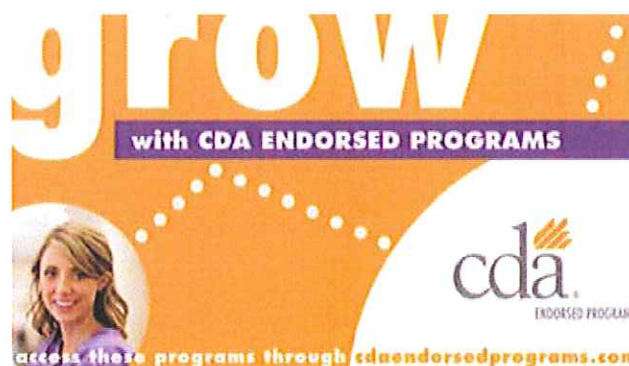
7. Gold foil fillings have always been recognized for their outstanding durability. However, the clinical procedures were quite time consuming and difficult, thereby limiting their use. A powdered gold material known as Goldent was developed in 1963 by Dr. Lloyd Baum with the assistance of dental student William Outhwaite. This innovation enhanced the ease and cost-effective nature of using these types of fillings.

8. When gold foil fillings were used in the front teeth, they often were visible and patients did not always like the final appearance. A conservative and esthetic lingual approach technique was developed at Loma Linda by Dr. Harold Schnepfer in 1960 that allowed for the placement of these very long-lasting, gold fillings in a manner that they were not visible.

9. Two School of Dentistry students, Gary Gregory and Raymond Rawson, produced the first movie that showed molten gold flowing into a mold. Their research improved the profession's understanding of the casting process so higher quality restorations could be made for teeth. These individuals also were guided in this project by Dr. Melvin Lund, then Chair of the Department of Restorative Dentistry.

10. Dr. Roland Walters, Chair of the Department of Orthodontics, developed and introduced the first use of computer-aided cephalometric analyses that enhanced orthodontic diagnosis and treatment planning.

In the next issue, "Firsts from the 1970's and 1980's."



FREE ADS FOR DENTISTS & STAFF

THE **Dental Trader**

Buy, Sell or Trade all things Dental

Free ad periodical mailed to every dentist in California.

Visit dentaltrader.com
877 888 4237

Testimonials from some of our satisfied advertisers:

*My advertisement generated three responses on the first day it was posted on the **Dental Trader** website.*

Dr. White

*I placed a reader ad at dentaltrader.com seeking staff for my practice. The ad had been on **The Dental Trader** website for only ten minutes when I got the call that filled the position. I tell my colleagues, "If you want results...advertise in **The Dental Trader**! It works!!*

Dr. Kevin Lochona

*I placed some unclassified ads in **The Dental Trader** to sell unwanted dental equipment and was besieged by so many telephone calls from readers that it became a problem. **The Dental Trader** works a little too well.*

Jeffrey Hempel, DDS

*This is the first time I've used **The Dental Trader Online Ad Board**. I was pleasantly surprised to have several contacts within the first week.*

Dr. R. P., DDS

Proud supporter of
Tri-County Dental Society

Short Abstracts

Effects of Platelet-Rich Plasma (PRP) on Sinus Bone Graft: Meta-Analysis, J.H. Bae, Y.K. Kim, S.K. Myung, *Journal of Periodontology*, Dec, 2010.

Purpose: This meta-analysis investigated the effects of platelet-rich plasma (PRP) on sinus bone graft.

Materials and Methods: We searched PubMed, Cochrane Library and Embase in January 2010.

Results: Out of 61 articles searched, 8 controlled clinical trials, which included a total of 352 sinus bone graft cases in 191 patients, were included in the final analysis. In the fixed-effects meta-analysis, implant survival was not significantly different between two groups in patient based data of 4 studies (relative risk [RR], 1.02; 95% CI, 0.97-1.08) and in implant based data of 3 studies (RR, 1.02; 95% CI, 0.99-1.04). Bone formation was significantly greater in the intervention group in the random-effects model (standardized mean difference [SMD], 1.30; 95% CI, 0.21-2.39) in 5 studies with significant heterogeneity ($I^2 = 76.2\%$). Bone to implant contact was not significantly different between two groups in the random-effects model (SMD, 1.02; 95% CI, -0.65-3.70) in 2 studies with significant heterogeneity ($I^2 = 82.4\%$).

Conclusions: The current study indicates that there is sufficient evidence to support the use of PRP for bone formation on sinus bone graft, while there is no significant effect on implant survival and bone to implant contact.

Uv strengthens human dentin under rehydrated condition Y. Furuya, M. Hayashi, and S. Ebisu, Osaka University, Suita, Japan

Objectives: Type-I collagen, a major organic component of human dentin, plays an important role in regulating the mechanical strength of dentin. The purposes of this study were to investigate how UV irradiation affects the mechanical strength of human dentin, especially when dehydrated and rehydrated.

Results: The specimens that had been UV irradiated with 1600 mW/cm² for 15min showed the greatest fracture strength (190.3 ± 45.6 MPa), which was significantly higher than those before the treatment (79.4 ± 13.9 MPa) (ANOVA, Fisher's PLSD, $p < 0.05$). Those specimens retained 56 percent of the strengthening effect after rehydration, even though the lateral packing of collagen molecules, shrunk by the UV, had reverted to the original condition. Raman spectra of a C-C bond in a proline ring (922cm^{-1}) were amplified by the UV, and this change was completed within 5 min.

Conclusions: More than half strengthening effect in dentin by the UV irradiation was retained after rehydration because of the chemical changes in the collagen, such as forming cross-links. (This study was supported by Grants-in-Aid for Scientific Research (19209060) from the JSPS.)

Dental Dote

A friend of mine from Canada, Dr. Shauna Palmer, shared this amusing dental-dote. She said she had a young boy in her chair for treatment. As she was working on his molar, he kept closing his mouth together. She would ask him to open and he would comply but would slowly close back down.

Finally, Shauna scooted back on her chair, looked him straight in the eye and asked, "Can you stretch real big?" The boy compliantly proceeded to lift his legs and his arms and stretched them out real big and put them all back onto the chair.



CDA Compass Tip

Utilize the Business Record Retention table, available at www.cdacompass.com, to determine how long to keep certain business records such as payroll receipts, time cards, incident reports, employment applications or disciplinary action. For other resources available from the CDA Practice Support Center, go to www.cdacompass.com.

Hot Shorts

Planet Green Fundraiser for Give Kids A Smile.

Drop your used printer cartridges and old cell phones off at the dental society office and help us grow our Give Kids A Smile program! Everyone knows recycling is good for the environment, but did you know that recycling is also good for Tri-County Dental Society's Give Kids A Smile? We have just partnered with Planet Green, a printer cartridge and cell phone remanufacturing and recycling company, to start an exciting new fundraiser that recycles mobile phones and used printer cartridges - and we want you to be part of it!

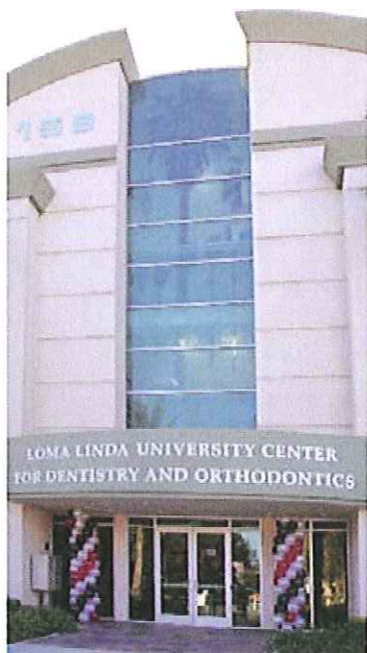
Desert Friends of the Developmentally Disabled, DFDD, is looking for volunteer dentists, hygienists and dental assistants to work on our developmentally disabled population. To volunteer, or for more information, contact Marianne Benson, (760) 832-6555 or dfddnow@me.com. DFDD is located in Rancho Mirage.

Tri-County Dental Society is looking for willing volunteers to serve on committees and councils. For a list of openings, please contact Penny at penny@tcds.org or give her a call at (909) 370-2112/(800) 287-8237.

What's Happening?

Day/Date	Event Details
Mon. Jan. 10	GKAS Planning Meeting TCDS Office, 6:30 p.m.
Tues. Jan 11	Board of Directors Meeting TCDS Office, 6:30 p.m.
Wed. Feb. 9	New Dentist Seminar TCDS Office, 6:30 p.m. "How to Use or Avoid Peer Review" Robert Casady, DDS
Mon. Feb. 21	President's Day TCDS Office Closed
Thurs. Feb. 24	Continuing Education Meeting TCDS Board Room Social Hour: 5:30-6:30 p.m. Lecture: 6:30-8:30 p.m. "Reconstructive Dentistry" Tony Daher, DDS
Tues. Mar. 8	Board of Directors Meeting TCDS Office, 6:30 p.m.
Mar. 11-12	CDA Leadership Education Conference - Los Angeles

Loma Linda University Opens Center for Integrative Oral Health Care



The Loma Linda University (LLU) School of Dentistry held ribbon-cutting ceremonies November 10, to mark the completion of the LLU Center for Dentistry and Orthodontics at 159 West Hospitality Lane, San Bernardino.

The three-story treatment, research, and teaching facility brings together the University's Advanced Education Program in Orthodontics and Dentofacial Orthopedics and the School of Dentistry's faculty practices, creating the most comprehensive oral health care center in the Inland Empire.

The move to the Center's 9,000-square-foot first floor represents an enormous relief to faculty practitioners who for years have worked in a 3,500-square-foot renovated house. Unlike the older location, which was dated, cramped, and perpetually short on parking, the new facility offers more places to park, more room to move, upgraded technology, and updated décor.

The Center is equipped throughout with closed-circuit TV monitoring—from patient waiting rooms to operatories and hallways—and has been wired throughout for state-of-the-art internet connectivity. Its custom-designed tele-dentistry mobile unit displays patient images in real time, allowing for consultation as needed with instructors at the School of Dentistry or elsewhere. And its video conferencing capabilities can include up to 35 participants joining from up to four locations, facilitating guest lectures and conferences with people anywhere in the world.

Part-time pedodontist wanted. One to two days/mo., state-of-the-art, six operatories. Dental practice in Yucca Valley. Currently no pedo in area. Office staff supplied. General dentists will be off premises to assure referrals from surrounding GPs. Dr. Cummings & Dr. Heinrich, (761) 365-3338.

Exclusive Dental Suites for Lease. Menifee, Temecula Valley. Short/long-term lease for startup endo, perio. Brand new office building. 1500 sq ft space, 6 plumbed operatories, excellent location in a growing city with new homes. New Loma Linda University hospital is being built nearby. Contact Vivian (951) 704-6223 or e-mail vivianphung1@yahoo.com for more details.

Board Certified Anesthesiologist... providing mobile anesthesia services for all dental procedures from general anesthesia to IV sedation. BLS, ACLS, PALS certified. Please call (206) 948-2468 or email 40winksanes@gmail.com for more information.

Openings Available. TCDS is looking for willing volunteers to serve on committees and councils. For a list of openings, please contact Penny at penny@tcds.org or give her a call at (909) 370-2112/(800) 287-8237.

Space for Rent. Dental office on Arlington Ave. has office space for rent. Busy Riverside dental office had an orthodontist subleasing space for many years. Orthodontist retired and sold his business to local orthodontist. We now have office space available to lease. Previous tenant's lease included use of 4 operatories on Tuesday and Thursday. Separate office reception check-in and consultation room. Great location for an Orthodontist or Endodontist to work 1 or 2 days a week in their own practice. Call Dr. Slepiski at (951) 785-1209 for more details. Rental fee to be discussed.

Periodontist Wanted. Position available in a beautiful group dental office in Las Vegas, NV. We are looking for a motivated and experienced periodontist to join our busy group general practice that has a strong emphasis on specialties. 1-2 days a month, state of the art offices, excellent compensation, flexible days. Would prefer more than one year of experience. For more information, please send resume to periodontalproviders@hotmail.com or call (818) 389-7288.

Protecting dentists. It's all we do.

- Professional Liability
- Office Property
- Employment Practices Liability
- Workers' Compensation
- Life/Health/Disability
- Long-Term Care
- Business Overhead Expense
- Home & Auto

Endorsed by



Jonathan
Ingalls
CA Lic. #0C80681



Samson
Landeros
CA Lic. #0E95304

800.733.0633
tdcsolutions.com
CA Insurance Lic. #0652783

Coverage specifically underwritten by The Dentists Insurance Company includes professional liability, office property, and employment practices liability. Workers' compensation, life, health, disability, long-term care, business overhead expense, home and auto products are underwritten by other insurance carriers, brokered through TDIC Insurance Solutions.

tdic



**952 S. Mt. Vernon Ave., Suite A
Colton, CA 92324**

(909) 370-2112 • (800) 287-8237

FAX (909) 370-4478

The opinions expressed in this newsletter are those of the author(s) and do not necessarily represent those of the Tri-County Dental Society. TCDS does not assume liability for contents of advertisements.

DATED MATERIAL

ADDRESS SERVICE REQUESTED

PRESORTED STANDARD
US POSTAGE
PAID
SAN DIMAS CA
PERMIT NO 104

Say What?

New dentists attending a mixer at Dave & Buster's in Ontario were asked, "What dental-related topic would you like to hear more about at the New Dentist Study Club Meeting?"



Erik Sahl, San Bernardino
- "Health care reform."



Graig Erickson, Loma Linda
- "Microgingival Defects."



Holli Riter, Loma Linda -
"Alternate careers in dentistry."



Mike Wall, Loma Linda -
"Esthetics."

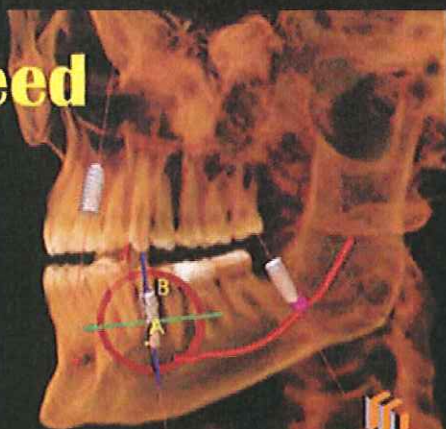


Wessam Salha, Loma
Linda - "Dental implants."

**Scan
Plan
Succeed**

**Implant Surgical
Guide Specialists**

Radiology
Report
included
with every
CT Scan



NobelGuide

Materialise
SimPlant



Precision Ceramics
DENTAL LABORATORY
CT Scanning & Implant Planning Center

Montclair, CA • (909) 625-8787

www.pcdl-usa.com

Member of the American Association of Dental Maxillofacial Radiographic Technicians

We Need More DENTISTS

We want to help at least 500 uninsured low-income children this year.

Please sign-up by calling
(909) 370-2112 or email at
Stacey@tcds.org



ADA American Dental Association®