

Tri-County Dental Society

BULLETIN

Representing the Dentists of the Inland Empire

MAY/JUN 2011

Volume 58 No 3



TCDS On Top Of The World

TCDS Membership Status Report

Active/Recent	1,463
Life Active	82
Life Retired	142
Retired	36
Post Grad	34
Faculty	51
Disabled	12
Military/Public Health	6
Provisional	63
Hardship	5
Pending Applications	23
TOTAL	1,917

Toll-Free Numbers

ADA	(800) 621-8099
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Practice Support Center	(866) 232-6362
Resource Center	(800) CDA-SMILE (232-7645)
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TDIC Ins. Solutions	(800) 733-0633
TCDS	(800) 287-8237
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HMO Consumer Complaint
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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

Riverside

The banner photo was taken from Mt. Rubidoux looking east. Part of Box Springs Mountain can be seen and the snow-capped mountain is the south slope of Mt. San Jacinto. Photo courtesy of Dr. Robert Sirotnik. (Wondering when we will feature a picture of your city? Send us your digital photos and perhaps it will be in the next issue.)

Featured Cover Photo

Dr. Evangelos Rossopoulos planted the TCDS flag at the North Pole on a recent visit. Thanks, Dr. Ross for putting us on the map!! See story on page on page 5

There's a lot going on...



Things have been busy at the Tri-County Dental Society as usual. We can all be proud of the things TCDS does for us that helps us either directly or indirectly.

Give Kids a Smile events have expanded this year under Ruth Bol, (pediatric dentist, Menifee), and Tim Martinez,

(Western University). Many members opened their offices for their own GKAS clinics - thank you, all. Activities like GKAS, let various communities know how important dental care is for children that dentists. Events like these promote the image of dentists and builds community trust. Monica Chavez, our newest TCDS staff member, has done an outstanding job, stepping in at the end of the program to tie up loose ends and put plans in motion for next year.

The CDA Presents event in Anaheim will be here soon. TCDS will again host a hospitality suite in the Palisades Room of the Anaheim Hilton Hotel next to the Convention Center. Our room is at the top of the escalators and we will have juices and coffee to help you avoid the long Starbucks lines. Of course, you may also hang

around the room and visit, view the many photos that were taken at TCDS events all year long that weren't able to make it into the Bulletin. The room will be open on Friday from 9 a.m. until 6 p.m. and on Saturday from 9 a.m. until 2 PM.

I hear from many members that the dental economy is improving in our area. That does not mean we will all have to set up Disneyland line guides for our offices anytime soon, but any improvement is good news.

The CDA is calling for all members who are interested in a role in various CDA councils/committees to contact the Sacramento office (800) 232-7645. Of course, TCDS can always use more members on the various committees. You can do both, too, as several of our members do.

TCDS president-elect Ken Harrison, (orthodontist, Moreno Valley) and TCDS vice-president Jeff Lloyd, (GP, Alta Loma), attended the ADA Recruitment/Retention Conference in Chicago last month along with TCDS staff member Shehara Gunasekera. They will be implementing the many ideas they learned and ideas they have developed from this meeting.

If you have any ideas or suggestions for TCDS to help you or our membership, please let us know! I wish you all success, health, and peace!



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The Dental Industry

Recently at the CDA Leadership Education Conference, I noticed that three of the speakers used the term “dental industry” when they referred to our profession. I have been hearing this term for other occupations in recent years - but it usually was referring to various trades or types of commerce. I'm not sure I feel comfortable with dentistry being lumped together with the automobile industry, construction industry, poultry industry, banking industry, or illegal drug industry!

The use of the term “industry” actually is referring to the various economic sectors of a society that produce an economic good whether a material or service. This term has been used by economists to classify various sectors that drive a society's economy. Dentistry is classified as a tertiary sector that deals with services - such as law or medicine. This makes us a third level economic factor - perhaps we should feel grateful dentistry is not listed as quaternary? Although science is listed in the fourth sector, there may be some dentists involved in research that are in the quaternary sector.

The reference to the dental industry refers to how dentistry helps the economy. Remarks that would mention the kind of care dentists provide for humanity as being the dental industry are ignorant of the term. Terms, just like words and expressions, however, can take on additional or even different meanings if the societies in which they are used allow it. For example, the word “irregardless” has been considered wrong for years because if taken literally, it would mean the same thing that “regardless” does. But, because it has become so prevalent in our society it is now somewhat acceptable.

You may feel “This doesn't affect me...right now I'm more concerned about my own economy!” I cannot help but feel that this is more of an indicator of a possible degradation of our dental profession. When the ADA was first formed in Buffalo, New York, one of the main purposes was to promote dentistry as a profession. This was to be accomplished through education and ethical standards. When I researched dental history for TCDS's centennial I read articles mentioning dentists obtaining licenses by correspondence - in three months time! The dental profession has achieved a lot over the years in raising the public's perception of a dentist as a professional. (Of course even the word “professional” has been degraded by its use for any job a person does - including professional basketball players!) In surveys, dentists have been ranked very high in comparison to other groups. Since

regulatory relaxation of organized dentistry's ethical standards, however, the dental profession has unfortunately dropped in its ratings. Interestingly, with the relaxation of ethical standards, the overhead of operating a dental office has increased!

The concept of being a professional is becoming blurred. It was not long ago that the only occupations considered a profession were theologians, lawyers, and doctors. You can contemplate for yourself how many occupations that used to be referred to as a trade or skill are now called a profession. Indeed within dentistry our own auxiliary workers are many times referred to as professionals.

I think the important part here is not so much what we as dentists are called as much as what we actually ARE. In times past, professionals acted ethically, yearned to learn, respected each other as colleagues, felt a responsibility to society, and even dressed differently - usually wearing a cape! If dentistry is only the mechanical work necessary then we would only be “oral mechanics.” The reason for maintaining the ethics and the other professional attributes in holding our profession esteem high is to instill trust in the profession. The public should be able to expect certain standards when seeing a dentist. I had an associate in a satellite office who could not keep patients coming back to him. After he left, one of his former patients told me that the doctor would be working in

Continued on the next page

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The Dental Industry.... (continued)

his mouth and suddenly blurt out a swear word! The patient also mentioned that the doctor and his wife, who was assisting, would argue with each other in front of the patients. I feel this behavior did not instill trust.

Trust in a dentist is important for a patient. Patients have a limited way to evaluate a dentist. Lack of pain in treatment is a traditional barometer. With cosmetic dentistry, the patient evaluates how they or their friends like the appearance of the work. Earned trust does not come about until the work is done. How are patients able to trust a dentist before any work is done? I know there is an evaluation of the appearance of the office, the team members, and the dentist, in both a physical and social sense. But, before the patient sees you...what is their perception of "a dentist?" Initially, you are judged by a person's past experience with dentistry, either by individual or public communications.

This is where organizations, like the ADA, CDA, and TCDS are important. As long as these organizations work to improve the public perception of dentistry as a true profession and not just an economic-driven club of tooth jockeys, dentists have hope of patients coming to them with an educated trust that they the care they receive will be of quality and appropriate. They will look at the ADA sticker on the doctor's door and be reassured and calmed. They will go inside and again be reassured that the people inside

and the facility will provide professional care - and while they may be taken care of efficiently to keep their expenses down, they are not walking into a local stock car race pit stop!

What can we do to help our organization to help us? Participate! TCDS has a history of our members helping in our Give Kids A Smile programs and again this year many people were made aware of a group of dental professionals helping out their own communities. This type of activity increases the public perception and instills their trust of dentists. All of dentistry benefits from the sacrifice of time the volunteers have given for this cause. All of our members also benefit because of this historical trust. Tri-County sends a big thank to our members who participated, as well as to all the many team members who volunteered. Additionally, thank you to the dental hygiene programs at Moreno Valley College and San Joaquin Valley College, and the various community clinics for opening their facilities to the children of our communities.

The successes of our TCDS programs are yet another way to help our members achieve their own successes. If you are interested in helping TCDS and reach your own goals of success, call the office and let us know. Your experience in dentistry can help raise the professional perceptions of dentistry. By raising the profession of dentistry, you will also raise the contribution of the dental "industry" for our nation.

Dr. Evangelos Rossopoulos puts TCDS on top of the world

COVER STORY



On April 1, 2011, I departed for a trip of a lifetime with two of my prosthodontic classmates, Dr. Antonio Bello from Mexico City and Dr. Izchak Barzilay from Toronto Canada. We were also joined by Dr. Roberto Sanchez-Woodworth, an orthodontist also from Mexico. The trip included flying to the most northern commercial airport in the world in Longyearbyen, Svalbard, Norway, and after exploring the island, flying in a Russian cargo plane and landing on an ice strip by Ice Camp Barneo at about the 89th parallel. From there, the Russian helicopter transported us to the Geographic North Pole--fulfilling our first "bucket list" item. As we were all rookies for an expedition as this one, preparation was somehow challenging. Part of the preparation was to bring with us certain banners and flags with which to have our pictures taken. It was obvious to me that our Society's banner had to be among the items to bring. TCDS is like a family to me and Organized Dentistry has always been a passion of

mine and deserves all the available exposure.

So fellow members, sit back and relax. Your Tri-County Dental Society's banner has been to the North Pole and your TCDS IS on top of the world



Last month, Dr. Charles Goodacre commented on the impact Loma Linda University has had upon the public and the profession from the 1970s and 1980s. The following charts the 10 "firsts" during the 1990s and 2000s.

Firsts from the 1990s and 2000s

1. Dr. Mahmoud Torabinejad researched and developed mineral trioxide aggregate (MTA), a material that has received world-wide acclaim because of its ability to save teeth that previously would have been lost.
2. Dr. Philip Boyne pioneered the first use of a cytokine (BMP-2) for bone grafting in animal research, and he and Dr. Alan Herford also pioneered research using it in humans. This material promotes the formation of bone, and is particularly valuable for patients with bone deficiencies in their jaw(s) and those who are missing parts of the jawbones.
3. A special transport device was developed by Dr. Alan Herford for use with distraction osteogenesis, a process that allows bone to be generated using the body's own response to an injury. This technique has permitted patients to be treated and returned to normal oral function who previously would not have been treatable to the same level of normalcy.
4. A product named BioPure (MTAD) was developed by Dr. Mahmoud Torabinejad. This endodontic disinfectant helps to enhance the success of root canal treatment.
5. Under the direction of Dr. Gerald Winslow, Loma Linda University was the first institution to offer a combined degree program where students earned a DDS dental degree and a Master's of Arts degree in ethics. Several students have completed this program with one graduate, Dr. Polly Sprague, writing a regular ethics column for the journal of the Academy of General Dentistry for which she won a national award from the American Association of Dental Editors. Loma Linda University also became the first home for the executive offices of the American Society for Dental Ethics (ASDE). The first Executive Director was Ms. Kristi Wilkins, current Chair of the Department of Dental Hygiene. The current director is Ms. Anika Ball, also an alumnus of the dental hygiene program at Loma Linda University.
6. Loma Linda became the first dental school in the United States to install and use a cone beam CT scan machine as a result of the work of Dr. Joseph Caruso, Chair of the Department of Orthodontics and Dentofacial Orthopedics.
7. Under the direction of Drs. David Anderson, John Leyman, and Larry Trapp, the advanced education program in dental anesthesiology became not only the largest such program but also one recognized for the outstanding education and experience residents receive.
8. The School of Dentistry developed the first interactive, navigable, nonlinear dental education programs in dentistry that substantially enhances the education of students and practitioners. The first program was developed by Dr. Jaime Lozada in the year 1999 and then cooperatively enhanced by Drs. Jaime Lozada and Charles Goodacre. The result of their work



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was a CD-ROM program produced during 2001. It has been effectively used to teach dental students about implant dentistry since that time and it is regularly revised to reflect new science and technology. In 2003, the School of Dentistry produced the first CD-ROM regarding "Tooth Preparation and Associated Clinical Procedures." Both the Implant Dentistry and Tooth Preparation programs grew in size and scope to become DVDs that are widely used throughout North America in the education of dental students and dental specialty students. Additional programs were developed in conjunction with Brown and Herbranson Imaging, based at Stanford University, and introduced the first 3D educational programs for the teaching and learning of tooth morphology and dental occlusion. These programs are widely used in the education of dental, dental hygiene, and specialty education students.

9. Faculty and students in the advanced education program in implant dentistry have published several papers that represent "firsts" in their field. Dr. Joseph Kan published the first article describing the technique used for placement of a single dental implant and immediately placing a tooth on the implant for the esthetic, functional, and biologic benefit of the patient. Drs. Rungcharassaeng, Lozada, and Kan published the first prospective evaluation of immediate loading for

mandibular overdentures using peri-implant parameters. Dr. Kan published the first paper describing the use of computer guided implant surgery for the esthetic replacement of single teeth. Drs. Andre Gomes, Jaime Lozada, Nicholas Caplanis, and Alejandro Kleinman published the first article describing the immediate loading of a single implant in the maxillary premolar area. Drs. Istvan Urban, Nicholas Caplanis, and Jaime Lozada published the first clinical report of the use of recombinant human platelet-derived growth factor (rhPDGF-BB).

10. Dr. Joseph Caruso, Chair of the Department of Orthodontics and Dentofacial Orthopedics, led the development of an implant education program for orthodontics. As a result, Loma Linda University became the first dental school to require implant experience as part of the specialty education program in orthodontics.

I hope that the accomplishments presented over these three issues of the Bulletin will both challenge us and at the same time encourage all of us to make a difference through our practices, our teaching, our research, our involvement with organized dentistry, and activities in our local communities. By the way, it is people that create success.

Nominating Committee Selects Delegates and Alternates

The Nominating Committee met in March and nominated the following members to serve as delegates and alternates to the CDA House of Delegates, November 11-13 in Sacramento.

Delegates:

Douglas M. Brown	Jeffrey D. Lloyd
Vijaya R. Cherukuri	Alvaro F. Ochoa
Thomas J. Clonch	Leonard J. Raimondo
Michael J. Clapper	David A. Roecker
Joan E. Dendinger	Evangelos T.
Liviu F. Eftimie	Rossopoulos
Kenneth T. Harrison	Archana A. Sheth
Daniel N. Jenkins	Robert D. Stevenson
	Judy Wipf

Alternates:

Kevin N. Brown	Gerald M. Middleton
Gauri N. Garde	Wayne S. Nakamura
Vincent A. Goymrac	Denine T. Rice
Hemant N. Joshi	Narendra G. Vyas
Edward Ko	
Oariona Lowe	

Additional nominations for 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 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.

Meet Monica Chavez



The Tri-County Dental Society has a new lady in the office and she has wasted no time in being effective in improving service for our members. Monica Chavez has been living in the Inland Empire area since 1988, so she is very familiar with our area.

She says, "I'm originally from Mexico City and came to the US when I was 6 years old." Her family initially lived in Norwalk before she moved to Chino Hills.

While Monica has not worked in the dental profession before, she is catching on to dentistry very quickly. Many of our members are happy to explain things to her as she settles in to her new life with TCDS. Her background is in the fashion industry in apparel and home décor, so members may indeed want to get some advice from her on fashion and decorating! She also has experience in marketing and has already helped TCDS out with her web site experience and expertise.

She says, "I believe my past work experience and personal work ethic" has helped me handle my new position at TCDS. She is a great multi-tasking person and is getting a lot of opportunities to practice that.

One of Monica's favorite pastimes is dancing. She says, "I love to dance. It's a great stress reliever, good

exercise and lots of fun. I also enjoy anything that allows my creativity to kick in like faux painting techniques, interior decorating, scrapbooking and cooking. I also enjoy spending time with my friends and family."

I thought with her love of dancing she may have a musical interest - but, while she says she does like Elvis she says she is not an accomplished singer. However, I was excited to hear that her father used to sing in a rock 'n roll group!

Since Monica has not come from a dental background I asked her what has surprised her about working for TCDS? She answered, "I wouldn't say that I'm surprised but definitely happy to be working with fabulous women and, from what I've seen so far, a phenomenal group of professionals members who not only help everyone that can afford oral healthcare, but also those unfortunate ones who cannot, through community outreach programs. Before I came to TCDS, I was not aware of any of these programs were available. It's good to know because now, with these hard times, I can tell my friends who are suffering and for whom these programs are a blessing."

Monica is taking charge of the Give Kids a Smile program as well as the CE programs and working with advertising in our Bulletin. I'm sure you all will be charmed by Monica when you get to meet her in person as all have so far.

Welcome to TCDS, Monica!

Dental Mission Trip to Roatan, Honduras

*Vanessa Browne, D3,
LLU/SD*



Top Row: Dr. Bonnie Nelson (Pediatric Dentist), Vanessa Browne (D3), Middle Row: Bonnie Parker, Dr. Stephen Morrow (Endodontist), Mary Quishenberry (RDH), Dr. Richard Parker (General Dentist), Dr. Leroy Leggitt (Orthodontist), Bottom Row: Mark Wierenga (D3), Taylor Wilkens (D3)

One of the unique opportunities Loma Linda University School of Dentistry offers its students is the chance to travel internationally to bring dental care to people living in areas around the world who do not have access to dental care.

This past spring break, approximately 70 students traveled to several different areas including Brazil, Guatemala, Honduras, Bangladesh, as well as a few domestic locations in New Mexico and Los Angeles, California.

Our group of three dental students, four dentists, one hygienist, and one dental office manager packed up our dental instruments and traveled to the Island of Roatan, Honduras to spend one week treating patients, as well as help a partner team from Calimesa Seventh-Day Adventist Church in community development projects such as installing water filters, teaching the community about turtle preservation, educating the community on health care topics, and organizing a vacation Bible school for the local children. Our dental "office" consisted of an outdoor deck facing the beach, chairs made out of PVC pipe and cloth, shop-vac suction, and portable hand-

piece units.

These international service trips are beneficial in so many ways. They provide valuable learning experiences for the students, they help increase access to care around the world, they help put into perspective how fortunate we are to live in the United States, and they also foster fellowship among the mission team. *Continued on pg 12*

In Roatan, the first four days consisted of treating patients from 8 a.m. until 6 p.m. After four days, we saw 129 patients, performed 203 restorations, 83 extractions, 65 cleanings, and 13 root canals. Some of the unique aspects of our trip were that we brought a portable x-ray machine that allowed us to better diagnose and treat patients, and we also had Dr. Stephen Morrow, an endodontist, whose services



There were 5 dental chairs set up for treating patients. The chairs were home-made by Dr. Trace Hoffer and Mary out of cloth and PVC pipe.

allowed us to save teeth that would otherwise need extraction. The ability to save front teeth on young people living in Roatan by performing root canals and then placing large composite restorations was an exceptional practice that is not usually available to traveling dentists.

Each person of the team had an important role. Dr. Bonnie Nelson and Dr. Leroy Leggit played a large role in screening and diagnosing. As a pediatric dentist, Dr. Nelson also treated many children. Vanessa Browne, Mark Wierenga, and Taylor Wilkens treated between 10-20 patients per day under the supervision of the licensed dentists. Dr. Stephen Morrow performed root canals while Dr. Richard Parker treated patients and greatly assisted the students. Bonnie Parker kept the line of patients running smoothly and Mary Quishenberry did cleanings.

The trip to Roatan had a tremendous impact on the three dental students. When asked about his experience, Taylor Wilkens said, "It was fun providing a service to people who would otherwise never see a dentist in their life, and also the trip is a huge confidence and efficiency builder for your dental skills."



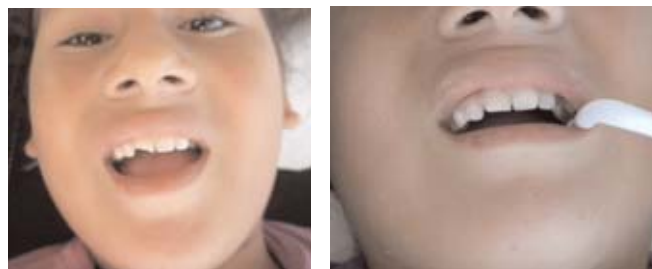
There were 5 dental chairs set up for treating patients. The chairs were home-made by Dr. Trace Hoffer and Mary out of cloth and PVC pipe.

Mark Wierenga added, "As dental professionals, I believe we have a moral obligation to provide for dental needs in those without access to care whether that's internationally or locally."

Vanessa Browne said, "My favorite case was restoring teeth #7-9 on a 20-year old girl whose teeth were necrotic and otherwise would have been extracted. I also enjoyed getting to know my professors in a different setting. It is such a blessing to have mentors who are so willing and enthusiastic to help us learn."

After the dental treatment was completed for the day, the team would pack up and go to the local Seventh Day Adventist church to lead a vacation Bible school that attracted over 100 local children. Each night, the kids sang songs, did crafts, and heard speakers who talked about important health and community topics.

We were lucky to have Loma Linda's own Dr.



A few Before and After Pictures of Student Dentist Treatment (Permission Obtained for Photo Use)

Steve Dunbar, a marine biologist and professor of Loma Linda, who has done tremendous work with turtle preservation and started ProTECTOR: Protective Turtle ecology Center for Training, Outreach and Research.

After four days of dental care, the team headed to the beach for some rest and relaxation which included zip-lining, scuba diving, and snorkeling.

This is just one story of a wonderful dental experience that enriched many lives and allowed a group of dental professionals to use their career to help people in need. Loma Linda University offers these dental mission trips every school break and is always looking for more dental professionals to help with these trips. The National Association of Seventh-day Adventist Dentists and the Loma Linda University Alumni Association work with the school to help cover some of the travel expenses for students and provide instruments and dental materials for the trip.

“I’m looking for Dr. Riter to sign my lab slip; do you know where I can find her?” The reply was, “She’s at the Surgery Center,” to which my mind answered, “She’s in the cave.”

The dental anesthesiology program at Loma Linda University is located at the northeast corner of the dental school. To students, the Surgery Center was like a Narnia experience; as if one had stepped too far into the proverbial wardrobe. Upon entering the surgery center, one enters a world vastly different from any other dental experience. One enters the surgical area to find four frigidly-cold operating rooms, wherein a patient can be found lying motionless in a dental chair with their eyes taped shut with an intravenous line coming out of their arm. The head is taped down to the chair, a tube is sticking out of their nose, and their mouth is propped wide open. And then there is that unremitting, high-pitched-beeping noise that echoes and reverberates throughout the entire area. Seeing this, I understood why the upper class dental students called this place, “the cave.” It was on one such occasion that my curiosity for dental anesthesia was piqued.

The path that led me to being a dentist anesthesiologist started with an interest in the basic sciences in dental school. I particularly enjoyed anatomy, physiology, pharmacology, and pathology. With my background as a Physics major in college, I have always been interested in how things work. After “discovering” the dentist anesthesiology program at my school, it made sense for me to sign up for a weeklong clerkship to shadow the anesthesia residents during their training to see if this was an interest worth pursuing. And, as it turns out, it was.

When I was accepted to the program at Loma Linda, I was both ecstatic and terrified. I knew the hours would be long, but I was excited to learn what lay ahead. The first months during my residency were spent as such: 50% studying, 50% sheer terror, and 0% sleeping. I might be exaggerating just a bit - I did sleep some - but gone were my days of one hour lunch breaks spent catching up with friends; it seemed that most days I would be lucky to have about five minutes to chew and swallow my food between cases. Going to work when the sun rose meant that I was already too late! I quickly learned that the high-pitched beeping of the anesthesia monitor is a good sound, and the low, slow, baritone thumping, the kind of sound you’d likely hear in a Stephen King movie, is terror inducing. Throughout the course of my residency, I have learned to appreciate just how vital a role anesthesia plays in treating patients, whether it is in the dental setting or the hospital operating room.

My residency program has prepared me in many ways to provide safe and skillful anesthesia while making it a pleasant experience for the patient. However, beyond acquiring a skill for administering anesthesia, I have also

gained a respect for the opportunity I have been given. Dentistry is not a service that only “some” people need, it is one that virtually everyone needs. However, not everyone is able to sit through a dental appointment. Some patients need the help of a dentist anesthesiologist to provide a safe and anxiety-free environment to receive their care. There are many people who have special needs, such as those patients with autism, mental disability,



cerebral palsy, and Down Syndrome, to name just a few. For many of these patients, sitting near sharp dental instruments not only poses a threat to themselves, but to the dentist and dental staff as well. One may benefit from the service of a dentist anesthesiologist if the patient: (1) is pre-cooperative (usually in the range of 2-5 years old) and requires an extensive treatment plan, (2) an adult who is overly anxious or fearful about dental work, (3) an adult needing full mouth reconstruction who is unable to make multiple appointments, (4) has a developmental disability such as mental retardation, autism, or cerebral palsy and cannot cooperate for dental care, (5) is difficult to anesthetize with local anesthetic, (6) has a painful treatment plan (such as extraction of third molars). The service that the dentist anesthesiologist can provide will often make it possible for these patients to get the treatment that they so desperately need. Anesthesia is a scary idea for many, as it was for me when I first observed the surgery center. However, upon further knowledge of the field, anesthesia is a safe option and better than many of the alternatives when administered by a trained individual. What initially seemed like such a frightening environment turned out to be one of the most caring and non-traumatic ways to care for a dental patient.

Now, when I walk into “the cave” in the darkness of morning, I feel how lucky I am to have been given this opportunity to serve the people who would not otherwise be able to receive the much needed dental care.

TCDS' Give Kids A Smile Helps Over 600 Children!!!

Each year in February, thousands of the nation's dentists and their dental team members provide free oral health care services to children from low-income families across the country. Well, some of Tri-County Dental Society's members have been taking part in this cause of helping children for the last 8 years and this year was no exception. As a matter of fact, 2011 Give Kids A Smile (GKAS) events were even bigger than last year! With over 400 volunteers we were able to provide \$234,781 of free dental care to 614 children from San Bernardino, Riverside and eastern portion of Los Angeles Counties. This is according to the stats we have received so far as to the date this article was written. That was a 29% increase in children cared for from last year with only a 16% increase in volunteers. Additionally, more children in need of free oral health care were cared for by TCDS members through project K.I.N.D. (Kids In Need of Doctors). Way to go everyone!!!

This year's GKAS Committee was co-chaired by Dr. Ruth Bol and Dr. Tim Martinez. "This year's GKAS was like no other year I have seen. We were able to outreach to more clinics and see more children with the help of all of our wonderful volunteers and dental students. I am looking forward to what is to come in the future for GKAS. It is going to be great!!!!" said Dr. Bol. We want to thank both of our co-chairs and the rest of the committee members for their support and the hard work put into these events: Drs. Jared Lee, Lidia Hulshuf, Glenn Ong-Veloso, Leonard Raimondo, Reginald Moore, John Bianchin, Wesley Okumura. Also serving on the committee were John Lindsay, Dr. Leslie Nazaroff, Darlene Cheek, Nicole Snitker, Kathy Olguin, Kahlid Memon, Imelda Lemon, Adan Rodriguez and Arlene Glube.

To help our volunteers care for more children this year, TCDS bought \$5,891.90 worth of dental instruments that will also be available for clinics in the future. The purchase of this equipment was made possible from the donations made at fundraising events that took place last year. This year's fundraising event will take place on August 21, 2011.

Rancho Cucamonga vs. 66ers ~ 6:05 pm

A portion of the cost of each ticket sold will go towards GKAS. PLEASE make sure that when you buy your tickets you mention you are purchasing tickets benefiting GKAS so the proceeds can be placed accordingly.

To buy tickets and get more information please

contact Matt Kowallis at (909) 495-7659.

If you cannot attend this event, but would like to help and or get involved in this cause, please contact Monica at the TCDS office at 909.370.2112 or monica@tcds.org to get more information. If you would like to make a donation, please make your check out to CDA

Foundation and write TCDS GKAS on the memo line. You can mail it to the TCDS office or directly to the CDA Foundation.

We want to give a special thanks to all our fabulous volunteers that made these events so memorable and much needed for the 600 plus children cared for in the following cities: Apple Valley, Baker, Bloomington, Fallbrook, Menifee, Montclair, Moreno Valley, Muscoy, Norco, Nuevo, Palm Desert, Palm Springs, Pomona, Rancho Cucamonga, Rialto, Riverside, San Bernardino and Victorville. These events could not take place without all of you and our corporate sponsors who generously donated supplies - Henry Schein, Colgate, Crest Oral B, SDI and Hank Estrada Dental Supply. TCDS and the children from our communities are grateful and proud to have you in our communities and THANK YOU for your support. We look forward in seeing you next year to make GKAS 2012 clinic events even better than this year!!!



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www.cadentistsguild.org

TDIC Insurance Solutions

www.thedentists.com

McNeely Financial Strategies

www.mcneelyfs.com





Thanks.....



**give kids a
smile!**

**Children's Dental
Access Program**



Give Kids A Smile - V O L U N T E E R S !

AAgandeep Kandola	David Joe, DA	Jacqueline Tavares, RDA	Margarita Fuentes
Abeer Khurb, DA	David Lee	James Mashni	Marileth Coria, DDS
Abrey Lopez, DDS	Dawn Lawrence, DA	Jamie Watkins	Marjan Hessamian
Addie Beers	DeAnna Soto, RDH	Jared Lee, DDS	Marrie Chacon
Adrian Diaz	Debbie Moon, RDH	Jasmin Miranda	Marsha Ambriz
Agnes Bartlett, RDA	Debra Church	Jaspreet Kaur, DA	Martha Rosas, RDH
Agnes Lugosi, RDH	Denise Vanholland, RDH	Jeff Tylert	Martina RDH
Ahman Eltejaye	Denny Reza	Jennifer Beah, RDA	Megan Tindall
Akta Amin	Desiree Longoria, RDA	Jennifer Hernandez	Meghanne Kruizenga, DDS
Alex Chapman	Diane Spaulding	Jerica Block, RDH	Meghanne Kruizenga, DDS
Alex Lee, DMD	Dianna Hall RDH	Jessica Cazas	Melinda Guerra, DA
Alex Ortolami, DA	Dina Garcia, DA	Jessica Fung, DMD	Meline Sakhkalyan, RDH
Alexis Beers	Doma Lesser, RDH	Jessica Kubrock	Melissa Lott, RDA
Alexis LaRose, DA	Donna Parenteau	Jillian Rubio	Michael Cervantes
Amanda Austin, RDA	Dorian Montesinos	Jim Yonoschick, DDS	Michael Ciccarella
Amber Tooley, RDA	Dr. Carisse Hache, DDS	Jinwoo Pak	Michele Mercer
Amy Gruver	Dr. Christopher Cox DDS	John Lindsay, Executive Director	Michelle Adamo, RDA
Ana Lomeli	Dr. Derick Nguy, DDS	Johnny Hugnh	Michelle Meador
Andrea Pieper, RDA	Dr. Steven Niethamer, DMD	Jonathan Gado	Mike Saade
Angela Hastings	Dr. Tony Roza, DDS	Jonathan Kahn	Mira Khodor
Angela Pineda	Dr. Trung Ngo, DDS	Jonette MacGregor, RDH	Mireya Gonzalez
Angelica Chavez	Dr. Vijay Patel, DDS	Jorge Garcia	Mitchell Thomas, DA
Angie Barnett, RDH, BS	Dulce Maldonado	Joseph Harville, DA	Monica Garay-Angulo
Anisha Ranchhod	Elaine Faria, DDS	Joy Helou, DDS	Monica Lueia
Anoop Denawalia, DA	Elder Dominguez	Julianne Asbury	Monique Moreno
Art Beers	Elena Hernandez, RDA	Julie Brown	Montserrat Jorden, DMD
Ashley Egetter	Elizabeth Campos	Kareen Balian	Nancy Brown, RDH
Audalia Madrueno, RDH	Elizabeth Muñoz, RDH	Karen Bcatly, DA	Natasha Rodriguez
Audrey Lee, RDA	Elmer Hilo	Karen Beatty	Neda Kermani, DA
Aurora Chavez	Eric Brown, DA	Karin Hatami, DDS	Neena Patel
Barbara Richardson, RDH	Eric Sandoval, DDS	Karina Lopez, DA	Nhi Tran
Beau Snyder	Eric Walters	Kathleen Dillon	Nicholas Khoury
Becca McCluskey	Ericka Canizales	Kathleen Olguin, RDH	Nicole Anderson
Brandee Dee, RDA	Erik Matson	Kathy Rossler, RDH, BS	Nicole Snitlur, RDH
Breanna Young	Erik Pleitez	Katrina Hughes, DA	Nikki Anderson
Brent Shakespear	Esmeralda Abaraca,	Katrina Nova	Nina Tatum
Brian Mowrey, DDS	Eva Lepiz, RDA	Ke Hu, DDS	Noelle Snyder
Brian Nguyen	Florice V. Mancilla	Kelly Erler, RDA	Noha Abdel-Salam, DDS
Brielle Renz, DMD	Francis Discua	Kelly Randazzo, RDH,BS	Norma Garcia, DA
Britt Lashel	Frank Ilem	Kelly Schoffstall	Olivia Camino
Brook Sexton	Gabriela Torres	Khan Askarzo	Olivia Dominguez
Brooke DA	Gauri Garde, DDS	Kile Nishimura	Oscar Torres
Caitlin Fischer	Gemma Gonzales	Kimberly Arredondo, DA	Othman Sijlamassi
Carmela Gonzales, RDH	George Ibranim	Kimberly Stevens, RDA	Paige Chrisman
Cecilia Chavez, DA	Gigi Moreno-Mowrey, RDH	Kirsten Seheult	Pamela Lange, RDH, BS
Chantel Patton, RDH	Gilda Montesdeoca	Kristen Arizmendiz, RDH	Patrick Ferguson
Charles Kim	Gina Nguyen	Kristin Temme, RDH	Pauline Nguyen
Charles Maseredjian, DDS	Glenn Ong Veloso, DDS	Larynda Walters, RDH	Philip Sirois
Chris Alenger, RDH	Grace Thrasher, RDA	Lashe Briff	Phung Tran
Chris Chu	Gracie Cuevas	Laura McCormack, DDS	Pia Flores, RDA
Chris Wright, RDA	Guy Miller, DDS	Lauren Gutenberg, DDS	Primal Sekhon
Christa Whalen, DA	Harsirat Mangat	Lena Melendrez, DA	Rachel Morris
Christina Cowell, RDA	Heather Dunn	Leslie Nazaroff, RDH, DrPH	Rachel Paik, DMD
Christina Garcia, DA	Heidi Jaramillo	Lily Hoang	Ralitzia Varlakova, DA
Christy Heslin RDH	Helen Song, DDS	Linda de la Cruz, DA	Raylin Dahlke
Cindi Crocker, RDA	Henry Sobol	Lisa Alexander, RDA	Rebecca Ann Roquiz
Cindy Ovard, RDH	Hermila Garay-Angulo, DA	Lisa Simpson, RDA	Rebecca Rosales, DA
Clare Valdez	Hyung Joung Kim	Liz Beers, RDA	Reyna Calderon, RDA
Crystal Chavez, DA	Iashmi Shankar, DDS	Liz Suarez	Ricardo Suarez, DDS
Crystal Hernandez	Irais Lozan	Louise Lopez	Richard Rickords
Cynthia Gutierrez	Irma Jo Bejarano RDH, MHA	Luis Dominicis, DDS	Rick Nichols, DDS
Cynthia Rangel	Isabella Piedra, DDS	Luke Iwata, DDS	Ricky Cruz
Daisy Garcia	Ivette Ramirez	Lydia Perez, DA	Rita Lui, DDS
Dan Jenkins, DDS	Jackie Diez, RDA	Lyn Diras, RDH	Robert Lee
Danielle Ortega DA	Jacob Maseredjian, RDH	Mamiko Kuriya	Robin Gorman, RDA
Darlene Cheek, RDH, MPH	Jacqueline Dominicis	Manal Ibrahim	Rodolfo Guzman, DA

Give Kids A Smile - V O L U N T E E R S !

Ron Lentz, RDH
Rosa Aguilera, DA
Rosario Flores, DA
Rosemarie C.P. Reyes, DDS
Roxanna Pomeroy
Roxanna Wilson
Ryan R. Vahdani, DDS
Ryan Veliz, DA
Sabrina Santucho, RDH, MHA
Saina Marquez, DA
Salina Palafox, DA
Sami Lanfranco
Samir Shah
Sandra Gonzales
Sandra Hernandez
Sandra Ramos
Sara Carpenter
Sarai Leon
Scott Ellis,

Scott Pyo, DDS
Sergio
Sevane Albarian, RDH
Shaan Tseng
Sharon Joyce
Shawn Baker
Shelli Cameron
Sheryl Grenell, RDA
Shiani Agha Mirkarimi
Skype Flores
Socorro Chavez, RDH
Sohanna Garcia
Sonia Santos
Sora Moon
Soyoon Rhee
Stacy Valdez
Stephanie Uribe
Stephanie Urzua, RDA
Stephen Seheult, DDS

Steve Fountain, DDS
Sumathi Chandrashekhar, DDS
Susan Braik
Suzanne Ferreira
Sydnee Melton
Sylvia Acuna, RDA
Tammy Hoang student
Tara Lee Lachica, RDH, MSHS
Tawni Norton
Tea Hong student
Teri Gao
Thanh Pham, DDS
Thy Nguyen
Timothy Martinez, DDS
Timothy Valdez, DA
Tina Florez, RDA
Tina Nguyen, RDH
Todd Tae Song
Tom Lam, DDS

Tracey Fry, RDA
Trish Senecal, RDA
Trisha Aprecio
Trixie Lebumfacil
Vanessa Bnerky DA
Vanessa Sanchez
Veronica Perez
Victoria Mouridian
Victoria Whiteside, RDA
Viggy, DA
Vince Wheeler
Vivian Grasser, RDA
Wesley Okumura, DDS
William Chiueh
Yara Abdulla, DDS
Yasaman Aryaee
Yvette Ramirez

Welcome New TCDS Members...

Enriqueta Carmona, DDS
General Dentist
International, 2009
1051 N. Mt. Ave.
Ontario, CA 91762
(909) 988-1800

Gabriela Garcia, DDS
Orthodontist
International, 1998
LLU/SD, 2004 (Ortho)
851 E. 6th St., B-3.
Beaumont, CA 92223
(951) 769-8885

Maria A. Cruz-Agustin, DMD
General Dentist
Centro Escolar University,
Philippines, 1992
1950 S. Grove Ave., Ste. 106
Ontario, CA 91761
(909) 930-1197

Sarah Enright, DMD
General Dentist
Tufts University, MA, 2006
No Practice Address Available

Eddie Halasa, DDS
Endodontist
Jordan University of Science &
Technology, Jordan, 2000
Metrohealth Medical Center,
OH, 2007 (GPR)
Case Western Reserve

University, 2009 (Endo)
42700 Bob Hope Dr.
Rancho Mirage, CA 92260
(760) 779-0350

Doug Johnson, DDS
General Dentist
LLU/SD, 1993
9176 I Ave.,
Hesperia, CA 92345
(760) 244-2027

Scott Johnson, DDS
General Dentist
LLU/SD, 2003
Naval Hospital-Pendleton,
2004 (GPR)
9176 I Ave.,
Hesperia, CA 92345
(760) 244-2027

James Keobounma, DDS
General Dentist
NYU, 2008
490 S. Farrell Dr., Ste. C10
Palm Springs, CA 92262
(760) 320-7621

Young Rae Kim, DDS
General Dentist
LLU/SD, 2010
No Practice Address Available

Jeffrey Kim, DDS
General Dentist
USC, 1992
784 North D St.
San Bernardino, CA 92401
(909) 884-4733

Cynthia Kudlik, DDS
General Dentist
UCSE, 1997
309 E. Second St.
Pomona, CA 91766
(909) 469-8248

Sahyli Lubo, DDS
General Dentist
De La Salle Bajio, Mexico,
2010 No Practice Address
Available


Leonel Magarro, DDS
General Dentist
University of the East,
Philippines, 1989
Universidad De La Salle,
Mexico, 2010 (DDS)
No Practice Address Available
Steven Morrow, DDS
Endodontist
LLU/SD, 1960
LLU/SD, 1984 (Endo)
LLU, Micro Biology (MS)
11092 Anderson St.
Loma Linda, CA 92350
(909) 558-4603

Pranee Pooudomsak, DDS
Pediatric Dentist
LLU/SD, 1990
1850 S. Waterman Ave., Ste. B
San Bernardino, CA 92408
(909) 889-3263

Jui-min Su, DDS
Prosthodontist
International, 1996
University of Texas, TX, 2001
(Prosth)
University of Texas, M>D>
Anderson Cancer Center
(Prosth)
4275 E. Concourse Dr. Ste.
105, Ontario, CA 91764

Sameeh Tadros, DDS
General Dentist
Universidad De La Salle,
Mexico, 2010 (DDS)
552 W. Valley Blvd.
Colton, CA 92324

Magaly Velasquez, DDS
General Dentist
University National
Autonoma, Nicaragua, 1989
Universidad De La Salle,
Mexico, 2010 (DDS)
No Practice Address Available



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Short Abstracts

The efficacy of oral appliances in the treatment of severe obstructive sleep apnea. Lam B, Sam K, Lam JC, Lai AY, Lam CL, Ip MS., Sleep Breath. 2011 Feb 20, (In pub med ahead of print)
<http://www.ncbi.nlm.nih.gov/pubmed/21336702>.

This study with a prospective longitudinal design evaluated with polysomnograms (PSG) 39 CPAP intolerant subjects after 3 months of using a sleep oral appliance. Their Apnea-Hypopnea Index, (AHI), was reduced significantly to an average favorable level of 12.5 AHI from a pre- OA average of 49.3. After one year, 34 of the subjects were again evaluated by PSG and their AHI had changed from 47.5 down to 13.1. The Systolic blood pressure was significantly reduced in the hypertensive subjects from both groups. The authors state that those Obstructive Sleep Apnea (OSA) subjects with an increased overjet at baseline had a more favorable response.

Their conclusion was: OA reduces the severity of sleep apnea, and the effect is maintained at 1 year in subjects with retrognathism. OA appears to reduce systolic blood pressure in hypertensive OSA subjects at 3 months and 1 year.

Effect of naturally acidic agents on microhardness and surface micromorphology of restorative materials. Hengtrakool C, Kukiattrakoon B, Kedjarune- Leggat U. Eur J Dent. 2011 Jan;5(1):89-100.
<http://www.ncbi.nlm.nih.gov/pubmed/21311608>

Researchers immersed various restorative materials, (Ketac-S, Fuji II LC, Filtek Z250, and Valiant -PhD

amalgam), into four various liquids, (deionized water, citrate buffer solution, green mango juice and pineapple juice), to evaluate the erosive potential of acidic foods on various dental filling materials. Both glass ionomers had the higher reduction in microhardness while there was only a minor change in the composite and amalgam. The mango juice produced the greater degradation effect.

Effect of different ferrule designs on the fracture resistance and failure pattern of endodontically treated teeth restored with fiber posts and all-ceramic crowns.

Sherfudhin H, Hobeich J, Carvalho CA, Aboushelib MN, Sadig W, Salameh Z., J Appl Oral Sci. 2011 Feb; 19(1):28-33.
<http://www.ncbi.nlm.nih.gov/pubmed/21437466>

The researchers were to evaluate the fracture resistance of endodontically treated pre-molars with variable ferrule designs on fifty sound mandibular first premolars after RCT and 7-mm FRC Postec Plus # 1 Ivoclar-Vivadent fiber posts. The control group (group 1), had 1-mm ferrule and no post or core. The tests resulted in no significant difference among the failure loads. Control group 1 had the lowest fracture resistance. The researchers concluded that increasing the ferrule length did not influence the fracture resistance and that insertion of a fiber post could reduce the fracture of these restorations under function.

Hot Shorts

Riverside County CTE Dental Assisting Program is offering summer classes beginning June 15 through July 29. Please call (951) 826-6750 or (951) 826-6450 for pre-registration and more detailed information. Classes offered: RDA Practical Review; Coronal Polishing; Pit & Fissure Sealant; RDA Written Review.

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.

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!

Lead

For two days, almost twenty Tri-County Dental Society volunteers attended the CDA Leadership Education Conference at the LAX Marriott to “get the lead out” and learn how to lead more effectively. Some of us car-pooled not only to save on fuel but also to have more time to bond on the drive! I rode along with TCDS Vice-President Jeff Lloyd in TCDS President-Elect Ken Harrison's van. We were having a great time talking about our personal lives but somehow the conversation got around to TCDS. We had our own TCDS-leadership brainstorming session all along the 210, the 605, and the 105 - even with the traffic! If you ever get a chance to participate in these sessions don't pass it up!

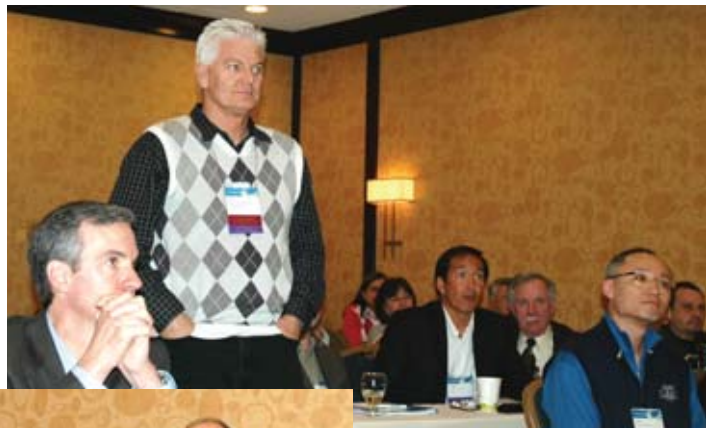
The conference started with a dynamic presentation on not flying solo by Lt. Col Rob “Waldo” Waldman. He is a former Air Force F-15 fighter pilot and he told us of the parallels of flying in combat and running any organization. Just like in *Top Gun*, he told us to always have and trust our “wing man!” He reminded us that we work best when we work together - and with energy!

Attendees then divided into various smaller presentations to allow for more interaction. Dr. Mark DeVolder gave a presentation on building and motivating a dynamic leadership team. He emphasized the team needs to be engaged and be dedicated, motivated, and have a sense of belonging. There should also be a two-way relationship between the management and the team. There were many parallels with running a dental practice in all of the presentations. He mentioned three types of employees: 1. Truly engaged, 2. Not-engaged, 3. Active disengaged. Obviously, those truly engaged would be the most desirable.

Mark also does mediation work for unions and companies and gave us another presentation on dealing with stress and disagreement. This involved a card game with written rules we were to read before playing the game. When the game started...we were not allowed to talk. This did cause some stress because some had confusion as to the rules. You might want to ask Dr. Al Ochoa about the whole situation and what he learned from this exercise!

At lunch time, there were tables designated to discuss various topics. Since TCDS is getting more involved with Facebook, I chose the social media table. We had great discussions with the leader of the table - who later that night “friended” me on Facebook and “Neighbored” me on FarmVille!

On Saturday, the adventure continued and included a



panel discussion that included TCDS Executive Director Penny Gage. There was a lively discussion among the attendees regarding membership recruitment and participation in CDA from ethnic dental societies.

Former winning Rose Bowl quarterback Tom Flick was the closing keynote speaker. He spoke energetically about the team work he had learned in college and NFL football with applications for dentistry and dental organizations. This was my second time to hear him speak to a dental group and he did not repeat what I had heard before.

TCDS again was prominent in the closing activities. Former TCDS president Robert Stevenson, CDA's Leadership Education Conference vice-chair, gave the closing remarks.

If you are interested in participating in any TCDS committees, let us know. You may find yourself getting to enjoy these types of presentations, which help make TCDS the great dental society it is.

And, thank you for making it possible for all of us who went to receive this information and have this experience. Join us and...lead! - Dan Jenkins, DDS

The advice is free but the knowledge is priceless



Dental malpractice claims can come from anywhere. An angry patient demands a refund, a patient claims a poor outcome after she receives the bill or perhaps the dentist perforates a patient's sinus during a root canal. According to TDIC loss reviews, restorations, endodontic treatment, extractions, and implants are the procedures that generate most frequent claims. As for reasons patients file claims, they vary from dissatisfaction with treatment results to frustration due to miscommunication. By addressing an issue when it happens, a dentist may be able to avoid a claim or at the very least, cause the claim to be less severe.

TDIC Risk Management Department offers a variety of resources for dentists to utilize when needed. The most popular service is the TDIC Advice Line. Dentists call with questions ranging from how to dismiss a patient, to how to communicate with another dentist about a patient they have in common. During a call, the dentist presents the issue at hand, and then the analyst offers options the dentist can choose from based on claims experience. If the situation presented is beyond the scope of risk management, the analyst refers the caller to the claims department. A common misconception among policyholders is that calling TDIC Risk Management counts as an adverse incident and causes an increase in premiums. This is not

the case. TDIC encourages policyholders to be proactive, seek assistance whenever necessary as doing so reduces risk outcomes and claim severity.

If a dentist does not take advantage of the Advice Line, we provide additional ways to avoid large losses. Dentists can also gain insight on how to handle adverse situations by reading Liability Lifeline, a quarterly newsletter published by TDIC and based on Advice Line calls and current industry trends. Policyholders can access articles on various topics via the web site at the-dentists.com.

To encourage participation in TDIC's risk management seminars, we offer continuing education opportunities and a policyholder discount. In its 26th year of offering seminars, TDIC provides continuing education credits for dentists and staff. Dentists who are policyholders can take the most current seminar, "Good Intentions - Bad Outcomes" for a five percent professional liability premium discount. Dentists and staff can attend a live course or take a self-study course via CD or online.

Dentists will experience patient issues at some point in their career. While you cannot stop a patient from suing you, you can be proactive by addressing situations before they escalate. Call TDIC Risk Management for assistance at 800.733.0634. TDIC's risk management analysts give advice relative to all areas of the dental practice, including employment matters. They are not attorneys and some matters may need to be referred for legal advice.

Unclassifieds

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Dentists Wanted. Indio Surgery Center located at 46-900 Monroe St., Suite B-201, in Indio, CA, is available to dentists who are interested in treating their own patients under general anesthesia. Call Larry Church, DDS, or Diana Jesson, RN, at 760-396-5733 or email d.jesson@indiosurgerycenter.com

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

Making small and significant changes

Finding the “olives” in your practice is Part Two of a series of six articles designed to get your practice working efficiently and effectively in 2011. In the March-April issue of the Bulletin, Part 1 discussed overhead. In this article, it is time to talk about how to cut costs.



The first quarter is over. What can you expect in the next three quarters? Is the economic recovery real? When meeting and getting to know potential clients, a common theme is beginning to become apparent. Many say they are being “nickeled and dimed” to death. “It feels as if everyone has their hand out,” they say.

Nickels and dimes are part of your overhead, too, part of the cost of doing business. In most cases, you know where the big money is going: payroll, leases and loans. You may think it is only a nickel here and there. “I need to pay my lab.” “I can’t worry about the small stuff.” In our daily lives, most of us don’t worry about the small stuff, yet in our business, the small stuff can make a big difference.

Years ago, American Airlines made the decision to remove one olive from the salads it served to first class passengers. What they discovered was that passengers never notice the difference. The salad tasted as good as it had before. The presentation was the same. Customer service was never compromised. Just one olive was left off. What was different was the amount of money American Airlines spent. Over \$40,000.00 was saved - a year. Perhaps now you understand how an olive, insignificant to some, can make a huge difference. Having more money gives you the freedom to choose new ways of making your business even more profitable. Who would have thought an olive could save so much? Could you use an additional 40,000 dollars a year? Any savings is significant, right?

Now what is being suggested isn’t about scrimping on customer service or quality care. Your patients should never notice the “olives” you remove from your practice, just like the passengers never noticed the missing olive.

Where are the “olives” in your practice?

There are studies that suggest every time we are interrupted from our task, it can take up to twelve minutes to recover and regain focus. If the assistant leaves the room to retrieve a missing item for the procedure, what is the cost? Sure, it’s one more set of gloves, but also keep in mind, the reality is efficiency saves money and lowers overhead, too. Less time spent refocusing means more productivity per day. Unlike plumbers or lawyers, you don’t get paid by the hour, but rather by procedure. When you take longer to accomplish a task, you see fewer

patients or perform fewer procedures. When you lose efficiency, it can mean a huge difference in how profitable you are.

Do you know what it costs to keep the doors of your practice open? You should. This probably means tracking some numbers and setting goals. With yearly and monthly goals set, you can now create a scheduling template to allow you to meet your daily goals. In morning huddles you and your team can identify where any bottle necks may occur and look for any unscheduled treatment, due or past due recare, as well as opportunities to ask for referrals. Remember, to decrease overhead you can either produce more or spend less - so more efficiency equals less overhead. It is important to stress, morning huddles are fifteen minutes that can save you money.

Set goals and template the schedule. Templating your schedule will assist you in meeting your daily goals and perhaps allow you to consider how else you can increase efficiency or effectiveness. Perhaps consider scheduling your hygiene utilizing an assistant and two treatment rooms. Perhaps you had great expectations to use some new equipment, i.e., the laser sitting over in the corner, only to revert back to your old habits. Now is the time to reevaluate your past purchases and incorporate them into your schedule. Start using that equipment today.

Buy in bulk when you can, turn off the lights, and make sure caps are placed back on products. Check different suppliers for better deals on items you use most like gloves and anesthetic. Use up all the supplies before they expire. Again, each of these things may seem insignificant alone, but together they aren’t. Forgetting to turn off the nitrous isn’t a laughing matter, unless you’re in the room at the time. It’s expensive.

Another place where “olives” are found that can be reduced is in the front office. Reduce the number of statements you send out. Having patients pay at the time of service means using less paper, less postage, less ink, fewer envelopes, not to mention the amount of time saved. When is a patient’s bill delinquent? It’s delinquent when they leave without paying. Give them a walk out statement and then follow up with a phone call within 10 days. This keeps your accounts receivable under control, trains the patients to pay promptly and saves time. Remember, time is money. Perhaps go “paperless” and save a little money and a tree or two.

Take back control of your practice. One of the few things you can control is the number of outgoing calls that are made. When you send out recare cards you are

Finding "Olives" continued

relying on the patient to make the phone call. If you revamp your recare system so fewer cards are mailed and make phone calls or send emails and text messages, you will be more effective and it will cost less. If you do not have enough team members in your office to take care of this important system, there are companies that can help do it for you.

Again, keep in mind, the missing "olive" should never compromise or lower your level of quality.

The Titanic, it turns out, was built with a lower grade rivet in order to save money. Of course, the iceberg sank the Titanic, or did it? It turns out the lower grade rivets played a crucial role. When the weaker rivets failed, the hole in the side of the ship was too large and the unsinkable became sinkable. When it comes to team players, never compromise. Cutting back on your team or hiring less qualified team members, like the rivet, can weaken and compromise your ability to create a unique dental experience in a time when creativity is crucial. In other words, when traveling through iceberg infested waters, you need a strong team to survive. Seek out qualified professionals for training and advice. They will help you. Use a high quality lab. It may cost you more upfront but save you money in the long term by not having to reschedule patients when crowns, dentures, or partials etc. do not fit

properly the first time.

Let your team know what your expectations are and encourage feedback. Inspect what you expect by planning weekly meetings. This will help you determine if the team has the skills necessary to achieve the result you want. Set specific goals and target dates for projects and follow up to create accountability. Accountability encourages and compliments change and the spaced repetition of weekly meetings will help not only create new habits, but ensure that you continue to move forward. When people know better, they do better.

Step back and take a close look at your practice. When was the last time you really noticed the things around you? It's time to start looking for the "olives." Inspect every system in your practice for efficiency and productivity. It may sound like an overwhelming task, but remember you are only looking for one "olive" at a time and you have a team of people standing by to assist you.

If you would like more information or want to share your "olive" story, please contact us at info@ipsdentist.com or join us on facebook <https://www.facebook.com/inmnovativePracticeSolutions>.

Look for our next article: Maximizing your marketing dollar. Where to focus to achieve the biggest return on your investment?

Dental Therapist Model Gains More Attention

*Alvaro Ochoa, DDS Chair,
Council on Legislation*

The most current statistics from The U.S. Department of Health and Human Services reports 4,646 Dental Health Professional Shortage Area's (DHPSA) in the United States, with 49 million people living in them. Three hundred thirty of these DHPSAs are in California.

In a response to these demands, several organizations have proposed solutions which include changing the current workforce model utilized here in the United States. Organizations such as the American Dental Hygiene Association (ADHA) and W.K. Kellogg Foundation have suggested the Dental Therapist or Advanced Dental Hygiene Practitioner to be introduced as a new workforce model in the United States citing their alleged success in New Zealand and Alaska. The W.K. Kellogg Foundation has recently conducted a study that concluded the Dental Therapist model to provide "safe, competent and appropriate care" and has subsequently started a \$16 million initiative in 5 states to raise awareness of the Dental Therapist model and pursue methods on how to implement the

model in these states. The five states in which the W.K. Kellogg Foundation will be implementing these efforts are Kansas, New Mexico, Ohio, Vermont and Washington.

The ADA has prepared a response to The W.K. Kellogg Foundation research you can find it at www.ada.org/5065.aspx.

While many dentists across the nation are united in opposing the new workforce model changes, it is important to note that the movement to change the workforce model is picking up a lot of steam. With legislation being introduced in many states across the nation to allow such models as the Dental Therapist to enter the workforce, many opinions come to the surface. I would like to take this opportunity to ask our members for their opinions regarding this issue. Please send me your comments and opinions to dentalopinions@gmail.com. I will select some opinions to include in the next Bulletin to add to this discussion.

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What's Happening?

Day/Date	Event Details
Mon. May 2	New Dentist Committee Meeting TCDS Office, 5:30 p.m.
Mon. May 2	New Dentist Study Club TCDS Office, 6:30 p.m.
Tues. May 10	Board of Directors Meeting TCDS Office, 6:30 p.m.
May 12-14	CDA Presents Anaheim
Fri. May 13	TCDS Hospitality Suite Palisades Room, Anaheim Hilton 9 a.m. - 6 p.m.
Sat. May 14	TCDS Hospitality Suite Palisades Room, Anaheim Hilton 9 a.m. - 2 p.m.
Tues. May 17	CE Planning Committee TCDS Office, 6:30 p.m.
Fri. May 20	Shred-It Event TCDS Parking Lot 10 a.m. - 2 p.m.
Mon. May 30	Memorial Day Observed Office Closed
Thurs. June 9	New Dentist Mixer Location TBA, 6-9 p.m.
June 16-18	ADA New Dentist Conference Chicago

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

Dental Dote

Patient called and said she just needed to have her bridge recemented. Guess she thought that calculus was the old cement?



CDA Compass Tip



When a patient asks, "Do you accept my insurance", instead of responding "No", say "We work with all plans that allow patients to choose their providers. For plans that accept services from out-of-network providers, we will work to maximize your dental benefits."

More practice management suggestions at www.cdacompass.com.

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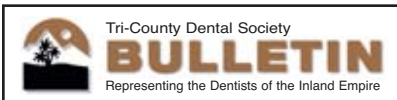
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Tri-County Dental Society

BULLETIN

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Say What?

WesternU second year dental students who volunteered at the Give Kids A Smile event in Menifee were asked, "What do you do for fun?"



Ann Shui, "I'm in dental school so fun for me is being able to sleep in an extra hour. Other than that, I've been studying so much I can't remember what I do for fun any more."



Farnaz Amiai, "Workout, read and go to the beach."



Luisa Snyder, "I love watching movies and talking to my family back in my home country, Guatemala!"



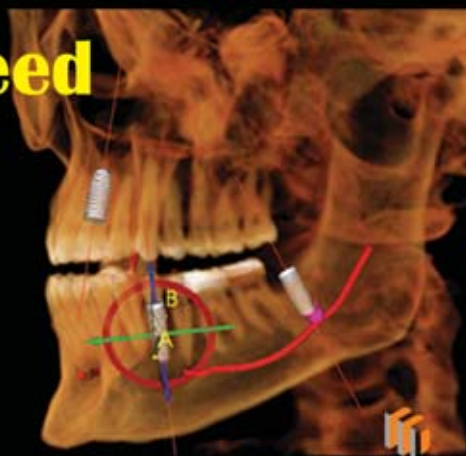
Nathan Snyder, "I like to hang out with my wife and friends. We talk, watch movies and just hang out."



Ryan M. Simarro, "I love to go hiking up at Mt. Baldy. I also like tennis, baseball games, outdoor BBQs and cooking."

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