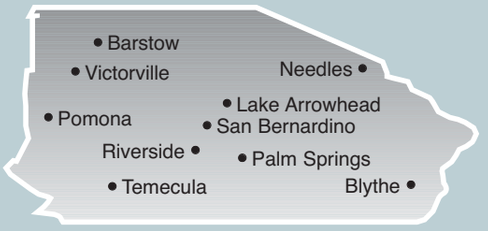

Tri-County Dental Society

BULLETIN

Representing the Dentists of the Inland Empire

JUL/AUG 2011 Volume 58 No 4

Hospitality SWEET!

TCDS Membership Status Report

Active/Recent	1,356
Life Active	77
Life Retired	142
Retired	35
Post Grad	32
Faculty	52
Disabled	14
Military/Public Health	6
Provisional	28
Hardship	10
Pending Applications	25
TOTAL	1,777

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

In this Issue...

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 features Mill Creek in Mentone. Mill Creek is the site for this year's Installation of Officers and Holiday Gathering. Save December 1 for some rockin' cowboy fun.

Featured Cover Photo

CDA President, Andrew Soderstrom, was welcomed to the Tri-County Dental Society Hospitality Suite by Executive Director Penny Gage and Past President Oariona Lowe. For more pictures from the CDA Presents Hospitality Suite, go to page 11.

Presidential Message...

Daniel N. Jenkins, DDS, FICD
AADE Certified Dental Editor

Balancing the Budget

The title of this President's Message was intended to get your attention since, unless for the last few years you have been stuck in a mine shaft or on a desolate island talking to a volleyball or only watching re-runs of American Idol on television - there is a money problem going on in our country. With the current financial problems so many people are having (including dentists!), any information available to improve one's financial situation should pique an interest.

In most Tri-County Dental Society board meetings and CDA House of Delegates meetings, the budget figures are usually looked upon as exciting as watching grass grow. TCDS member and CDA Treasurer Butch Ehrler, however, found that he gets a good response when he announces, "No dues increase!" So, it seems as long as we as members are not negatively affected we don't pay much attention to the budget.

I'm sure that in our offices we pay much more attention to the budget of our expenses and collections. I have heard of dentists keeping the staff over by several hours looking for $10 needed to balance the daysheet. There are many dentists who spend hours scouring various dental supply catalogues and talking for hours bargaining with their dental supply salesperson to try and get the best deal. As the national financial situation worsens, I'm sure a lot of us have spent even more time looking for bargains to try and keep our budgets balanced.

Of course, there is more to budget in a dentist's life than money! Budgeting time is important, too. It is difficult balancing office time, family time, spiritual time, recreational time, professional growth time, and TCDS time. It's interesting how we don't always remember little sentences that our dental school faculty made, but I do remember one that our Academic Dean made one day. He said, "The secret in life is priorities." For many of us, the difficult part in a financially stressful period is determining how to balance, not only our finances, but our time.

The leadership of TCDS tries to keep this in mind as decisions are made for the membership. The CE meetings have been reduced to four per year instead of seven. The CE meetings are primarily being held on Thursday evenings so that members will have more time available to see patients in their offices and for associates to be able to attend. TCDS has also reduced the cost of the meetings in hopes that more will attend and still allow CE to remain in the black. These changes have paid off and our CE committee chair, Jeff Lloyd, is continuing this schedule for the CE meetings planned for 2012. I think you will find this will allow you to budget your time and money in this down economy.

This year the TCDS Bulletin is emphasizing dental practice management and contains articles to help members maintain and improve their practices in production and in service to the community. I think you will find a great return on investment (ROI) of time in reading the articles.

Traditionally, TCDS's installation of officers includes a holiday party each year on the first Thursday of December. This year, incoming TCDS President, Ken Harrison, is planning a great party in Mentone - and, yes, there will be the installation of officers.

I encourage you to schedule the evening of December 1 and come to the TCDS end of year party. While you are there, you will get to meet the various officers of TCDS that are making decisions with your dues and that may not be making decisions on something you wish they would! I hope you will find it in your "time budget" to make it to the party. I know it will be worth your time.

Another thing to consider in balancing your budget in life is the Annual Give Kids a Smile (GKAS) campaign. Many members are holding GKAS clinics in their own offices. This can be very efficient in balancing your time out. Most of us are more comfortable and efficient in our own offices. You can set up all the kids on a schedule just like you normally would. In doing this, I guarantee you will be over your normal budget of smiles and hugs from a lot of grateful kids and their families. This one day a year is great to show your compassion to the community, to your staff, to your family, and to yourself. Drs. Ruth Bol and Tim Martinez have been doing an excellent job in following in Rick Nichols' big shoes in expanding the program.

I hope you realize that TCDS is aware of the difficulties each of the members might have and try to address and help the members get through it. If there is some way you think TCDS can help, contact either me or any of the other board members. We really are concerned with helping members balance not only their monetary budgets but their "life budgets," too! I wish you success…and peace.

Daniel N. Jenkins, DDS, FICD
AADE Certified Dental Editor

Questions

One of the great advantages of attending dental meetings is the exchange of ideas about dentistry with colleagues. While it is convenient and perhaps more efficient to call a friend for some advice on a difficult case, there is something about speaking face to face. While waiting for a CE course to start at the Anaheim CDA Presents, you could receive information from another dentist that might end up saving you more money than you pay for your whole year's dues-and, I'm not kidding! In fact, you may learn a lot just from listening to the various discussions going on around you.

What if, however, you overheard someone recommending a treatment plan with which you did not agree? Perhaps you had just taken a series of CE courses that applied directly to the case at hand. Since you notice that the two dentists are fairly new to practicing dentistry and you are a "seasoned" veteran with advanced certifications for all your CE credits, would you interject yourself into the conversation and give your advice? Or, would you feel that it is not your business? Would you consider this as interfering with another dentist's treatment since the patient is not yours? If you know the difference in treatment could cause permanent harm to the patient, would you feel any obligation to the patient?

If the case was one where a patient was not to be covered properly for preventive antibiotics, the patient may run a higher risk of heart damage. If the other dentist says he feels there should be no problem and you say nothing would you regret it later? What if the case involved the use of some material that you feel, from your studies, is inferior to what should be used? Or, what if it is the combining of two materials that you know are not compatible? What if it is just a matter of one way not lasting as well as another? Would it matter how detrimental the results of the "inferior" treatment would be in order for you to speak up?

Is it ethical for us to hold back and not speak up in these situations? What if, as you listened in to the conversation, you learned that you actually know the patient to receive the treatment? Would you tell the patient? Do you feel you would be interfering with doctor/patient relationship? (You might be!)

I've asked a lot of questions with no answers because I feel we each must come up with our own answers. Perhaps, if you feel the need to enter a conversation, you can try to do so very politely and tactfully and succeed. We all know many dentists, however, who do not take kindly to someone else making suggestions on their cases. One more question-what if the patient they were talking about was your mother?

Purge the Negative Labels and Maximize Your Team

Sally McKenzie

Conflict is a huge source of stress in the workplace. In the dental office, dentists and their teams will go out of their way to avoid confrontation-at a big cost. They tell themselves that the "go along to get along" approach is working, when in fact the practice is spinning out of control. It's not until the situation between employees explodes or the system breakdown is so dramatic that it's having a potentially devastating impact on the practice that conflict is actually addressed.

Typically, the greatest cause of conflict in the workplace is the fact that individuals fail to really understand one another. Rather, they assign labels to what they don't understand or what they think they see in another's behavior. If Carol doesn't say "good morning," then others assume she's "rude." Or if Paula procrastinates on some of her duties, she's "lazy." Amanda is "controlling" because she likes certain things done a specific way.

It's easy to feel negatively toward people who exhibit behaviors that we don't like, don't agree with, or simply don't understand. As Dr. Nancy Haller points out in the McKenzie Management Educational DVD, Team Bonding & Building, it is common for extroverts to label their introverted colleagues as being "stuck up" or "moody" because extroverts don't understand that introverts simply don't share the same communication style.

Similarly, the dental practice may have several individuals who are much more feeling in their temperament, meaning they care deeply about the feelings of others and are quite sensitive to those feelings. Pair that with a doctor who may be more thinking in her personality type, and she may come across as abrupt, too direct, or even uncaring. The communication styles are misread because the individuals on the team do not have the tools to better understand each other. The challenge for dental teams is to set the labels aside and commit to appreciating each others' differences and making those differences a source of creativity, problems solving, and positive energy. And that begins with temperament testing.

Temperament testing is essential in getting the right people in the right seats on the bus-to borrow from Jim Collins' reference in his book, Good to Great. Choosing the best temperament types for specific positions from the beginning of employment is ideal, but not necessarily realistic. It's likely that you may be in a situation in which an employee is working in a position for which s/he is not best suited. The first step in addressing a circumstance such as this is identifying what tasks within the job are not being handled to your level of expectation. Once you have identified these, establish performance measurements for the tasks.

For example, let's say your accounts receivable is 3x your monthly production when it should be no more than one month's. And you know that Emily, the business assistant responsible for this duty, doesn't like to ask patients for money. It's time to sit down with Emily and discuss the situation honestly and candidly. You may find that Emily needs additional training to help her effectively request payment from patients. Perhaps she needs scripts to guide her in politely asking for payment from some of the older patients who were used to being billed by the previous doctor. Or, you may discover that Emily absolutely hates to ask for money and this is simply not the right "seat on the bus" for her. She's been with you for five years and she knows all the patients. Thus, she may be much more suited to handle scheduling and recall.

The key to better identifying Emily's role in the practice is first considering her temperament type. And you have to be honest with yourself. Some people are not cut out for certain roles in the practice. You would no more hire an assistant who faints at the sight of blood then hire a collections coordinator who is terrified to ask for payment.

It's essential that you and your staff utilize the tools that are available to most effectively work together as a team. Not only will everyone be better positioned on "the bus," you'll be heading directly toward achieving your most desired goals and objectives.

Sally Mckenzie is CEO of McKenzie Management has lectured for TCDS CE programs.
You may contact her at: 877-777-6151 or sallymck@mckenziemgmt.com. This article appeared in her online newsletter which can be subscribed to for no charge at: www.mckenziemgmt.com.

An Ugly Practice Sale Saga

Bette Robin, DDS, JD
Select Practice Services, Inc.

A Los Angeles area physician thought he was easing towards retirement when he sold his urology practice to an eager young buyer. In fact, Buyer and Seller were social acquaintances and both thought the transition would be easy. However, nothing could have been further from the truth.

The sale closed, but as time went on, the deal turned ugly. Buyer claimed Seller breached the covenant not to compete, stole patients, defamed him, and unfairly competed in the practice of urology. The Buyer further claimed that the Seller made a 'promise to retire' from the practice of medicine in the Los Angeles area as part of the sales agreement. However, the written contract did not state or make any reference to these points. The parties ended up in Los Angeles Superior Court.

The terms of these doctors' written agreement were silent on many important issues. There was a covenant not to compete, but the language was vague and unclear. There was no covenant not to derive income, no covenant not to solicit, no covenant not to treat, no covenant not to accept referrals, and no covenant not to hire employees.

Seller honored the written terms and conditions of the agreement, at least as to what was actually written down. He certainly did not honor the "spirit" of the sale. However, the spirit remained ethereal and was never memorialized in writing. The court came down with a defense verdict in favor of the Seller, and Buyer had to pay Seller's attorneys' fees. A very different verdict than Buyer anticipated. The court found that a 'deal is a deal', especially between doctors with like bargaining power, education and access to professionals for advice. The court did not even consider any of the "promises" made by the parties to each other that were not written down the agreement.

Remember: For both buyers and sellers, the sales contract is very important. It is the only document that defines your sale.

1. If it's 'no big deal', a 'gentleman's agreement' and you completely trust your buying or selling doctor, then put it in writing. That should be no big deal either!

2. Each party must have their own attorney if they want to protect their interests. Buyers and Sellers do have conflicting interests in a sale and individual concerns that need to be met. This cannot be appropriately handled by one attorney.

3. Management companies, supply companies, professional organizations are not attorneys and rarely create adequate legal documents. Such professionals often provide a valuable service by negotiating terms of a transaction, but when it comes to memorializing those terms in a legal contract, that should be handled by an attorney.

Selling and buying a dental practice is an exciting time for both parties, and represents a considerable life change and new directions. Having an appropriate sales contract is the first step to ensuring it will happen in the way you want.

The Give Kids A Smile Final Stats Are In!!!

In our last Bulletin, we told you how successful this year's Give Kids A Smile event was compared to last year. This was even before receiving all the statistics. Well, all the stats are in and we had an even bigger event than what we originally thought.

We had 516 volunteers help out this year to bring oral healthcare costing $285,058 to 725 children from San Bernardino, Riverside and eastern portion of Los Angeles Counties. That was a 52% increase in children cared for from last year. Wow!!! Thank you everyone for your support and your hard work. Without your commitment and hearts of gold, this could not be possible.

give kids a smile!
Children's Dental Access Program

We hope to do this again next year. That is, to beat this year's numbers. Our goal is to help as many unfortunate children in our communities as possible. But we can't do it alone. We need volunteers to help and participate at these clinics as well as have people volunteer their offices to host the clinics. If you would like to register for next year, please go to: www.facebook.com/tcdsgivekidsasmile and click on "Become a volunteer." In the fall, we will be contacting the people that register with us with more information.

We look forward in working with you and making next year's Give Kids A Smile program an even bigger, better event!!!

CDA - Sacramento Student Advocacy Day

Jane Kim, LLUSD 2014

From a distance, the California State Capitol stands regal and picturesque. As you approach the columns and archways with its intricate details, you get a sense of the history that has taken place within its walls. Professionals from all walks of life gather there to discuss critical issues pertinent to dentistry.

The California Dental Association (CDA) and the Tri-County Dental Society sponsored nine Loma Linda University students to take part in the Student Advocacy Day in Sacramento. Along with Loma Linda, dental students from all the California dental schools traveled to the State Capitol and saw the CDA building, met with state senators, assemblymen, CDA leadership and staff members.

"I'm glad to see what the legislators are doing to advance our profession. CDA and Tri-County Dental Society are so supportive of students and they want us to really get involved and advocate for our profession. I'm glad that CDA and Tri-County Dental Society gave us this unique opportunity to be exposed to this side of dentistry we don't always get to see. " -Robert "Bobby" Judd, LLUSD 2013

The Student Advocacy Day revealed what made dentistry such a great profession-the collaborative efforts of California dentists, various senators and

assemblymen, CDA staff, along with numerous county components setting the highest standards for our profession.

Dentistry in California is anchored in the joint effort of many professionals comprised of both dentists and non-dentists alike. They work diligently for the advancement of dentistry in all aspects. Visiting Sacramento expanded my perspective on the larger scheme of dentistry.

Witnessing all that occurs at the State Capitol inspired me to carry on the tradition and to maintain the integrity of our profession. It reminded me that after the arduous and grueling journey of dental school, there remains a profession ready to embrace me with its established history and endless possibilities.

Nominating Committee Selects Delegates and Alternates

As required by the Tri-County Dental Society Bylaws, the Nominating Committee is presenting its recommendations for the officers to serve on the board of directors for 2012. The committee, headed by Dr. Gerald M. Middleton, presents the following slate:

President:	Kenneth T. Harrison
President-Elect:	Jeffrey D. Lloyd
Vice President:	Arthur D. Gage
Secretary-Treasurer:	Douglas M. Brown
Director:	Thomas J. Clonch
(to fill Dr. Brown's unexpired term)	
Director:	Vijaya R. Cherukuri
Director:	David A. Roecker
Director at Large:	Michael J. Clapper

Other board members who will remain on the board are:

Daniel N. Jenkins, Immediate Past President/Editor
Evangelos Rossopoulos, Director
Gerald M. Middleton, CDA Trustee
Narendra G. Vyas, CDA Trustee
Steven W. Friedrichsen, Interim Dean, WUHS/CDM
Charles J. Goodacre, Dean, LLU/SD

Additional nominations for officers and directors 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 August 10.

Candidates nominated for an office or to serve as a director, 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.

Optimal Community Water Fluoride Levels Lowered

Alvaro Ochoa, DDS, Chair
Council on Legislation

The U.S. Department of Health and Human Services announced earlier this year their new recommendations for optimal fluoride levels in community drinking water.

The new recommendation for optimally fluoridated water is 0.7 ppm and replaces the previous optimal levels range of 0.7 ppm to 1.2 ppm. The Health and Human Services Department reports that there are several reasons for the new recommendations including that Americans now have more access to sources of fluoride than they did when water fluoridation was first introduced.

The new recommendations replace the previous guidelines that were developed in 1962 by the U.S. Public Health Service.

In addition the Environmental Protection Agency is initiating a review of the maximum allowable fluoride in drinking water. Current maximum allowable levels of fluoride are 4 ppm in the United States and in California current regulations limit those levels to 2 ppm of fluoride in drinking water.

It is important to note that the Department of Health and Human Services is making its recommendations for optimal fluoride levels to prevent tooth decay and the EPA is making recommendations for maximum levels of fluoride to prevent dental fluorosis and toxicity.

To learn more about these recommendations visit www.cdc.gov/fluoridation.

Dental Lifeline Network

Vijaya Cherukuri, DDS
Chair, Council on Community Health

Real help to real people with real needs!

Unveiled at the ADA annual session last October, the Dental Life Line Network coordinates services of volunteer dentists and labs nationwide to provide comprehensive dental care to vulnerable patients in need of dental care.

Formerly known as the National Foundation of Dentistry for the Handicapped (NFDH), this charitable affiliate of the ADA provided services to more than 100,000 differently-abled, elderly and medically at risk patients generating more than $181 million in dental care to patients in all 50 states. This nationwide network involves the services of 15,000 volunteer dentists and 3,000 labs. For every dollar spent, NFDH provides services valued at $15, an impressive and collaborative effort by our profession to reach out to those who need our services - but cannot afford them.

Recently the California Donated Dental Services program which operated under the CDA Foundation has become part of the Dental Life Line Network. The goal of Donated Dental Services (DDS) is to return patients to good oral health enabling them to reach an affordable maintenance level. Participation cannot be simpler! Volunteer dentists and labs take care of their patient within the scope of their practice and DDS does everything else! The DDS coordinator is the liaison of all parties.

Our communities have supported our professional growth and well being! During these lean economic times, we do have a moral obligation to extend ourselves to support the communities that have supported us through the years.

As members of TCDS, could we pool our resources and energies to improve the dental health in our community? Contact Monica at the TCDS office if you would like to volunteer your services, know of a reliable resource of identifying patients in need and/or have specific ideas of meeting this community service objective.

TOGETHER, WE CAN MAKE A DIFFERENCE!!!

CDA Compass Tip

Read the Coding Tips: Prophylaxis vs. Periodontal Maintenance at www.cdacompass.com to learn the difference between a routine prophylaxes vs. periodontal maintenance. This resource also illustrates a few coding sequences appropriate for a new patient in a general practice.

Maximizing your marketing dollar

Debra Quarles
Innovative Practice Solutions

Where to focus to achieve the biggest return on your investment

Smart marketing is Part 3 of a series of six articles designed to get your practice working efficiently and effectively in 2011.

Historically, marketing in the health care field was looked upon with distain, some even believed it unethical. Considering how long it has been a part of society, marketing in dentistry is relatively new. The health care industry changed its thinking on the subject in the late 1970s. Still, many dentists worry marketing somehow cheapens their services. Over my 20-year career as a Practice Management Consultant, I have listened to many dentists' concerns regarding the issue. Some have a fear they will seem desperate to their existing patients; others worry they will attract the wrong type of patients.

My opinion is that marketing your practice is essential for growth and profitability. The success of your practice depends on your marketing plan. This article is designed to assist you to find a marketing method that fits your comfort level and represents your practice philosophy.

In order to create exceptional results in whichever methods you choose, you and your team must be willing to commit to a process that includes: 1. setting goals; 2. tracking results; 3. creating scripts; 4. practicing or "role playing" situations; and 5. being prepared, office-wide, to answer questions that may arise from patients.

To evaluate how well your marketing is working, you need to create a spreadsheet that tracks the following. 1. Incoming calls; 2. Appointments made; 3. Appointments kept; 4. Where the patient heard about you, i.e., website, radio stations, TV ads, billboards, newspapers, periodicals, referral from patient, referral from other professionals; 5. Appointment conversion (Did they reschedule after their initial visit? If not, why?) 6. Production/Collection generated. These statistics are crucial for understanding if your advertising is giving you the return on investment you need.

Image is critical. Make sure you, your team and your office is neat, clean and welcoming. Attracting patients is part of marketing, and keeping them is essential. How the phone is answered can make or break an advertising campaign. Smile, listen to your tone of voice, take your time, and don't put them on hold too quickly even if you're busy. If you are starting a marketing campaign, I recommend you have a dedicated phone number with a different ring tone so your team knows the person calling is calling from the advertising and can be prepared.

The most well-known and well-perceived marketing method is internal marketing. Marketing from within your practice can be extremely effective and very low cost. You may want to start by asking for referrals. Many dental professionals don't really know how to approach their patients without feeling uncomfortable. Some dentists may think their patients already know they accept new patients and that asking is unnecessary. There are ways for this process to become a very natural, and well- accepted, practice in your office. Once you start asking, you may be surprised to hear patients say, “Oh, I didn't know you accepted new patients.”

When you receive compliments from patients, this is your opportunity. Respond to compliments with, “Thank you, we are always accepting new patients and would love to see your family and friends.” Or, “Thank you, we love having you in our practice, and always appreciate it when patients send in their family and friends to see us.” What each of you say will be different. The reason is that everyone needs to come up with words that are genuine and true for them. At IPS, we abide by the concept that birds of a feather flock together, so make sure to ask your best patients for referrals. You can put referral cards in the hygiene take-home pack, frame and post the request on your wall, but nothing says it better than your voice. You may decide to create a goal for each team member to ask one patient per day. Make it a game. Every time a team member asks for a referral, put their name in a monthly drawing for a gift card.

A referral program in the office is essential. If you ask a patient to refer and they send someone to you, please acknowledge the honor they've bestowed. Send a hand written thank you note. Flag referring patient's charts so you can personally thank them the next time they are in the office. If you are a specialist, you can still ask your patients to refer. Many patients have a misconception about needing their general dentist to refer them into a specialty office.

External marketing can also be effective. Traditional ways: direct mail, news papers, magazines, billboards, radio and television ads, can all be very effective, although they tend to be more costly. If you choose this route, spend the money required to hire a

professional to assist you. Some tips: Your advertisement should showcase one item, have a call to action, and a time limit. Decide how you want the prospective patients to contact you and provide one way only. Simplifying choices lessens the opportunity for confusion and provides better results. Come from an emotional place with your wording. Most financial decisions are based on emotion, not logic. If you doubt that, think about the car you drive. You need transportation; does that mean it has to be a Hummer or a Porsche? Of course not! But those cars make you feel…special? It's emotion.

What about Yellow Page advertising? Do you use it? Or do you Google everything? The newer, exciting and sometimes confounding area of marketing today is the World Wide Web. The land of web crawlers, cookies and tweets, oh my! Where do you begin? Hopefully you have a website. If not, there are companies that can provide you with a very professional site quickly. If you are not asking patients for their email addresses, then get started today. It used to be the more elaborate and flashy the website the better you were perceived. Now, you may want to consider something more simplistic that loads quickly on the computer screen. People are unwilling to wait for pages that load slowly.

Your website won't help your practice if it doesn't show up in search engines on page one during routine, non-specific searches, for example: "Riverside general dentist." If the only way you can find your website on page one is by typing in your exact name or practice name then you have a little work to do. To create an online presence is becoming a little more challenging than it used to be. Years ago clicking repeatedly on your web site helped get you to the top of the list.

Now you need more than a well-clicked site to get on page one. Search engines now want to know how relevant you are. They are beginning to consider where else you are mentioned, i.e.: Face Book fan pages, tweets on Twitter, or online surveys and blog entries. There are companies that provide reasonably priced packages that collect surveys from your patients and post them online. Make use of free tools like Google analytics and Google places. Google it, you will be guided through the simple process which can help you show up during online searches. Create a fan page, if you have a Face Book page scroll down to the bottom and on the right it will give an option to "create a page." It's easy, just follow the instructions. Once your page is complete you can send a mass email to patients and referral sources to ask them to become a fan. You want fans, not friends. Once that is accomplished, periodically post comments that will go out to all the fans. Keep your posts short and interesting. You may post about special services you have added to your practice, offers you have in place, or links to health information that may be relevant. So, go ahead and tweet, blog, post, and use banner ads on your website. It's the future of marketing.

If you would like more information or for a list of companies available to help you maximize your marketing dollar, please contact us at info@ipsdentist.com. Please join us on face book https://www.facebook.com/InnovativePracticeSolutions

Look for our next article on increasing case acceptance. We will outline skills you need to have your patients saying yes!

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

Contact Your Dental Society Staff

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

Penny Gage, Executive Director
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Governance
Extension 23 – Penny@tcds.org

Monica Chavez, CE Coordinator
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Give Kids A Smile/Community Health
Advertising/Exhibitors
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Recruitment/Retention
New Professionals Services
Dental Student Services
Website Assistance
Extension 22 – Shehara@tcds.org

Hospitality Sweet

Short Abstracts

Occlusion and brain function: mastication as a prevention of cognitive dysfunction. Ono, Y., Yamamoto, T., Kubo, K-ya and Onozuka, M.; Journal of Oral Rehabilitation, Volume 37, Issue 8, pages 624-640, August 2010,37: 624-640. doi: 10.1111/j.1365-2842.2010.02079.x

Summary: Research in animals and humans has shown that mastication maintains cognitive function in the hippocampus, a brain area important for learning and memory. Reduced mastication, an epidemiological risk factor for the development of dementia in humans.Active mastication rescues the stress-attenuated hippocampal memory process in animals and attenuates the perception of stress in humans by suppressing endocrinological and autonomic stress responses. Active mastication further improves the performance of sustained cognitive tasks by increasing the activation of the hippocampus and the prefrontal cortex, the brain regions that are essential for cognitive processing. Abnormal mastication caused by experimental occlusal disharmony in animals produces chronic stress, which in turn suppresses spatial learning ability. The negative correlation between mastication and corticosteroids has raised the hypothesis that the suppression of the hypothalamic-pituitary-adrenal (HPA) axis by masticatory stimulation contributes, in part, to preserving cognitive functions associated with mastication. In the present review, we examine research pertaining to the mastication-induced amelioration of deficits in cognitive function, its possible relationship with the HPA axis, and the neuronal mechanisms that may be involved in this process in the hippocampus.

Education in sleep disorders in US dental schools DDS programs. Simmons MS, Pullinger A., Sleep Breath. 2011 Apr 27., Department of Oral Medicine and Orofacial Pain, University of California Los Angeles School of Dentistry, 10833 Le Conte Ave., Los Angeles, CA, 90024, USA, drmichaelsimmons@aol.com.

Medical school surveys of pre-doctoral curriculum hours in the somnology, the study of sleep, and its application in sleep medicine/sleep disorders (SM) show slow progress. Limited information is available regarding dentist training. This study assessed current pre-doctoral dental education in the field of somnology with the hypothesis that increased curriculum hours are being devoted to SM but that competencies are still lacking.

Materials And Methods: The 58 US dental schools were surveyed for curriculum offered in SM in the 2008/2009 academic year using an eight-topic, 52-item questionnaire mailed to the deans. Two new dental schools with interim accreditation had not graduated a class and were not included. Responses were received from 49 of 56 (87.5%) of the remaining schools.

Results And Conclusions: Results showed 75.5% of responding US dental schools reported some teaching time in SM in their pre-doctoral dental program with curriculum hours ranging from 0 to 15 h: 12 schools spent 0 h (24.5%), 26 schools 1-3 h, 5 schools 4-6 h, 3 schools 7-10 h, and 3 schools >10 h. The average number of educational hours was 3.92 h for the schools with curriculum time in SM, (2.96 across all 49 responding schools). The most frequently covered topics included sleep-related breathing disorders (32 schools) and sleep bruxism (31 schools). Although 3.92 h is an improvement from the mean 2.5 h last reported, the absolute number of curriculum hours given the epidemic scope of sleep problems still appears insufficient in most schools to achieve any competency in screening for SRBD, or sufficient foundation for future involvement in treatment.

Hot Shorts

The American Student Dental Association chapter at Western University of Health Sciences is pleased to announce the ASDA at WesternU golf tournament fundraiser. The golf tournament will be held on August 5, 2011 at 2:00 p.m. at San Dimas Canyon Golf Course. The tournament will consist of an 18-hole shotgun start played in scramble format. Two dental students will be paired with two dental professionals to allow the students to get to know our local dentists. Following the tournament, there will be a catered dinner at the course where raffle prizes will be given away. For more information or to register, please contact Chris Dudzik, 916-316-1762, cdudzik@westernu.edu, or Michael Drake, 626-827-9211, mdrake@westernu.edu.

In Memoriam

Charles T. Smith, DDS
1914 - 2011

Dean Emeritus Charles T. Smith passed away on April 21, 2011. Dr. Smith's faculty service began in 1957 as a part-time assistant professor of restorative dentistry; he was the second dean of LLU School of Dentistry, from 1960 to 1971. Under his leadership, the School sponsored clinical faculty for advanced training and post-doctoral masters' degrees, and graduate programs in orthodontics, oral and maxillofacial surgery, endodontics, periodontics, oral pathology, and pediatric dentistry were initiated.

Another noteworthy achievement of Dean Smith's tenure was the establishment of the School's first off-campus clinical service learning program at Monument Valley, Utah. In that program, resident faculty supervised students who experienced rotations of clinical clerkship in the unique setting of a Navajo Indian reservation as part of their pre-doctoral education. Many alumni still consider the weeks in Monument Valley to have been the highlight of their clinical education.

Well into his nineties, Dr. Smith remained an active participant in School of Dentistry activities, participating in Alumni Association Board of Directors meetings, Alumni Student Conventions, and graduation activities. His legacy at Loma Linda University and in the dental profession is significant and lasting.

A memorial service celebrating his life took place on May 21, 2011.

Unclassifieds

Be sure to visit Classified Ads on your personal web page at www.tcds.org.

Coachella Valley Dental Office For Sale. Frontage road on Hwy 111. 4 ops, 3 equipped. General/endo. $65K. (760) 341-8441.

Office space available in Redlands on beautiful Brookside Avenue. 300(4 rooms)-2000((11 rooms) Sq/feet @ $2/ft includes untilities. Perfect for specialty dentist (orthodontist, oral surgeon) or dental lab looking to expand into the Inland Empire. Separate reception area, restrooms. Close to downtown, shopping, restaurants, bus, movie theaters. Contact Dr. James Patrick Caley at 909-798-5117 or nsczolgist@aol.com.

Periodontist Wanted. Position available in a beautiful group dental office in Las Vegas, NV and Dallas, TX. 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 periodontal-providers@hotmail.com or call (818) 389-7288.

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 e-mail d.jesson@indiosurgerycenter.com

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.

2011 State of the Economy for California

Andrea Feather, DDS

and the Tri-Couty Areas Financial Implications for Dentistry

Well Doctor, your fourth quarter numbers for 2010 are in. How did you do? If you're like most, your response is less than enthusiastic. However, doctor… "I have good news, and I have bad news." First, here's the good news. It is NOT YOU! The bad news is, our local economic situation will present a challenge in 2011. I am sorry to report the sober state of affairs in the economy of our communities and most of our practices, especially in the Tri-County areas. But here are the facts so you can plan for the future.

Growth in California Slows!

California's phenomenal historic growth is slowing. This means fewer patients for us to help. The 2011 Census showed an increase of 3.8 million new residents of California totaling 37.2 million people. San Bernardino County grew by 18% in the last 10 years. However, for the first time in 160 years, with the exception of one census when the methods of calculating congressional seats changed, California was not awarded a new congressional seat. This is unprecedented and a sign that our political clout is declining. Here are several reasons.

Unemployment, Home Foreclosures, and Taxation in California

Our state unemployment rate stands at a staggering 12.4% well above the national average which is a hefty 9%. To put this in perspective, according to US Bureau of Labor and Statistics, Eurostat September 2010, Greece has an unemployment rate of 12.2% and we are surpassed only by Slovakia (14.7%), Lithuania, Estonia, Latvia and Spain (20%) in unemployment. The current unemployment rate for San Bernardino County is 13.9% and Riverside County is 14.6%!

Additionally, California has the 4th highest home foreclosure rate in the nation at 4.1%, according to RealtyTrac, the largest online marketplace for foreclosures. Last year we were ranked second by RealtyTrac. The current administration made some efforts to stem the tide of foreclosures through programs like HARP and Making Homes Affordable Program. The Fed bought mortgage backed securities and government bonds in an effort to keep interest rates down. All these were to no avail and were in effect putting a band-aid on a gaping wound. Seven of the top ten foreclosure areas of the nation are in California and the Riverside/San Bernardino area was 7th on the list! This has driven housing prices down dramatically in our area. In California, the median price of a home dropped 38% from its all time high in December 2007. The national average dropped a mere 18%. This occurred while interest rates were temptingly low. This was a major problem for many, as some used their home equity like an ATM to finance large personal expenditures. No doubt, dental work was part of that buying bonanza that disappeared over night.

Under the category of "It's not what you make, but what you keep," business taxation in the state of California is out of control and the burden has fallen onto us. According to The Tax Foundation, a consumer watchdog organization providing tax statistics for businesses since 1937, our consumer tax rate is 15th out of 50 states for highest taxes. Okay, not as bad as it could be. But, our business tax rates rank 49th out of 50 as the most punitive tax rates in the nation for 2011. We were 42nd only 4 years ago. Our state sales tax has risen from 38th place to 48th place in only 4 years! What is the result? Companies such as Intel, based in California, decided to build a new chip manufacturing factory in Arizona. Hewlett Packard, the largest manufacturer of home computers, also based in California, laid off 9 thousand workers this year. Other smaller businesses have left the state, resulting in fewer dollars available for dental care. This directly affects our pocketbooks.

Dollars Migrate out of the State and Your Practice!

High unemployment, high business and consumer taxes, high foreclosure rates. It's enough to give you a headache! It's too expensive to live, work, or try to prosper in California. Domestic migration out of the state is increasing and is responsible for our slowing growth rate. Though our overall population has increased, California lost 1.5 million residents to domestic migration in the 2000s. This is the population of the city of San Diego!

Unfortunately those leaving the state are taking more dollars with them than those entering the state. According to the Tax Foundation there has been a net migration of dollars of Adjusted Gross Income (AGI) out of California to the tune of $47 billion from 1993 to 2008. Your patients and their dollars are leaving California for more affordable housing and a more business friendly atmosphere. [FYI…You can check this for yourself by calling U-Haul and asking for the rate to rent a moving van from Ontario to San Antonio, Texas, and then the cost of the return trip. I'll save you the call. The trip out of California costs $1,280 and the return trip for the same truck is only $661. They have fewer drivers wanting to come into our state!] When the wealth leaves California, dollars walk out of our offices. It's as simple as that.

Incomes in Dentistry, How's Yours?

If you're like me, you might be saying, reciprocity regarding our licensure cannot come too soon! How does dentistry fair in our state compared to the nation? According to the US Bureau of Labor and Statistics 2010, California dental assistants make the same median hourly wage as dental assistants across the country and higher at the upper paid positions. Our Dental Hygienists make 33% more than the median income of hygienists in the nation at $43.12 per hour compared to $32.38. This has fueled a desire for many to enter the profession. Schools anxious to meet that demand have sprung up. California has added 5 new schools in the last several years, UOP, Riverside Community College, San Joaquin Valley College, and Concorde Career College in San Bernardino. According to the American Dental Hygienist's Association, this is a national trend. Across the nation there are 67% more graduates each year then there were 24 years ago. Hygienists are getting laid off as doctors personally do more cleanings. Many hygienists fear these good times are coming to a close. Currently, however, our staff are paid at the national average, or well above, in all statistics from the USBLS.

Now, how about dentists? Dentists are graduating from dental school with an indebtedness of up to $350K and $400K as reported by some. Twenty years ago that number was about $125K. As an employee, dentist's annual income is a paltry $147K, according the USBLS. At this salary level, how long would it take to pay back $400K of debt that continuously compounds? The USBLS does not keep statistics for the self employed, which most of us are today. So, we can only reference studies done by the ADA and surveys from the AAO, AAOMS, AAP, etc. According to the Quarterly Update of the ADA Survey of Dental Practice Income from the Private Practice of Dentistry, there has been a net gain of nearly 7% among those reporting less favorable net income conditions comparing income from Quarter 2 (Q2) to Quarter 3 (Q3). These numbers are for solo GP practitioners in the Pacific Region. Similar numbers are seen when looking at gross billings, number of new patients, and case acceptance rates.

In the survey, 82% of the respondents were General Practitioners. There was a 13% decline in those reporting favorable income conditions from Q1 to Q2 and a 6.1% decline from Q2 to Q3. This is a total 19% decline of those reporting favorable income conditions in just 3 quarters! That is across the US. In the Pacific Region that number is 20%. Remember too that our Tri-County area is probably faring worse than this, since California falls behind in other economic areas and the Tri-County area, worse still. If these statistics have piqued your interest, you can find more details at the ADA website.

The economic problems are reportedly worse in Nevada. In fact, 126 dentists have reportedly walked away from their practices in the state of Nevada which boasts the highest home foreclosure rate in the nation. Can California be too far behind?

Meeting the Economic Challenges:

The warning to the wise is that we need to change the way we practice. Here is a listing of what your colleagues have done to meet the challenges and the percentage of dentists surveyed who have already implemented these changes*:

Extend Treatment Duration	60%
Offer 3rd Party Financing	53%
Discounts for Services	47%
Increased Services…CE	39%
In House Payment Plans	39%
Patient Education Materials	27%
Remodel or New Equipment	22%
Change office hours	17%
Refer-a-Patient Program	14%

*2009 ADA Survey of Dental Practice, published July 2010 and available at the ADA Website.

Here are some additional thoughts as you craft your business plan for the future. Though health care is the #1 recession proof industry, dentistry is not. For example, patients put off exams because they don't want to be told they need additional treatment. To get them back in your office, consider how to incentivize patients to come in for their cleanings. Give them a discount or a free second exam for a sibling or other family member. Reward desired behaviors!

Be prepared. Keep your statistics up to date! Abandon bad ideas quickly and funnel money into the good ones. When you have money in the bank, USE IT to grow your business! Re-engage your business pro-actively; respond to your patient's requests.

Don't presume that your patients are not interested in comprehensive care. Big case acceptance is possible with increased patient education!

Expect a bad month or bad year and don't panic. Every recession in our country's history has been followed by a recovery! Don't be caught flat footed and hunkered down, but be working during the lull to meet the needs when economic growth takes off again.

9 Ways to Get Ready for the Recovery!

1) Prepare to meet the pent up demand for elective services.
2) Run a leaner office.
3) Reevaluate all practice systems.
4) Have hygiene department educate patients about comprehensive care.
5) Develop scripts w/answers to objections.
6) Reactivate inactive patients.
   a) Chart review to find those not seen in the last 9 months

b) Update cell phone numbers & email addresses
c) Send a letter to those 2-3 years w/o an appointment
d) Follow up with phone calls!

7) "Recommendations are appreciated!" ASK every patient to support you.
8) Dispense products for good OH
   a) Products for sale - charge for convenience for patients
9) Make it easy to pay for services:
   a) Pay half upfront, half before completion of treatment
   b) 5% courtesy for full payment in advance for larger cases
   c) Accept credit cards
   d) Offer outside patient financing

Changes in the Law:

Follow the changes in the laws by periodically checking the CDA website. Put an alert into your personal or office calendar to do so monthly. Here are a couple of new important changes. TDIC now sponsors a worker's compensation plan. Go to thedentist.com. See if you can save money with this new plan.

As of January 1, 2011, AB 2275 went into effect and prohibits fee capping for non-covered services. Have you changed your fees to adjust for this change? You should. The lost income from a simple oversight in this area could be significant!

The CDA now has a service called ClaimConnect which can help you with electronic claims tracking, corrections, and allows your staff to confirm eligibility in seconds! This could be critical in giving your patients the information they need to make a decision while in your office and not later, when the dental issues are crowded out by life's other concerns.

Join Study Clubs for Business Ideas Too:

Don't blindly follow the advice of consultants who may or may not be up to date on the state of affairs in your area! Trust them when you know you should, but use your discretion. Some doctors join study clubs, to learn more about their treatment and secondarily business such as the Advanced Cosmetic Interdisciplinary Study Club in the Chino Valley area or the Mount Baldy Study Club in Claremont. Our industry needs to form business study clubs as well that anyone can join, not just the elite high income earners. Members of these groups would share and discuss which consultants are best to use and their "best practices" with non-competing colleagues. These types of groups exist in other industries. It's time for dentists to be just as good businessmen as we are clinicians.

Follow changes in the academic side of dentistry. Use this knowledge to promote your business. For example, do a marketing piece on periodontal disease & increased incidence of cardiac disease, stroke, and complications of pregnancy. Inform patients of this well before presenting the treatment plan and the costs. Give them time to make it their decision to take care of their teeth. Find new technologies to decrease costs and add services.

Conclusion:

In conclusion, tough economic times are upon us. Hopefully we will all be left standing when this financial storm finally blows over, but no practice can be sustained indefinitely without making changes. The UCLA Anderson Forecast is the most well respected economic forecast for California. It predicted the tech downturn early 90s, strong economy of middle 90s and the 2001 downturn. According to this forecast, the nation is predicted to have slow growth for the near future, and extraordinarily high unemployment of 10%. For the state of California, little or no growth is predicted for the foreseeable future. Statewide unemployment is expected to rise to 12.7% then fall to single digits, but not until 2012. Unemployment numbers translate into consumer confidence and that translates into dollars spent in your office. If you trust this forecast, you must make changes now to meet the financial challenges of the future. The upside of adversity is discovering greater profitability through improved practice systems. It is time to get to work not only with the handpiece, but with a critical eye on your numbers, and a financially sharpened pencil!

What's Happening?

Day/Date	Event Details
Mon. July 4	**Independence Day** TCDS Office Closed
Mon. July 11	**New Dentist Study Club** TCDS Office, 6:30 p.m.
Mon. Aug. 1	**New Dentist Study Club** TCDS Office, 6:30 p.m.
Sun. Aug. 21	**Give Kids A Smile Fundraiser** Rancho Cucamonga Quakes vs. Inland Empire 66ers 6:05 p.m. Arrowhead Credit Union Park San Bernardino Call Matt Kowallis for tickets 909-945-7659
Mon. Sept. 5	**Labor Day** TCDS Office Closed
Thurs. Sept. 8	**New Dentist Seminar** TCDS Office Registration, 6:30 p.m. Lecture, 7-9 p.m. "How to Market for Success Online" Lance McCollough, Prosites, Inc.
Tues. Sept. 13	**Board of Directors Meeting** TCDS Office, 6:30 p.m.
Thurs. Sept. 15	**Continuing Education Meeting** TCDS Board Room Social Hour: 5:30-6:30 p.m. Lecture: 6:30-8:30 p.m. "What You Need To Know About Dental Trauma" Dr. Leif Bakland "Planning Successful Outcomes for Dental Implant Surgery" Dr. Jaime Lozada
Sept. 22-24	**CDA Presents** San Francisco
Thurs. Oct. 6	**New Dentist Seminar** TCDS Office Registration, 6:30 p.m. Lecture, 7-9 p.m. "How to Assess Associateship Contracts" Robyn Thomason, CDA
Oct. 10-13	**ADA Annual Meeting** Las Vegas

Dental Dote

Occlusal Adjustment

A patient came into Dave's office with a chief complaint that her bite was "off." She had previously received a full mouth reconstruction by a well-known, highly-qualified local prosthodontist. But, instead of returning to the prosthodontist for adjustments, she went to the hardware store, bought a "Dremmel Moto-tool" and proceeded to grind away on her implant supported crowns! She "adjusted" to the extent that she ground down to the metal bar underneath the crowns. Even with repeated urgings by her new dentist, she did not want to return to the prosthodontist. (Embarrassed or ???)

Dave agreed to take her case on but had her sign a form that stated that if she used her Dremmel, she "has to pay all over for the treatment" - so far she has had to "pay all over" one more time!

Tri-County Dental Society
BULLETIN
Representing the Dentists of the Inland Empire

952 S. Mt. Vernon Ave., Suite A
Colton, CA 92324
(909) 370-2112 • (800) 287-8237
FAX (909) 370-4478

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Say What? Members visiting the TCDS Hospitality Suite during CDA Presents were asked to complete the following sentence, "If I hadn't become a dentist, I would have _____."

Roy Beam,
Riverside, shown with his daughter, Mia, "I would have become an OB-GYN."

Alexander Lee,
Western University, "I would have played guitar."

Roya Amani,
Claremont, "I would have become a kindergarten teacher."

Pratik Shah,
Riverside, "I would have become a civil engineer."

Cheingli Liu,
Rowland Heights, "I would have continued to be a Registered Nurse."