

Tri-County Dental Society

BULLETIN

Representing the Dentists of the Inland Empire

JAN/FEB 2012

Volume 59 No 1

California Dental Association

HOUSE OF DELEGATES



TDCS Delegation

TCDS Membership Status Report

Active/Recent	1,447
Life Active	77
Life Retired	143
Retired	34
Post Grad	41
Faculty	53
Disabled	14
Military/Public Health	6
Provisional	70
Hardship	12
Pending Applications	19
TOTAL	1,908

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

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In this Issue...

Presidential Message	3
Editorial	4
ADA's Give Kids A Smile University	6
Customer Service	7
Legislative Notes	8
Legally Required vs. Morally/Ethically Right	9
Installation of Officers Pictorial	10
TCDS Grand Open House	12
No Quick Fix For Dealing With Pain	13
Second Opinions: Handle Them Carefully	14
Dental Dotes	14
LLUSD Opens Hygiene School in Palm Desert	15
Short Abstracts	17
Unclassifieds	18
What's Happening? / Hot Shorts	19
Say What?	20

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

Baker

The banner photo features the desert at Halloran Summit east of Baker and before the Nevada state line.

Featured Cover Photo

Tri-County Dental Society was well represented during the CDA House of Delegates. The delegates met with Paul Gosar, Congressman from Arizona, during their breakfast caucus. Pictured are from left: kneeling are Drs. Evangelos Rossopoulos and Jerry Middleton. Front row standing: Drs. Dan Jenkins, Mike Clapper, Liviu Eftimie, Oariona Lowe, Archana Sheth, Congressman Gosar, Vanessa Browne, Karen Watanakeeree, Jane Kim and John Maveli. Back row: Drs. Butch Ehrler, Dave Roecker, Leonard Raimondo, Jeff Lloyd, Doug Brown, Tom Clonch, Judy Wipf, Wade Banner, Joan Dendinger, Bob Stevenson, Ken Harrison, Narendra Vyas, Sorina Ratchford, Russ Webb, Al Ochoa, Josh Carpenter, and Executive Director Penny Gage.

Presidential Message...

Kenneith T. Harrison, DDS

I'm Just Talking... A Jely Belly Report



The history of the Jelly Belly dates back to 1869 when the Goelitz family, newly arrived in America, began the candy making business. The family made various candies and experienced both success and slow times throughout the years. In 1960, 19 year-old Herman Goelitz Rowland, Sr., fourth

generation candy maker took a huge risk when times were lean for the family business and instead of closing the business doors began making jelly beans.

In 1967, some of those jelly beans caught Governor Ronald Reagan's attention. Throughout Reagan's entire political career he always had jelly beans available in his offices and homes. Reagan wrote a now famous letter stating that most of his meetings were started by passing around the jelly beans. The actual Jelly Belly idea was conceived in 1976 by a Los Angeles candy distributor who collaborated with Herm in what became a perfect union of the candy maker and the marketing guru. Eight original flavors were created: cherry, lemon, tangerine, green apple, cream soda, root beer, grape and licorice. Reagan was credited for later inspiring the blueberry flavor because he wanted to be able to serve red, white and blue beans during government functions. Jelly Belly now makes over 50 different flavors of their world's best selling jelly beans.

So, what does any of this have to do with Tri-County Dental Society? The world market has an appetite for 50 different flavors because we are all slightly different in our desires and tastes. Our own dental society is the third largest of California's 32 components by member population but by far the largest of the components by geographic territory. Our society also represents dentists from nearly as many races and religions as Jelly Belly makes flavors. Tri-County Dental Society cannot be run with only one leader, one vision or a single voice. We must be represented by as many of the flavors of dentists as possible. Your voice should be heard. Your active participation is needed. So, pick a flavor and review the different areas where you can choose to make a difference. If Jelly Bellies were good enough for Reagan, they certainly should work for TCDS. In honor of the original eight flavors, here are some of your current volunteer choices:

Cherry: MEMBERSHIP COMMITTEE

Join membership and you will be part of TCDS's recruit-

ment and retention efforts. Make an effort to bring in new members while doing all that is possible to retain current members. You will also be able to help plan social events for our members. Special notice to all our female dentist members: we need your help in organizing our new female dentist sub-committee. Help us make the benefits for all female dentists more meaningful. We are also looking for representation for as many of our multicultural members as possible. The 2012 Chair of Membership is Jeff Lloyd. The TCDS Staff Coordinator is Shehara Gunasekera.

Lemon: DENTAL EDUCATION AND PROFESSIONAL RELATIONS COMMITTEE

This committee, usually just referred to as the CE Committee, has the responsibility of planning and hosting all of the CE programs for TCDS. The committee is working 2 years in advance. So, during the 2012 year they will be planning the CE programs for 2014. This is a great area for our specialist members to shine. Program topics are planned by the committee based on membership feedback. Our specialists can be very valuable in making contacts with highly qualified speakers in the topics that are chosen. The 2012 Chair of the CE Committee is Art Gage. The TCDS Staff Coordinator is Monica Chavez.

Tangerine: GIVE KIDS A SMILE COMMITTEE



"The American Dental Association (ADA) created Give Kids a Smile to build support for the public and provide solutions to help underserved children get regular oral health care. Held during National Children's Dental Health Month each February, Give Kids a Smile provides free oral health education, screening and treatment services to children from low-income families across the country."

There are three ways that you can show your support and help out. You may join the committee and help organize all of the year's activities. You may volunteer to come to one of the clinics and do dentistry for the day. Or, you may set up a volunteer day in your own office and do the dentistry in your own comfortable setting with

Editorial...

Daniel N. Jenkins, DDS

Friends Don't Let Friends...



I do a lot more driving these days to various offices. Sometimes I end up taking an exploratory journey by missing an off-ramp or deteriorated road sign. On these trips, I do listen to the radio for traffic reports. Lately, one commercial has been irritating me. The ad blatantly announces, "Friends

don't let friends plead guilty to DUI."

I realize, that under the law, everyone is presumed innocent (unless it's me for a traffic ticket), until proven guilty and that they have a right to a fair trial. I agree the defendant has a right to the best defense he/she can obtain. However the question of professional ethics makes me think this would be similar to a dentist advertising that a parent berating their child to brush and their teeth is guilty of abuse and should be visited by Social Services.

Perhaps there are times when someone is arrested for DUI while driving away from the bar at 2 a.m. in a night-school elementary school zone, after weaving down the street clipping the mirrors off of parked cars, and they have not been under the influence of some type of chemical. Maybe they had just heard a real funny joke on the radio and they lost control and when the cop stopped them they rinsed their mouth with 25% mouthwash so they would have a pleasing breath for the officer? But...c'mon!

While we may argue about the ethics of this attorney in running this type of ad we should also look inward to our own profession and our community as well. This ad has been running for some time and apparently no one has complained about it, which practically condones driving drunk. Does this mean a good percentage of our society thinks driving under the influence is really okay as long as you don't get caught - or kill someone?

In dentistry, we are held to many ethical standards. One of those is not to reveal doctor-patient information to anyone else without the patient's permission. A violation of this confidentiality could be very expensive and even cost a dentist his/her license.

In our digital age of the Internet, this brings about a conundrum regarding a patient who chooses to reveal some of the information about their treatment in the form of a complaint on an Internet complaint bulletin board. We all know how a patient's perception of treatment can differ from the dentist's. Typically the patient's

report is more of an emotional cry of foul play with claims of events that would make the dentist more sinister than Steve Martin's dentist portrayal in "Little Shop of Horrors."

Often I have heard complaints from dentists that they feel helpless in such circumstances because they are prevented from responding or defending themselves on the Internet due to the HIPAA laws as well as the ethics of the confidentiality between doctor and patient.

In California, a pediatric dentist attempted to fight back when the parents of a patient posted disparaging remarks online by filing a lawsuit against them. The courts seem to side more of freedom of speech for the patient's parents - but not the dentist. Some dentists have purchased contracts for patients to sign agreeing to not post negative comments about the doctor on the Internet. However, recently a patient in New York has filed a suit to have the agreement nullified and the Feds are agreeing with the patient. The Feds are saying that even though the patient signed the agreement to not post about the doctor on the Internet and even though the doctor held that she owned the copyrights to her name, the patient had the right of freedom of speech. They also hold that the dentist was violating dental ethics by trying to restrict the rights of the patient.

It would seem that this is "one-sided ethics" as well as "one-sided freedom of speech."

I have heard dentists who were discussing this say they feel once the patient has disclosed the information about the treatment received that the dentist would then have the option of discussing it in the same venue that the patient has. What do you think?

For now, it seems it is more important than ever for all of us to establish and maintain a good relationship with our patients to help prevent these situations. Of course, in doing that we may find ourselves refunding more money (which has to be reported to the National Data Bank).

Perhaps the idea of a great public relations campaign about dentists and dentistry would help keep people from dogging their dentist? Friends don't let friends dog on their friends.

Editorial... CONTINUED

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

your own staff members. Each way, you are helping kids who otherwise wouldn't receive any dental care, you are giving back to your community and you may just walk away with a warm heart and a big ol' smile on your face. The Co-Chairs of GKAS for 2012 are Ruth Bol and Tim Martinez. The TCDS Staff Coordinator is Monica Chavez. Green Apple: PEER REVIEW COMMITTEE
From CDA.org: "The California Dental Association and its 32 component dental societies, in keeping with their obligation of service to the public, have established a statewide peer review system. The purpose of the peer review system is to resolve disputes that may arise in the delivery of dental services to the public; in particular, disputes regarding the quality and/or appropriateness of dental treatment, utilization (problems related to dental insurance benefits when treatment is questioned), and/or potentially irregular billing practices.

A peer review committee, comprised of CDA member-dentist volunteers, evaluates all available evidence pertaining to each dispute and follows specific procedures to make a fair and impartial determination."

TCDS is always looking for members who are willing to be calibrated in the peer review system and serve when needed. Dental specialists are also needed for specialty peer review panels. The peer review system is one of the best values of our membership. The Chair of Peer Review for 2012 is Ann Steiner. The TCDS Staff Coordinator is Penny Gage.

Cream Soda: NEW DENTIST COMMITTEE

This committee is involved with recruitment and retention of dentists who have practiced 10 years or less. They also communicate the values of organized dentistry to the dental students in the two dental schools within TCDS. Several meet and greet socials are planned each year, giving the new dentists (both members and potential members) a chance to network and exchange ideas. The Chair of New Dentists for 2012 is Al Ochoa. The TCDS Staff Coordinator is Shehara Gunasekera.

Root Beer: ETHICS COMMITTEE

This committee meets as needed to investigate and help solve problems with members who have been charged with violating the Code of Ethics. If the TCDS Ethics Committee cannot successfully resolve an allegation, the case is referred to the Judicial Council of the CDA. The Chair of Ethics for 2012 is David Roecker. The Staff Coordinator is Penny Gage.

Grape: LEADERSHIP DEVELOPMENT COMMITTEE

This Committee's purpose is to recruit members within TCDS to fill the many volunteer positions needed to

properly run our dental society. Member skills will be evaluated and then matched to the various positions. Skill development training will also be made available on an annual basis through CDA's Leadership Development Committee. The Chair of LDC for 2012 is Ken Harrison. The Staff Coordinator is Penny Gage with assistance from Shehara Gunasekera.

Licorice: DELEGATE TO THE CDA HOUSE OF DELEGATES

The CDA House of Delegates meets annually in the month of November to debate and vote on the resolutions that have been brought to the house. Each of the 32 Component Dental Societies within the CDA are given delegates based on their total number of members. In 2011 TCDS was given 16 delegates of the total of 209 voting delegates. TCDS delegates are nominated each year by our Nominating Committee. This is a great position for those interested in the politics, policy making, governance and business of organized dentistry. The TCDS delegation is chaired each year by the current President of TCDS. The Staff coordinator is Penny Gage.

So now you have been given 8 different 'flavors' of volunteer positions currently available to you. TCDS needs your support and wants to hear your voice. Please help make our dental society stronger by calling today and letting our staff know where you would like to help. "I'm just talking".....is one of my father-in-law's (Joe Miller) favorite ways to begin one of his classic stories. I am using his phrase during my presidency to honor and thank him for graciously including me in his family. Walk Good, KTH

Contact Your Dental Society Staff

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

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Give Kids A Smile/Community Health
Advertising/Exhibitors
Employment Assistance

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ADA's Give Kids A Smile University: TCDS Opportunity!

*Monica Chavez,
GKAS Coordinator*



The American Dental Association awarded seven grants for volunteers to attend the first annual GKAS University. Out of 50 applicants, I was one of the lucky to be invited to attend.

On October 26, 2011, I departed to St. Louis, Missouri, where the Give Kids a Smile program first originated. All of

the GKAS Ambassadors, as we, the grant recipients were called, were greeted with a welcome dinner where we had the opportunity to meet and talk to the founders of GKAS, the GKAS Board Members, ADA's GKAS Representative and the Executive Director of the GKAS organization. At this dinner, we also heard from each Ambassador about their current GKAS program and what they wished to learn from this experience. It was interesting to hear how diverse our programs are, yet all focused on the same mission-To close the gap in oral health for the underserved children in our communities.

The next three days focused on the GKAS clinic in which we were going to participate. In our first meeting with the staff of the Give Kids A Smile organization, I was overwhelmed. They provided us with a complete binder describing the entire process of running the amazing clinics they do twice a year - one in October and one in February. At each clinic, they treat over 600 children in two days with the help of over 600 volunteers. After going through the binder, I was on information overload, but very excited. All the ambassadors were impressed how they have everything down to a T. But they've had lots of experience, since this is the 10th year of the program.

The first day not only consisted of learning about their process and steps to take prior to the big event, but also in loading and unloading the truck that transported all the equipment and items needed to run the clinic. With all the volunteers help, within a couple of hours the St. Louis University - Center for Advanced Dental Education was transformed into a colorful Halloween themed site. Now it was ready for the children.

We arrived early in the morning and, just like all the volunteers, checked in, got our GKAS shirt and had breakfast. The president of GKAS welcomed all the volunteers minutes before the children started arriving. The ambassadors got a tour of the facility and visited each station just like each child would to experience the whole process. Then, we got to choose the station at which we wanted to volunteer, although we could float to other stations. I started at the "checking-in" station because I wanted to see all the children. Children from infants to

14 years registered. They were either brought by a parent or guardian or on school buses. There were times a couple of bus loads of 30 or more children in each one arrived all at once. Everything was so well organized, however, that there were very few hiccups.

As soon as the children were greeted, they were given a GKAS canvas bag, handed a health history and consent form, were given an explanation of what to expect and were handed their "Party Pass" that would allow them to attend the "Party" once they completed the whole process. At this point, most children were excited and looked forward to going to the party. There were jugglers, magicians, tooth fairies and a panda there to entertain the children while they waited for their turns.

The children had their pictures taken, received stickers, were taught how to brush their teeth, received goody bags containing a toothbrush, tooth paste and other items. Their hearing was checked and before they were taken to hygiene and/or to treatment area. Once they got release from aftercare, they were taken to the party where they were able to color, have their faces painted, receive balloons made by the amazing balloon artists, choose a book to take home and enjoy a healthy lunch, which they could eat no matter what type of treatment they had received.

This experience opened my eyes to the opportunities that exist to make TCDS' GKAS program bigger and better, not only to be able to treat more children, but make their experience a fun and memorable one. I came back energized and full of ideas. I sat with both of our GKAS co-chairs to share my experiences and ideas and together we've come up with ways to expand our upcoming programs. It will take time and effort on everyone's part but we are confident we can make our dreams into a reality.

I look forward to what's to come and hope that everyone that has a passion for this program to help the kids in our communities will join us in this endeavor.



Customer Service

Lenora Milligan
Innovative Practice Solutions

This is Part Six of a series of six articles designed to get your practice working efficiently and effectively in 2011. This article will help you understand what your patients really want from you and your team.



D Let's start with your business or place of employment.

Who is your boss? Who pays your paycheck? It's not the dentist you work for and, if you are the dentist, it's not you. It's your patients. They are the boss. They pay your wage and have expectations of how they wish to be treated

If I were to ask, could you and your team meet my dental expectations right now, what would you say? Most answer quickly with a resounding YES! But how do you know? Do you even know what my expectations are? Have you asked me? How can you possibly meet anyone's expectations if you don't know what they are?

Now that I have your attention, let's talk about expectations.

When dealing with expectations there are three possibilities. 1. Meet. 2. Exceed. 3. Fail. Obviously we do not want to fail. But is meeting someone's expectations good enough? Or do you consistently strive to exceed them? Take for instance a plumber. Most of us have had to bring a plumber into our home or work space for an installation or repair of some sort. Let's say the plumber shows up promptly, quickly and efficiently fixes the problem and takes his/her leave. Were expectations met? Yes, in a very basic way. However, the bathroom has muddy boot prints, the sink is dirty, and water has been dripped or sprayed in multiple locations. You talk to a friend about the experience and they tell a completely different story. They hired a plumber who showed up promptly, placed booties on their feet, quickly and efficiently fixed the problem, cleaned the sink and mopped the floor before leaving, all for the same price. Another bonus? He/she smelled nice, dressed nice, and had excellent manners. Were expectations exceeded? Yes! Who do you think will receive a call the next time a plumber is required?

In the dental office every patient is unique and yet many share common expectations. One may want to turn the visit into a social event, while another may want to get in and out quickly without a lot of small talk. Treating both patients the same will leave one of them with failed expectations. That is a 50% fail rate. If you are the type of person who consistently reads people well, or if you have been well-trained, you will recognize certain signals emanating from the patient and act accordingly. Otherwise you may need to ask more questions and clarify your

patient's expectations.

However, we can make certain assumptions about the average patients' expectations. Such as: A phone will be promptly answered by someone with a smile that can help. Your patients probably expect a clean, uncluttered office that smells nice and is comfortable. Maybe they also expect a well-trained team of friendly people, who greet them with a smile, a handshake, eye contact, and a warm, caring demeanor. Providing quality care means being present in the moment, instead of on autopilot.

I love to share great customer service experiences. I went into a Chick- Fil-A fast food restaurant and, much to my surprise, my expectations were exceeded. I was promptly greeted with a smile and eye contact. Every response was concluded with a "my pleasure." I never heard the more common "No problem," which highlights the negative. It was easy to see they had a clear customer service model and had taken the time to train their employees.

An employee that has poor customer services skills is not necessarily trying to provide poor service. Most simply do not know what the basics are and have never been trained. They are hired, showed around a bit, maybe given a manual, but otherwise "thrown into the fire". Spend time training your team. Take a personal interest in each team member, find out who they are, what innate talents they possess and where they may need extra assistance. While protecting and enhancing their self-esteem, help them develop themselves into the very best that they can be. Do it not only because it helps you get where you want to go, but because it will help them get where they want to go.

Of course this means you need to create a vision of what you want your patients to experience. Make certain your vision is not just a bunch of words on a plaque hung on a wall somewhere. Instead ask each of your employees to write down the vision or mission of your business. See if they have similar feelings about who you are as a practice. If not, perhaps it would be a good idea to schedule some time so you can all get on the same page - time where you can work on your business instead of always working in it. If you don't have a vision or mission statement, create one. Do it by deciding what you want for yourself and your patients. Don't just think about what you want this week or next, but five or ten years from now. You'll achieve more by thinking big and then going over your thoughts and thinking even bigger. Take a tour of your own practice while looking at it with "patient eyes." Start in the parking area and notice what patients

Customer Service... continued

see when they approach your office. What do they smell, hear, and see when they open the door and enter. Stand where patients will stand, sit where they sit, lie down in the chairs and look up at the ceiling. Take notes, set goals and make changes.

Many practices offer water, tea or coffee when a patient arrives. They set out apples, breath mints or chapstick. They provide warm towels after procedures, juice and ibuprofen to go, wipes for eye glasses and some even have spa services. Most patients appreciate these things. Beyond that it can be a bit of a mystery.

How do you find out what your patient expects? Ask what is important to them. Do they want to keep their teeth, get out of pain, and never have an emergency again? Are they concerned about appearance or function or both? Find out. Then give it to them. Seriously, give them what they want and you will have a very appreciative, compliant patient that leaves and tells everyone they know about the best trip to the dentist they've ever had.

It is up to us to make what they need align with their personal goals. For example, a patient comes in with a cracking molar that is causing some pain. After addressing the chief complaint you could ask the patient if it is important to them to not have this type of painful experience again. Most likely they will say that it is. That is when you tell them about the opposing molar with a large fracture that if not taken care of will be splitting in half. You've

told them what they need in a way that aligns with what they told you they want. If a patient comes in and you ask if looks, function and longevity are important and the patient says they like their smile, but definitely want to keep their teeth into old age, then refer back to those statements during your diagnosis. When you give people what they want you meet or exceed their expectations.

Customer service starts with an attitude of gratitude. You must have a great appreciation for all of your patients. Yes, even the ones that ask a million questions, show up late, or fail to take your advice and end up being an emergency. They are, after all, the reason you are in dentistry and the reason you receive a paycheck. Create a culture of courtesy that starts with you and your team. Say please, thank you and it's my pleasure. Think about great customer service experiences, or companies that are well known for their service. The Ritz Carlton, Nordstrom's and others are great examples. Remember, it starts from the inside out. If you and your team treat each other with respect and courtesy, then it's easy to treat your patients the same way.

If you would like more information, please contact us at info@ipsdentist.com Please join us on face book <https://www.facebook.com/InnovativePracticeSolution>.

Legislative Notes

ALERT - POTENTIAL LICENSE DENIAL OR SUSPENSION FOR FAILURE TO PAY TAXES

Effective July 1, 2012, the Dental Board of California is required to deny an application for licensure or suspend a license/certificate/registration if a licensee or applicant has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011)

Once it has been determined that an applicant or a licensee is on a certified list, the applicant or licensee has 90 days from the issuance of a "Preliminary Notice of the Intent to Suspend or Withhold Issuance or Renewal of the License" to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. Any such person who fails to come into compliance will have his/her license denied or suspended until the Dental Board of California receives a release from the FTB or BOE. The form for requesting a release will be included with the preliminary notice of suspension or denial.

The law prohibits the Dental Board of California from refunding any money paid for the issuance or renewal of a license where the license is denied or suspended as required by AB 1424 for failure to pay taxes.

The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167. (Information provided by the Dental Board of California.)

Delta Dental New Jersey Settles Class Action Suit

The class action suit filed by dentists in New Jersey in 2006 has reached a settlement. Delta Dental of New Jersey agrees to many corrections to avoid past problems with processing and down grading claims. To read the agreement, go to the link: <http://www.ddnjsettlement.com/Portals/0/Documents/Class%20Notice.pdf>.

Legally Required vs. Morally/Ethically Right

Dr. Lew Powell, Faculty of Roseman University College of Dental Medicine



Events in the world of college football don't usually have much impact on the dental profession. Yet, this past November's shocking revelations from State College, Pennsylvania must serve as an example of "what not to do" in the event you ever have occasion to suspect abuse of one of your patients.

Unless you have been under a rock, or comatose for the last few months, you are already painfully aware of the scandal involving alleged sexual child abuse perpetrated by a former Penn State assistant football coach on a number of young boys (the grand jury report specifies eight victims). I'll avoid reporting the specifics of the offenses, because horrific as they are, they are not the issue for us to consider.

A graduate assistant informed head football coach Joe Paterno of an incident of sexual child abuse on the premises in the football program's shower. He reported a less graphic, but still incriminating version of the incident to his immediate supervisor, the athletic director. He (Paterno) met with university officials several weeks later to discuss the matter, and it still had not been reported to any law enforcement agency.

Coach Paterno's defenders say that he met his obligation by reporting to his athletic director. I submit that he did just enough to claim that he met his legal obligation, but fell far short of his ethical obligations.

By law, and the law differs in the various states, there are certain professional people who are "mandatory reporters of child abuse and neglect". According to the Department of Health and Human Services Administration for Children and Families Children's

Bureau, approximately 48 states, the District of Columbia and U.S. Territories mandate professionals to report child maltreatment. These professionals include among their ranks, Teachers and other school personnel (includes coaches) and Physicians and other health-care workers (us). Both Mississippi and Pennsylvania are among the 48 states listed. The report should be made to the state office of child welfare services or any law enforcement agency.

Coach Paterno might say that university policy had him report to his superiors, but when it became apparent that no report had been filed with child welfare or with a law enforcement agency after several weeks, he should have stepped up and done the mandatory report. Also, state law trumps university policy every time.

His decision to do the least he could do under what he believed the law to be, combined with his failure to act ethically and respond immediately in the best interests of the child, are what ultimately led to his firing, and the destruction of his reputation for overseeing one of the "cleanest programs in college football". Regardless of the outcomes in court, that reputation will forever remain sullied.

So what does all this have to do with us? It is a stark reminder that we have to be prepared to step up and do the ethical thing, even if it could be unpleasant. We must stand up and do what is morally right, even if it means we must confront popular or powerful people in our communities. Certainly we must obey the law, but more than that we must do what is best for the abused. As the scandal in State College has demonstrated, doing only what is legal rather than doing what is ethical could cost our profession (and us as individuals) the respect and confidence of the public. That damage would be very, very difficult to repair.

(Reprinted with permission from the ACD Ethos.)



Installation of Officers 2012







TCDS staff made quick work of moving the society office from Colton to Riverside.



PLEASE JOIN US FOR
TRI-COUNTY DENTAL SOCIETY'S
GRAND OPEN HOUSE

THURSDAY, JANUARY 26, 2012
4 PM. TO 8 PM.

3993 Jurupa Avenue, Suite 104
Riverside, CA 92506

PLEASE RSVP

Online: www.tcds.org/event/GrandOpenHouse
via E-mail: info@tcds.org
via Phone: (951) 787-9700
via Fax: (951) 787-9703

No quick fix for dealing with pain

*Written for TDIC by Lisa Fitzpatrick,
President/CEO, Ergo Links*

Your colleague tells you about the best ergonomic stool in the dental market. You buy it, but find it does not cure the back pain. Did you just make a \$700 investment for nothing?

More employers are looking for a quick fix for dealing with pain associated with work activities. Unfortunately, there is no quick fix. Purchasing products without understanding the root cause of the problem, how to fix the problem or how to properly use the product may only result in a decrease to your pocketbook instead of a decrease in pain.

In order to have a proper ergonomic setup in your office, it is critical to assess all components involved with the setup. The key to reducing an injury in the office or reducing pain is to reduce the risk of injury.

The Variance Reduction Model (see graft) is a standard often used by ergonomists, to provide a guideline for achieving an ergonomic setup in an office setting. In the model shown, "RISK" sits on the outside of the circular diagram. Practice owners should address all areas collectively to reduce risk of injury for employees as well as themselves.

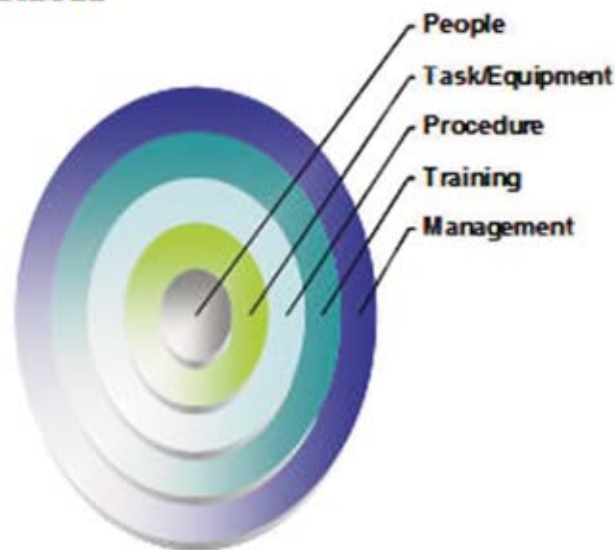
For example, if you purchase the stool (TASK/EQUIPMENT) but do not have proper training on how to use the stool, it may not work for you. Your ergonomic purchase may actually increase your risk of injury.

Proper position on the stool is dependent upon both proper patient positioning and proper positioning of the dental unit. If you do not have the involvement or support of your staff (PEOPLE) in the office to assist with this setup, the risk of injury increases.

Another area to address when considering purchase of an ergonomic stool is proper patient positioning. What is your policy (PROCEDURE) for positioning the patient? Do you have clear instruction or a diagram showing staff how you want a patient chair positioned for optimal patient positioning? Positioning a patient so both the dentist and staff can reduce risk of repetitive injury to the back and neck is a key function to allowing the ergonomic stool to work to its full potential.

Purchasing an ergonomic stool is what some could consider a fast and simple fix, however it is only a small component of obtaining a complete ergonomic setup in an operator. If you truly want to invest the time in setting up your office so it is "ergonomically correct," address all components referred to in the Variance Reduction Model to reduce pain, risk of injury, and to reap the full benefit of your effort. *Lisa Fitzpatrick OTR/CHT, CAE, CEAS is*

RISK



President/CEO of Ergo Links. Lisa provides ergonomic consulting services for dental professionals nationally. She also presents nationally at trade association meetings on injury prevention, biomechanics, and ergonomics in dentistry. For questions about information within this article, please contact Lisa at (877) 399-3746.

THE TCDS LEADERSHIP DEVELOPMENT COMMITTEE IS LOOKING FOR VOLUNTEERS

TCDS needs volunteers to help fill several committees for 2012. If you are interested in Membership, Planning CE Meetings, Volunteering for or helping to organize Give Kids A

Smile, Peer Review, Ethics or Leadership Development please contact the TCDS office at **951-787-9700**.

The 2012 Committees are now being formed. Take the first step in helping organized dentistry---you will not regret it.



Second Opinions: Handle Them Carefully

Yasica Corum
TDIC Risk Management Analyst



Dental offices receive requests for a second opinion for a number of reasons. A patient could be comparing prices or getting an opinion on treatment provided by another dentist. He or she may be trying to build a case against a current dentist and planning to use your opinion as ammunition. If you are unsure of

a patient's motives for getting a second opinion, you can ask some basic questions.

For every patient who presents for a second opinion, raise questions such as:

- o What brings you here today?
- o Who was your previous dentist?
- o How did you find my office?
- o When was your last dental appointment?
- o Why were you unable to complete treatment?

Answers to these questions provide a better picture of the patient's intention for seeking a second opinion. Avoidance or refusal to answer these questions are red flags and treat them as such. If you experience this, decide if you feel comfortable continuing with the exam. It could be the opportunity you need to respectfully decline further contact with that patient. You could respond with, "Mrs. Jones, I've asked you simple questions necessary for me to provide you with a thorough opinion. Since you are unwilling to answer them, I think it is best for you to seek an opinion elsewhere."

If you notice what appears to be questionable dentistry during the exam, do not say, "I would have not done it that way." A patient could have omitted facts or withheld information critical for an accurate assessment. Give your opinion without making disparaging comments about prior services. For example, "It is difficult to provide a complete exam and recommendation without knowing all of the treatment history regarding this area. Based on the information I do have, I recommend..." Do not make unknowing, unsupportable or unjustified comments regarding the previous dentist or the work performed. Doing so could place you in the middle of a refund battle or professional liability claim.

Remain objective when giving your opinion. State the facts and keep subjective comments out of the discussion. Remember, a second opinion dentist is often working with incomplete information at the time of the appointment.

Create a chart and document the results of the exam in the chart. It should include the purpose of the visit, the scope of the examination, your discussion with the patient as well as the outcome. Send a follow-up letter to the patient and the treating dentist with the results of the second opinion. State the examination was for a second opinion and limited to the area discussed. Keep a copy of the letter in the patient chart.

If you have any questions regarding the information presented in this article or need to discuss a risk management issue affecting your practice, please call the TDIC Risk Management Advice Line at 800.733.0634.

Dental Dote

Being a "semi-retired" dentist has meant working in different offices and developing new relationships with the various staff members I get to meet. Usually the staff looks upon me as a father or even grandfather figure. They have been very amenable towards me and have helped me get through the day.

Usually at the end of the day, I thank the staff for their help before I leave. At the end of one day, the chair side assistant, Judy, was busy cleaning up and locking up the office. She did notice the restroom door was closed and assumed I was "resting" in there and did not want to bother me.

After waiting for some amount of time, she started to worry that the "old doc" might be in trouble! She knocked lightly on the door and asked, "Doc, are you ok?" With no response, she began to worry more. She knocked louder with no response. Finally, she got up the nerve to try the unlocked door knob and slowly opened the door fearing that she would see my lifeless body lying on the floor...or worse! As she opened the door, however, she soon realized that I was not there! I had left in a hurry to make it on time to a TCDS committee meeting! But, the other assistant, Patty, was there to witness Judy's discovery!

LLUSD Opens Hygiene School in Palm Desert



The first eight students accepted into Loma Linda University School of Dentistry's associate of science degree program in dental hygiene pose in front of the School's Palm Desert facility (L-R): Jennifer Lora, Andrea McGinity, Wendy Marquez, Brianna Gatti, Priscilla Blow, Selina Cardenas, Margine Hernandez, and Sarah Woodhead. (Courtesy photo)

Senator Bill Emmerson presents a Senate Resolution to Dean Charles Goodacre on the opening of the dental hygiene program in Palm Desert.



Loma Linda University School of Dentistry celebrated the opening of a new dental hygiene program with an open house on November 28. Eight students are enrolled in the program and have been attending their classes in their brand new facility in Palm Desert. The magnificently clinic was designed by TCDS member Dr. Joe Caruso and Bryan Marshall, DDS, of Alliance Healthcare Development and Construction. The associate degree program is collaboration with the College of the Desert located nearby.

Dean Charles Goodacre stated he had been developing this program for many years but was inspired to place the school in Palm Desert by the encouragement and support of TCDS members Dr. Peter Warshawsky and Dr. Mike Long. Many of the dentists in the Coachella Valley area have long felt the need to have a hygiene school in the area.

Kristi Wilkins, MA, RDH and Chair of the LLU dental hygiene program introduced the site director, Janeen Duff, MA, RDH, to those present. The director introduced the inaugural class to those present and received a well deserved round of applause.

California State Senator and TCDS past president, Dr. Bill Emmerson presented a State Senate Resolution to Dean Goodacre in honor of the opening of the school. Others present

were Riverside County Supervisor John Benoit, Mayor Pro Tem of Palm Desert Robert Spiegel, the President of LLU, Richard Hart, MD, DrPH, and TCDS member Dean Steve Friedrichsen of the Western University of Health Sciences, College of Dental Medicine.

Dean Goodacre mentioned how proud he is of this accomplishment and how he hopes Tri-County and the dentist of the Coachella Valley will use the facility to provide CE meetings for members and colleagues. This has been something the dentists in the Coachella Valley have desired for some time.

Congratulations on an outstanding accomplishment to Dean Charles Goodacre, Dr. Joe Caruso, LLUSD, Kristi Wilkins, and to the students who also acted as tour guides to the visitors.

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Short Abstracts

Psychosocial interventions for the management of chronic orofacial pain.

Aggarwal VR, Lovell K, Peters S, Javidi H, Joughin A, Goldthorpe J., *Cochrane Database Syst Rev.* 2011 Nov 9;11:CD008456.

Purpose: To determine the efficacy of non-pharmacologic psychosocial interventions for chronic orofacial pain.

Method: The following electronic databases were searched: the Cochrane Oral Health Group Trials Register (to 25 October 2010), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2010, Issue 4), MEDLINE via OVID (1950 to 25 October 2010), EMBASE via OVID (1980 to 25 October 2010) and PsycINFO via OVID (1950 to 25 October 2010). There were no restrictions regarding language or date of publication.

Selection Criteria: Randomized controlled trials which included non-pharmacological psychosocial interventions for adults with chronic orofacial pain compared with any other form of treatment (e.g. usual care like intraoral splints, pharmacological treatment and/or physiotherapy).

Seventeen trials were eligible for inclusion into the review. Psychosocial interventions improved long-term pain intensity (standardized mean difference (SMD) -0.34, 95% confidence interval (CI) -0.50 to -0.18) and depression (SMD -0.35, 95% CI -0.54 to -0.16). However, the risk of bias was high for almost all studies. A subgroup analysis revealed that cognitive behavioral therapy (CBT) either alone or in combination with biofeedback improved long-term pain intensity, activity interference and depression. However the studies pooled had high risk of bias and were few in number. The pooled trials were all related to temporomandibular disorder (TMD).

Author's Conclusion: There is weak evidence to support the use of psychosocial interventions for chronic orofacial pain. Although significant effects were observed for outcome measures where pooling was possible, the studies were few in number and had high risk of bias. However, given the non-invasive nature of such interventions they should be used in preference to other invasive and irreversible treatments which also have limited or no efficacy. Further high quality trials are needed to explore the effects of psychosocial interventions on chronic orofacial pain.

Implant Overdentures and Nutrition: A Randomized Controlled Trial

M. A. Awad awad@sharjah.ac.ae, J. A. Morais, et al, *Journal of Dental Research*, Published online before

print September 27, 2011, doi: 10.1177/0022034511423396

We conducted a randomized clinical trial to determine whether providing simple mandibular implant overdentures (IODs) to elderly individuals would give them a significantly better nutritional profile than those who receive complete dentures (CDs). Two hundred fifty-five edentate patients > 65 yrs were randomly assigned to receive maxillary CDs and mandibular IODs (n = 128) or CDs (n = 127).

Six-month and one-year post-treatment outcomes were blood plasma levels of homocysteine (tHcy), vitamin B12, vitamin B6, albumin, serum folate, and C-reactive protein concentrations, as well as dietary intake. The association between treatment and tHcy levels was not statistically significant. A decline of folate from baseline values in both study groups, as well as those of vitamins B6 and B12 and albumin, was observed.

Significant between-group differences were detected in food preparation and in the individuals' ability to chew a variety of foods. This study suggests that implant overdentures do not have a more positive effect on the nutritional state of elderly edentate individuals at 6 and 12 mos post-treatment than new complete dentures. However, those wearing IODs are significantly more likely to take in their nutrients through fresh, whole fruits and vegetables. (International Clinical Trial Registration#: ISRCTN24273915)

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Endodontist Wanted. Experienced Endodontist wanted 2 - 4 days per month to work in our Yucca Valley group practice. Board certified/board eligible preferred. Must be personable, prompt and able to work with others. Compensation negotiable. References required. Contact Daniel Green at dgreen@yuccadental.com

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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 e-mail d.jesson@indiosurgerycenter.com

Dr. Roy Shelburne Has License Reinstated

Dr. Roy Shelburne, who wrote his story in our Bulletin, had his license reinstated by the State of Virginia Dental Board. He was convicted under the RICO act for misbilling Medicaid treatments and spent two years in Federal prison.

His membership in the ADA and Virginia Dental Association was maintained and paid for during his whole ordeal by the Virginia Dental Association. He states he is surprised and elated and thanks all who supported him.

(To read Dr. Shelburne's story, refer to the Nov/Dec 2010 issue of the TCDS Bulletin. The story is a three-part article and continues in the following two issues, Jan/Feb 2011 and Mar/Apr 2011.)

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) 787-9700

What's Happening?

Did you know you can register for any TCDS event online at www.tcds.org. Give it a try!

Day/Date	Event Details
Mon. Jan. 16	Martin Luther King, Jr. Day TCDS Office Closed
Sat. Jan. 21	Board of Directors Meeting TCDS Office 3993 Jurupa Ave., Ste. 104, Riverside 8:00 a.m. - Executive Committee 9:00 a.m. - Directors' Orientation 10:00 a.m. - Board of Directors
Thurs. Jan 26	TCDS' GRAND OPEN HOUSE TCDS Office 3993 Jurupa Ave., Ste. 104, Riverside 4 p.m. - 8 p.m.
Fri. Jan. 27	Peer Review Calibration Workshop 9:00 a.m. - 3:00 p.m. Riverside Marriott
Mon. Jan. 30	New Dentist Study Club TCDS Office 3993 Jurupa Ave., Ste. 104, Riverside 6:30 - 9 p.m.
Mon. Feb. 20	Presidents' Day TCDS Office Closed
Fri. Mar. 16	Continuing Education Meeting UCR Alumni & Visitors Center 3701 Canyon Crest Dr. Riverside, CA 92507 Registration: 7:30 am Seminar: 8:00 am-4:30 pm "Prosthodontics: Troubleshooting the common problems in implant and conventional prosthodontics" Izchak Barzilay, DDS 7 CEUs

Hot Shorts

Fourth Annual CDA Dental Motorcycle Ride, June 7-10, 2012. Plan now to explore the San Jacinto and San Bernardino Mountains. The weekend will combine riding through some beautiful and interesting scenery, fellowship with your fellow dentists, great food and top-notch CE provided by Dr. Lane Thompson. Accommodations will be at the Highland Springs Resort in Cherry Valley. For more information go to <https://sites.google.com/site/dentistrides/> or call Tri-County Dental Society, (951) 787-9700, for to receive an informational flyer/registration form.



CDA Compass Tip

Need help evaluating the performance of your employees? An employee performance evaluation form is an effective tool in helping the employee and manager recognize the employee's areas of strength and any development opportunities. CDA Compass has a form that provides a rating system as well as space for comments. For additional information about this or other resources available from the CDA Practice Support Center, go to www.cdacompass.com.

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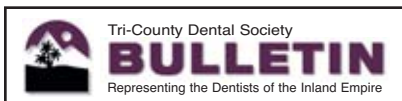
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DATED MATERIAL

Say What? During the November continuing education program, members were asked, "For what are you thankful?"



Joe Herzog,
 29 Palms & Yucca Valley, "I'm thankful for my wife, Kathryn."



Roger Hanawalt,
 La Verne, "I'm thankful for good health and a happy family."



Tatyana Pushkareva,
 Palm Springs, "I'm thankful for good health and the opportunity to come to this country and practice."



Wayne Low,
 Riverside, "I'm thankful for my family, job and health!"



Liz Andrews,
 Western U, "I'm thankful for family, friends and fellow faculty."

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