

# BULLETIN

*Proudly supporting the dentists in  
Riverside, San Bernardino and eastern Los Angeles Counties*

MAY/JUN 2012

Volume 59 No 3



*Give Kids A Smile 2012*

**TCDS Membership Status Report**

Active/Recent	1,446
Life Active	86
Life Retired	148
Retired	33
Post Grad	35
Faculty	56
Disabled	11
Military/Public Health	6
Provisional	71
Hardship	4
Pending Applications	8
<b>TOTAL</b>	<b>1,900</b>

**Toll-Free Numbers**

ADA	(800) 621-8099
CDA	(800) 736-8702
Practice Support Center	(866) 232-6362
Resource Center	(866) CDA-SMILE (866 232-7645)
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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## 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**

*Featured TCDS City – A plane is taking off from March Joint Air Reserve Base located in Riverside County, California between the cities of Riverside and Moreno Valley.*

**Featured Cover Photo**

*Featured Cover Photo – Sherlyn Jimenez watches as her sister, Brittney, receives a screening from Elena Estrada, RDA, at Children's Dentistry of Rancho Cucamonga. Dr. Isabella Piedra's office participated in Tri-County Dental Society's Give Kids A Smile events. For more photos and story, go to page 9. Cover photo courtesy of Jonathan Godoy, a member of UCR's Future Dentists Club.*

## Presidential Message...

Kenneth T. Harrison, DDS

*Friends are important. If you have had five good friends in your lifetime you had a good life. The CDA Foundation is a good friend for dentists. Friends of the CDA Foundation donate \$1,000/year or \$85/month, and help many needy dentists. If you would like to be a good friend you may contact CDA at Jennifer.stolo@cda.org.*

## I'm Just Talking... Are you a friend?



**T**here are many special kinds of relationships spawned in the world of dentistry. We are colleagues to many other dentists with whom we may practice near or even refer our patients. We have some dentists with whom we have a business relationship and are thus business associ-

ates/friends. And then, some of us know dentists who really are true social friends...with no regard for doing business, seeking referrals or any form of monetary gain. Lee Iacocca said, "My father always used to say that when you die, if you've got five real friends, then you've had a great life." I recently saw this description of friendship sported on a t-shirt: "A friend is someone who knows the song in your heart and can sing it back to you when you have forgotten the words." Let's add one more description of friendship from the famous 'Dr. Anonymous,' "A friend is someone who reaches out for your hand and touches your heart."

Today, I'd like to extend an invitation to all Tri-County Dental Society members to become a "Friend" of the California Dental Association Foundation. The CDA Foundation, established in 2001, has a mission to improve the oral health of all Californians by supporting the dental profession in its efforts to meet community needs. The Foundation seeks to establish the important connection between oral health and general health, provide grant money to both communities and individual dentists to help reduce financial and physical barriers to dental care within underserved areas of California, and help support a dental workforce that will continually deliver oral health care within these targeted areas. Throughout California, dental health issues are one of the leading causes of children being absent from school. Many of these kids have no source to treat their pain for many reasons including: loss of parents' jobs, lack of dental insurance, simple parental neglect, general financial issues or even lack of transportation to a dental facility. The CDA Foundation has started many programs to help treat dental needs: 1) CDA Cares; 2) Pediatric Oral Health Access Program (POHAP); 3) Geriatric Oral Health Access Program (GOHAP); 4) Donated Dental Services (DDS)

Program; 5) First Smiles; 6) Student Loan Repayment Grant Program.

The loan repayment program significantly reduces the debt of a graduating student dentist in exchange for serving time in an underserved community dental clinic. TCDS' own Dr. Al Ochoa is currently serving in this program. Since so many dental students are now graduating with such a large debt (an average of \$250,000), the option of serving within an underserved area is usually not financially possible. The Student Loan Repayment Grant helps the newly graduated dentist with his/her debt and places them within an area that will help the underserved.

The CDA Foundation has now sponsored a total of twelve dentists under this grant program. All twelve of the dentists, even the ones who have completed their three-year commitment, are still working in public health dentistry. More information on all of these Foundation programs can be obtained at the website: [cdafoundation.org](http://cdafoundation.org). During 2011, Friends of the Foundation supported 110 grants and scholarships for a total of \$430,000 in awards. These efforts helped over 85,000 underserved Californians. The Foundation's work during 2012 continues with the addition of new programs, continuation of the student loan repayment grants, and support of community health clinics throughout the state.

Let me tell you briefly about one of the newest programs that will be occurring in the next few days - CDA Cares Free Dental Clinic—May 18 & 19, 2012. This initial CDA Cares event is being held in Modesto, California. Our CDA, the CDA Foundation and the national charitable organization Missions of Mercy are combining efforts to provide free dental care over these two days in Modesto. Missions of Mercy will be supplying all the necessary dental equipment, their expertise in holding these events and the data collection. Many national dental suppliers will be donating the dental supplies. The volunteer dentists and lay people hope to render dental care to approximately 1500 people during the two day event. This Modesto event is the first test project for many more CDA Cares clinics that are envisioned for future dates throughout California. CDA is seeking volunteer dentists, assistants, dental students, oral surgeons and others who are willing to donate their time for this important first event. One hundred dentists will be needed each day to provide

*Continued on page 4*



## *Presidential Message...* CONTINUED

the dental services. The second CDA Cares event is scheduled to take place in Sacramento, California, on August 24-25, 2012.

If you can't be present to provide hands on care in Modesto, you still can contribute financially by becoming a Friend of the Foundation. Obviously, providing care to the underserved requires money. We dentists must filter through many donation requests each month from our patients, the schools within our towns, various service organizations, the endless extracurricular activities in which our patients participate, and of course the most important church and family obligations. By joining together with the CDA Foundation, however, collectively our small donations can make a huge difference in the lives of children throughout our state.

Here is how you can "reach out for a needy kid's hand and touch his/her heart." The beginning level of "Friendship" within the CDA Foundation (the Benefactor category) is a \$1,000 per year donation. This \$1,000 can either be paid in a quarterly or annual payment with a credit card or check, or you may use the easy Electronic Fund Transfer (EFT) method and pay monthly. I have chosen the EFT method and my payments are only \$85.00 per month. Even in these trying economic times, most of us can spare \$85.00 per month for such a worthy cause. If you check the Foundation website, there is information regarding many other types of giving options including: estate planning, stock and financial securities or establishing your own endowment. For New Dentists, you may become a friend for just a \$100 annual donation per each year you have been in practice. And, there is even a student category that allows dental students to become friends for just \$5.00 per year.

There are currently approximately four hundred and five Friends of the Foundation statewide giving between \$1000 and \$25,000 annually and generating a total of over \$500,000 per year. Twenty-five of these friends are members of Tri-County Dental Society (I think that we can do better than that) plus there are a total of one hundred and forty Student Friends from Loma Linda University School of Dentistry and Western University College of Dental Medicine combined.

I believe that there are still many TCDS members who are not really familiar with the CDA Foundation, so until now they haven't even considered making a donation. We all need to take a moment, look closely at the needs of these kids, and make a commitment to help them with their oral health care. Of course the Foundation is grateful for donations of any amount. You don't have to commit to being a friend to contribute to helping. Even smaller donations will be welcomed and will help support the

collective efforts of the Foundation.

If you have any questions about the Foundation or how you can begin to help, you may e-mail Jennifer Stolo at [jennifer.stolo@cda.org](mailto:jennifer.stolo@cda.org) or call her direct telephone line: 916-554-5374. Please take a long hard look at the tremendous work that the CDA Foundation is doing and become a Friend today.

Let's try and recall the melody while we read the lyrics of Andrew Gold's hit song Thank You For Being A Friend; you might remember this familiar tune as the theme song for the long running TV show The Golden Girls.

Thank you for being a friend  
Traveled down the road and back again  
Your heart is true you're a pal and a confidant

I'm not ashamed to say  
I hope it always will stay this way  
My hat is off, won't you stand up and take a bow

Thank you for being a friend  
Thank you for being a friend  
Thank you for being a friend

Finally, Coach John Wooden wisely stated, "You can't live a perfect day until you do something for someone who will never be able to repay you."

I'm hoping that your lives and practices are overflowing with spring flowers and that you can now proudly stand up and take a bow for being a friend. – KTH

### **Contact Your Dental Society Staff**

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#### **Penny Gage, Executive Director**

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Governance - Ethics

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Continuing Education

Give Kids A Smile/Community Health

Advertising/Exhibitors

Website Assistance

Extension 21 – Monica@tcds.org

#### **Shehara Gunasekera, Membership Coordinator**

Recruitment/Retention

New Dentist Services

Dental Student Services

Website Assistance

Extension 22 – Shehara@tcds.org

## Editorial...

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

*At a Glance... We are accountable for results of our dentistry, mid-level providers, and the poor dental IQ of the people we treat. ADA is developing an educational program. We will be accountable for how successful it becomes.*

# Accountability?



**A**ccountability is a word that tends to have a negative connotation. If there is a problem with a crown, a dentist may tell the patient that the lab is accountable for the problem. When the patient is really excited about their new crown, however, does the dentist tell the patient the lab is accountable for

the success? Somehow, the word does not feel right using it that way does it?

As dentists, we are held accountable for all the services we provide whether anyone else is involved or whatever the circumstances. Even if a patient is interfering with our treatment by gagging, spitting, screaming, complaining, or wanting too many breaks, in the end, we are accountable for the success.

For those associating, you may feel like blaming problems on equipment, materials, assistants, or scheduling—but, you are still accountable. It's true that other people might be accountable as well, but the issue of communication and agreement might lead to decisions you will have to make for yourself if you cannot come with a solution with which you both are comfortable.

Of the many issues in dentistry today, one that stands out recently is the mid-level provider. Many fingers have been pointed at various legislative and dental organizations, as well as their leaders, warning them of accountability for the development of this issue. The legislatures are accountable for passing laws that allow the new provider status—but what do they, mostly lawyers, know about dentistry? The hygienists and other para-dentist groups push to influence the legislature—but what do they know about being a dentist? (Perhaps a little more than legislators.) Are hygienists solely accountable for the development of mid-level providers?

The pro groups mention “access to care,” but how many dentists are sitting in their offices with plenty of open time in their schedules? Thus, it becomes an “access to money” issue – not care.

It seems like the legislature sees this as an opportunity to placate the populace. They would like to take the credit and be accountable for increased dental treatment for the poor. The hygienists might like the increased range of dental services they could provide rather than spend-

ing their time under the gums in the depths of bacteria and last week's calcified sushi meal. Perhaps they are concerned about the many patients they see that are unable to pay the bill for dental treatment and think a mid-level provider could do the work for less money?

It may be the main group accountable for the mid-level provider issue is the people wanting cheaper services? Even more so than the hygienists or legislators, the average person does not have a clue about dentistry. During the cosmetic dentistry heyday of “Extreme Makeover” with Bill Dorfman, I heard tales of people, dirt poor, asking dentists for cosmetic veneers without a clue as to what it cost. Some would even demand that the veneers be done in two hours because they saw it done that fast on the show!

The average patient is not exposed to dental education – anywhere. Sometimes they might get a short lecture at the dental office on a particular problem that the hygienist finds. When the large medical-dental camp-meetings are held in the big cities like Los Angeles where volunteer dentists provide free care, the type of care is extractions and amalgams. Yet, I have heard people being interviewed in line saying they need a fixed bridge or a crown. It would be interesting to see how long the lines would be if either it was announced that they could have whatever dental work they wanted or if it was left like it is and they charged five dollars for entrance. I have no doubt that the lines would diminish tremendously if there was a minimal charge. People just do not value dental care as much as they should or as much as we do.

If dental care was valued as much as we think it should, there would be a different message to the legislators and to the Congress. There was a recent documentary on “Hair” by Chris Rock on HBO. People are spending thousands of dollars on weaves, etc. I doubt it is covered by their insurance!

For many years, in each session of Congress, a bill has been proposed to include dental benefits with Medicare for retired and disabled people. The value of dentistry has been considered so low that it has never been included. Instead, cheaper insurance policies are offered and people “living” on their social security benefits will not get the care.

As life goes on, we have to accept our own accountability for our decisions and actions. If we have or have not planned properly to be able to afford better care, then we

*Editorial...* CONTINUED

are still accountable for the results. If some are able to have better services than ourselves then we should be happy for them. We should each accept our accountability.

Where does the accountability lie for the populace not understanding the value of good dental care? The ADA is currently working on developing educational media clips. I think this is a good start and sincerely hope

it is more than “see your dentist twice a year.” If we are not satisfied with how the populace is being educated about dentistry, who will be held accountable for either the success or failure of the dental education program? Us!

Let us all be lauded in history as accountable for the successful dental education of our population.

## Senator Bill Emmerson Reflects on Special Session of HOD



**T**hree days into March, 2012, the CDA held a special session of the House of Delegates (HOD) in Oakland to reconsider a resolution regarding a study on mid-level providers that was passed in the regular HOD last November of 2011. After much discussion, a resolution was passed that was co-authored by three components – including our Tri-County Dental Society.

Tri-County Dental Society member Senator Bill Emmerson wrote his reflections regarding this historic event. He said that “Being a Republican in the legislature, I am accustomed to holding the minority opinion. It is never fun when your colleagues don’t agree with your perspectives and I feel compelled to say how much I continue to respect my colleagues even though some perspectives were not consistent with mine.

“After adjournment, I took the opportunity to speak directly to many of those who came up short to thank them for standing up for their beliefs. There is only honor in fighting for what you believe in, and I have only admiration for everyone who did so in Oakland.”

With dissent, there is always the potential of hurt feel-

ings and of those who do not prevail in their stand to end up either intentionally or unintentionally hurting the organization to which all participants are a part. I imagine this is what concerned Bill.

Bill went on to write, “While I was uncertain about the eventual outcome, I was deeply worried about the affect the debate would have on the CDA, its membership, and our future. Fortunately, I witnessed a level of disclosure rarely seen in the Capitol and I remain as proud of our members and our organization as I ever have been.

“Going forward, please know that I will work doubly hard to ensure that as SB 694 moves through the Assembly that the direction the House approved will remain. I will continue to work directly with Senator Padilla to ensure that your objectives will be met.

“Finally, I want to reinforce what I said on the floor of the House. Namely, that I will do nothing that in my mind will harm Dentistry. If anything changes in SB 694 that is not in the best interest of our profession or harms Dentistry, I will move from support to opposition.”

Senator Emmerson wrote that he does “not expect that to happen, but given the amount of energy each of you put into this issue in Oakland, you deserve nothing less than that commitment.”

He then thanked all involved for their “time and commitment to Dentistry.”

I for one am thankful to have someone like Senator Dr. Bill Emmerson represent me, our area, the Tri-County Dental Society, and the profession of dentistry to the State of California. Thank YOU, Bill!

At a Glance...

## Survival of the Fittest -Those first Six Seconds

*new tweet to come*

*Austine Etcheverry, Salt Dental Practice Management*



**W**hen a phone is answered in your office you have six seconds to make an impression. How many times have you called a business and hung up feeling frustrated or angry? Let's face it, in our busy world, our reputation can be damaged or our patient base increased based solely on phone etiquette. In everyday communi-

cation we rely on nonverbal signals to help us navigate what a patient might be telling us, likewise when a patient shows up and is angry, our head nod may be enough to tell the patient we care. Telephone conversations make non-verbal communication obsolete, therefore increasing the importance of ones ability to verbally communicate.

When your receptionist answers the telephone, are they perceived as being happy? Excited to be at work? Do they use a confident, comforting, "I'm here to help you" voice? Or do they give the feeling of, "I'm tired, over-worked, over stressed and ready to hit the five o'clock rush hour because that would be better than being at my job?" How the receptionist answers your phone makes a direct impact on your patients, and first impressions are the most important. How patients view that phone call is every bit as important as the message given. Customer service is your key to maintaining and keeping patients coming in the door. While your patients might call for a variety of reasons, the feeling they have when they hang up will be the message they pass onto friends and family. Recently I had the privilege of pre-screening for an entry-level front desk position for a client. The first call I made I enthusiastically dialed the phone number. When the person on the other end answered, "Hello," I thought, wow, pleasant voice, but no smile. I informed her that I was pre-screening for a position she'd applied for and asked if she had a few moments to answer some questions. Her response was, "Yeah." The immediate mental image I had was of a young girl, whom clearly did not understand the importance of the call. I had spoken to her for less than six seconds. Continuing the interview, I asked her to describe her current position. "Front and back office work." The message is clear, she's short, to the point, and probably won't spend time with patients explaining the process they may go through, or be comforting when they have a problem. Next I asked her how her current

employer would describe her personality. I held back a chuckle when she told me, "out-going." Out-going was not at all the feeling I had while talking to her on the phone. She was quickly placed in the, "no" pile. So, what goes into communication to help set the tone and how can you work with your team to improve the office's phone etiquette? Start by listening to your team throughout the day as they are answering the telephone. Use a checklist to evaluate the tone, pitch of their voice, and the impact you were left with after they hung up. This will help you to determine where to go from there. Go to <http://www.saltdpm.com> for a downloadable checklist.

A few key factors:

**Pitch:** Is the sound of the voice. Is it too high or too low? Pitch can also give away our emotions. If we speak in a high tone, it might tell patients we are stressed.

**Tone:** At some point we have all probably been told, "Not to take that tone of voice." It is usually said when are getting snippy with someone. Tone can set the mood for the rest of the phone conversation.

**Volume:** How loud is the speaker? Can you hear the words clearly or are they speaking too low. Keep your volume appropriate for the situation.

**Cadence:** The rate and rhythm of the voice. Does your receptionist speak loud and fast, or soft and slow? Or do they speak at an even rate that delivers the message effectively and efficiently?

**Breath control:** Breath control is a yoga technique that is used to control breathing in difficult poses. It is related your physical condition and posture. Sitting up straight will help with overall breath control. Breathing correctly can also help decrease your stress level.

**Pronunciation:** A clear, complete message allows the patient to get the information and facts they need. How certain words are pronounced can change the meaning of the message.

Before any sporting event, practice occurs. Warming up the voice before you answer calls for the day can improve your pronunciation, voice quality and clarity in speaking. Although, most of us have been communicating for years that does not mean we don't need practice.

Let's face it stress is a part of our everyday world and that strain is relayed in our voices more then we know. Part of giving the right image to patients is keeping that pressure from impacting our telephone voice. If individuals in your office are feeling stressed, your patients may be also feeling it every time they call. Not the message you wish

*Continued on page 8*



*Survival of the Fittest... continued from page 7*

to send. Managing the tension in our own voice will help build a relationship between your patients and the entire office.

Encourage your receptionist, to stand frequently to stretch their legs. Or have them take a break to imagine their favorite vacation spot, especially after they've taken an angry call from a patient. At the end of a heated call, have them take a step back, breathe deep and then answer the next call. Remember it is not that patient's fault the last one was upset.

Helpful tips:

1. Always answer the telephone with a smile. A smile is warm, welcoming and inviting. People, who smile, pass on a smile to those around them. When someone calls your office if they are upset, the situation can be diffused before the conversation begins just by answering the phone with a smile in your voice.
2. Use a comforting tone. People may have past fears or feel anxious about setting up an appointment or calling the office. Those fears can be extinguished when they call for the appointment and feel the voice behind the phone is soothing. If the tone is rushed or harsh, patients may come away with the opinion that your office is full of people who will not take the time to be supportive or won't listen to their concerns. A phone call can become quickly heated if the person on the other end feels they are not being listened to or understood.
3. Use an appropriate volume. If you talk too loud on the phone, patients may not be able to wait to get off the phone with you and may not want to call back. Likewise, if you talk too soft, they may wonder if you are confident and able to take care of their needs. Your volume can make people uncomfortable.
4. Be clear and enunciate the words. People are busy, so chances are when they called your office they aren't sitting down in a quiet setting with nothing else going on. You can't afford for your message and voice to get lost among the background noises of their life. Studies suggest people tend to rush middle sounds and drop ending sounds when they are communicating with others. Being aware of this can help anyone who answers the phone in your office to communicate more effectively and efficiently.

We have all heard the age-old saying, "practice makes perfect." This is a case where practice can and always should be done to improve the verbal messages your office is sending to others. Today, people can go to a hundred different dentists, but can you afford to lose one patient because of bad phone etiquette? What will your office accomplish in the first six seconds of the next incoming phone call?

Austine Etcheverry is a coach with Salt Dental Practice Management. Learn more at [www.saltdpm.com](http://www.saltdpm.com) or contact her at [info@saltdpm.com](mailto:info@saltdpm.com).

## Orange County Dental Society

# *Invites You To...*

## *Temecula Valley Wine Country*

### *June 23, 2012*

Rain or Shine / Must be 21 or over for tastings.

Winery Tours, Tastings  
and Buffet Lunch

Thornton Winery  
Tour and Buffet Lunch

Tasting Menu

Sparkling Wine, Chardonnay, Rose,  
Cabernet-Merlot, Old Vine Zinfandel

South Coast Winery

Tasting Menu

Cabernet Sauvignon,  
Sauvignon Blanc, Pinot Grigio

Wilson Creek Winery

Tasting Menu

Almond Champagne, White Cabernet  
Sauvignon, Reserve & Late Harvest  
Zinfandel & Malbec

*\$99 per person  
by May 24th  
\$109 per person  
after May 24th*

Space Limited

Contact OCDS for Reservations

714.634.8944



# Boost Practice Revenue with Dental Cross-Billing

*At a Glance... Due to the decline in dental insurance plans, dentists should explore the idea of cross-billing dental procedures with the patient's medical insurance. The patients will appreciate it and it may well increase your bottom line.*

Christopher Majdi, Medical Practice Appraisers



**T**he number of Americans with dental insurance coverage declined notably in the period following the economic woes of 2007. According to the National Association of Dental Plans, dental benefits enrollment had declined 5.7% by 2009 due to economic contraction. With 56% of the U.S. population reporting some type of benefit plan in 2012,

coverage levels appear to have rebounded to pre-crisis levels. If so, then why are dental practices still feeling the pinch? A commonly cited reason is declining reimbursement rates.

## Getting Out of the Rut

Dentists in many markets are experiencing declining reimbursement rates from dental carriers across the board. This trend can be prohibitive to the delivery of needed services to patients, especially those procedures of medical necessity which may involve higher dollar claims. In this climate practice owners are seeking new and innovative ways to enhance practice performance. Staying abreast of the dizzying number of changes in the industry can be exhausting. With demanding clinical schedules and limited time available for practice management, the most efficient strategies often are those which can be implemented with the existing procedure mix. One of these strategies is cross-billing to medical insurance. Many dentists leave money on the table by failing to maximize reimbursement for the procedures they are already providing. Properly coding and billing to medical insurance for appropriate procedures can increase practice cashflow while adding value to your patient base.

## What is Dental Cross-Billing?

Historically, dentistry was viewed distinctly from the field of medicine. Today there is a large body of research documenting the connection between oral health and body systems and a greater acceptance of the holistic approach to dentistry. As insurance payors embrace the medical nature of dentistry, it is prudent for dentists to re-tool their billing practices in order to be fully reimbursed for their work. Dental cross-billing involves coding and billing dental procedures to medical insurance payors. Many doctors are put off by this idea because they are not sure what can be billed to medical insurance and how to follow through with a sustainable course of action. The level to which medical necessity and documentation is

required varies widely by the specific procedure. Naturally, specialists will encounter more such cases but general practitioners are commonly treating an array of conditions which can be billed medically. There are a growing number of dentists who provide diagnostics, therapy, surgery, and oral appliances to treat conditions which may have been referred out in the past.

## Benefits of Billing Medical Insurance

One major benefit of medical insurance billing is increased revenue. Reimbursement rates from medical carriers commonly are higher than those of dental carriers. For the same procedure dentists can receive significantly greater payment and may also get paid for procedures which are not covered under dental plans. Patients can also reap the benefits by avoiding out-of-pocket payment for procedures which are billed medically. Moreover, they will be able to preserve their annual dental plan maximums to use with other services which may previously have been unaffordable. With this comes greater patient compliance with treatment plans and improved oral health outcomes. Patients may be more inclined to refer friends and family when they are able to fully leverage their existing coverage and receive additional needed services. They will also appreciate your medically-oriented approach to dentistry.

## How to Implement Cross-Billing

Assess your practice and take an inventory of the services and procedures which can benefit. Generate reports based on procedure code. It is important to analyze actual data. You cannot improve what you cannot measure.

Evaluate the effectiveness of cross-billing with the existing procedure mix before adding new procedures. This will give you some room to work out potential difficulties.

Invest in staff training or engage a billing company that specializes in dental cross-billing. Some billing companies will offer a complimentary assessment. If your efforts have been fruitful, consider a marketing program designed specifically for those services. Use the competitive advantage to grow your market share.

## The Impact on Your Practice


The role of insurance plans in the dental industry continues to grow and change. On a national level the market is divided as follows: Private Insurance (48.6%), Patient Pay (39.9%), Medicaid (8.5%) and Medicare (0.3%) (US Census). This is expected to progress even further in

*Continued on page 10*

*Boost Practice Revenue... continued from page 9*

light of looming changes on the horizon as the result of health reform. While insurance reimbursement can be one of the most financially frustrating aspects of practicing dentistry, dental cross-billing is one of many strategies which can help. If implemented properly, practices can generate greater revenue with minimal hassle or added cost. This can yield dividends for your practice today and tomorrow: 1) A noticeable rise in revenue and earnings in the interim, and 2) Increased practice value when it comes time to sell. Practice value is largely determined by the financial characteristics of your business and boosting short term and long term financial strength can allow you to reap the benefits twice.

Christopher Majdi, MSHCA, CHBC, is a dental practice valuation analyst with Medical Practice Appraisers. He provides valuation and advisory services to private practices and specialty groups nationwide. Mr. Majdi is a Certified Healthcare Business Consultant and a Member of the Institute of Business. He can be reached at 800-416-2055 (x223) or <http://www.MedAppraisal.com>



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(Currently doing post doctoral hours with supervisor Dr. Tahmassian)

## Nominating Committee Selects Trustee, Delegates, Alternates

**T**he Nominating Committee met in March and nominated Dr. Narendra G. Vyas to serve another term as CDA Trustee.

The committee also nominated the following members to serve as delegates and alternates to the CDA House of Delegates, November 9-11 in Newport Beach.

### Delegates:

Douglas M. Brown  
Vijaya R. Cherukuri  
Michael J. Clapper  
Thomas J. Clonch  
Joan E. Dendinger  
Liviu F. Eftimie  
Arthur D. Gage  
Kenneth T. Harrison  
Daniel N. Jenkins  
Jeffrey D. Lloyd  
Oariona Lowe  
Wayne S. Nakamura  
Denine T. Rice  
David A. Roecker  
Evangelos T. Rossopoulos  
Judy Wipf

### Alternate Delegates:

Leif K. Bakland  
Roger M. Hanawalt  
Luke H. Iwata  
Hemant N. Joshi  
Robert D. Kiger  
Edward Ko  
Michael Mashni  
Gerald M. Middleton  
Alvaro F. Ochoa  
Leonard J. Raimondo  
Archana A. Sheth  
Ann L. Steiner  
Robert D. Stevenson  
Judith M. Strutz  
Narendra G. Vyas  
Kristine S. Yoshida

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

Candidates nominated for an office, delegates, alternate delegates and trustee, 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.

## TCDS' Give Kids A Smile Helps Over 780 Children!!!

**At a Glance...** TCDS' Give Kids A Smile program began 9 years ago but has grown from two clinics to now having over 400 participating volunteers helping over 785 children. Supplies were purchased by TCDS through fund raisers over the year. The annual baseball fundraiser with the Inland Empire 66'ers will be on August 24 in San Bernardino. Scan QR code or go to [www.tcds.org/GKAS](http://www.tcds.org/GKAS) or call Monica at the TCDS office at: 951.787.9700.

*Monica Chavez, TCDS GKAS Coordinator*



In 2004, our Give Kids A Smile (GKAS) program began in two community dental offices in Riverside and Bloomington where, on one full Saturday in the month of February, our members and other volunteers of the dental profession participated and volunteered their time to provide free dental care to children from

low-income families ages 6-12. Children were treated that day from 8am-4pm and we had 28 volunteers. Since then, Tri-County Dental Society, its members and dental community have participated in ADA's Give Kids a Smile Program that takes place every year in February. We have come a long way since then. As a matter of fact, 2012 GKAS events were bigger than last year! With over 400 volunteers, we were able to provide \$255,553 of free dental care to 785 children from San Bernardino and Riverside Counties and the eastern portion of Los Angeles County. That was an 8% increase in children cared for from last year with 5 less clinics than in 2011.

Additionally, more children in need of free oral health care were cared for by TCDS members through Project K.I.N.D. (Kids In Need of Doctors).

As TCDS member Dr. Vijay Patel stated, "It's surprising how much need we have in our own neighborhoods for dental care for the underserved. We have people give a lot for causes abroad, and although that is not a bad thing, I wish we could do a lot more to help our own countrymen who need us just as much." With this in mind, Dr. Patel volunteered all three of his dental practices as clinic sites this year and was pleased that the turnout was great. Our volunteers' talents and kind hearts made this all possible!!!

The GKAS Committee was co-chaired once again by Dr. Ruth Bol and Dr. Timothy Martinez. We want to thank our co-chairs and the rest of the committee members for their support and the hard work put into these events: Dr. Reginald Moore, Dr. Jared Lee, Imelda Lemon, Clarissa Luna, Desirae Flores, Kathy Olguin, and Irma Bejarno.

To make the experience more memorable for the children this year, TCDS provided Goody Bags, balloons, Tooth Fairy Costumes and Face Painting Kits, and funded a Jumper for one of the clinics. The purchase of all of this was made possible from the donations made at fundraising events that took place last year. This year's fundraising event will take place on Friday, August 24, 2012 on Fireworks Night at the Inland Empire 66ers baseball game.

**Who:** High Desert Mavericks vs. Inland Empire 66ers

**Where:** San Manuel Stadium, 280 So. E St., San Bernardino, CA 92401 /

**Time:** 7:05 pm

**Cost:** \$8 / Four dollars of the cost of each ticket sold will go towards GKAS.

To buy tickets please go to [www.tcds.org/?GKAS](http://www.tcds.org/?GKAS), or call Monica at 951.787.9700, or scan the QR Code on the right with your smart phone.



If you cannot attend this event, but would like to help and or get involved in this cause, please go to [www.tcds.org/?GKAS](http://www.tcds.org/?GKAS) to get more information. If you would like to make a donation, please make your check out to CDA Foundation and write TCDS GKAS on the memo line. You can mail it to the TCDS office or directly to the CDA Foundation.

We wanted to say with our most sincere gratitude and with a huge appreciation, THANK YOU to each and every one of our fabulous volunteers. None of these events could of taken place without all of you and our corporate sponsors who generously donated their time and or supplies - Henry Schein, Colgate, Crest Oral B, and SDI. Not only do we thank you, but so do all those 785 children you helped and gave healthier and more beautiful smiles.

We look forward in seeing you next year to make GKAS 2013 clinic events even better than this year!!!













**2012 GKAS Volunteers**

Nader Abu-Seraj  
 Melissa Abbott  
 Sylvia Acuna  
 Suzanne Adolphson  
 Laura Aguilar  
 Karlos Aguirre  
 Nichole Ahrendsen  
 Bertha Alarcon, DDS  
 Victoria Alder  
 Lisa Alexander  
 Antonia Alfonso  
 Antonio Alfonso  
 Joy Alford  
 Chong Altenburg  
 Akta Amin  
 Farnaz Amini  
 Monica Angulo-Garay  
 Gilbert Arellano  
 Marisol Arguelles  
 Alyssa Arizmendiz  
 Khan Askarzo  
 Sa'Teckia Awad  
 Carlene Baines  
 Kareen Balian  
 Jaz Balsden  
 Elizabeth Balsz  
 Wade Banner  
 Agnes Bartlett  
 Allison Baylis  
 Jennifer Beach  
 Oscar Becerra  
 Alexis Beers  
 Arthur Beers  
 Elizabeth Beers  
 Irma Bejarano  
 Miguel Bermejo  
 Kavneet Bhatti  
 Jessica Bibiano  
 Kristie Bise  
 Ivette Blancarte  
 Kahlela Blinks  
 Jerica Block  
 Ruth Bol, DDS  
 Katherine Boyko  
 Dexter Brennan  
 Diana Brickley  
 Eric Brown  
 Jennifer Brown  
 Kelly Brown  
 Patti Burgener  
 Matt Burns  
 Cecilia Cabrera  
 Reyna Calderon  
 Lauren Cameron  
 Gabriela Carbone

Stephanie Cardoza  
 Joshua Carpenter  
 Angela Carranza  
 Jeannette Carriaga  
 Nuvia Carrizosa  
 Janay Castillo  
 Margarita Castillo  
 Dominique Cavallo  
 Crystal Ceballos  
 Hubert Chan, DDS  
 Soo Chang  
 Angie Chavez  
 Socorro Chavez  
 Sharlene Chavit  
 Darlene Cheek  
 William Chiueh  
 Craig Christianson  
 Debra Church  
 Michael Ciccarella  
 Kristi Clagett  
 Lorrain Clinton  
 Vanessa Cogis  
 Vivian Colin  
 Dawn Cooper  
 Marileth Coria, DDS  
 Christina Cowell  
 Jessica Cronin  
 Gracie Cuevas  
 Jonathan Dang  
 Russel Dasalla  
 Octabio De Dios  
 Linda De La Cruz  
 Morris De Leon, DDS  
 Brandee Dee  
 Terrie Delgadillo, DDS  
 Miriam Delgado  
 Rachel Delvaux  
 Seta Dembekjian  
 Jacqlina Diaz  
 Johana Diaz  
 Alisa Dicola  
 Kathy Dillon  
 Francis Discua  
 Ann Dokoupil  
 Joel Dominguez  
 Olyvia Dominguez  
 Jaqueline Dominicus  
 Kassandra Doris  
 Jodi Dougherty  
 Christopher Dudzik  
 Misty Durden  
 Heidi Dusseau  
 Kiranjot Dyal  
 Berenice Elias  
 Veronica Elias  
 Ahmad Eltejaye  
 Kelly Erler

Elena Estrada  
 Teresa Fausto  
 Alicia Felton  
 Suzanne Ferreira  
 Desirae Flores  
 Maria Flores  
 Skye Flores  
 Tina Florez  
 Steve Fountain, DDS  
 Christina Freitas  
 Tracey Fry  
 Jessica Fung, DMD  
 Chad Gage  
 Hermila Garay-Angulo  
 Adrian Garcia  
 Austin Garcia  
 Christina Garcia  
 Gaby Garcia  
 Mayra Garcia  
 Patrick Garcia, DDS  
 Ruthie Gardner  
 Melissa Gerardo  
 Jonathan Godoy  
 Ana Gomez  
 Harsirat Gondara  
 Gemma Gonzales  
 Sandra Gonzales  
 Vanessa Gonzales  
 Carmela Gonzalez  
 Leslie Goodman  
 Brian Gradinger  
 Eileen Griego  
 Sylvia Gunn  
 Jeanne Gustafson  
 Lauren Gutenberg, DDS  
 Cristhian Guzman  
 Eva Guzman  
 Arline Hall  
 Diana Hall  
 Heather Hall  
 Pamela Han  
 Dannielle Hankins  
 Effuah Harris, DMD  
 Miranda Harvey  
 Angela Hastings  
 Jasmin Hatcher  
 Roya Hayegani  
 Joy Helou, DDS  
 Yvette Hermann  
 Lenny Hernandez  
 Sandra Hernandez  
 Marjan Hessamian, DMD  
 Cherish Hirano, DMD  
 Lana Hoang  
 Lily Hoang  
 Tea Hoang  
 Ashley Holliday

Stacey Holt  
 Ke Hu, DDS  
 Tammy Huang  
 Darlene Huber  
 Robin Hurst  
 George Ibrahim  
 Charlene Jackson  
 Alexa Jenks  
 Dana Joaquin  
 Tanya Jones  
 Jonathan Kahn  
 Gagandeep Kandola  
 Christine Kang  
 Shirley Kang, DDS  
 Richard Kennedy, DDS  
 Neda Kermani  
 Faten Khoury  
 Nicholas Khoury  
 Charles Kim  
 Dustin Kim  
 Nataliya Knap  
 Darlene Korta  
 Katherine Kryla  
 Mamiko Kuriya, DDS  
 Tara Lee Lachica  
 Catherine Lahren  
 Tom Lam, DDS  
 Pamela Lange  
 Trixie Lebumfacil  
 Alex Lee, DMD  
 Audrey Lee  
 Jared Lee, DDS  
 Jocelyn Lee, DDS  
 Samuel Lee  
 Imelda Lemon  
 Michael Lents  
 John Lindsay  
 Peggy Lindsay  
 Tiffany Long  
 Desiree Longoria  
 Abrey Lopez, DDS  
 Anthony Lopez  
 Karina Lopez  
 Louise Lopez  
 Derrick Low  
 Oariona Lowe, DDS  
 Kerna Loy  
 Veronica Lozano  
 Monica Luera  
 Clarissa Luna  
 Enrique Luna  
 Alenda Luptrawn, DDS  
 Jonette Macgregor  
 Marcella Madlock  
 Consuelo Maldonado  
 Dulce Maldonado  
 Kimberly Malotky



**2012 GKAS Volunteers**

Christine Manglona  
 Celilla Marinelarena  
 Lisa Martin  
 Elizabeth Martinez  
 Timothy Martinez, DMD  
 Jacquelyn Mason  
 Erik Matson  
 Nicole McBain  
 Veronica Mcclurkin, DDS  
 Cassi Mccracken  
 Michelle Meador  
 Karen Mei  
 Deana Meluso  
 Khalid Memon  
 Monique Mendez  
 Melinda Mercado  
 Sandi Mero  
 Maria Meza  
 Guy Miller, DDS  
 Michelle Miller  
 Krishan Mittal, DDS  
 Lynda Mixion, DDS  
 Maria Molano, DDS  
 Yveth Molina  
 Melinda Monge  
 Abraham Montalvo  
 Gilda Montesdeoca  
 Dorian Montesinos  
 Virginia Montijo  
 Sora Moon  
 Reginald Moore, DDS  
 Lisette Morrow  
 Cynthia Morton  
 Victoria Mouradian  
 Anamaria Muresan  
 Ian Murray  
 Leslie Nazarov, PhD  
 Bridgett Newsham  
 David Newsham, DDS  
 Derick Nguy, DDS  
 Brian Nguyen  
 Emilyann Nguyen  
 LanThi Nguyen  
 Paul Nguyen  
 Pauline Nguyen  
 Tin Nguyen  
 Rick Nichols, DDS  
 Daniel Ninan, DDS  
 Kyle Nishimura  
 Tawni Norton  
 Veronica Nuno  
 Wesley Okumura, DDS  
 Victoria Olangunju  
 Kathy Olguin  
 Glenn Ong-Veloso, DDS

Felix Onuegbu  
 Danielle Ortega  
 Michael Ortega  
 Bridget Ottman  
 Orlinda Pacheco  
 Reggie Padgett, DDS  
 Rachel Paik  
 Hollie Palmer  
 Melody Palomar  
 Christine Park, DDS  
 Neena Patel  
 Vijay Patel, DDS  
 Sandra Patterson  
 Yawen Peng, DMD  
 Erica Perez  
 Georgina Perez  
 Lydia Perez  
 Monica Perez  
 Veronica Perez  
 Hoa Pham  
 Thanh Pham, DDS  
 Stephanie Phan, DDS  
 Uyen Phan, DMD  
 Lisa Picazo  
 Isabella Piedra, DDS  
 Andrea Pieper  
 Star Pillman  
 Shawna Pittman  
 Elizabeth Plata  
 Erik Pleitez  
 Roxana Pomeroy, DDS  
 Mackenzie Porter  
 Daphne Priddy  
 Linda Prieto  
 Patricia Pruss  
 Monique Quiroz  
 Amber Ramirez  
 Ivette Ramirez  
 Jessica Ramirez  
 Jorge Ramirez  
 Yvette Ramirez  
 Vanessa Ramos  
 Anisha Ranchhod, DDS  
 Kelly Randazzo  
 Krystle Rapisura  
 Lynda Rasmussen  
 Darwin Redil  
 Ebony Reece  
 Monique Reed  
 Brielle Renz  
 Keiry Resendiz  
 Rosemarie Reyes  
 Esther Rhee  
 Maria Rivera  
 Brady Robles  
 Mojdeh Roboubi  
 Courtney Rodriguez

Dawn Rodriguez  
 Natasha Rodriguez  
 Nelida Rodriguez  
 Rebecca Rosales  
 Katherine Rossler  
 Mike Saade  
 Janine Sabbagh  
 Kendall Saffner  
 Randall Sagisi  
 Eric Sandoval, DDS  
 Montinee Santhavachart  
 Sonia Santos  
 Sabrina Santucho  
 Christine Sarkkisian  
 Nicole Savedra  
 Aletta Schiarette  
 Joseph Sciarra, DDS  
 Stephen Seheult, DDS  
 Primal Sekhon  
 Jeong Ho Seo  
 Vivian Serrano-Grasser  
 Brook Sexton  
 Samir Shah  
 Farhang Shahzadi, DDS  
 Jennifer Shanen  
 Lindsey Sharman  
 Tamara Shasky  
 Breanna Shaw  
 Steve Shiflett  
 Christine Sie, DDS  
 Othman Sijlamassi  
 Ryan Simarro  
 Akila Simmons  
 Hardev Singh, DMD  
 Shannon Sirevaag  
 Philip Sirois  
 Tia Smith  
 Tasha Smith-Thornhill  
 Luisa Snyder  
 Nathan Snyder  
 Jimmy So  
 Henry Sobol  
 Jose Soto  
 Stanislav Spasov  
 Diane Spaulding  
 Robert Stevenson, DDS  
 Sheri Stiebel  
 Tabitha Stiggers  
 Patty Stokes  
 Gail Sturk  
 Stella Tam  
 Yasamin Tarassoli, DDS  
 Susan Taunton  
 Oualid Tellissi  
 Freddy Tercero  
 Marisa Thomas  
 Ariana Thompson

Grace Thrasher  
 Megan Tindall  
 Jenny Tjahjono, DMD  
 Boyan Todorov  
 Keely Toma  
 Andy Tran  
 Phung Tran  
 John Truong  
 Kim Truong  
 Minh Truong  
 Hsiang-Hsin Tseng  
 Jeffrey Tulett  
 Janese Turla  
 Rodney Turner, DDS  
 Sakya Uch  
 Randi Unterseher  
 Alicia Urias  
 Carla Valenzuela  
 Sandra Valenzuela  
 Diana Vazquez  
 Norma Vazquez, DDS  
 Ruby Velasquez  
 Vanessa Velazquez  
 Dominick Ventresca  
 Rachel Ventura  
 Karla Verzola  
 Jermirh Vining  
 Andrew Vu  
 Christina Vu  
 Patricia Walker  
 Eric Walters  
 Larynda Walters  
 Marisa Watanabe, DDS  
 Megan Weiler  
 Matthew Wheeler  
 Vince Wheeler  
 Sheila White  
 Victoria Whiteside  
 Carol Wilcox  
 Jill Williams  
 Lenae Williams  
 Betsy Wilson  
 Kyle Wilson  
 Roxanna Wilson  
 Corina Wisler  
 Rebecca Woodring-Smith  
 Chris Wright  
 Kyu Yang, DDS  
 Stephanie Yang, DDS  
 James Yanoschik, DDS  
 Erin York-Santos  
 Breanna Young  
 James Ywom, DDS  
 Paola Zalola  
 Faustino Zuniga, DDS

## Change Coming to Tri-County Dental Society

*At a Glance... TCDS officers attended presentations on working with committees, energizing members, and communication. Many people do not open their email or snail mail. Younger members now use Facebook more than email. TCDS needs to prepare for changes.*

**F**our speakers spent a day at the CDA 2012 Regional Leadership Training in the Hyatt Regency Irvine on March 30, preparing the leadership of TCDS for upcoming changes. The TCDS officers were joined by officers from other components in Southern California. TCDS had one of the largest representations and participated in the development of changes to prepare for future organizational changes. Student representatives from Loma Linda University School of Dentistry and Western University College of Dental Medicine were present and active as usual.

Alyson Austin, a business communications specialist, addressed working with committees and what types of behavior to expect. Steve Swafford, a leadership development expert, spoke on energizing the organization's members – as a team. You may ask a TCDS officer about the throwing around of hearts and brains during the discussion!

CDA's own Conor McNulty, Director of Membership, along with Carrie Harcharik, the new Recruitment and Retention Specialist for CDA, provided a break-out session that was lively with discussion regarding communication between the officers of an organization and the members. Ideas were suggested for both CDA and the components. Many of their ideas would be applicable to a dental practice as well.

Conor brought out a very interesting point regarding the theme song to the old TV comedy "Cheers." "Where Everybody Knows Your Name" was the title of his presentation. We spent the time discussing ways to communicate to allow the whole membership to get to know each other better – maybe even know each others' names? This is difficult as Conor pointed out that many people do not open their emails, let alone their USPS letters. Other types of communication would be through Facebook, Twitter, and text messaging. We discussed how it would be nice if each member would communicate with the organization as to which method of communication he or she prefers. Each person

has his/her own preferences. It is important that organizations, in this case TCDS and CDA, keep up with trends to be able to communicate with their members.



TCDS' Membership Committee represented by Committee Chair Dr. Jeffrey Lloyd, Committee member Dr. Arthur Gage and Membership Coordinator Shehara Gunasekera attended the ADA Annual Conference on Recruitment and Retention at the ADA headquarters in Chicago.

Pictured from left: Carrie Harcharik, Andy Ozols, Dr. Scott Szotko, Dr. Karin Irani, Dr. Tina Beck, Dr. Sahar Mirfarsi, Shehara Gunasekera, Dr. Jeff Lloyd and Dr. Art Gage.

## Renting out operatory space: A check list for smart dental office sharing

### TDIC Risk Management Staff

**F**or rent: Two operatories in an established dental office. Call for information.

It sounds like a good idea. You are not using all of the space in your office and would like another source of income.

This appears to be a growing trend based upon ads in dental publications and an increasing number of calls to TDIC's Risk Management Advice Line about renting dental operatories.

Such arrangements can work. However, to be successful, a number of essential items need to be addressed before reaching an agreement with another dentist. According to Arthur Curley, a senior trial attorney in San Francisco, important considerations include: a sublease or shared-office agreement in writing, definition of term, description and measurements of space leased, specification of shared equipment and services, insurance, indemnity, joint use of employees, need for signage and forms to avoid "ostensible agency," ownership of patient records and handling of emergencies. Additional details include notice provisions and events for termination, selection of joint employees and hiring and firing of joint employees, said Curley, who has provided legal services to doctors for more than 35 years.

Renting operatory space in your office can be handled in different ways. A shared-office agreement is one possibility, according to Curley. "If services are provided such as reception, telephone, email, office software, shared-office staff, shared supplies, shared equipment, use of radiographic equipment and use of leasehold improvements, then additional items are being leased and a shared-office agreement is a more appropriate description of the agreement," he said.

A sublease is another option, but a sublease can present unexpected issues. "If you are simply leasing an operatory without provision of any ancillary services, you can treat it as a sublease," Curley said. "A problem with subleasing is that it will likely require consent of the landlord. Also, leases often contain a clause stating that the landlord is entitled to all or a portion of excess rent received in a sublease. Thus, if a total lease is \$5,000 per month and 10 percent of the office is subleased to another dentist, any lease amount over \$500 would be excess rent and the landlord would be entitled to receive all or a portion of that amount."

Prior to subleasing, TDIC advises dentists to contact the landlord to determine lease violations. Also, call your insurance carrier to ensure you are adequately insured and if this type of arrangement presents coverage limitations.

A sublease or shared-office agreement should always be in writing. In addition to the considerations listed above, Curley outlined the following key points:

- Identify the other doctor's practice as a separate practice on signs, business cards, billings, letterhead and when answering the telephone. Have patients sign an acknowledgement that the two doctors' practices are separate practices and each dentist is independently responsible for his or her own treatment. This may reduce chance of liability for actions of the other doctor under "ostensible agency."
- Make sure contracts contain indemnity language establishing each dentist's responsibility for his or her own actions.
- Ensure each dentist maintains his or her own insurance for professional and property liability by requiring proof of such insurance as part of the contract. Also require that such insurance be maintained for at least 3 to 5 years following termination of contract. If the dentist who rents space does not maintain insurance, the "landlord" dentist may be the only one sued by the patient for injury incurred during treatment by the tenant at the landlord's office.
- Ensure the contract contains specific language concerning termination of sublease at will or on defined notice.
- If employees are shared, consider Employment Practices Liability Insurance for both doctors.
- If your office is not incorporated, consider incorporation to limit liability for the actions of the other dentist.
- Consider engaging the services of an attorney knowledgeable in drafting and interpreting business leases.

Call TDIC Risk Management Advice Line at 800.733.0634 with any questions about renting operatory space in your office.





## Dental Dote

*At a Glance... Druggie moves to small town thinking it was easy pickings, but since she gave out all the signals of a druggie, she was caught and the local Barney Fife Pharmacist really got excited over it.*

### Druggie in the Sticks

I had left the larger town where I was often approached by people who faked various dental maladies in hopes of acquiring drugs. I relocated to a small town of 400 people, where it seemed I could get away from the druggies since everyone in a small town knows each other and the druggies are also known.

Yvonne came into the office in my home with her young son in tow. She said she had a real sore jaw and was in need of some help. She said she had recently moved into the area so she needed a new dentist.

Upon examination, it appeared she had a large burn in the buccal mucosa of the #17 area. I asked if she had placed some aspirin there, which she quickly denied. After a panoramic radiograph ruled out any pathology, I prescribed her some ointment and she quickly requested some pain pills. I suggested an NSAID but immediately she said she had tried that and simultaneously whipped out a prescription bottle.

She said, "When I had this problem before, my dentist in Texas gave me 'this.'" (I had noticed before that druggies tended to not want to say the name of the drug they wanted!) The label read "Dilaudid #4." I commented that it was this drug on which Elvis Presley OD'd.

She said, "Oh...really?" I wrote out the prescriptions and then she asked how much it would be as she did not think she had enough money to pay me and buy the prescription. I figured she would be gone and I would not have to see her again so I told her to just pay me when she could. She left.

After she left, I called Tom, the only pharmacist in the area, and asked him to check the patient's driver's license to see if Yvonne was her real name. If she was lying about her name, it would give grounds to deny her the prescription. Tom said he would check.

He called back to tell me she came in but he was out of Dilaudid #4's and wanted to give her double the #3's. He said her license checked out. A few days later, he called me to tell me there was a drug alert out on Yvonne and wanted to know how I seemed to know she was a druggie.

The next week a friend was visiting from out of state and I was telling Richard about Yvonne when...there she was. She came into the waiting room holding the money, (with a shaky hand), and saying, "I bet you didn't think you would see me again!"

I quickly relieved the currency burden from her hand and gave her a receipt. She then said she was going out of town and wanted to know if I could give her "a few more prescriptions!" I told her I would have to check with Tom at the pharmacy to see if he had any Dilaudid #4. I only had the one phone at the desk so I had to make the call to Tom right in front of her.

I told Tom, "Yvonne is here and is wanting some more Dilaudid #4's. Did you ever get any more in?"

Tom said, "Well, yeah...but I wouldn't give her any more if I were you."

I whined to Tom, who knew I only had the one phone, "Tommm?"

He got it. He said, "OH!! YOU want me to call the police!"

I said, "Yes, please check on that Tom and let me know."

Tom got very excited like Barney Fife in a Mayberry skit and said, "OH, OH...ok...I'll let you know!"

Tom called back to tell me the police said they could not do anything until she was forging prescriptions. I thanked him and hung up.

I looked Yvonne right in the eyes and told her that there is a drug alert out on her and that she should start looking elsewhere for drugs. As she hastily backed toward the door, she denied it. I told her she could go down to the state drug agency and talk to them and that they would not be arresting her until they caught her forging the prescriptions. She quickly turned and ran to her car. I never saw her again!



**Shred-it & Forget it!**

**Date: 05/18/2012**      **Time: 10 a.m. – 2 p.m.**

**Members Must RSVP in advance to attend.**  
Contact Shehara no later than **May 16, 2012** at **951-787-9700**

**Location: TCDS Office Parking Lot**  
3993 Jurupa Ave., Ste. 104, Riverside, CA 92506

Refreshments will be available in the TCDS Office

**Shred-it** Making sure it's secure.™

## Making the Most of Your CDA Leadership Application



### Making the Most of Your CDA Leadership Application CDA Leadership Development Committee

So, you've been actively involved in component leadership for several years and you're now ready to take the leap and volunteer your

time and talents as a member of a CDA council, committee or board. You've logged into the CDA website and are on the leadership page at [cda.org/volunteer](http://cda.org/volunteer). You see the link to apply for leadership, but you hesitate before clicking. You think: "With just a handful of positions available each year and close to 200 candidates vying for them, what can I do to make sure my application stands out?"

Well, first and foremost, make sure to read the qualifications for the position in which you are interested, as well as the expectations for members of that committee. This may seem basic, but you would be surprised how often applicants overlook this important first step. Understanding what is required of volunteers is the foundation of an effective leadership application.

Once you're familiar with the duties of the committee for which you are applying, make sure you use that knowledge in crafting your application. There is an area on the application for you to indicate five areas in which you have skills, experience or training. Make sure you select the competencies you possess that match the

needs of the committee in which you're interested.

Next, take full advantage of the short-answer essay questions as opportunities to highlight the experience and skills you can contribute as a CDA leader, especially those which relate to the positions for which you're applying. This is also an area on the application where you can differentiate yourself from other candidates. Take your time formulating your responses to these questions. Speak to your passions—what is your motivation for being involved? Since answering these questions will take more than just the few minutes you have between patients, the form includes a save button so you don't lose your progress if you cannot complete your application in one sitting. Just make sure to complete and submit your application by the June 1 deadline.

Lastly, carefully select your references. Make sure to follow the guidelines and do not list any Executive Committee, Leadership Development Committee, or Committee on Volunteer Placement members or CDA staff as a reference. Your references should be individuals who have seen you in action as a volunteer and can speak to your strengths and experience.

Even the most well-thought out application won't guarantee your selection for a CDA council, committee or board, but it can go a long way in getting you consideration as a serious candidate for a leadership position.

Questions? Please contact CDA's Leadership Development Committee at [ldc@cda.org](mailto:ldc@cda.org).

### What can a CPA do for You?

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#### **Frank W. Stearns**

Certified Public Accountant, Inc.

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## 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, to receive an informational flyer/registration form.

**Pacific Coast Society for Prosthodontists** invites you to attend their annual meeting at the Fairmont Empress Hotel in Victoria, British Columbia, Canada. The June 20-23, 2012, meeting features many prestigious speakers from around the world, including, Drs. Richard Roblee, William Becker, J. Robert Kelly, Gregg Kinzer and Ricardo Mitrani. For more information or to make reservations, go to [www.pcsp.org](http://www.pcsp.org).



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## Short Abstracts

**PHOENIX, AZ, March 2 -- Electrical stimulation** expedites bone graft healing and can increase the predictability and contribute to the overall success of this option for patients who lack the bone density required for dental implants, a University of Maryland research team reported at the 27th Annual Meeting of the Academy of Osseointegration (AO).

In a pilot study of the effect of electrical stimulation on healing bone grafts, an animal study with adult male rats, Dr. Garima K. Talway, Baltimore, MD, a post-graduate student at the University of Maryland Baltimore Dental School, concluded that electrical stimulation produced significantly more bone formation and less remaining graft than a control group that received no electrical stimulation.

In the study, bipolar platinum stimulated electrodes were overlaid on the center of a graft in adult male rats. They received electrical stimulation three times a day for ten days. After six weeks, the grafted areas and surrounding bone were harvested. Animals that received electrical stimulation had approximately 8-fold more new bone (3.81 (3.6)%;  $p=0.034$ ) compared to the control group (0.47 (0.52)%). The amount of remaining graft material in the control group was significantly higher, and no significant difference was found in the amount of connective tissue.

<http://www.osseo.org/PR2.html>.

**Non-CPAP Therapies in Obstructive Sleep Apnoea.** Randerath WJ, Verbraecken J, Andreas S, Bettega G, et al, European Respiratory Journal. 2011 May;37(5):1000-28. Epub 2011 Mar 15.

In view of the high prevalence and the relevant impairment of patients with obstructive sleep apnoea syndrome (OSAS), lots of methods are offered which promise definitive cures for or relevant improvement of OSAS.

This report summarizes the efficacy of alternative treatment options in OSAS. An interdisciplinary European Respiratory Society task force evaluated the scientific literature according to the standards of evidence-based medicine.

Evidence supports the use of mandibular advancement devices in mild to moderate OSAS.

Maxillomandibular osteotomy seems to be as efficient

as continuous positive airway pressure (CPAP) in patients who refuse conservative treatment. Distraction osteogenesis is usefully applied in congenital micrognathia or midface hypoplasia.

There is a trend towards improvement after weight reduction. Positional therapy is clearly inferior to CPAP and long-term compliance is poor. Drugs, nasal dilators and apnea triggered muscle stimulation cannot be recommended as effective treatments of OSAS at the moment. Nasal surgery, radiofrequency tonsil reduction, tongue base surgery, uvulopalatal flap, laser midline glossectomy, tongue suspension and genioglossus advancement cannot be recommended as single interventions.

Uvulopalatopharyngoplasty, pillar implants and hyoid suspension should only be considered in selected patients and potential benefits should be weighed against the risk of long-term side-effects. Multilevel surgery is only a salvage procedure for OSA patients.

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## Unclassifieds *Be sure to visit Classified Ads on your personal web page at [www.tcds.org](http://www.tcds.org).*

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Need a dentist to monitor your office while you are away? I am a 67 year-old retired Periodontist who practiced in Orange County. I can take care of emergencies and monitor the office, including the hygienists so they can function as usual. If interested, please contact me at (760) 565-1459 or cell: (714) 801-6880.

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## Welcome New Members

Harvey Chen, DDS  
General Practitioner  
USC, 2007  
20747 Amar Rd., Ste. 5  
Walnut, CA 91789  
909-595-1800

Steve Fountain, DDS  
General Practitioner  
LLU/SD, 2004  
601 E. Foothill Blvd.  
Claremont, CA 91711  
909-625-4101

Raymond Hoyt, DDS  
General Practitioner  
UCLA, 1984  
380 S. San Dimas Ave.  
San Dimas, CA 91773  
909-599-5590

Shamoon Qayyum, DDS  
General Practitioner  
De Montmorency College of Dentistry,  
Pakistan, 2006 (BDS)  
Universidad De Lasalle, Mexico, 2011 (DDS)  
850 W. Highland Ave.  
San Bernardino, CA 92405  
909-886-4004

Patricia Mercado, DDS  
General Practitioner  
Univ Catolica Santa Maria de Arequipa,  
Peru, 2001  
2063 E. Florida Ave.  
Hemet, CA 92544  
951-765-2040

Sheila Sales-Mercado, DDS  
General Practitioner  
Centro Escolar University,  
Philippines, 1991  
440 S. El Cielo Rd., Ste. 4  
Palm Springs, CA 92262  
760-320-8700

Robert Walter, DDS  
Prosthodontist  
LLU/SD, 1999  
University of Washington, WA, 2009 (Prosth)  
101 E. Redlands Blvd., Ste. 134  
Redlands, CA 92373  
909-289-8939

## 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

## Member In the Spotlight

### Dr. Eric Sandoval honored for his volunteerism



Dr. Eric Sandoval, Apple Valley, was recently honored by the Bank of America Charitable Foundation in recognition of his outstanding leadership and dedication to his community.

The Neighborhood Excellence Initiative Local Hero Award was presented to Dr. Sandoval because he brought together a small group of volunteers and wrote the grant that initially funded the Victor Valley Community Dental Services Program 13 years ago.

The mission of this nonprofit dental service is to provide dental care to low-income children. Dr. Sandoval goes to preschool and elementary schools in the mobile van to deliver services. Last year in one school district alone, he saw over 1,000 children. Dr. Sandoval also was awarded \$5,000 for his volunteerism, which he donated to the Victor Valley Dental Service.

## What's Happening?

*Did you know you can register for any TCDS event online at [www.tcds.org](http://www.tcds.org). Give it a try!*

Day/Date	Event Details
<b>May 3-5</b>	CDA Presents Anaheim Convention Center
<b>May 4-5</b>	TCDS Hospitality Suite Palisades Room, Anaheim Hilton Friday – 9 a.m. – 6 p.m. Saturday – 9 a.m. – 2 p.m.
<b>Tues. May 8</b>	Board of Directors' Meeting TCDS Office 6:45 p.m.
<b>Mon. May 21</b>	New Dentist Study Club TCDS Office 6:30 – 9 p.m. 2 CEUs
<b>Mon. May 28</b>	Memorial Day Observed TCDS Office Closed
<b>June 22-24</b>	ADA New Dentist Conference Washington, DC
<b>Wed. July 4</b>	Independence Day TCDS Office Closed
<b>Fri. Aug. 24</b>	Give Kids A Smile Night at the Ballpark Inland Empire 66ers Stadium 7:05 p.m., San Bernardino
<b>Mon. Sept. 3</b>	Labor Day TCDS Office Closed
<b>Tues. Sept. 11</b>	Board of Directors' Meeting TCDS Office 6:45 p.m.
<b>Fri. Sept. 21</b>	Continuing Education Meeting UCR Alumni & Visitors Center 3701 Canyon Crest Dr. Riverside 92507 Registration: 7:30 a.m. Seminar: 8:00 a.m. – 4:30 p.m. "Infection Control, CA Dental Practice Act, & OSHA" Nancy Andrews



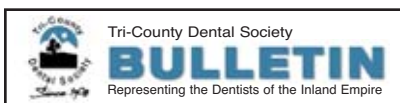
### CDA Compass Tip

Dental Contracts 101:  
Understanding the Terms of  
Your Contract with Dental  
Plans

Often times a new practice owner will consider signing up for as many dental plans as possible thinking this is the best way to have access to an extensive pool of new patients. Although the volume of patients may increase, reimbursement rates may not be high enough for any practice profit to be realized. Some treatment could even be provided at a loss. Before a doctor signs a contract, there are a number of things to consider regarding contracting to ensure it is the right fit for a practice. This article is designed to familiarize doctors with some of those considerations.

For more information related to dental provider contracts, go to [www.cdacompass.com](http://www.cdacompass.com)





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