

BULLETIN

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

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Dr. Jared Lee and family take miles to the ballgame.



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In This Issue...

Presidential Message.	3
Editorial	5
Western University, College of Dental Medicine.	6
Survival of The Fittest	7
Dental Dote.	10
ABS.s of Dental Embezzlement.	11
Temporary Practice Coverage	15
Welcome New members	16
TDIC: Employee Neddlestick Injuries.	17
Short Abstracts / 414% Increase of Tax.	18
Unclassifieds / What's Happening?	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.



Banner Photo

Space Shuttle Endeavor

The Space Shuttle Endeavor flew past the State Capitol in Sacramento. This photograph was taken from the boardroom in the California Dental Association office. (Photo courtesy of Joseph Fischer, J. Fischer Photography.)

Featured Cover Photo

New chair for Give Kids A Smile 2013, Dr. Jared Lee, and his wife, Kristin and daughter Sienna, supported Tri-County's GKAS fundraiser at the Inland Empire 66ers' game in August.

I'm Just Talking... "Say Goodnight, Gracie"



Many of Tri-County Dental Society's Stage 4 dentists (I'm floating on that boat), grew up with several early classic television shows featuring all-time great comedy teams such as Amos and Andy, Abbott and Costello, Laurel and Hardy, Burns and Allen, and in later years The Smothers Brothers and

Cheech and Chong. These comedy teams are often regarded as some of the most talented comedy duos in the history of television, vaudeville, and movie entertainment. Even though these six mentioned partnerships are distinctively different, they share the common bond of unity and of individuals making contributions that cumulatively make them far greater as a team than they ever could be individually. It's hard to even imagine Bud Abbott without Lou Costello or Tommy without Dick Smothers. But, by combining two very talented individuals, a brilliant team was created. Sometimes with talent 1 + 1 can combust to equal 4 or more... not just the mathematically correct 2.

It is often said that while George Burns received most of the credit for the Burn and Allen act, it was actually Gracie who worked under the radar and was quietly brilliant. During my year keeping the chair warm as your Tri-County Dental Society President, I have had the help of many "Gracies." These talented dental volunteers have together maintained a great, well oiled, sometimes envied, often copied, and efficiently running dental society. All credit for the accomplishments during 2012 must go to the combined members of these teams/committees and our TCDS staff, not to the temporary figurehead leader. It is often stated that TEAM is an acronym for **T**ogether **E**veryone **A**chieves **M**ore. The following is a brief summary of some of the work that your TCDS volunteers have achieved during 2012:

Membership Committee: This large committee, chaired by President-Elect Jeff Lloyd has set goals of: 1) increasing membership 2) developing a sub-committee that concentrates on the special needs of our female

members 3) reworking the social activities of TCDS. The 1st Anniversary Open House and annual meeting was successfully held November 1, 2012 at the TCDS office.

CE Committee: Vice-President Art Gage has chaired the CE Committee and helped to lead it through 2012 during some very difficult times for the remaining component dental societies who are still trying to offer continuing education programs. Poor attendance, slow sign-up rates, a poor economy and several areas of CE competition both local and online have created difficulties for TCDS' CE Program. TCDS has presented two excellent full-day programs and two of the new format 2-hour evening programs during 2012.

GKAS Committee: Led by co-chairs Ruth Bol and Tim Martinez, GKAS continues to grow and support the needy kids within our component's boundaries. During the month of February 2012, TCDS' GKAS program held 19 clinics, provided \$255,553.00 in dentistry and cared for a total of 785 children. We had over 400 volunteers! Much of the credit for the recent success of our GKAS program also has to go to our staff coordinator Monica Chavez. Monica was one of only 7 staff members nationwide who was selected to attend the 1st Annual GKAS University held in October of 2011 in St. Louis, Missouri. She returned from this meeting with many new ideas and a rekindled fire in her belly for our GKAS program.

Governance Committee: Chair Butch Ehrler, staff support Penny Gage and the entire Governance Committee have completed a new manual for TCDS: The Emergency Succession Plan. The document was presented to and approved by the Board of Directors on September 11, 2012. A written plan now exists in case of a temporary short term, extended long term, or permanent loss of our executive director. Executive Director Penny Gage put many hours into researching, writing and editing this manual. Many thanks must go to Penny, Butch and the entire Governance Committee for their fine work in the last three years.

Peer Review Committee: Led by Chair Ann Steiner, peer review has opened 14 cases during 2012 (as of August 16th) and closed 6 cases. 8 cases remain pending. Peer review is one of the most valuable benefits of mem-

Continued on page 4

bership in the tri-partite.

Ethics Committee: Chair Dave Roecker has reviewed 3 cases during 2012 and all have been resolved without formal hearings.

Leadership Development Committee: LDC sprang back to life this year and recruited 17 new members to volunteer for committees both for 2012 and 2013. LDC is currently working on a year-end phone campaign to recruit additional members for 2013.

Finance Committee: Chair Doug Brown met with his finance committee on October 2nd and finished the details of the 2013 budget to be presented to the Board of Directors on November 13th for their approval.

New Dentist Committee: Chaired by Al Ochoa, the New Dentist Committee represents the interests and needs of dentists who have practiced 10 years or less. This committee also assists the Membership Committee in recruiting young dentists to TCDS and acts as a liaison between TCDS and the students of both the Loma Linda University and Western University dental schools. During 2012, six study club meetings were scheduled and attended by 60 dentists. Two social mixers were also held and were attended by 31 young dentists

TCDS Staff: Simply stated, TCDS employs an excellent staff. Penny Gage has truly become an icon amongst the 32 dental society component directors within the CDA. While working at the CDA building in Sacramento and interacting with the members of other dental societies, I often hear comments of how fortunate TCDS is to have Penny. I just smile and acknowledge that we certainly are blessed. Penny's staff, Shehara Gunasekura and Monica Chavez, has also helped to push TCDS to be better each year. My personal thanks go to all three of these talented ladies for their combined guidance, assistance and encouragement during my year as TCDS President.

Baseball's Hall of Fame member, Yogi Berra once said, "When you come to a fork in the road, take it." My term as your president has now reached that inevitable fork in the road. November's remaining tasks will include the CDA House of Delegates and a final Board of Directors meeting. During December there will be a couple of final committee assignments, some review of each committee's performances throughout 2012 with the executive committee and then the passing of the reins to the capable Jeff Lloyd on January 1, 2013. I have completely enjoyed my year serving as your president.

TCDS inherited a minor bump in the road with the Special House of Delegates early in 2012, but your TCDS

delegates performed flawlessly in Oakland. The TCDS delegation co-authored the final resolution during that contentious and historic special house.

I do appreciate the kind comments that I have received regarding these now six presidential messages that I have shared with you. Thank you for taking the time to read them. My service to TCDS continues next year as I assume the role of immediate past president and parliamentarian. There are also two more years left in my final term as a member of the CDA Judicial Council. When my CDA Judicial Council term is completed, I hope to continue volunteering at the CDA level if additional positions become available.

Please consider getting off of that proverbial couch and volunteering some time to your local dental society, the CDA, or even nationally at the ADA. TCDS is a good starting point to begin serving because we really need your help to continue the progress that so many before us have begun. You can also then develop the experience needed to help at either the state or national level.

Here are three year-end closing thoughts for all current and future TCDS volunteers from Coach John Wooden:

- 1) "Success comes from knowing that you did your best to become the best that you are capable of becoming."
- 2) "Talent is God-given. Be humble. Fame is man-given. Be grateful. Conceit is self-given. Be careful."
- 3) "The key ingredient to stardom is the team."

Finally, in the words of the late great George Burns, it's now time for me to "Say good-night, Gracie." — KTH

CDA Compass Tip



Assignment of Benefits Authorization Form

Want to know if the PPO you are considering will work in your practice? Watch PPOs The Good, The Bad and The Uglyblog, on the Dental Benefits Tab, for information to help dentists assess dental benefit plans, with which they are contracted, to determine if a plan helps meet their practice production needs or works against that objective.

Who's in Control Here?



When President Ronald Reagan was shot, there was understandable chaos among the White House leaders. At one point, Secretary of State Alexander Haig stepped up to a microphone and announced "I am in control here!" Yet, by the Constitution, he was not in charge...not even

after the vice-President. While his words have been used in comedy ever since that day, his stepping up to let the public know that "someone" was in charge was intended to produce calm among the population.

Presently in dentistry, it may seem there is chaos. In reading various dental journals, forum posts, and private emails, and listening to various phone conversations it is apparent that there is not complete agreement among dentists over many issues involving dentistry.

One of the most talked about issues over the last few years has been Mid-level Providers. Our CDA House of Delegates (HOD) even had to have a special meeting this year to hold a re-debate and vote over what was already approved by last year's regular HOD!

I had a long conversation with another editor about the ethical issues involved with allowing Mid-level Providers, let alone participating in a study. We discussed how all of this might not have come about if organized dentistry had properly educated the public about how knowledgeable a dentist must be to provide what appears to the patient to be a "simple" procedure. Who was in control at the ADA to allow all of this to come about?

One of the dental insurance companies has started to "notify" their dentist subscribers that there are now changes in the contracts. These changes involve lower fee schedules as well as mandatory participation in less desirable plans. In California, the CDA was led by our executive director, Peter Dubois, to not only confront the major insurance company CEO about this but to give fair notification that if these things continue, CDA could do as it did many years ago and start its own dental insurance company – that visually shook the CEO up. CDA has also

been successful in having legislation signed to prevent insurance companies from changing agreements without proper notification. Does this mean that CDA is in control?

Tri-County Dental Society is preparing for the CDA House of Delegate meeting. TCDS president Ken Harrison has organized groups to prepare in a manner not done before. This is not going to be a pleasure trip! TCDS has always been a leader at the HOD and due to the size of our delegation any group wanting their resolution to pass consults with TCDS, as well as Orange County and San Diego Dental Societies, to make things smoother. This is a great responsibility upon all TCDS delegates. Does this mean Dr. Harrison is in charge or is it the TCDS delegates?

The truth of the matter is, you are in charge! Every leader at every level of the tri-partite is interested in what every member has to say. The above issue examples may not be something you feel strong enough about to speak up. But, what about other issues? One of the following must be something that will affect you.

- Mandatory amalgam separators.
- Banning of amalgam.
- Use of Mercury in dental fillings.
- Specialization of TMJ disorder practitioners.
- Specialization of Implantologists.
- Specialization of Dental Anesthesiologists.
- Waste water purity standards.
- National licensure.
- Financial extortion by third party payers.
- Dental Management companies.
- Limitation of specialists to their specialty.
- Expanded functions of dental auxiliaries.
- Dental Hygiene independent practice.
- Dues of ADA, CDA, or TCDS.

In this short list you may find something that is of concern to you. If you have other concerns, your leaders in organized dentistry would like to know your opinion and your suggestions – no kidding! Thus, you can be in control through volunteering to sit on committees, take a leadership position, or...write an email. You really are in control!

Western University, College of Dental Medicine Update

Steven Friedrichsen, DDS, Dean

At a Glance...

Tri-County's newest dental school starts their senior class, brings aboard more faculty, and welcomes the Center for Oral Health to its campus.



Saturday, August 11, 2012, Western University of Health Sciences officially began our 35th Academic Year with Convocation and the College of Dental Medicine capped our orientation week by welcoming the Class of 2016 to the Profession, University and College with our fourth White

Coat Ceremony. Tri-County Dental Society and organized dentistry were well represented throughout the week and at the capstone events.

The beginning of the Fall Semester two days later marked the College of Dental Medicine's first day as a fully functioning dental education program! With all four classes of students enrolled and the majority of our faculty and staff hired and on board, it promises be an exciting year.

In previous years, it has taken most of our collective time and energy to engage in the growth process. We have done well in that endeavor. The College has an exceptional faculty, outstanding staff and engaged students who are all working toward our goal of becoming a premiere dental education program. As we look forward to the upcoming year, the College still has some growth in the form of additional faculty and staff as well as some minor facility modifications, but the majority of our efforts will shift to the continued refinement of our curriculum and patient care experiences.

One of the key transformations for the College and for the entire WesternU community was the relocation of the Center for Oral Health's headquarters to our campus. Founded in 1985, the Center for Oral Health (formerly known as the Dental Health Foundation) is a California-based nonprofit organization dedicated to promoting public oral health with a focus on children and vulnerable populations. COH collaborates with national, state and local partners to develop innovative community-based strategies for improving oral health.

As a result of this partnership, faculty and students in the College will have the opportunity to work with the Center for Oral Health in promoting positive changes in oral health care, measure the impact of those changes and use the information to support the policies and political will needed for improved oral health. In years to come, I believe this will come to be seen as one of the most impor-

tant strategic alliances for WesternU's College of Dental Medicine (CDM).

Many members of Tri-County Dental Society supported CDM's early development and helped our College craft the valuable and close relationship with organized dentistry. To those who have watched us from the beginning, our progress could be likened to watching a child grow up and begin to take their first steps. The initial nurturing has taken root in the form of a core of students who are already becoming involved in the profession beyond the walls of the school. Our students are active in the American Student Dental Association, view their representation at CDA and TCDS as serious responsibilities and in general are well on their way to becoming exceptional members of the profession.

As a new College, we realize there will be challenges, both seen and unseen that we will undoubtedly encounter. However, none of the challenges to be faced will exceed our ingenuity and capacity to turn them into opportunities for our continued development and growth. I am encouraged by the opportunity the year presents and look forward to making it an outstanding one.

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Survival of the Fittest: Just Keep Kicking

At a Glance...

Tri-County's newest dental school starts their senior class, brings aboard more faculty, and welcomes the Center for Oral Health to its campus.

Lenora Milligan, Salt Dental Practice Management



During the final rush of the year, we tend to become reflective. Many will celebrate results; some may look back and wonder why they did not accomplish all that they wanted while others will simply wait for a new year to begin as though that will be the answer to the problem.

I want to remind you. It's not over, until it's over. It's not time to relax. It's not time to let go. It's not time to say, "Well, we'll hit it hard next year." It's time to make the most out of every moment left.

I remember a story my grandfather helped me memorize as a child. He recited this in his first grade class in 1913.

It's a fable, a little story that you might have heard before. But I'm sure with all its morals, it's worth repeating o're. Two frogs fell in a pail of milk and could not scale its sides. Although they kicked and kicked and tried and tried they could not get outside.

One froggy said, "Let's just give up" and at the bottom died.

The other said, "I won't give up" and just kept kicking on, until the farmer came to get his milk in the early dawn. When the farmer looked into the pail, a word he could not utter.

For their sat froggy all serene upon a ball of butter.

By kicking he had churned the milk, he lived because he tried, the other foolish frog had sunk and at the bottom died.

So now you see, no matter the state you're in, if you just keep kicking like the frog, you'll be sure to win.

The moral of this story was strong in 1913 and is still strong today. Keep going. If you are successful, keep going, if you are not as successful as you would like, keep going. Never give up.

Something I've learned over the years is that you must stay focused on results and if your results are not what you want, you must make changes. Don't get caught up in whether something is good or bad. Or whether you think you're right or wrong. It's actually much simpler than that. Do you like your results or do you not? If not, then you

must change your behavior. Changing behavior requires you to change your thought patterns. It takes time, patience and repetitive reminders to accomplish this, and it's well worth the effort. When something happens that makes me feel like giving up, I think of my grandfather and the moral of the frog story, and "just keep kicking on."

To change your thinking you must first identify which thoughts are productive and which are counterproductive. Which ones limit you in your efforts to succeed? A limiting thought is one that makes what you are trying to do much more difficult. For example: "My practice is down 23% because of the economy. People are out of work and don't have any money to spend."

Once you identify the limiting thought ask yourself these questions. Is that true? Are you certain? According to news reports, American's spent 10.4 billion dollars in 2011 on elective plastic surgery. 10.4 BILLION. Now ask yourself again. Is it really true that people do not have any money to spend? No, it is not. Limiting thoughts allow you to not take any responsibility for your own results. They allow you to be a victim and it enables you to not have to change anything because, according to your thought, it's completely out of your control. You see, when we have limiting thoughts and we believe them, we give up, and we sink to the bottom....and well, you know the rest of that story.

Create a list of limiting thoughts and as a group decide what is really true and what is not. Come up with an action plan that will help change your thinking. Use positive phrasing in your communication with each other and with patients. Remind yourself every day to "just keep kicking on."

By the time you read this, there will be a few short weeks left in 2012. That is if the Mayan's got it wrong and the world really doesn't end on December 21.

Regardless of the number of working days you have left in your practice this year, there are many things you can do to improve your results. First, do not allow the holiday spirit to replace thoughtful, patient-focused, practices. Stay aware in your morning huddles. Stay fixated on your patient's needs. Be mindful of the importance you have to others, and how much influence you have over their wellbeing. Approach each interaction with the thought in mind that this patient wants to be healthy and wants the treatment you recommend. Once your patient knows what they need and wants to achieve - having a

Continued on page 9

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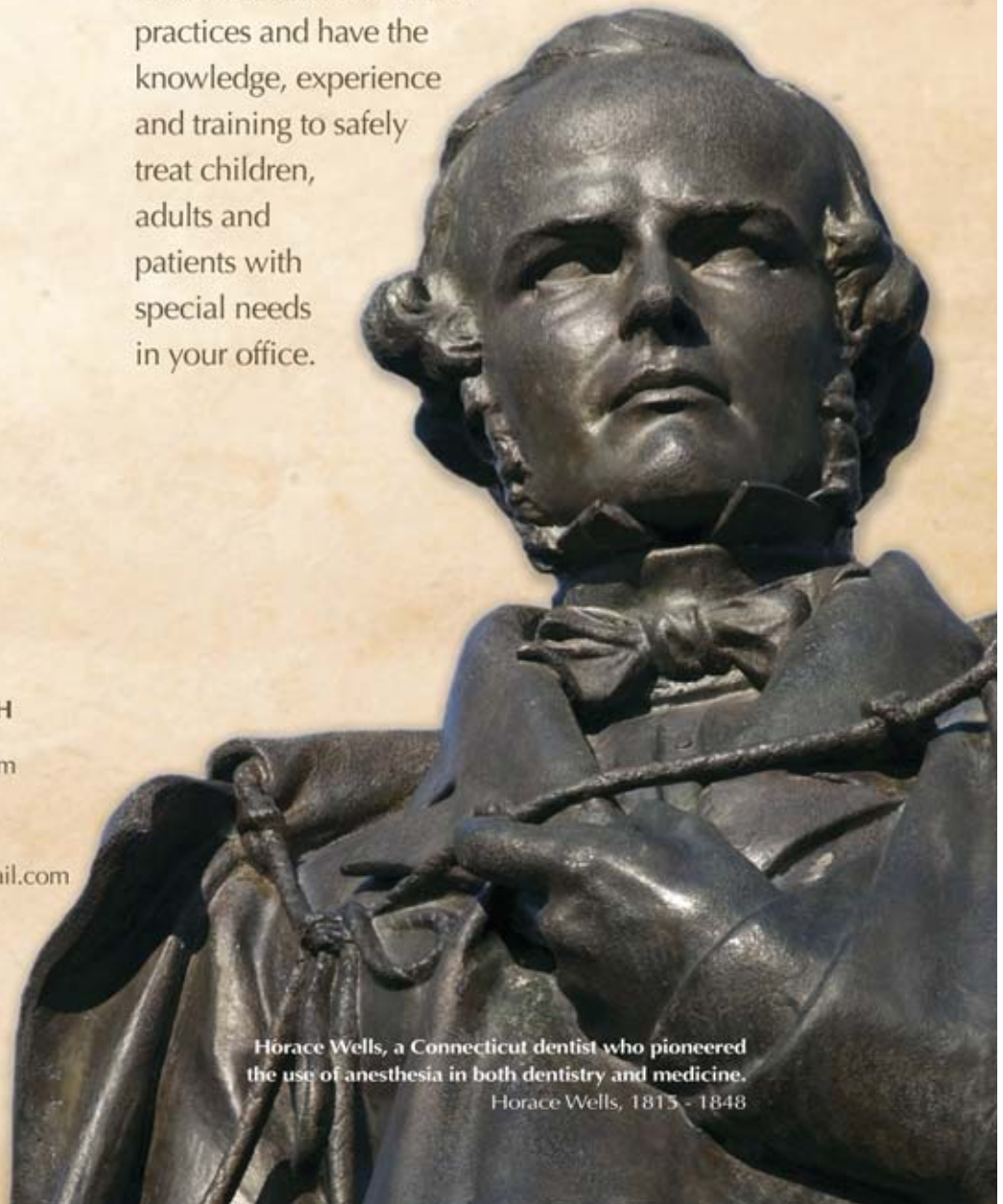
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Our members are dentist anesthesiologists who truly understand the unique challenges of providing anesthesia in the dental environment. We have dedicated ourselves to our practices and have the knowledge, experience and training to safely treat children, adults and patients with special needs in your office.



Horace Wells, a Connecticut dentist who pioneered the use of anesthesia in both dentistry and medicine.
Horace Wells, 1815 - 1848

healthy mouth - the rest becomes easy.

Search out and use various financial options to make affording the care they need easier. Send reminder emails with educational video's attached so they can see what a difference the particular treatment will make for them. Send out reminders regarding using insurance benefits before the end of the year. Many patients do not realize they have already paid for their benefits and if they do not use them, they lose them. It's like throwing money down the drain. Call your patients with incomplete treatment plans, and those who are in need of hygiene appointments. Many team members feel like they are harassing patients or that they are some type of telemarketer. Nix that thought right now. Everyone on your team is a professional health care provider. If they are not, then that needs to change too. All of these calls should be approached with the thought in mind that you are helping your patients save money and improve their health. You are providing a service to them, and most will be grateful.

If you have a habit of diagnosing according to what you think people can or will afford, or want, stop it. Stop it right now. You're not doing them any favors by taking away their choices. If you don't think you are taking away their choices, then you better think again. And I cannot stress this enough; please take the appropriate x-rays at the recommended intervals and do the oral cancer screenings. Recently, several of our clients have found ameloblastoma and other oral cancers in their patients' mouths because they have a system in place that keeps them focused. Thankfully, they found them in time and their patients have better than normal odds of survival.

To prepare for next year, you may want to have an all-day or half day meeting with your entire team. The following exercise can help identify where you are strong and where you need improvement. Have your team write down the answers to the following questions as a yearly review.

1. What was my biggest accomplishment this year?
2. What is the most important lesson I have learned?
3. How do I limit myself?
4. Where should I focus to increase my abilities?
5. How can I be more helpful to my teammates?
6. What can I do each day to improve team morale?
7. If I owned this practice, what three things would I change?
8. What clinical or interpersonal skills would you like to learn or improve in the coming year?

Decide what you want in 2013. Review or create your

Mission Statement and Purpose.

1. Production and Collection Goal
 - a. Monthly and Daily for each provider
2. Review or create a scheduling template to accomplish the goals
3. Accounts Receivable Goal
4. Number of new patients needed each month
5. Types of marketing and a budget to accomplish it
6. Review Insurances and decide which ones are beneficial and which are costing you money
7. Seminars to attend
8. Fun Trips or Activities for the Team
9. Review the most limiting thoughts and behaviors of the practice and decide what thoughts to replace them with that will assist you in reaching your goals

All of these and more can help you create an action plan. And remember the lesson of the frog and "keep kicking on."

For more information please visit us at www.saltdpm.com and follow our blog at <http://saltdentalpracticemanagement.blogspot.com/>

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Dental Dote: Small World...for World Peace!

As a new graduate of LLUSD, I went to practice in a “shortage area” in the small town of Jellico, Tennessee on the Kentucky line. The shortage area arrangement with the government did not work out and eventually I returned to California.

One day in my Canyon Lake office my assistant told me there was a ninety-three year old lady in the waiting room that was spitting nails mad at a dentist in Sun City and was demanding to be seen right away! I took a deep breath and went out to the reception room to meet her – and possibly show her the door.

I introduced myself and asked her what I could do for her. She started ranting on about not being able to get done what she wanted to get done on her mouth. She went on for about ten minutes as to how upset she was and then she said, “This wouldn’t happen in Kentucky!”

As she finally took a breath, I asked her where she was from on Kentucky. She said emphatically, “You wouldn’t know!”

I said, “Try me.”

She looked me in the eye and said, “Corbin! Do you know where that is?”

I said, “Sure...it’s just ten miles north of Jellico!” She was shocked to say the least and proceeded to tell me all about her family’s lumber mill and her friends...some of which I knew!

Well, we bonded pretty well and after we came to an agreement that what she wanted was not the best treatment for her, I cared for her dental needs until she was 101...when I sold the practice!

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David Harris, MBA, CMA, CD - Licensed Private Investigator



David Harris is the CEO of Prosperident, the world's largest firm specializing in the investigation and detection of embezzlement against dentists. In this article, David reveals some surprising facts about embezzlement

How common is embezzlement in dental offices?

Published statistics suggest that three in five dentists will be victims at some point in their careers. Of course, there is some embezzlement that is never detected, and some that is uncovered but not reported, so the true number is somewhat higher.

What is the profile of the typical embezzler?

Not necessarily what you would expect – the typical thief has worked in the office for over eight years, has a clean employment record, and is completely trusted by the dentist (which, of course, facilitates the crime).

How is embezzlement normally uncovered?

The answer to this question might surprise you. The American Dental Association recently published the results of an extensive study on embezzlement. Among other things, the study considered how victims uncovered the embezzlement taking place in their offices.

Here's where it gets interesting -- only 19% of discovery was prompted by the planned operation of the dentist's system of controls (day-end balancing, review of software audit logs, fraud found by the dentist's accountant etc.). The remaining 81% was discovered by some accidental occurrence (examples include another employee reporting the theft, patients identifying billing discrepancies or an employee working unexplained extra hours).

So what can be learned from this?

There has been a lot written by advisors who suggest that the way to prevent embezzlement is to implement more (and more) controls. I'm sure you have seen articles that give frustratingly long lists of things a dentist should check weekly and monthly.

In addition to the large time commitment that accompanies this internal audit process, I have always questioned its effectiveness. Embezzlers are driven by some powerful forces, and to expect them to be discour-

aged by some visible and easily circumvented controls seems like a delusional exercise.

With the ADA's survey results reinforcing my view, I hope that dentists and their advisors begin to see the futility of attempting to manage fraud through internal controls and self-directed audit.

Please don't misunderstand me -- there are lots of controls that serve purposes other than fraud detection. For example, even though day-end reviews uncover less than 8% of all embezzlements, these reviews serve other useful purposes like catching clerical errors.

The good news

Since I've just turned your understanding of embezzlement upside down, at this point you are probably looking for a solution. Fortunately I have one, and it is a lot less painful than you might think.

This silver lining is that, regardless of the methodology used to steal, embezzlers behave in very predictable ways. We have developed and constantly refined a "Fraud Risk Assessment Questionnaire" that is designed to help you capture and assess these behaviors. Completion will take less than five minutes and could save you a bundle. You can request the questionnaire by sending an email to fraudnews@prosperident.com.


And what if I suspect fraud?

This is where it gets a bit tricky. Many of the things that instinct tells you to do in this situation (call the police, confront the subject etc.) have the potential to make your situation far worse.

If you suspect fraud, the best advice I can give you is that stealth is paramount. If someone is stealing from you and senses that you are about to uncover their stealing, they will have a very strong desire to destroy the evidence. This might be as simple as wiping your computer's hard drive and destroying all backup media, or it might take a more sinister form (there have even been cases of thieves burning down dental offices in an attempt to hide the evidence!). Any steps taken by the thief in this direction will compound the damage they have already inflicted on you.

If you are in this situation, it is essential that you receive knowledgeable advice – and by this I mean someone with experience in dealing with dental embezzlement investigation.

While the list that follows is not a substitute for



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this kind of advice, it may prevent you from making some of the mistakes that others have made:

1. Stealth is paramount. This is so for several reasons – normally at this point fraud is SUSPECTED but not CONFIRMED. It is not unheard of for a dentist to wrongly believe that he or she is a victim.

On the one hand, if there is no fraud, it is far better that staff members are unaware that the dentist had a “crisis in confidence” in them. However, if fraud is happening and the thief thinks that you are on to them; their normal inclination is to take steps to destroy evidence. For example, erasing data from your computer’s hard and destroying all backups. We were not involved but did observe a situation where an employee, sensing that the dentist was about to uncover her fraud, burned down the entire office to make reconstruction of her crimes almost impossible.

If a theft is taking place, the best outcome for the dentist will be achieved by preserving evidence, conducting a quiet (stealthy) investigation and confronting the thief only when fully prepared.

There are several things that must be done in order to preserve stealth:

- The dentist must continue to act normally and avoid behaving unusually
- Investigation must be done in a way that does not disclose the dentist’s suspicions. The easiest way to tip your hand is to have a couple of people who look like police officers or accountants) come into the practice and start poring over records or to start having a unusually large number of non-patient phone calls for the dentist
- The dentist must be extremely guarded about discussing suspicions with colleagues, staff members etc. We were involved in a situation where a relative of the suspect worked at the vendor of the dental software used by the dentist, so great care had to be taken in communication with the software company.

Obtain professional advice. Some dentists approach fraud investigation as a do-it-yourself project. If a theft is taking place, the best outcome for the dentist will be achieved by preserving evidence, conducting a quiet (stealthy) investigation and confronting the thief only when fully prepared.

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2. Obtain professional advice. Some dentists approach fraud investigation as a do
3. yourself project. Given that the dentist typically does not know what to look for (and often needs the assistance of staff to access computer information in any case), self-guided fraud investigation is likely to accomplish little other than tipping off the fraudster.
4. Preserve evidence. Your computer’s hard drive contains a cornucopia of information that will be needed to confirm the fraud, quantify losses, prepare an insurance claim, proceed with prosecution etc. However this information is volatile and can be deliberately erased or overwritten
5. Dental software vendors make continual improvements to their software. A common recommendation of vendors, if contacted with concerns about theft, is to upgrade your software to the latest version. This is probably not a good idea in most cases as doing this will undoubtedly be resisted by, and raise the suspicions of the thief.
6. Do not place “bait” (e.g. put an extra \$20 in the cash to see if it goes missing). This action is likely to provide a false sense of security. Employees who target their dentists often perpetrate sophisticated frauds involving tens or hundreds of thousands of dollars. If you were doing this and the dentist offered a (fairly transparent) chance to demonstrate your honesty by returning the \$20, wouldn’t you give it back? This seems like a fantastic bargain.

Continued on page 14

7. Do not change financial protocols. Looking to make changes without being able to explain the rationale will certainly be seen through by a thief.

8. Do not report the incident to police (until you have sufficient evidence to confirm fraud). Making a police report before you have gathered all the evidence serves no purpose and may limit your options in dealing with a thief.

9. Do not confront the suspect. There will be a time when this is appropriate – our success rate in obtaining confessions from thieves is 100%, but it requires careful preparations before the confrontation.

10. Do not contact insurance companies. If a theft involves obtaining extra funds from insurance

11. recourse against the dentist for amounts misappropriated. Some insurance companies will provide agreement not to hold the dentist vicariously liable in situations where the dentist had no involvement in the theft, but this amnesty needs to be set up correctly, with an intermediary approaching the insurance company on behalf of an unnamed client.

12. Whatever you do, don't fire anyone until evidence has been gathered – the amount the employee may steal from you in the few weeks that it will take to complete an investigation pales in comparison to the cost of a wrongful termination lawsuit.

13. yourself project. Given that the dentist typically does not know what to look for (and often needs the assistance of staff to access computer information in any case), self-guided fraud investigation is likely to accomplish little other than tipping off the fraudster.

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20. Whatever you do, don't fire anyone until evidence has been gathered – the amount the employee may steal from you in the few weeks that it will take to complete an investigation pales in comparison to the cost of a wrongful termination lawsuit.

If you want to speak with me about a fraud matter, you can see my availability online and self-book an appointment using my online booking calendar at www.tungle.me/fraudguru. Or if you prefer, you can call and ask to speak with me or one of our experienced investigators at 888-398-2327. We also have an email hotline that is checked daily (including evenings and weekends) by our on-call fraud investigator. This email address is fraud@prosperident.com.

Temporary Practice Coverage

At a Glance...

Embezzlement can happen and has happened to many dentists—even family members aren't exempt! All dentists should take steps to monitor their offices for possible embezzlement.

Ivan A Gamarra, BBVA Compass

No matter how tireless the practitioner, everyone needs time away from the office. Unfortunately, dentists in small practices find real vacations - let alone sick days - are almost impossible, because no one is available to fill in.

Until now, medical staffing agencies have proved a god-send to physicians, but locum tenens placements, or temporary practice coverage, is a relatively recent development in the dental industry. In the last couple years, however, agencies have begun providing temporary coverage, as well as permanent positions, to established practices. This includes specialists such as orthodontists, pedodontists, periodontists and prosthodontists.

While staffing walk clients through the hiring process, certain measures can make the experience more successful for both the hiring professional and the substitute. Experts say to:

- Arrange coverage at least two to three months prior to a planned absence.
- Thoroughly review the subbing dentist's qualifications and experience, as well as all employment contracts, particularly regarding cancellation policies.

- Inform patients of the temporary reassignment of their care, providing the dentist's name and background information.
- If money is an issue, limit hiring costs by cutting back office hours during planned absences.
- Substitutes should receive all pertinent contact information, including phone numbers for other staff, specialists for referrals, local hospital emergency departments and patients.
- Discuss "problem" patients with the substitute prior to departure.
- Make up a checklist for the temporary dentist. Items might include lab protocols, prescription policies, patient communication, etc.
- Provide review forms for studies, consults and labs; require initials or a signature.
- Provide patient follow-up forms to be completed by the subbing dentist. This provides continuity of treatment and reduces the likelihood of errors.

For more information contact Ivan A Gamarra, V.P. Business Development Officer, 951-689-9011 ext. 0 or by cell 951-616-4864, ivan.gamarra@bbvacompass.com. Copyright © 2005-2012 Small Business Resources. www.sbresources.com. All rights reserved.

TCDS Membership Status Report

Active/Recent	1,403
Life Active	82
Life Retired	148
Retired	34
Post Grad	37
Faculty	55
Disabled	11
Military/Public Health	6
Provisional	127
Hardship	5
Pending Applications	18
TOTAL	1,927



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ADA	(800) 621-8099
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Practice Support Center	(866) 323-6362
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Welcome New Members

Antoanela Garbacea, DDS
Prosthodontist
Institut de Medicina Timisoara, Romania, 1998 (DDS)
LLU/SD, 2012 (Prosth & Implant Dent)
No Practice Address Available

Adam Garfinkle, DDS
General Practitioner
University of Michigan, MI, 2011
St. Joseph Mercy Oakland Hosp, MI, 2012 (GPR)
3943 Grand Ave.
Chino, CA 91710
248-941-3140

Milan Irvin, DMD
General Practitioner
Midwestern University, AZ, 2012
No Practice Address Available

Aymee Jaramillo-Rivas, DDS
General Practitioner
NYU, NY, 2012
1051 N. Mountain Ave.
Ontario, CA 91762
909-988-1800
Neal Johnson, DDS
General Practitioner
LLU/SD, 2008
159 W. Hospitality Ln
San Bernardino, CA 92408
909-558-4960

Catherine Kwon, DDS
Prosthodontist
LLU/SD, 2009 (DDS)
LLU/SD, 2012 (Prosth)
11092 Anderson St.
Loma Linda, CA 92350

Julio Ortega, DDS
General Practitioner
UCLA, 2011 (DDS)
Loma Linda VA, 2012 (GPR)
No Practice Address Available

Steven Paul, DDS
Oral Maxillofacial Surgeon
UCLA, 2003 (DDS)
University of Texas
Southwestern
Medical Center, TX, 2009
(OMFS)
No Practice Address Available

Steven Paul, DDS
Oral Maxillofacial Surgeon
UCLA, 2003 (DDS)
University of Texas
Southwestern
Medical Center, TX, 2009
(OMFS)
No Practice Address Available

Olga Reyes, DDS
General Practitioner
Univ de la Habana, Cuba, 1993
1945 E. Riverside Dr.
Ste. 6
Ontario, CA 91761
909-923-7734

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TDIC: Employee needlestick injuries are prevalent and preventable

Risk Management staff

The Dentists Insurance Company reports employee needlestick injuries as the most prevalent workers' compensation claim and, more often than not, the needles have been contaminated from a patient injection.

There is often a pattern of behavior related to needlestick injuries.

"The injuries frequently occur when breaking down instrument trays following a procedure," said Deborah Boyd, workers' compensation manager for TDIC.

Boyd said it's common to hear that the employee was removing the anesthetic carpule or removing the needle from the syringe and the cap slipped off of the needle.

"Instrument punctures usually occur during cleaning of the instruments in preparation for sterilization," she noted.

The Centers for Disease Control and Prevention report disposal-related and improper disposal as causes for 22 percent of needlestick injuries. Cleanup related injuries account for 11 percent and handling or passing of a device during or after use cause 10 percent of needlestick injuries.

Boyd emphasized the necessity of following Occupational Safety and Health Administration's Bloodborne Pathogen Standard outlined at osha.gov to help minimize such injuries. OSHA's standard applies to all employers with employees who have occupational exposure to blood or other potentially infectious materials, regardless of how many workers are employed.

In addition to OSHA's nationwide protocols, the agency also approves state plans. Each state has the option to establish its own safety protocols in addition to OSHA's general protocols. Twenty-five states have done so. These safety plans can be found on OSHA's website under resources. The National Institute for Occupational Safety and Health and the Centers for Disease Control and Prevention also have several documents related to the prevention of occupational exposure to blood.

To help reduce the risk of needlestick accidents and exposure to bloodborne pathogens such as hepatitis B, hepatitis C, and human immunodeficiency virus (HIV), dentists are required to use "universal precautions" and to have an exposure control plan with details on employee protection measures. The

plan must specify use of a combination of engineering and work practice controls including: personal protective clothing and equipment, training, medical surveillance and hepatitis B vaccinations, and signs and labels.

Infection control experts recommend minimized contact with needles and other sharp devices as well as engineering controls and safe work practices.

Engineering controls include safety syringes designed to eliminate recapping and removing the needle after use. One type of safety syringe has a sliding plastic tube that covers the needle so it does not need to be recapped.

Sharps containers are also considered an engineering control. Experts recommend immediate disposal of sharps, including disposable syringes and needles and scalpel blades in puncture-resistant containers located near where sharps are used. Strict observance of the "full" line on sharps containers is advised. When sharps reach the "full" line, put the cap on the container and remove it from service. Arrange for pickup, mail away, or dispose according to your state and local regulations.

Other safety measures include not bending or breaking needles before disposal, avoidance of passing a syringe with an unsheathed needle and storage of reusable sharps in containers with wire basket liners that can easily be removed for cleaning and disinfecting. If a needle must be bent for a dental procedure, it should be done in the safest possible manner.

The Needlestick Safety and Prevention Act requires the involvement of non-management employees in evaluating and choosing devices. The act also mandates employers to keep a sharps injury log. This requirement may vary state to state, however, TDIC Risk Management analysts recommend that all dental offices maintain a record of sharps injuries.

According to OSHA, the log must contain, at a minimum, information about the injury, the type and brand of device involved in the injury, the department or work area where the exposure occurred, and an explanation of how the incident occurred. The log must be recorded in a way that protects the confidentiality of the injured employee.

The next RM Matters will discuss reporting protocol in the event of a needlestick injury. Question about needlestick injuries? Call TDIC's Risk Management Advice Line at 800.733.0634.

Short Abstracts

Obstructive sleep apnea and the risk of autoimmune diseases: a longitudinal population-based study. Kang JH, Lin HC. *Sleep Med.* 2012 Jun;13(6):583-8. Epub 2012 Apr 21.

Obstructive sleep apnea (OSA) has been associated with chronic inflammation. This study aims to investigate the longitudinal risk for the development of certain autoimmune diseases in patients with OSA.

1411 patients identified with OSA. 7055 control subjects. Each patient was tracked for a five-year period to identify those patients who came down with various autoimmune conditions.

Of 8466 patients, 1.76% had developed autoimmune diseases during the five-year follow-up period; 2.91% and 1.53% for the study cohort and the controls, respectively. The stratified Cox proportional analysis revealed the hazard for developing autoimmune disease during the five-year follow-up period was 1.91 (95% CI=1.32-2.77, $p<0.001$) times greater for patients with OSA than for controls.

Conclusion: Patients with OSA have a higher risk of developing certain autoimmune diseases.

414% Increase of Tax in San Bernardino County

It appears the County of San Bernardino is raising taxes on small business and particularly against dentists in the county.

In this difficult economy, they just raised taxes to dentists by 414% for being waste generators. In the past, the fee for a medical waste generator was \$27 per year.

This year it jumped to \$114...a 414% increase! (How many of us have not even raised our fees 14% in the last 5 years!)

Please contact your county supervisors and the County's CEO. The contact information is provided below. Of course, if allowing the County to charge you more money each year does not bother you...do nothing! Please reference: Program 4828, Program description: 4828SQG-Medical Waste.

First District Supervisor Brad Mitzelfelt, Vice Chairman; 2nd District Supervisor Janice Rutherford; 3rd District Supervisor Nell Derry; 4th District Supervisor Gary Ovitt; 5th District Supervisor Josie Gonzales, Chair. The supervisors may be reached at: 385 N. Arrowhead Ave., 5th Floor, San Bernardino, CA 92415-0110.

Gregory C. Devereaux, Chief Executive Officer, County Administrative Office, 385 N. Arrowhead Ave., San Bernardino, CA 92415-0120.

Effects of 0.05% sodium hypochlorite oral rinse on supragingival biofilm and gingival inflammation. De Nardo R, Chiappe V, Gómez M, Romanelli H, Slots J. *Int Dent J.* 2012 Aug;62(4):208-12. doi: 10.1111/j.1875-595X.2011.00111.x. Epub 2012 May 11.

This study aimed to evaluate the clinical effects of 0.05% sodium hypochlorite mouth rinse on supragingival biofilm and gingival inflammation. The study was performed as a controlled, randomised, investigator-blinded, parallel group trial in 40 prison inmates.

Following a preparatory period to obtain a plaque- and gingivitis-free dentition, tooth-brushing was substituted for 21 days by supervised twice daily rinsing with either 15ml of fresh solution 0.05% sodium hypochlorite or 15ml of distilled water. At day 21, the average QHPI score had increased to 3.82 in the water rinse group and 1.98 in the sodium hypochlorite rinse group. The average L&SGI score had increased to 2.1 in the water rinse group and 1.0 in the sodium hypochlorite rinse group, and the average percentage of sites that bled on probing had increased to 93.1% in the water rinse group and 56.7% in the sodium hypochlorite rinse group. Differences were statistically significant ($P = 0.001$).

Conclusion: An oral rinse with 0.05% sodium hypochlorite resulted in significant reductions in supragingival biofilm accumulation and gingival inflammation. Dilute sodium hypochlorite may represent an efficacious, safe and affordable antimicrobial agent in the prevention and treatment of periodontal disease.

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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
Thurs. Nov. 1	TCDS Open House & Annual Meeting TCDS Office 4:00 – 8:00 p.m.
Mon. Nov. 5	New Dentist Study Club TCDS Office 6:00 p.m.
Tues. Nov. 6	TCDS Pre-House Caucus TCDS Office 6:45 p.m.
Nov. 9-11	CDA House of Delegates Newport Marriott
Tues. Nov. 13	Board of Directors Meeting TCDS Office 6:45 p.m.
Thurs. Nov. 15	Continuing Education Meeting TCDS Office Social Hour: 5:30 p.m. Seminar: 6:30 – 8:30 p.m. “Diagnostic Challenges in Endodontics” Dr. Rajiv Bhagat 2 CEUs
Nov. 22-23	Thanksgiving Holiday TCDS Office Closed
Dec. 24-Jan. 1	Holiday Break TCDS Office Closed

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 Riverside, CA 92506**
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The opinions expressed in this newsletter are those of the author(s) and do not necessarily represent those of the Tri-County Dental Society. TCDS does not assume liability for contents of advertisements.

DATED MATERIAL

Say What?

Members attending the Tri-County Dental Society continuing education program in September were asked, "What was the best thing that happened to you or your practice in 2012?"



Nathan Carlson,
 Yucaipa, "We found two great hygienists."



James Slepki,
 Riverside, "I have been able to keep busy in a poor economy and actually increase profits. I have kept my wonderful staff of many years."



Cynthia Kudlik,
 Fullerton, "Our economic turn-around attributed to our fantastic new staff additions and new office!"



Sheila Harris,
 Riverside, "Getting involved with Give Kids A Smile."

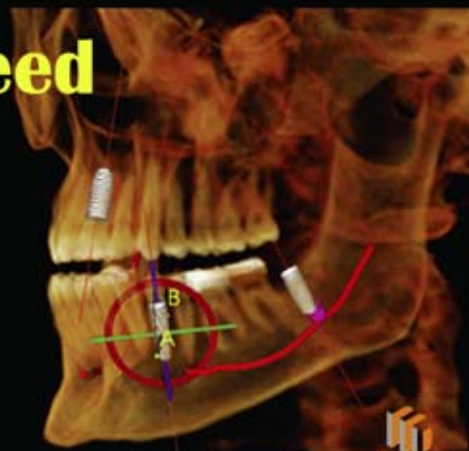


Ronald Casdin,
 San Bernardino, "My fifth grandchild was born on July 4, 2012!"

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