



BULLETIN

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

Changing of the Guard at LLU/SD





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Mission Statement

It is the mission of TCDS to be the recognized source for serving the needs of its members and the dental community.



Featured Member City

Temecula

Beautiful New Civic Center
 located in Southwest Riverside County



Featured Cover Photo

Ronald Dailey, PhD, executive associate dean, Loma Linda University School of Dentistry, has been appointed by the board of trustees to serve as the School's fifth dean, effective July 1, 2013. He will replace Charles J. Goodacre, DDS, MSD, who has served in that position since 1994. See page 22 for Dr. Goodacre's farewell message.



Current Trends and Future Strategies

Jeffrey D. Lloyd, DDS

It's a strange time in which we live. I've had many of you share stories that tell me I'm not the only one feeling the pinch. We all go to work each day and wonder how we are going to fill those holes in the schedule, or convince patients to accept even the

most minimal of treatments...let alone what they really need. Yes, our marketplace is changing and we have to adapt and change with it. It's a whole new game out there with a whole new set of rules.

One of these marketplace changes that will probably occur later this year is a reduction by 8-12% of provider reimbursement rates by Delta Dental for its Premier Plan. It's thought that the reduction will be based upon an assessment of each provider's region and current fee filings, not an across-the-board cut. Nevertheless, providers are upset.

As I write this, the California Dental Association is seeking definitive answers from Delta Dental to the following questions by April 1, 2013:

1. What is your rationale for making these drastic fee reductions?
2. When will these reductions be effective?
3. Have you analyzed what impact these cuts will have on your provider network?
4. Are you informing employers and employees?
5. Will the fee reduction apply to all procedures or only to the most frequently billed, and will there be exceptions based on specialty, geographic location or employer group?
6. Will fees be reduced across the board, regardless of when a provider last updated his/her Premier fees or became a Delta provider?

As you can see, CDA shares our frustrations and concerns about Delta Dental. CDA will be monitoring Delta's implementation of these changes and evaluating whether any legal or legislative actions will be needed to address this issue.

Delta Dental has cut their rates in other states in order to remain "competitive" and "viable". In Washington State the rates were cut by 15% in 2011, in Idaho by up to 13% in 2011, and in New Jersey and Connecticut by up to 5% in 2012. These reductions are not a violation of state laws or regulations. They

consider it just a matter of doing business. Just to be on the safe side, you might want to check your Delta contract very carefully, to see if it mentions anything about fee adjustments.

Cutting providers' rates and trying to remain viable isn't anything new. Insurance companies have been doing it for quite some time. It's part of the background landscape of how dentistry is practiced these days. Back when I first started in Rancho Cucamonga in 1978, all I had to do was fill out my "Attending Dentists Fee Schedule" for patients who paid with either cash or used what was called "Indemnity Insurance," as well as fill out a "Delta Dental Fee Schedule" for those who were covered by Delta. I rarely have either one of those come through my front door anymore. For patients who have insurance, the majority is either a PPO or an HMO.

May I suggest 12 things that we can do to better prepare us to adapt and change with the marketplace?

1. Hone your skills. Be comfortable with as many phases of dentistry as possible. If you're not comfortable, refer!
2. Get your finances under control. Have 3-6 months' worth of income tucked away for emergencies.
3. Watch your spending. Hold off on buying the biggest and the best; instead, consider things that are more economical.
4. Hire a good business and marketing person, preferably with dental or at least health care experience.
5. Seek out a group of like-minded dentists including specialists and form a group practice. Cut overhead and maximize efficiency.
6. Get involved with the community—Kiwanis, Rotary, Executive Business Associations, Sports Clubs, Young Professional Clubs, etc.
7. Sign up with the right dental insurance companies. Find out which insurance companies the employers are using in your area and consider whether those companies will economically work for you.
8. Create an upbeat website that attracts patients. Make use of testimonials and integrate social media and YouTube into your website.
9. Convert to digital and paperless, even if it's only 1-2 operatories. Much more efficient!
10. Treat every patient with the best experience possible.

continued on page 4

Presidential Message *continued from page 3*

ble. If their experience doesn't meet their expectations, they won't be back.

11. Include www.cdacompass.com as a resource to help you manage your business better with topics like regulatory compliance, contracting with third party payers, employment law, a Guide for the New Dentist, etc.

12. Utilize CDA's "live" practice analysts. There are four people on staff that you can call during regular business hours to answer questions on dental practice matters. The direct line is (866) 232-6362.

Want to be busier? If I could tell you how to do that, I'd be a very wealthy consultant. But, if you follow these 12 things I have listed, I believe you'll do better than if you stick your head in the sand and hope that the problem goes away.

Today's economy has put a squeeze on what employers are willing to provide in dental benefits for their employees. Consider this about dental insurance; it's not really considered insurance. Instead, it's a gift card with rules and limitations and has a yearly maximum of \$1,000 to use. Once that gift card has been used, the patient is done for the year, unless they pay for any remaining treatment some other way. The trick is to help the patient discover what those other ways are.

The bigger gorilla that is looming out there right now is "big brother." Government intrusion will happen like it has never happened before. It will ultimately control what the insurance companies, if they still exist, can or cannot do. That's called Obama Care. Add in the 30 million people that have just been added to the dental load by Obama Care, with reimbursement rates lower than Denti-Cal. Who's going to take on treating those patients?

Even though insurance and government are trying to throw us a curve ball, U.S. News and World Report just listed our profession as the number one job in the U.S. for 2013. Eighty percent of what we do today, we didn't learn how to do in dental school. The new advantages of today's dentistry are incredible. Digital dentistry will be a big part of tomorrow, if it hasn't become a part of yours today. Social media is here and will be the new referral network we have to start working with. Insurance and government will continue to be involved in only the basic care, but there will still be those who wish for and demand the best, so we have to cater our practices to those individuals. Remember the 12 things we talked about above, especially #1 and #10.

Dentistry is still a great profession and the dentists who do well are the ones who figure out how to play the game with the new rules. Yes, the "golden years" may be over, but as long as we focus on treating our patients the way we want to be treated, we will continue to be the number one job in the U.S.

Let me know what you think, and stay tuned for more.

Dental News

- Cutback of ADA Library goes to a work group to recommend changes. Rumors abound as to what will be changed and why? Not many members were aware of the library's existence, who it was for, what it could do for them, and that most of its research services were member free!
- Quebec, Canada: Doctor Barry Dolman, President, Ordre des dentistes du Québec sent a letter to all Quebec dentists mandating to use only Biopsycho-Social therapies in the treatment of TMJ disorders and not to use bite splints or other technologies or devices.
- Oklahoma OMFS accused of poor sterilization of instruments. One patient has tested positive for HBV. <http://abcnews.go.com/Health/rogue-dentist-exposed-7000-patients-hiv-hepatitis/story?id=18834611>
- ADA Responds to Junk Science Episode of the "The Doctor Oz Show"
The ADA responded swiftly to the alarmist "Dr. Oz Show" segment that aired on March 28, issuing a press release and an all-member Issues Alert that included discussion points for members to use with their patients and a link to the ADA Council on Scientific Affairs statement on dental amalgam. The ADA wrote, "The "Oz" episode, entitled Are Your Silver Fillings Making You Sick? was based largely on junk science about the safety of dental amalgam. Although the show's producer contacted the ADA for information before the episode aired, our repeated offers to arrange an interview with an ADA spokesperson dentist were declined. The producer would only accept written statements from the ADA, which we provided. These statements are posted on the Doctor Oz show website."
- ADA Professional Product Review: Subjects of BPA in dental materials, latex gloves, and OTC saliva substitute products. <http://editiondigital.net/publication/?i=149849>
- The authors of a new critical appraisal in the Journal of Esthetic and Restorative Dentistry (March 19, 2013) trace their perspective on treating caries back to the beginning of modern dentistry, even before the influences of G.V. Black. According to Black, all dentin where decay is suspected should be removed, regardless of the risk to the pulp. But in the 19th century, James Tomes contended that it is better to leave some carious dentin in place rather than risk exposing the pulp and the authors of the new critical appraisal agree.

At a Glance : Have a clear policy about mobile phones, texting

Not many will debate the practicality of mobile phones. And since the ubiquitous gadgets are not likely to go away, it's essential to have a policy regarding smartphone and cellphone use on the job. It's equally important to document the policy in writing and make sure your team understands it.

Risk management analysts say many dental practice owners have not addressed smartphone use in a formal manner, but need to.

Mobile phone use during work hours can give patients the impression their dental care is not a priority, and phone use creates distractions that can increase liability. Inaccurate documentation and lack of attention to detail can occur when concentration is divided between work and mobile devices.

If employees are making personal calls, checking email, texting or using smartphone applications at work, the activities could be the result of a lack of policy or an unclear policy. If you have a mobile phone policy, review it for clarity and missing information. If you don't have a mobile phone policy, now is a good time to draft and implement one.

The Dentists Insurance Company recommends banning cellphone and smartphone use while on duty, including sending or receiving personal calls, emails and text messages or using smartphone applications. Further, TDIC recommends establishing a no-text policy, prohibiting staff from texting the dentist for any reason. This helps prevent issues such as sending a text instead of calling in sick for work. If the employee is texting about a patient, banning such communication also removes any potential violation of that patient's privacy.

According to Diana Ratcliff, an attorney in Southern California who specializes in employment labor law, one of the most important things an employer can do is make sure employees are fully aware of office policies and expectations on the job.

Ratcliff suggested that practice owners "communicate their expectations, have policy in writing and follow through with counseling if expectations are not met."

Talk to employees in a staff meeting about smartphone use and texting, and explain the rationale behind the policy, including liability issues that can occur from being distracted at work. Include the policies in your employee manual.

Additionally, encourage ethical behavior that keeps the interests of the practice and its patients first while

dissuading behavior such as texting on the job. Model a high standard of personal conduct and do not use your own cellphone while on duty to make or receive personal calls, emails or text messages.

TDIC recommends the following regarding mobile phone policy, texting and employee communications:

- Prohibit cellphone and smartphone use while on duty for sending or receiving personal calls, emails or text messages, or using smartphone applications.
- Be clear that employees who need to use their personal phones may do so only during breaks or meal periods.
- Consider establishing a no-text policy, prohibiting staff from texting the dentist or office manager for any reason.
- Address attendance and specify that if employees are unable to report to work on time, they must notify the dentist or delegated staff by phone.
- Train employees on cellphone policy in a staff meeting.
- Provide employees a copy of the policy.
- Document cellphone, texting and attendance policies in your employee manual.

For more information or if you have questions regarding this topic, contact the TDIC Risk Management Advice Line at 800.733.0634.



Problems in Dentistry...What can you do about?

Daniel N. Jenkins, DDS

As I was opening my email account, I noticed a title that caught my eye: "Five Places to Never Give Out Your Social Security number!" The article started out with the author's story of his doctor wanting to know his Social Security

number. He said he asked his doctor why he needed it. He reported that the doctor told him, "I don't know. I guess we just have always asked!"

The author's point was to prevent identity theft but felt the number was really wanted so the office could track a patient down if they did not pay their bill! I was not able to resist posting on this site to point out that first of all...I don't believe his story! What doctor is personally asking for a patient's Social Security number? If the story is real, the asking would have been done by the receptionist...and I guarantee she could have told him it was needed to bill his insurance! The article just irritated me that this reporter wanted to make his supposed doctor appear stupid!

It may seem like a minor story over which to bother writing a response, let alone mention in this editorial, however, if this story were to reach "viral" status on the Internet, I could see many patients going into dental offices not only refusing to provide their Social Security numbers but even requesting all of their records being purged of their Social Security numbers. They would even argue that their insurance company does not need the number.

It seems people are becoming more and more leery of all of the healing professions – not just dentistry. With each recession I have been through, I have noticed more people arguing over their finances, but this now seems to be turning into a general distrust.

Is dentistry as respected as we think it is? Dentists used to establish a relationship with the patient, do an examination, and inform the patient of treatment needed. Now dentists are able to provide 3D radiographs and intra-oral photographs to go over the findings with the patient and explain the

diagnosis and treatment plan(s). It is considered the standard of care to provide alternative treatments and to spend the time to inform the patient thoroughly of all options. Some of these cases, if done thoroughly, could take a whole day to accomplish!

One reason this part of the "informed consent" takes so long is due to the lack of knowledge about dentistry on the patient's part. There are still many people in the population of the USA that are not aware of gum disease let alone implants or extraction site socket grafting. Why is that?

With so many people in the USA having Internet access and the ability to search on various subjects, it would seem that people would know more about modern dentistry. It could be, however, that people do not search for things for which they are not aware they need. They don't know that they should learn something about dentistry before they perceive a need for it. It would be like studying advanced mathematics without ever considering a need for it.

At some point, dentistry needs to educate the public about more than just brushing, flossing, and visiting their dentist twice a year! (OK...once a year for some insurance company subscribers!)

First, the public should learn about the importance of oral-dental care. They should be made aware of the importance of proper functioning dentition and supporting structures. Second, they should be aware of how to prevent various pathologies that can happen through lack of proper care. Third, they should be educated on what the options are in treating the various pathologies.

This education of the public could be carried out through a national advertising campaign by a national dental organization. The cost of this per dentist would be offset by how much time would be saved in each office in the educating process. The cost would also be offset by the higher level of care that patients would choose to have due to their higher understanding of dental treatments.

I also feel another benefit would be dentists would be less stressed and work more efficiently

and for a longer work-life in the profession. As a profession we need to be more proactive regarding dental treatment for the population. Traditionally dentists tend to be independent. However, we cannot continue to allow our independent tendencies to allow other entities to erode the independence of dentistry that attracted many of us to our profession. That erosion can be made worse by us becoming apathetic out our profession—we must be involved!

We read in many dental publications of the concerns about dental insurance companies, mid-level providers, corporate dental chains, and the economy causing problems in our practices. If the consumer was properly educated, however, we would not have to worry about what the insurance company contract allows, or sub-doctoral-educated dental providers, or other competitive dental providers, or down-turns in the economy. If the patient knew what we know, they would choose...no, they would demand...the treatment we know to be best!

Even in this current recession the luxury car dealers still sell cars. They may not sell as many but there is still a demand. Why do people spend that money on cars instead of on their oral treatment? How many of us have had patients that drive a luxury car yet will not pay for a single crown?

I wish all dentists would consider educating the general public. Please discuss this among your dentist friends. Until some national dental organization gets involved, a small group of dentists could place ads in local area media with educational advertisements. Maybe enough dentists could work together to place ads on our local network television stations? Of course, the ads should say more than “brush, floss, and see your dentist twice a year!”

At a Glance : *Social media use can bring up new challenges for dentists. It is best to know more about this relatively new medium*



Ethics of social media: Patient privacy and justifiable comments

Nicholas C. Marongiu, DDS
Guest member, CDA Judicial Council

What do your patients, staff, colleagues, friends, and family all

have in common? They are all connected together through you on social media!

The term “social media” describes the countless online platforms that connect hundreds of millions of users on a daily basis all around the world. Once a strictly personal platform, social media now ties your business to you and your staff personally. The ease of information flow and “anytime-anywhere” has blurred the boundaries between business and personal lives. While social media can be a powerful tool for promoting your business, you should be aware of the potential ethical issues that can arise. Care must be taken to protect patient privacy and ensure that comments made about other dentists are fair and reasonable.

Section 1.E of the CDA Code of Ethics states, “Dentists are obliged to safeguard the confidentiality of patient records.” Make sure you have a social media policy in place and all employees are trained on it. Incidents, patients, cases, etc., should never be discussed using social media unless explicit written consent is obtained and all HIPAA policies are followed. As a general recommendation, keep your professional and personal lives as separate as possible and assume everyone will be able to see all of your postings, tweets, and other online activity.

Section 10.C of the CDA Code of Ethics states, “A dentist has the right to make fair comments with respect to dental health subjects, including dentists and the quality of dental care delivered... However, it is unethical to publish... comments on such subjects if the dentist does so without having sufficient information that would justify a reasonable dentist to believe the comments to be true.” Remember that actions online and posted content can negatively affect your reputation among patients and colleagues and can undermine public trust in the dental profession. Making personal comments about patients or colleagues is especially inappropriate.

Additional resources about using social media are available on the CDA Compass (cda-compass.com). For further guidance, talk with a member of your local ethics committee.

This article is the first in a two-part series of articles on the ethical use of social media.

Nominating Committee Selects Trustee, Delegates, Alternates

The Nominating Committee met in March and nominated Dr. Gerald M. Middleton 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 15-17, 2013, in Sacramento.

Delegates:

Douglas M. Brown
Vijaya R. Cherukuri
Michael J. Clapper
Thomas J. Clonch
Arthur D. Gage
Kenneth T. Harrison
Daniel N. Jenkins
Hemant N. Joshi
W. James Leichty
Jeffrey D. Lloyd
Michael Mashni
Wayne S. Nakamura
Denine T. Rice
David A. Roecker
Evangelos T. Rossopoulos
Judy Wipf

Alternate Delegates:

Leif K. Bakland
Marileth D. Coria
Joan E. Dendinger
Liviu F. Eftimie
Deborah M. Hutton
Luke H. Iwata
Robert D. Kiger
Oariona Lowe
Gerald M. Middleton
Alvaro F. Ochoa
Leonard J. Raimondo
Archana A. Sheth
Robert D. Stevenson
Robin M. Su
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.



CDA Compass Tip

TCDS members should have received the required posters for their offices in April. If you haven't, please call the dental society office (951) 787-9700.

How do you make sure your posters are up-to-date between mailings from TCDS/CDA? Updates can be checked anytime at www.cdacompass.com.

For more information, visit cdacompass.com.

Unclassifieds

Be sure to visit Classified Ads on the TCDS web page at www.tcds.org.

Office Sharing Opportunity - Palm Springs. Licensed dentist HMO practitioner or specialist; share expenses and sublease existing fully operative and staffed 1200 square foot Dental Office in Palm Springs. Please contact 619-300-1543 for more details.

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

Office Space For Rent. Dental office on Arlington Avenue in Riverside has office space for rent. Good opportunity for Orthodontist or Specialist to start or relocate practice in Riverside. Call for more information (951) 785-1209.

Dental Humor

Against All Odds...

A patient presented in pain with a large carious lesion comprising most of the occlusal and lingual areas of tooth #30. After examination, radiograph, and treatment discussion, removal of the decay was to be attempted—hopefully without pulp exposure!

With profound anesthesia, decay was being removed when one scoop of the large spoon excavator revealed something green. Upon separation of the green substance from the decay, it was obvious it was a sprout out of a Guava seed. Wonder how much farther it would have grown if the pain of the decay had not brought the patient in?

Board Actions



The Board of Directors met on March 12, 2013. The following is a summary of their actions:

- Michael Shafai, Financial Planning Specialist from Morgan Stanley, updated the board on the Tri-County Dental Society investments.
- The board accepted the 2012 Tax Form 990, as prepared by Frank W. Stearns, CPA, and authorized it to be filed with the IRS.
- The bylaws were amended to recognize that the parliamentary authority for Tri-County Dental Society is the American Institute of Parliamentarians Standard Code of Parliamentary Procedure.
- The Leadership Development Committee is looking for volunteers to serve on committees, as delegates/alternates to the CDA House of Delegates and as board members. Interested parties should contact Dr. Harrison at kjharrison5@verizon.net.
- Drs. Douglas Brown and Evangelos Rossopoulos, along with TCDS staff member Shehara Gunasekera, will be attending the ADA Membership Recruitment/Retention Conference in Chicago the first week in April. The Membership Committee is also planning a May 11 wine event and a May 17 Shred-It Event.
- Dr. Gerald Middleton reported that the Nominating Committee met and selected a list of delegates and alternate delegates for the 2013 House of Delegates. The slate is listed on page 8 of this newsletter.
- Tri-County Dental Society donated \$500 to sponsor a dental chair for CDA Cares San Jose as well as another \$500 to sponsor a dental chair for CDA Cares San Diego.



TCDS Membership Status Report

Active/Recent	1,463
Life Active	94
Life Retired	157
Retired	31
Post Grad	25
Faculty	47
Disabled	10
Military/Public Health	8
Provisional	37
Hardship	2
Pending Applications	20
TOTAL	1,894

HMO Consumer Complaint Hotline
(800) 400-0815

State Dept. of Corporations Consumer Services division

Toll-Free Numbers

ADA.....	(800) 621-8099
CDA.....	(800) 736-8702
CDA Member Resource Center	(866) CDA-SMILE
	(866) 232-7645
Practice Support Center.	(866) 323-6362
TDIC	(800) 733-0634
TDICIS	(800) 733-0633
TCDS.....	(800) 287-8237
Denti-Cal Referral.	(800) 322-6384

Contact Your Dental Society Staff

(951) 787-9700 or (800) 287-8237

Penny Gage, Executive Director

Administration
Governance - Ethics
Extension 23 – Penny@tcds.org

Monica Chavez, CE Coordinator

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

Put our team of specialists to work for you and your practice.

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- Investment strategies and financial planning services*

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CDA Foundation encourages Crowns for Kids participation

The gold, silver and platinum used in crowns and fillings are precious for many reasons, especially when it comes to helping kids smile a little brighter. By donating those metals through the Crowns for Kids program, participating dentists help generate money for CDA component dental societies to fund community oral health projects exclusively for California's underserved children. With this program, making an impact is easy, and the CDA Foundation is encouraging participation.

"The program is simple," said Janice Scott, DDS, a Crowns for Kids program participant for the San Joaquin Dental Society. "All it takes is a conversation with my patients about participating, collecting the crowns and fillings in the jar provided, and calling for pickup when it's about half way full."

Star Refining collects the jars and credits the amount of the donation to your local dental society. In just five years, and with fewer than 50 offices participating, the Sacramento District Dental Society has raised more than \$150,000 to fund a wide variety of projects to improve the oral health of children in its community.

For more information or to participate in the Crowns for Kids program, visit cdfoundation.org/give.

What can a CPA do for You?

We have extensive experience with Dental Practices. The professional staff of Frank W. Stearns offers a wealth of knowledge in financial practice management. We tailor our services to meet your specific needs. We offer the highest quality of professional services designed to improve the profitability of your practice while enhancing productivity and performance.

We can assist you with:

- Practice Acquisition/Mergers
- Tax Planning and Preparation
- Dental Practice Accounting
- Computerization
- Payroll Accounting
- Retirement and Estate Planning

If we can assist you in any of these areas, please call Frank (Chip) Stearns.

Frank W. Stearns

Certified Public Accountant, Inc.
2453 Falling Oak
Riverside, CA 92506
951-780-5100

2013 GKAS Helped 520 Children!!!



Monica Chavez,
GKAS Coordinator

Tri-County Dental Society's 2013 Give Kids A Smile program brought many changes in hopes of growing and expanding to be able to reach many more underserved children. With the help of our new Chair, Dr. Jared Lee, wonderful committee members, and fabulous volunteers we were able to have more clinics than last year and reached geographical areas in which we had not gone previously, such as La Verne and Anaheim Hills. We continue to serve our local communities as well as some remote towns like Trona where volunteers from Loma Linda School of Dentistry took their mobile clinic and saw 100 children.

One of the objectives this year was to spread the word about this program and share it with other local agencies and businesses in hopes that they would partner up with TCDS and help sponsor this program. Many of these organizations and business did join us in the effort to provide free dental care and education to the underserved children in our communities. We were able to obtain \$7,000 in grants and cash donations; \$11,456.91 in donated dental supplies; and \$14,050.50 worth of raffle prizes and marketing materials donated to us.

The donating organizations include the American Dental Association (ADA), Henry Schein, Colgate, Hu-Friedy, Riverside Community Health Foundation (RCHF), IEHP, Precision Ceramics, Mc Neely Financial, Arrowhead Nestle Waters, The Hanigan Company, Kohl's, Pulpdent and SDI. Agencies which partnered with us, by attending some of our clinics and providing helpful information to the families attending our clinics, included WIC, First 5, and the Riverside County Department of Public Health.

We thank all the agencies, organizations and business for their kind support. Some of these organizations like Kohl's, Wells Fargo, Henry Schein and ADA's GKAS National Advisory Committee even had representatives come to our clinic events as volunteers. Joan Allen, the Executive Director of the original St. Louis' GKAS program and member of ADA's GKAS National Advisory Committee came to visit four of our clinics to see how our local program is run.

"I was truly privileged and honored to be able to visit with you and members of the Tri-County Dental

Association as you conducted some of the many GKAS events," Joan commented. "To see the enthusiasm of volunteers and dental professionals coming together as a team to provided the dental services that the kids so desperately need is inspiring. The mission of GKAS was evident at every location I visited. Not only were you providing dental care, but you were mentoring future volunteers to do the same. How remarkable."

With the support of these and other organizations and business as well as that of almost 500 kind hearted volunteers we were able to provide \$184,377 of free dental care to 520 children from San Bernardino, Riverside and the eastern portion of Los Angeles Counties.

Additionally, 12 dentists stepped up to adopt children to complete treatment that was not able to be done at the clinics because the child needed special treatment or were in need of a specialist. Three of those adopting dentists are orthodontist that each adopted one child to complete the child's entire ortho treatment. Those three lucky children were selected in April.

Furthermore, children in need of free oral health care were also cared for by TCDS members through project K.I.N.D. (Kids In Need of Doctors). Our supporters and volunteers' talents and kind hearts made this all possible!!! As John Truong, a volunteer of Western University said, "I feel that volunteering and giving back to the community is something everyone should do. It is always great to see young faces and knowing that I'm improving their oral health."

As David Thomas, an early American author once wrote, "Unselfish and noble actions are the most radiant pages in the biography of souls." Tri-County Dental Society says THANK YOU to each and every one of those souls who helped make this program possible. None of these events could have taken place without all of you and your support. You've helped 520 children get healthier and more beautiful smiles.

We look forward to next year and having you help us reach and treat more children in GKAS 2014!!!

Committee Members

TCDS Members

Jared Lee, DDS – GKAS Chair

David Newsham, DDS

Holli Riter, DDS – LLU Faculty

Oariana Lowe, DDS

Reggie Moore, DDS - Dental Director / Quality Assurance and Improvement Director of CHSICA





Community Members

Cecilia Cabrera – 4D College
Cynthia Preciado – Borrego Community Health Foundation
Jonathan Godoy – Pre-Dental Student
Laura Aguilar – President of UCR Future Dentist Club
Leslie Nazaroff - Dental Hygiene Program Director at San Joaquin Valley College
Sheila White - Volunteer
Suzanne Adolphson - Director of Patient Care Services of WesternU
Victoria Stephan – IECHI Consultant

Clinic Hosts

Al-Shifa Free Clinic
Bloomington Community Health Center
Borrego Health Arlanza Family Health Center
David Newsham's Office
Hospitality Dental Group
Jay Hoffman Youth Dental Clinic
Loma Linda Univeristy Pediatric Clinic
Magnolia Community Health Center
Montclair Plaza Dental
Moreno Valley College Dental Hygiene Program
Moreno Valley Family Health Center
New Hope Free Clinic
Premium Smile Care
San Joaquin Valley College
Smile Select Dental Chino Hills
Smile Select Dental La Verne
Smile Select Dental Office Anaheim Hills
Smile Select Dental Office Walnut
Sycamore Creek Dental
Trona School District
University Community Health Center
WesternU Dental Center

Volunteers

Nader Abu-Seraj
Shannon Adams
Maryam Afifi
Jessica Aguilar
Laura Aguilar
Rosa Aguilera, DA
Vicki Alder, RDA
Ibette Almodovar, DA
Alexy Alvarez, DA
Elizabeth Amezcua
Farnaz Amini
Lilian Andrade
Lawryn Ask
Martha Atalla
Sahar Attari
Michelle Avila, RDA
Liana Ayrapetyan
Linda Bain
Wade Banner
Brittany Barcroft
Joseph Barker
Jeffery Barlow, DDS
Angie Barnett, RDH
Perla Barriga, DA
Agnes Bartlett, RDA
Leah Bartlett, RDA
Allison Baylis
Elena Bedilo
Adelina Beers
Alexxis Beers
Arthur Beers
Elizabeth Beers
Irma Bejarano, RDH
James Bell
Travis Bellicchi
Miguel Bermejo
Maria Bernal
Isabelle Bernardo
Arline Bettencourt
Angela Black
Erica Black
Amy Blau, Hygienist
Shannen Boeckmann
Cherestina Boulas
David Bowen
Michael Boyko, DDS
Shyam Brahmhatt
Sommer Bray
Sara Bressanelli
William Brunton
April Bryant
Ngoc Bui
John Buie
Nicholas Bumacod
Jeff Burkastov
Cheryll Caliolio
Heidi Campbell
Nicole Campos
Gabriela Carbone
Nicholas Dylan Carbone
Brittney Cardenas
Dannelle Carpio, DDS
Connie Carreon, RDA
Nuvia Carrizosa
Abraham Castellanos
Andrew Castillo
Monica Castro
Dominique Cavallo
Debby Celaya
Kristofer Ceredon
Jasmine Cha
Jethro Cha
Russell Challenger
Harpreet Chauhan
Conny Chavez, RDA
Saige Chavez
Yun Yi Chen
William Chiueh
Michael Cho
Joel Christo
Sejoel Chudasama
Jennifer Chung
Debra Church
Juliette Ciccarelli
Deanna Bull
Molly Clay
Jessica Coble, RDH
Natalie Cochran, DDS
Ericka Contreras, RDA
Donna Cordero
Annabel Cross
Casey Cruz
Isabello Cuero, RDH
Gracie Cuevas, RDA
Bobbi D'Arc
Chirag Dalal, BDS
Clarissa Damasco
Jeffrey Davidson, DDS
Octabio De Dios, DA
Yvette De La Rosa, RDA
Morris De Leon, DDS
Morris De Leon, DDS
Linda Delacruz, DA
Tia Dennis, DDS
Sarah Dick, DA
Alisa Dicola, RDA
Kathy Dillon, RDA
Candice Direen

Candice Direen
Sandy Dizon, DDS
Parissa Djafari, DDS
Lia Doan
Michael Drake
Samantha Dubin
Chris Dudzik
Heidi Dusseau
Kiranjot Dyal
Michael Elevich
Jenny Enciso
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Kelly Erler, RDA
Lorena Evangelista
Teresa Fausto
Kristina Fernandez
Clara Ferrero, RDA
Jason Ferrero
Sabrina Ferrero
Sonja Finnie, DDS
Tina Flores, RDA
Josephine Franc, RDH
Barbara Franklin
Christina Freitas
Samantha Freitas
Shanae Funiestas, RDH
Brenda Galindo
Della Ganji
Christina Garcia, DA
Christina. Garcia
Gwendolyn Garcia
Linda Garcia
Vidi Garcia
Ryan Garvin
Jocelyn Gastelum
Cindy Geers, DDS
Jonathan Godoy
Melissa Godinez
Lucia Gomez
Jocelyn Gonzalez
Stephanie Gonzalez, DA
Brian Gradinger
Vivian Grasser, RDA
Barbara Gray, DDS
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Eileen Griego
Eileen Griego
Deanna Grimm
Nicole Guerra
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Carlos Guerrero, DA
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James Gutierrez
Josefina Gutierrez, Hygienist
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John Hardy
Effuah Harris, DDS
Sheila Harris, DDS
Kim Hartsock, RDA
Davit Harutyunyan
Angela Hastings
Karen Hatami, DDS
Yvette Hermann
Daniel Hernandez
Derek Hernandez
Gabriel Hernandez, DA
Laura Hernandez
Lourdes Hernandez
Theresa Hernandez, DA
Christy Heslin, RDH
Elmer Hilo, DDS
Lana Hoang
Tea Hoang
Leslie Holguin
Ashley Holliday
Samantha Hollinger
Elizabeth Horsburgh
Myrna Houck, RDA
Darlene Huber, RDH
Daniel Huffmire
Daniel Hwang
Kristina Ibrahim
Kathleen Ihlendorf, DDS
Ted Im, DDS
Luke Iwata, DDS
Charlene Jackson, RDH
Gizelle Jacobs, RDA
Pebbles Jacobs, RDA
Sharon Jan
Michele Jeannotte
Daniel Jenkins
James Jetton, DDS
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Raquel Jimenez
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Lin Jing
Jason Joo
Joseph Jordan, DDS
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Parimal Kansagra, DDS
Pegah Kargar
Parth Karia
Jacquelyn Kasper
Shahbaz Katebzadeh
Jaspreet Kaur
Sofia Kavakoglou
Katie Keating, RDA
Daniel Keller, DDS

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Dawn Levins, DA	David Newsham, DDS	Ivette Ramirez	Tia Smith, RDA	Laura Williams, RDH
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Karina Lopez	Samah Omar, DDS	Ebony Reece, RDA	Sandy Suk	Javier Ybanez
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Irma Lozada	Laura Orozco	Jesus Rivera	Stella Tam	Mario Young
Veronica Lozano, DA	Jennifer Orquiza	Michelle Rivera, RDH	Bryan Tappen	Veronica Zamora, DA
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Ariana Luna, DA	Ciara Pallares	Brady Robles	Kristin Temme, RDH	Amanda Zenthoefer

TRI-COUNTY DENTIST anesthesiologists

Siamak Eshaghian, DDS
310.666.8978
siamak.eshaghian@gmail.com

Jinsoo Kim, DDS
253.394.4186
jinsookim.dds@gmail.com

Barry Krall, DDS
909.835.7940
office@bkanesthesia.com

Michael Mashni, DDS
714.349.4700
mashnidds@aol.com

Fernando Munoz, DDS
909.553.4500
fmunozdds@gmail.com

S. James Park, DMD
714.309.9390
sjpsed8@aol.com

Sue Jean Park, DDS, Inc.
562.201.2221
suejeanparkdds@gmail.com

David E. Rogers, DDS, Inc.
909.499.2172
dr.rogers@drsedation.com

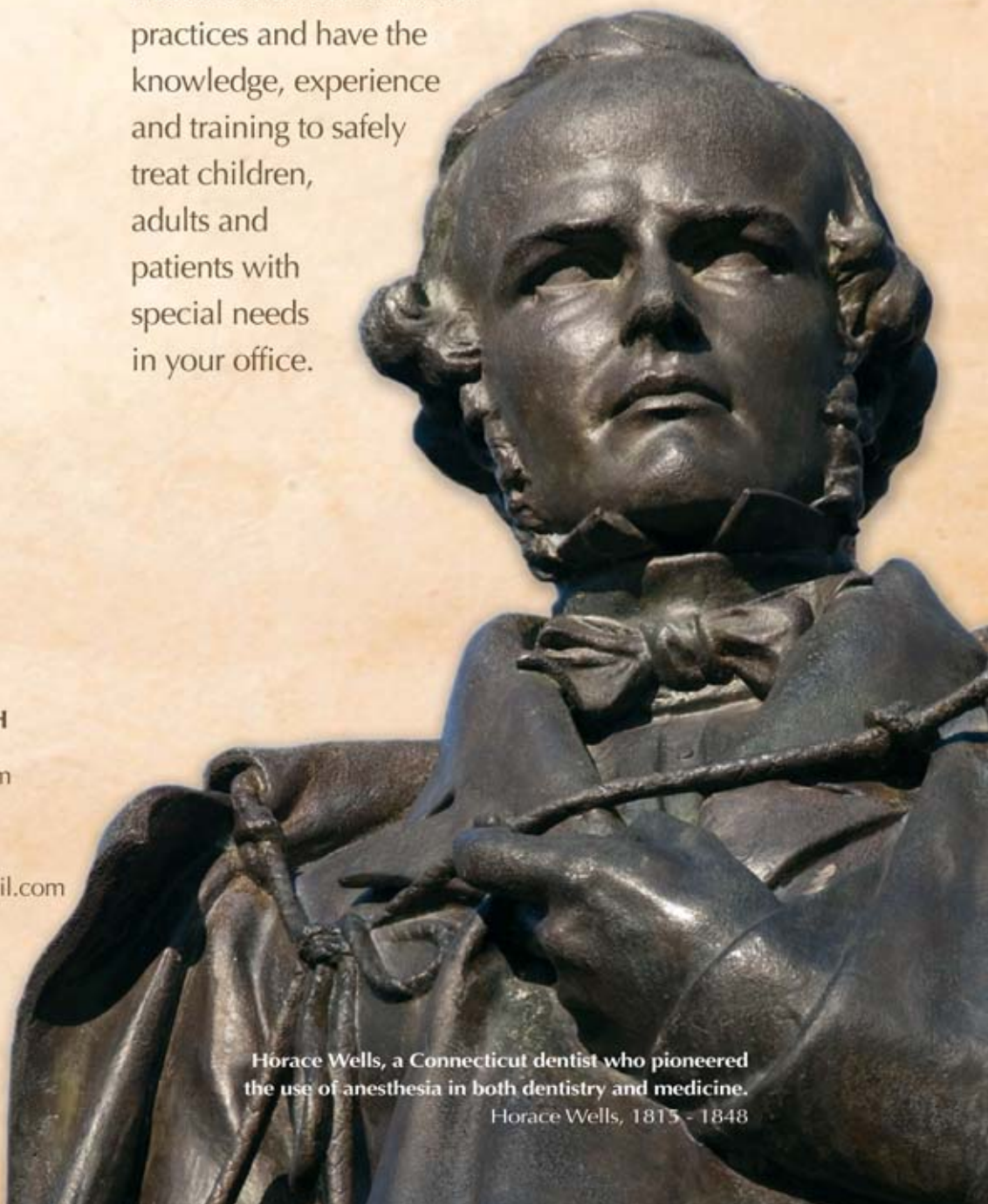
Sam Sardaryanst, DDS, MPH
949.733.2846
anesthesia.driven@gmail.com

Stuart Seheult, DDS
909.838.8205
drstuartsedationdentist@gmail.com

Chad Tomazin, DDS
951.333.1107
chad.tomazin@gmail.com

Jessica Tsai, DDS
626.272.5309
jessicatsaida@yahoo.com

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

Go Big Or Go Home The “Big Think”



Debra Quarles,
Salt Dental Practice
Management

At a Glance:

You should make big plans for your practice but you need to think of all the things that it will take to get there.

Our last article focused on abundance and checking your numbers to determine whether you were on track.

This time we will talk about

how to incorporate “Big Thinking” to take you to the next level in your practice.

Those who are successful, in ventures of any kind, know it is important to take time out of your business to think on your business. How much time do you spend on “Big Thoughts?” Are you looking into the future and setting goals? Do you spend time thinking of new innovations, methods or ideas that could improve your practice?

The day-to-day activities of running your practice: caring for patients, working with employees and handling all the challenges of the day, is not conducive to having “Big Thoughts.” Instead, time must be set aside where ideas can come forth.

In Alexandria, Egypt, in the third century, there was a librarian who was a curious man. One day he heard that in the well-known town of Syene on the longest day of the year, there was a water well where the sun would not cast a shadow. This perplexed him, as he’d noted on the longest day of the year in Alexandria all the pillars and columns produced shadows. So he made his way to Syene and on the longest day of the year he looked down the well. Sure enough, the sun did not cast a shadow. Nor did the sun cast a shadow from the pillars or columns in Syene. From this information Eratosthenes concluded that the Earth was round. Now that is a “Big” thought. In fact, it is an enormous thought. Not all “Big Thoughts” are like that. Some are subtle.

One week a client was vacationing in Cabo San Lucas, Mexico. As she was enjoying the sun on her balcony, the maids came in to clean her room. She heard them singing. When

she returned home, she called me immediately. “Debra,” she said, “the maids in Mexico were singing while they cleaned my room.” Her “Big Think?” The maids who were cleaning her room were going about their work happy. She wanted more happiness in her office. “Big Think.”

For more than a decade I’ve worked with a client. When I first started working with them, they provided me with a white board we leaned against their front office counter. I would spend time removing items that were already on the counter, find a way of propping up the white board and then a way of weighting it so it wouldn’t fall during my presentation. The board listed periodically and would fall. I would put it back and we would continue. It leaned a certain way and to see the words I wrote, some in the group would have to sit forward or move their chairs.

Twice a month for more than a decade I did this. Then one day I had a “Big Think.” Perhaps I should bring in the easel I kept in the trunk of my car. The easel had not been in there for a decade, but I am embarrassed to say, it had been in there for a few years. I used it with all my clients who had started with me in the last three years, but had never considered the benefit it would provide to those groups who I had worked with longer. It had become a habit to move the items on the counter. It was a ritual to prop it up and only when I had time to think did it occur to me that I could make my life and the lives

of the others in the meeting better by a change. That “Big Think” did not only impact one client. I had several others who benefited from the easel I kept in the car’s trunk.

“Big Thoughts” come in different sizes and have different impacts. The one thing they have in common, though, is the requirement of time to con-



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sider what is going on in your practice. Expanding your thoughts will also produce some other benefits. For example: having “Big Thinks” generally enhances a person’s ability to see things from another’s perspective as well as help to keep them focused on the big picture, both of which make individuals better to work with and for.

Every interaction we have with patients and other team members will be enhanced if we can enter their shoes. Seeing things from another’s perspective is one of the most important interpersonal skills you can develop. This does not mean, “giving away the store” or “becoming a door mat.” When patient challenges come to our attention, it means gaining an understanding of how it happened and changing our procedures or dialog to ensure miscommunications do not occur in the future. Seeing things from a teammate’s perspective may enhance how we share duties, or change how patients flow through our practice.

Gaining perspective also assists team members in seeing the big picture. Someone who was unaware of the importance of big picture thinking probably said the phrase, “We’ll cross that bridge when we come to it.” Do not be that person. Instead, be looking ahead, focused on where your practice is headed and what can be done to improve it.

Team leaders and members who can see the big picture are better able to stay focused on the team’s vision and goals. Everything that is done in your office is part of the big picture patients see. Details are incredibly important, but when a team member lacks the ability to understand their impact on the whole, details are forgotten. “Big Thinking” keeps you and your team on target. Once you know where you are headed, you can evaluate everything to determine if you are going in the right direction.

Also, team members able to see the big picture are becoming increasingly valuable. They understand there is more potential when boundary-less behavior is evident in the workplace and understand each member contributes to a greater whole. They know it is not good enough to just understand and do their own part. More importantly, when team members see the big picture there is ownership.

Now is the time for some “Big Thinking” in your practice. There might be ideas like the world is round lurking in someone’s mind. It could be that more happiness is needed. Or it might be time to

take a look at all those things we do each day out of habit. Perhaps we would find a “Big Think” that would make our lives easier and/or enhance our patient’s experience. You will never know what great ideas can be yours until you take the time out of your business to focus on your business.

Debra Quarles is a positive focused, motivated professional with over 25 years of experience in the dental field. She is the author of Team Strategies, the Dental Practice Companion. Debra has a unique ability to assess dental practice productivity and a keen talent for communicating. Experience has accustomed her to handling all types of issues that arise daily in dental offices and with dental teams of any size.

Great teams take effort. Take time to work on your practice regularly to build teamwork and strengthen your results. For more information and to read other articles, please visit us at www.saltdpm.com.

Join us for
TCDs NIGHTS

Keeping our New Dentist Members in mind, we've planned our Mixers & Study Club Meetings for the evenings.
Head over to TCDs in the evening to earn CE credits & Network

Mixers
6-9 pm
Locations TBA

Study Club Meetings
6:30-8:30 pm
TCDs Board Room
3993 Jurupa Ave., Ste. 104
Riverside, CA 92506

March 14, 2013
May 16, 2013
September 12, 2013

January 15, 2013
March 19, 2013
May 21, 2013

July 16, 2013
September 17, 2013
November 19, 2013



Register for any TCDS event online at www.tcds.org.

Day/Date	Event Details
Sat. May 11	Wine Tasting with TCDS Temecula Wineries 9:30 a.m. – 3:30 p.m. Call Shehara for details (951) 787-9700
Tues. May 14	Board of Directors Meeting TCDS Office 6:45 p.m.
Fri. May 17	Shred-It Event TCDS Office 1-5 p.m.
Tues. May 21	New Dentist Study Club TCDS Office 6:00 p.m.
Mon. May 27	Memorial Day Observed TCDS Office Closed
Thurs. July 4	Independence Day TCDS Office Closed
Tues. July 16	New Dentist Study Club TCDS Office 6:00 p.m.
July 18-20 ence	ADA New Dentist Confer- Denver
Aug. 15-17	CDA Presents San Francisco

Novel dental adhesive containing antibacterial agents and calcium phosphate nanoparticles. Melo MA, Cheng L, Weir MD, Hsia RC, Rodrigues LK, Xu HH., J Biomed Mater Res B Appl Biomater. 2012 Dec 20. doi: 10.1002/jbm.b.32864.

Biomaterials and Tissue Engineering Division, Department of Endodontics, Prosthodontics and Operative Dentistry, University of Maryland School of Dentistry, Baltimore, Maryland 21201; Faculty of Pharmacy, Dentistry and Nursing, Federal University of Ceara, Fortaleza, CE, Brazil.

Secondary caries remains the main reason for dental restoration failure. Replacement of failed restorations accounts for 50%-70% of all restorations performed. Antibacterial adhesives could inhibit biofilm acids at tooth-restoration margins, and calcium phosphate (CaP) ions could remineralize tooth lesions. The objectives of this study were to: (1) incorporate nanoparticles of silver (NAG), quaternary ammonium dimethacrylate (QADM), and nanoparticles of amorphous calcium phosphate (NACP) into bonding agent; and (2) investigate their effects on dentin bonding and microcosm biofilms. An experimental primer was made with pyromellitic glycerol dimethacrylate (PMGDM) and 2-hydroxyethyl methacrylate (HEMA). An adhesive was made with bisphenol-A-glycidyl dimethacrylate (BisGMA) and triethylene glycol dimethacrylate (TEGDMA). NAG was incorporated into primer at 0.1 wt %. The adhesive contained 0.1% NAG and 10% QADM, and 0%-40% NACP. Incorporating NAG into primer and NAG-QADM-NACP into adhesive did not adversely affect dentin bond strength ($p > 0.1$). Scanning electron microscopy showed numerous resin tags, and transmission electron microscopy revealed NAG and NACP in dentinal tubules.

Viability of human saliva microcosm biofilms on primer/adhesive/composite disks was substantially reduced via NAG and QADM. Metabolic activity, lactic acid, and colony-forming units of biofilms were much lower on the new bonding agents than control ($p < 0.05$). In conclusion, novel dental bonding agents containing NAG, QADM, and NACP were developed with the potential to kill residual bacteria in the tooth cavity and inhibit the invading bacteria along

tooth-restoration margins, with NACP to remineralize tooth lesions. The novel method of combining antibacterial agents (Nag and QADM) with remineralizing agent (NACP) may have wide applicability to other adhesives for caries inhibition. © 2012 Wiley Periodicals, Inc. J Biomed Mater Res Part B: Appl Biomater, 2012. PMID: 23281264 [PubMed - as supplied by publisher]

Physical therapy and anesthetic blockage for treating temporomandibular disorders: a clinical trial. Nascimento MM, et al., Med Oral Patol Oral Cir Bucal. 2013 Jan 1;18(1):e81-5. <http://www.ncbi.nlm.nih.gov/m/pubmed/23229236/?i=119&from=tmj>

This study evaluated the use of physical therapy and anesthetic blockage of the auriculotemporal nerve as a treatment for temporomandibular joint disorders. Twenty patients participated with a diagnosis of disc displacement with/ without reduction and arthralgia according to the Research Diagnostic Criteria for Temporomandibular Disorders (RDC/TMD Axis I Group IIa, IIb and IIIa). Ten patients (group 1) underwent a cycle of eight anesthetic blockages of the auriculotemporal nerve with injections (1 per week) of 1 ml of bupivacaine 0.5% without vasoconstrictor for 8 weeks. The other 10 patients (group 2) received anesthetic blockage and physical therapy (massage and muscular stretching exercises). There was a significant difference when both groups were compared according to VAS score ($p=0.027$). There was no significant difference for the other variables: MMO and jaw protrusion.

Conclusion: the anesthetic blockage and physical therapy, when used together, are effective in the reduction of pain in patients with TMD.

The Fifth Annual CDA Dental Motorcycle Ride

is planned for September 13-15, 2013. Join your colleagues for a weekend of FUN and EDUCATION! The ride will be based at the Hampton Inn and Suites, 8937 Brooks Road South, Windsor, CA – in the heart of fantastic motorcycle riding and world-class bicycle rides. Rides will be planned through the northern coast and wine country. C.E. will be conducted in the morning leaving plenty of time for the rides. Speakers include Drs. Michael Perry, William K. Tom, and James D. Wood. The area offers a multitude of activities for participants, family and friends who choose not to ride! For more information and to see photos of previous rides - <https://sites.google.com/site/dentistrides/>. All net proceeds are contributed to the CDA Foundation.

The Pacific Coast Society for Prosthodontics invites you to attend their 78th Annual Meeting, June 26-29, 2013, in Anchorage, Alaska. Speakers include: Dr. Jeff Rouse, Dr. Jonathan Ferencz, Dr. Ken Kurtz, Dr. Izchik Barzilay, Dr. Charles Goodacre, Dr. John Sorenson, Dr. John Beumer, Dr. Ken Hinds and Dr. Brian Vence. As usual, a number of wonderful social events are planned including an incredible Post Conference Cruise aboard Holland America Line's incomparable ms Zaandam. Beyond the 16 hours of continuing education credits, the cruise includes an additional 10 hours of CE credits. For information and reservations call now: 1-800-326-0373 or go to http://www.specialeventcruises.com/pcsp_2013.html. If you plan to cruise, you will need your passport since you will disembark in Canada!



GKAS Chair Dr. Jared Lee and Coordinator Monica Chavez represented Tri-County Dental Society at the ADA's GKAS & 3M event at the Troth Street Elementary School in Mira Loma.

Farewell Message from Dean Charles Goodacre



The past 19 years as Dean of the Loma Linda University School of Dentistry has provided me with unparalleled opportunities for personal and professional growth. I have enjoyed being part of the Tri-County Board of Directors during this time. Maintaining contact with local dental leadership and key issues confronting organized dentistry and the community of practitioners provided me with an important perspective, one that is important to the leadership of dental schools. The interactions helped to ensure that the education of our students prepares them for the issues and opportunities they will face in their careers.

When I arrived in Loma Linda in 1994, I was well aware of the institutional strengths that had endured from the founding of the school in 1953. There was a strong focus on clinical dentistry and the completion of a substantive number of clinical procedures, key components for developing the skills required to practice dentistry

at a high level of competence. In addition, spiritual values were embedded in the curriculum and lifestyle of the school as was involvement in external service activities whereby dental care was provided for those with limited or no access to dentistry. My goal has always been to support and strengthen these 3 key identifying characteristics of the school (clinical excellence, incorporation of spiritual values, and service to the community) while adding two additional foci (enhancing the school's clinically focused research and making technology a strategic component of the operation of the school and education of our students).

Through the support of many individuals, I leave my position pleased with the progress that has been made. I want to thank all the faculty, alumni, staff, and students who have supported and advanced the initiatives needed for continuous improvement in the 5 key foci listed above. I have been fortunate to be part of a school-wide team composed of the right people at the right time. May the School of Dentistry continue to excel and reach even greater levels of excellence.

"EVERYBODY CAN BE GREAT...BECAUSE ANYBODY CAN SERVE... YOU ONLY NEED A HEART FULL OF GRACE. A SOUL GENERATED BY LOVE"

MARTIN LUTHER KING, JR.


Show your love of dentistry and the Tri-County Dental Society by serving on a committee during 2013. Most committees meet only 1-3 times during the year.

Contact Leadership Development Committee Chair Ken Harrison at kjharrison5@verizon.net or the TCDS office at 951-787-9700 to begin your road to 'service greatness.'

Help is one step away...

The CDA Well-Being Program

If you're concerned that someone you know or maybe even yourself may have an alcohol or chemical dependency problem, support is available through the CDA Well-Being program.



Southern California Well-Being Committee 310.406.6319
or 818.437.3204

Tri-County Dental Society 951.787.9700

California Dental Association 800.232.7645 ext. 4961

Welcome New Members

Judith Abigail Aldaz, DDS

General Practitioner
UCLA School of Dentistry, 2000
31754 Temecula Pkwy
Temecula, CA 92592
951.694.5255

Harbir Milkha Singh Bhullar, DDS

Pediatric Dentist UOP Arthur A. Dugoni School
of Dentistry, 2008 Directors, Department of
Dental Hygiene, 2019, 2010 (GPR)
Emory University-School of Med, GA, 2012
(Pedo) No Practice Address Available

Marco Javier Castellanos, DDS

General Practitioner
Univ del Bajio A C, Mexico 2011
9725 Sierra Ave.
Fontana, CA 92335
909.822.6200

Frank T. Chang, DMD

General Practitioner
Tufts School of Dental Medicine, MA, 1977
8415 Haven Ave.
Rancho Cucamonga, CA 91703
909.980.2272

Brandon Chiu, DDS

General Practitioner
UCLA School of Dentistry, 2007
13768 Roswell Ave., #211
Chino, CA 91710
909.590.8255

Yu-Wei A. Chou, DDS

Pediatric Dentist
UCLA School of Dentistry, 2002 (DDS)
USC, 2006 (Pedo)
2705 Diamond Bar Blvd., Ste. 308
Diamond Bar, CA 91765
951.660.8801

Miriam A. Enriquez, DDS

General Practitioner
Universidad Autonoma de Guadalajara, Mexico,
1998. 19195 Outer Hwy 18 Suite 201
Apple Valley, CA 92307
760.242.0796

Manuel G. Figueroa, DDS

General Practitioner
University of Guadalajara, Mexico, 1984
802 S. Mountain Ave.
Ontario, CA 91762
909.933.3524

Parisa Kermanshahi, DMD

General Practitioner
UNLV, LV, 2010
No Practice Address Available

Carol Yeunjoo Kim, DDS

Prosthodontist
UCLA School of Dentistry, 2008 (DDS)
V A Med-W Los Angeles, 2009 (GPR)
Columbia University, 2012 (Prosth)
No Practice Address Available

Hieu Trung Mai, DMD

General Practitioner
Tufts University, 1997
11695 Slate Avenue, Suite 200
Riverside, CA 92505
951.353.0050

Truc Trung Mai, DMD

General Practitioner
Tufts University, 1997
11695 Slate Avenue, Suite 200
Riverside, CA 92505
951.353.0050

Brian L Mowrey, DDS

General Practitioner
USC, 2001. 78595 Highway 111 Suite 300
La Quinta, CA 92253
760.771.0300

Ramdeepak Reddy, DDS

General Practitioner
Krishnadevaraya College of Dental Science,
India, 2005 (BDS)
Universidad De La Salle Bajio, Mexico, 2012
(DDS.)18419 Hwy 18 Apple Valley, CA 92307
760.242.7100

Valerie Ann Scola, DDS

General Practitioner
Indiana University, 2011
39209 Winchester Blvd.
Primary Office PRIOFF, Murrieta, CA 92563
951.304.1348

Jack T Yu, DDS

Endodontist
Univ of Bergen, Norway, 2002 (DDS)
University of Detroit- Mercy, MI, 2006
(Endo) 13768 Roswell Ave Suite 210
Chino, CA 91710 909.591.1055



BULLETIN

3993 Jurupa Ave., Suite 104
Riverside, CA 92506
(951) 787-9700 • (800) 287-8237
FAX (951) 787-9703

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DATED MATERIAL

Say What?

Susan N. brought her two boys, Nathan and Zach, to Tri-County Dental Society's Give Kids A Smile event at Hospitality Dental Group in Riverside. She shared the following with Monica Chavez, TCDS's GKAS Coordinator:

"I wanted to take a moment to say thank you. Give Kids a Smile has been a wonderful opportunity for my family.

"I have two sons, Zachary, 9, and Nathan, 7. I am a single parent and a full time college student at the University of California, Irvine. I do not have dental insurance for my children, and resources for dental care are hard to find due to the massive California budget cuts.

"Because of your organization, my son Nathan has had all his current dental care completed and Zachary has been adopted by one of your caring dentist who donated time and office space to children with dental needs. Without this my children would have had to suffer through the pain of toothaches and the health risks connected to untreated dental issues, because I could not have afforded their care on my own.

"More importantly, I am sleeping sounder knowing that my children will be healthier and happier for receiving the care they needed. Give Kids a Smile has provided that peace of mind for me.

"Zach and Nathan are proud of their smiles now and have been brushing the "buggies" off their teeth and taking ownership and pride in their dental hygiene, getting them to brush and floss is no longer a fight and I attribute that to the care and education they received by your caring volunteers. Thank you all so much!"



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A QR code is a type of bar code designed for use with smart phones and other devices that contain cameras. QR are useful for directing users to websites and other online information. Any modern smart phone can interpret and use QR codes.

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