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DATED MATERIAL

Say What?

Attendees at the 2013 Annual Meeting were asked, "In what social media sites do you participate, i.e., Facebook, Twitter, LinkedIn, etc?"

Evangelos Rossopoulos, Corona, Finance Committee Chair, "Maintaining dues income."

Marileth Coria, Grand Terrace, "Finding ways to increase non-dues revenue."

to come

Butch Ehrler, Fontana, "Low investment returns."

Jerry Middleton, Riverside, "Our biggest challenge is being able to fund innovative ideas that will keep our members engaged and attract new members."

Wayne Nakamura, Ontario, "Our TCDS Hospitality Suite and our Executive Director's Retirement Party in 2015!"

What Is a QR Code?

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.

To Download QR Scanner, visit your App Store on your phone and search for QR Scanner. Once downloaded, open app and scan the barcode.

Now you'll be able to access more information with just a quick scan.

Website

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Events Calendar

BULLETIN

Tri-County Dental Society
Since 1908

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

Art Gage: Ready to Lead

JAN-FEB 2014 ——— Volume 61 No 1

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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

Big Bear

The Big Bear Solar Observatory, built in 1969, is located on the north side of Big Bear Lake. The telescopes and instruments at the observatory are designed and employed specifically for studying the activities and phenomena of our solar system's star, the sun. Big Bear Lake was chosen because of the clarity of the sky and proximity to a body of water.

Featured Cover Photo

Dr. Art Gage takes the helm of Tri-County Dental Society. The photo was taken in Sacramento during the CDA's House of Delegates. For Dr. Gage's first President's Message go to page 3. For an article about and photos of the CDA House, go to page 6.

Presidential Message

At a Glance : *New TCDS President brings up health care history that is pertinent today regarding the values and expectations by the public.*

Total Health Care: At What Price?

Arthur D. Gage, DDS

Lucille Ball was quoted as saying, "If you want something done, asks a busy person to do it. The more things you do, the more you can do." When I agreed to join the Tri-County Dental Society's executive committee, I was busy, but I didn't know what busy really meant.

For those who don't know me, I graduated from UCLA School of Dentistry, did a four-year stint in the US Navy, followed by graduate studies in endodontics at LLU/SD. I've practiced in Tustin, Victorville and now have practices in Riverside and Long Beach. Recently, I rejoined the Navy as a reservist.

Tri-County's executive director, Penny, is my mother. Due to my limited time commitment for writing assignments, we were perusing some old issues of the Bulletin. We discussed how much has changed since she started with Tri-County in 1985. At that time, I was a freshman at UCR. As we reflected back on what was happening in the society and in the profession of dentistry, an article that was originally published in the Wall Street Journal in November 1992 seemed to be so relevant today. So, with your permission, I'm reprinting it here. Although, it refers to medicine, I think it may stimulate a lot of discussion on Obamacare and the future of dentistry.

Pricing Health Care: The Best Care Other People's Money Can Buy

by James P. Weaver

A ruptured abdominal aortic aneurysm. That's what he came into the hospital with. Ten in the evening, and I spent the whole night saving his life. I was amazed that, at 70 years of age, he even made it to the intensive care unit. His full recovery turned out to be a gargantuan struggle. Two months in the intensive care unit. Transferred to the floor. Pneumonia. Back to the ICU for two weeks. Back to the floor. CAT scans. Looking for abscesses. Nine consultants. He was given all the technology that money can buy. And he made it.

The end of the struggle was not as glamorous. It was a slow process of winding down the antibiotics, winding up the physical therapy, and feeding him enough to help him regain his strength. There were so many obstacles to his recovery, but it was in dealing with his feeding problems that I encountered the most underrated of them all: the Ultimate Cost Container, a cost-conscious patient.

It came as a complete surprise. During the 3 1/2 months of hospitalization, money had never entered the discussion. No one brought it up—not friends, not family, not the patient. Then it happened.

I had tried to get Mr. X, as I shall call him, to use his false teeth to eat, but he had lost so much weight that they didn't fit. I suggested that we call in a dentist, and he agreed. The dentist came that day. On evening rounds I asked Mr. X about it.

"Did you see the dentist today?"

"Yes, I did." He seemed to have a tinge of anger in his voice.

"Well, can he help you?"

"Oh, sure he can, but it's going to cost me 75 bucks! That's a lot of money for me. I'm not going to have it done!"

I was shocked—not that he didn't have "75 bucks" but that now, after 3 1/2 months in the hospital at Medicare's expense, his response to spending his own money had been: That's a lot of money, and I'm not going to do it!

That evening, to be certain of the public's share in this medical investment, I stopped in at the admitting office and checked on his bill—it was $275,000.

It needs to be said that, without doubt, Mr. X is a good man and a decent citizen. But he was now the victim of the Medicare "entitlement" system. Somehow, he had come to believe that "75 bucks" was "a lot of money" and that $275,000 just didn't matter, since it was someone else's money. This despite figures like the one cited in Martin Feldstein's

Editorial

At a Glance : *In the game of dentistry a frequent penalty is "interference." What are the consequences and what can be done about it?*

Interference

Daniel N. Jenkins, DDS

With each New Year come celebrations, resolutions, and reflections. On television, there are lots of football games. At the grocery check-out counter, there is the multitude of publications with predictions for the future. I've heard that Winston Churchill said that we cannot see the future without looking at our past.

As I watch football, one penalty that seems to most seriously affect the outcome of the game is "Interference." Interference is called when an a player keeps another player from making a legal play. The consequences for interfering with a player trying to catch a ball may be having the ball placed right before the goal line and enable the offense to not only more easily score but win the game. That is how serious this rule is!

In dentistry there actually are rules, or laws, against interference. I once received a call from a new patient questioning why we charged her fifty dollars for her deductible. She said she had called her insurance company and a gentleman named Hector told her she should not have to pay that because it was her deductible. He also added that we may be committing insurance fraud! She had not used her insurance before so she was not familiar with deductibles.

I explained that we are required by contract to collect her deductible. But, since Hector had told her his definition of deductible, and it was in her favor, she didn't believe me. Since she was new to the office, she and I did not have a strong doctor-patient relationship – and, she was a law enforcement officer! With Hector using the term "insurance fraud," she was losing any level of trust she had with the office. I told her I would check with the insurance company.

After discussing this with a supervisor at the insurance company I received another call from the supervisor to verify what she and I had discussed. She was careful with her words and I realized the call sounded like one when you are on a conference call – I felt the police officer patient was silently on the line as well – or it was being recorded.

As the supervisor was winding down in her speech, making it sound like they had done nothing wrong, I pulled my "yellow flag" out and called, "Interference!" I told her that getting this straight was all well and good but that they should train their staff to avoid this type of thing. (I had found out that Hector had only been working there for a week or so!)

interest illustration to come

I reminded her that this patient was a law enforcement office and what was she to think when Hector ignorantly said this was insurance fraud? I told the supervisor that this was right on the edge of "interference with the doctor-patient relationship." She became very apologetic as she knew they had indeed committed a foul – not sure if Hector was benched or not.

I thought, I hoped, the patient would see that her insurance company was the culprit here…but, she never returned. The interference had broken what little trust we had. What was the penalty to the insurance company? They still had her under contract and myself as well…for a while. I could rationalize that the penalty to the patient was she went to an "inferior" dentist after that – but that would just be ego reasoning.

Interference may become an even more frequent foul in the future. This year the Affordable Care Act, (ACA), otherwise known as Obamacare, goes into effect. While, at this point, there is very little dental care in it, if this is incorporated later, dentists may well see even more interference. Those dentists who have worked with government programs can share many tales of terror in dealing with government health care programs.

A few years ago, our Bulletin ran a three-part series on Dr. Roy Shelburne, a Virginia dentist who practiced in his home town and felt a burden to accept Medicaid patients as no one else in the county would. He was an active church going, community involved, sincere dentist. When he fired an employee, she turned him in for Medicaid fraud and he was prosecuted for his records not being 100% accurate. His total inaccuracies over seven years were $17,000 – he was sentenced to two years in

Presidential Message *continued from page 3*

column: Medicare health benefits for the aged will cost Americans $200 billion in 1996.
Do we really need Adam Smith to rise up and tell us again that the free market has an "invisible hand" that will control prices? Unfortunately, we probably do.

Under the promise of "entitlement," politicians actively protect the elderly from facing the dollar consequences of their demands. People believe they deserve all possible medical treatments, and they will not stop asking for them until they have to pay for them with their own money, even just a little bit.

Mr. Clinton used the terms "right to medical care" and "entitlement" quite frequently during his campaign. Although such rhetoric may win elections, it is not healthy for our medical-care crisis. It has made people feel justified in spending other people's money; they don't even ask about the price.

But the price is now hurting all of us. It's a lack of market forces that has caused our private medical insurance premiums to soar. It is also the reason that 37 million of our fellow citizens do not have medical insurance, and it is definitely the reason that our government has placed price controls on the medical profession and is threatening to place controls on the pharmaceutical industry and medical equipment manufacturers as well.

We will never satisfy the public's demand for something as valuable as medical care when it is offered "free" of charge. The message: We will control costs only when people have to pay an equitable amount for their medical care.

Mr. X didn't want his teeth fixed. It "cost too much." I wonder how much "unnecessary" care "costs too much" and might be eliminated if brought the patient back into the marketplace.

When Mr. X was almost ready to go home, I knew he would be able to manage there with his wife, who was healthy, and his many friends. But he felt free to ask me one day about getting some help at home, to continue his recuperation. Maybe a physical therapist or a home nurse would be nice. I'm certain he felt entitled to them, though he didn't need them. But if I had said "no," I would have looked like a heartless, uncaring doctor. The system works that way, you know. I'm certain it would improve if I had the right to summon the Ultimate Cost Container and say, "I'll send them all out, but it will cost you $45 per visit."

Dr. Weaver practices surgery in Durham, NC.

Board Actions

The Board of Directors met on September 10, 2013. The following is a summary of their actions:

The Board of Directors met on November 19, 2013. The following is a summary of their actions:

- **2013 Annual Reports were accepted as presented**
- **2014 Balanced Budget was approved**
- **IT/Social Media Task Force will be formed**
- **A beach cruiser bicycle will be awarded to a member attending the TCDS Hospitality Suite in Anaheim during CDA Presents 2014**
- **The Annual Meeting for 2014 will be held on October 30, 2014**

2013 California Dental Association House of Delegates

At a Glance : *An important part in achieving goals is setting priorities for the team.*

Following Dr. Butch Ehrler's (left) installation as secretary to the California Dental Association, he posed with installing officer, Dr. Art Dugoni.

Sixteen dentists from the Tri-County Dental Society arrived in Sacramento for a three-day governing meeting on the CDA – not a party. Sixteen dentists accepted the responsibility and honor of becoming delegates to the CDA House of Delegates and were led by TCDS President Jeffrey Lloyd. Our delegates were joined by student representatives from Loma Linda University School of Dentistry and Western University College of Dental Medicine.

This was a year with many important resolutions to consider. The delegates had been studying the resolutions for a few months through the TCDS "pod system" initiated last year by Immediate Past-President Ken Harrison. This year, the pods were led by Dr. Ross Rossopoulos and Dr. Doug Brown. Each pod restricted their study to half of the resolutions.

A special part of this year's resolutions was the election of Tri-County member, Dr. Butch Ehrler, to the position of secretary of the California Dental Association. Butch is a past TCDS President, past Trustee to the CDA, and most recently served as treasurer to the CDA.

In the position of secretary, he starts the process of moving through the offices until he will become President of the CDA in 2016!

During his whole time as CDA treasurer, Butch has taken time to attend the TCDS board meetings and offer his wisdom, wit, and guidance. Certainly CDA could not have chosen a more qualified and devoted dentist for the job.

Some interesting resolutions this year were;

- Whether to support fluoridated iodized salt – failed.
- Vote of support for the doctor/patient relationship – passed.
- Development of a registry for dental implants – referred back to committee.
- Request for support of dentists providing influenza vaccinations – referred back to committee.
- Request for support of dentists using Botox and derma fillers for cosmetic purposes – referred back to committee.
- The HOD did vote to approve a $60 dues increase. This was the first dues increase in the last fourteen years!

If any TCDS members would like to participate as a delegate in future HOD meetings please let the TCDS staff know and maybe next year you will be in the middle of the action!

Thank you to all of the delegates who served this year in what was no doubt the best group of delegates.

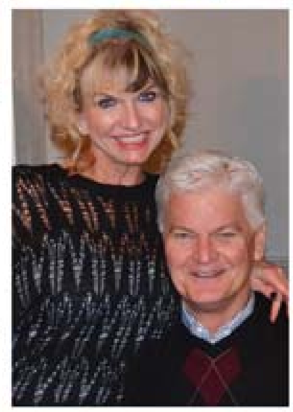


KINGS

















Editorial *continued from page 4*

Federal prison. He was actually convicted on racketeering as this is the law used when the government feels someone has defrauded them of any money.

At the dental editors meeting in New Orleans, October 2013, I heard and met Dr. Leonard Morse a dentist in New York who was targeted for Medicaid fraud. Through a complete audit, the State Attorney General was not able to find any evidence of fraud. During that time, his certificate to provide Medicaid dental care was suspended and his practice collapsed.

Even without evidence, the State Attorney General prosecuted him and eventually Dr. Morse was acquitted of any wrong doing. In the meantime, the Attorney General was successful in his run for Governor with many speeches regarding how tough he was on bad health-care providers who were so unethical and dishonest. The Governor, Elliott Spencer, was forced to resign shortly after taking office, however, due to relationships with prostitutes!

Dr. Morse still has his license and successfully sued and received a judgment of $7.5 million – but the State of New York is appealing. (Frankly, I doubt he will live long enough to collect it!)

Will there be consequences for dentists in entering a relationship with a combined government-insurance company health care plan? One consequence could indeed be more dentists being prosecuted. Impeccable records must be kept. Can the average dental practice afford to hire personnel qualified to keep those impeccable records? Will dentists have to hire accountants to frequently review the records through internal audits? Some dentists may decide to not participate in any outside health care entities! With the government mandated Electronic Health Record requirements, they may even decide to eliminate computers and go back to peg board systems!

These types of issues will be a concern for many dentists in the future. One of the major benefits of being a member of the ADA and the CDA is the advocacy system in place to keep a presence before the legislatures and Congress. The insurance companies have their lobby but dentistry has a lobby as well. There is a long list of what was done to protect dentists just last year. I have heard many non-ADA dentists comment that they don't see any advantage in being a member of ADA. What bothers me is that the ADA is also lobbying for them – but, they don't participate in the cost of advocacy!

A few years ago the ADA fought several insurance companies in court and won. The issue that won the day – interference with the doctor-patient relationship!

Delta responds to CDA arbitration demand

On Oct. 1, Delta Dental of California issued a formal Answer to the Demand for Arbitration. Delta asserts that it has the right to amend Participating Dentist Agreements based on language in the contracts and its notification to the Department of Managed Health Care indicating that it intends to revise the provider agreements.

Delta Dental informed dentists on Aug. 1 of changes to two significant provisions of provider agreements — the elimination of the current contract provisions that prohibit Delta from reducing approved fees absent specific conditions and the restriction of dentists' rights to challenge such actions by arbitration. On Aug. 14, CDA and two individual members filed a Demand for Arbitration challenging these amendments and seeking to require Delta to honor its contractual commitments contained in the Participating Dentist Agreements.

Delta took the position that the amendments involved in the case would become effective 45 days after its announcement on Oct. 4. A CDA-sponsored law requires insurance companies to give providers 45 business days' notice of any material changes to contracts and payment policies. As a result, on Oct. 2,

CDA filed a motion to preserve the status quo, which would prohibit Delta from implementing its proposed contract amendments while arbitration is pending. That motion is now pending and will be briefed and argued in the coming weeks after the selection process for an arbitrator is complete.

In February, CDA learned and informed members of Delta's plans to reduce Premier Plan provider reimbursement rates. Although Delta declined to confirm its plans, we have learned that Delta began the process of filing amendments now being challenged in March. The changes to the contract provisions are believed to be the first step in instituting the fee reductions.

CDA will keep members informed about the legal action against Delta. However, much of the information presented during the actual arbitration proceedings likely will be covered by a protective order and, therefore, cannot be released publicly.

Updated information can be found through the Update, e-newsletter and cda.org.

ADA Offers Two New Resources on Practice Valuation and Associateships

The American Dental Association (ADA) has released two new resources to assist dentists with some of the toughest transitions of their careers. The ADA Practical Guides to Valuing a Practice helps dentists understand a practice's true value, not just its monetary worth, while The ADA Practical Guide to Associateships demonstrates the risks and rewards of adding or becoming an associate - from both points of view.

The ADA Practical Guide to Valuing a Practice: A Manual for Dentists

Dental practice buyers and sellers get a balanced view of practice valuation in this revised publication. Refuting many common valuation myths, this book raises awareness of possible legal and tax issues that may arise during this process. Also provides guidance on selling or buying an entire practice, a portion of a practice and planning a future buy-in or buy-out.
Key features include:

- Definitions of key terms
- How to select a person to perform the valuation
- How to choose the valuation method that is right for you
- Examples of sales documents and contract provisions

The ADA Practical Guide to Associateships: Success Strategies for Dentist-owners and Prospective \Associates

This guide provides dentists with information to help them build a successful partnership. Strategies are offered for tackling both logistical issues -- such as the type of associate arrangement, compensation, contract terms, and buy-ins – and intangible issues, including interpersonal considerations and compatibility, developing a practice philosophy and conducting a goals assessment.
Key features include:

- Sample contract provisions
- Advice for determining compatibility and developing a bond of trust
- Options for financial arrangements
- Tips on how to prepare for the process

Print books are available for $49.95 member price and $74.95 retail price and can be ordered at www.adacatalog.org or by calling 1-800-947-4746. Books are also available as a kit for a discounted price and as e-Books and print/e-Book bundles.

Incoming president of the American Association of Dental Editors and Journalists, Dan Orr II presents TCDS Bulletin Editor with a plaque of thanks for his year of service as AADEJ president at the annual meeting in New Orleans. This year, AADE added Journalists to its name and encourages anyone wishing to participate in learning more about editing or writing articles about dentistry to join at http://www.dentaleditors.org/.

In a Rut or In the Groove?

Debra Quarles
Salt Dental Practice Management

At a Glance : Are you stuck in a rut and can't move or are you in the groove and moving toward your goal? Time for an evaluation!

Last year, our articles focused on the theme, Go Big or Go Home. Now, as we quickly move into 2014, it is time for goals to be evaluated and revised. It might also be the time to look at whether you are stuck in a rut and might need to shake things up a bit in your practice. It is time to determine if what you're doing is getting the results you wanted.

Dick Fossbury had a goal. He wanted to Go Big, but in order to do that, he had to do something different. In the 1960's, he revolutionized the high jump. While other high jumpers used either the straddle or the upright scissor methods, Fosbury couldn't find his coordination with either of them. He became stuck. However, instead of allowing that to define him, he developed a technique that worked for him, the Fosbury Flop. For this method you approach the bar and then jump over backward. Truly a 180-degree change from what had been done before. And, in the process, he created something that took him to the 1968 Olympics.

Fossbury isn't the only one who needed to learn to do something entirely different. Early in the 1970's, Southwest Airlines found themselves losing money. In a rut, they had to sell one aircraft to meet payroll and other financial obligations. Determined to overcome their financial challenges, they developed what is called the "ten minute turn." This change allowed Southwest to not only be profitable, but to become the largest low-cost carrier in the world. The "ten-minute turn" is unique and it is a huge departure from what other airlines do.

Being stuck can affect any of us. In the book Life Strategies, Dr. Phil McGraw gives readers what he calls "The Rut Test" to determine if they are stuck and life is passing them by. Questions regarding how often you eat at the same place, how you spend your spare time and what you wear when at home, all create a picture of how in a rut you are. It is a sometimes humorous, twenty-question test about your personal life. While some may be stuck in a rut at home, how many of us are stuck in a rut at work?

Answer each question by agreeing or disagreeing.

1. Is your marketing plan the same one you've had for years even though you're unsure if it works?
2. Does the term, 'social media' cause you to feel uneasy as you're not sure what implementation means?
3. Do new patients have to stumble into your practice by accident to find you?
4. Do you find yourself determining a patient will not accept treatment even before they get to your office?
5. Have you given up trying to have a perfect schedule and are now willing to accept whatever you get even if it means no lunch and not getting out at the end of the day on time?
6. Do your existing patients have to schedule their next continuing care/recall appointment while they are in your office to ever hear from your office again?
7. Are you the only one who educates patients about treatment options?
8. Is the last time you checked out financial options for your patients when you first opened your practice?
9. Was your last technology upgrade so long ago you can't remember when?
10. Does the thought of going paperless cause your stomach to ache?
11. Do you order from the same supply company or work with the same lab, just because you always have?
12. Is the last time you redecorated more than five years ago?
13. Is the last time you learned something new more than a year ago?
14. Is the only continuing education you receive that which is necessary for renewal of your license?

15. Is the only way you would read a dental journal is if you were stuck in an elevator alone for more than ten hours with nothing else to do?

16. Was the last time you challenged your team when they were first hired?

17. Was the last time you set goals so long ago that you don't remember what they are?

18. Do you feel you have lost control of your practice to your team or patients?

19. Do you find yourself dreading going into the office, thinking to yourself, I just want to make it through the day? The month?

20. Do you find yourself blaming others or the economy for your inability to move forward?

If you answered yes to eight, you are stuck in a rut. If you had more than twelve, you are about to be lost at sea.

We become stuck in a rut when we are not introduced and encouraged to entertain new ideas, but change is inevitable. If your practice is standing still, now is a great time to review and decide how you can get unstuck. As mentioned in previous articles, marketing is critical to success in the marketplace. Make sure you have evaluated and investigated your current marketing plan. This can be easily determined by generating reports that will tell you what has and is working to bring new patients into your practice.

Here is something else that begs to be mentioned. Do not pre-judge your patients or their ability to accept and pay for treatment. Anyone who has worked in dentistry for any length of time has been surprised. My greatest shock came when I worked at an office in Wyoming. One day an older, unkempt gentleman tied his mule to the railing in front of our office and walked in. He was edentulous and wanted new dentures. I gave him a price, hoping he'd leave immediately. He said okay, bent down and retrieved crisp dollars from his worn backpack. A gold miner, he'd just cashed in for the year and needed new dentures as he'd somehow lost his old ones on the trail. Needless to say, he was quickly seated and taken care of.

For your goals to be achieved, your schedule must work for you, and your patients need to be encouraged to visit on a regular basis. It also helps to have a well-educated team to help with discussion of treatment. Finally, review your financial options and check into new ones.

Don't allow the thought of technology to unsettle you. Get advice and help. Then take some time and wander around your office and really look at it from a patient's perspective. How does the carpet look? What about the walls? Are the colors still current? Has clutter crept into every nook and cranny? Perhaps a deep cleaning is necessary. If you haven't handed out that brochure in a year, and haven't dusted it in a month, it should probably go.

Learning new things can help with the feelings of being stuck. You may feel you know a lot, you probably do, but that doesn't mean you know everything. Continued learning challenges you and your team to always work on improvement.

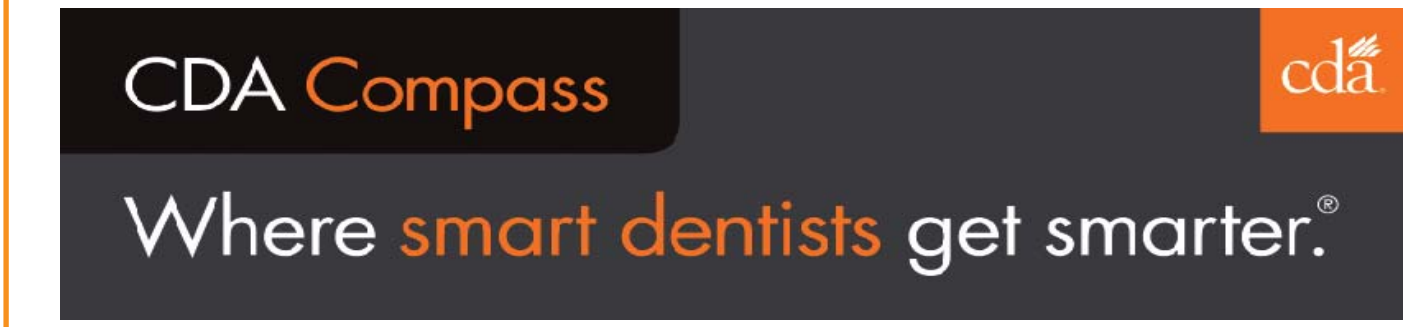
Finally, evaluate your vision and goals. Your vision can be used to energize you and your team into making changes, which helps you to establish appropriate goals for the upcoming year. Determine if your team believes in your vision or are they working for a paycheck? Truly, no one wants to dread coming into work.

So today, make the decision and get out of your rut and move toward a future filled with hope. Knowing that change is necessary, even drastic change, might be all that's necessary to take you to the next level.

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

HOT SHORTS

DA, RDA, CDA, RDH, and DDS/DMD Licensing (x-ray, pit & fissure sealants, coronal polishing, RDA review) and Innovative (Bleaching, Custom Temporaries, Dental Practice Management) Continuing Education courses are now being offered though the **Community Education Department at Chaffey College**. Great value and College Instructors and professional experts as presenters! Browse the catalog at: **http://www.chaffey.edu/communityed/dental.shtml** or call 909-652-6041 for more information.



Thinking of providing your staff with a bonus?

Visit CDA Compass at www.cda.org/compass and search for bonus to learn how to implement a bonus system and inspire your team. The CDA Compass website has been incorporated into cda.org to better communicate its business services and resources to members.

The new Compass site, which can be found at cda.org/compass, includes, among other things, an improved navigation system that allows users to find what they are looking for with ease.

The new Compass is also mobile friendly so members have easy access to the site on smartphones and tablets.

Welcome New Members

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Endodontist
UCLA, 2006 (DDS)
UCLA, 2007 (Endo)
No Practice Address Available

Emergency Kit basics for dental practices

Risk Management Staff

What must a dental office emergency kit contain? The answer varies depending on individual state dental board requirements. There are basic necessities dentists are required to include in emergency kits, according to the American Dental Association Council on Scientific Affairs.

The Dentists Insurance Company advises dentists to check with the Dental Board of California or CDA for specifics on what to include beyond ADA recommendations. Practices administering oral conscious sedation are required to meet additional emergency standards, as outlined by state dental boards.

Further, the Occupational Safety and Health Administration (OSHA) requires emergency supplies to be available in case of an employee injury. TDIC advises dentists to maintain an emergency kit for employee use and a separate emergency kit for patients.

Practitioners can assemble emergency kits themselves or purchase them already assembled. Commercial emergency drug kits for dentistry can provide consistent drug availability along with a service to update drugs on a regular basis. Dentists must document that all emergency equipment and drug expiration dates are checked on a regularly scheduled basis.

TDIC advises all dentists to know when, how and in what dosages to administer drugs included in their emergency kits. Stocking emergency medications but lacking the training to administer them appropriately can be a liability. Best practice calls for continuing education in emergency protocol for dentists, for the office to be prepared with an established emergency plan and a team approach by the dentist and staff who are certified in basic life support. TDIC outlines dental office emergency protocol in its Risk Management Reference Guide, which is available online at thedentists.com.

The ADA Council on Scientific Affairs, in its 2002 report in the Journal of the American Dental Association, "Office Emergencies and Emergency Kits," recommends the following drugs be included as a minimum. This essential list remains the standard:

- Epinephrine 1:1,000 (injectable)
- Histamine-blocker (injectable)
- Oxygen with positive-pressure administration capability
- Nitroglycerin (sublingual tablet or aerosol spray; be aware of contraindications)
- Bronchodilator (asthma inhaler)
- Sugar (a quick source of glucose such as orange juice)
- Aspirin

Additional items to include in a patient emergency kit:

- Aromatic ammonia
- Blood pressure monitoring equipment
- CPR pocket mask
- Syringes
- Tourniquets
- High-volume suction and aspiration tips or tonsillar suction

OSHA requires employers to have emergency kits for employees and lists the following supplies as adequate for small work sites, consisting of approximately two to three employees. Larger practices should provide additional supplies or emergency kits. While federal law does not require that a physician approve emergency kits, some states such as California do require physician sign off. Here are OSHA's recommendations:

- Directions for requesting emergency assistance
- Gauze pads (at least 4 x 4 inches)
- Two large gauze pads (at least 8 x 10 inches)
- One box of adhesive bandages
- One package gauze roller bandage (at least 2 inches wide)
- Two triangular bandages
- Wound cleaning agent (such as sealed moistened towelettes)
- Scissors
- At least one blanket
- Tweezers
- Adhesive tape
- Latex gloves
- Resuscitation equipment (such as resuscitation bag, airway or pocket mask)
- Two elastic wraps
- Splint

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

Make a resolution to volunteer!

Looking for an opportunity to give back to your profession? Contact the chairs below to sign up for a committee. It's easy and appreciated.

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DENTAL HUMOR

Fight Night

At a glance: *"A medical intern learns a little more about cranial nerves from a biker."*

While serving my hospital training in the ER on a Saturday night, a large biker-type came in unconscious. I noticed a definite crease in his forehead where he had been struck with a pool cue. A young MD intern did his examination from head to toe. When he reached the toes, he used the flat handle of the reflex hammer to torque the metatarsals laterally with no response from the unconscious biker.

The intern announced to the medical students assigned to him that a consult was needed by a neurology resident. With that - they left. With the intern gone, I was free to do my own examination. Since the intern had not done an oral examination, I knew I should check for fractured teeth that he might aspirate.

As soon as I touched tooth number eight...he came to life with a roar - literally! He started to sit up and told me in very clear tone and words NOT to touch his teeth again or he would "do me physical harm!" (Talk to me personally if you really want to know his exact words.)

With his awakening I started asking him neurological questions to determine what systems were in order. But, he soon lapsed back into unconsciousness.

When the intern returned with the neurology resident, I tried to mention my experience. The intern, however, was not happy with my being there and told me to wait. OK! As he torqued the toes, the intern made the statement to the resident that the patient did not feel any pain anywhere. I then mentioned that he came awake when I touched his front teeth and that…at which time the intern quickly pushed me aside saying, "No he doesn't!" and he grabbed the biker's centrals.

The biker popped right up off of the gurney saying, "I told you not to touch that tooth!" and slugged the intern in the jaw, knocking him out. As the intern slumped down to the floor, the neurology resident started asking the patient neurological questions. The biker said, "I already told that other guy all that."

I gave my report to the resident. He thanked me. Then, the resident and students all pushed the patient out of the room leaving the intern shaking his head as he regained consciousness. Perhaps he went back and reviewed his cranial nerve pathways after that?

Unclassifieds

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

Office Space for Rent. Dental office space 2,500 sq. ft. on 40th St. and Waterman Ave. in San Bernardino available for rent. Excellent for orthodontist, prosthodontist or any specialist to start or relocate practice to San Bernardino. 4 operatories ready to use with lab space, lunch room, consultation room and beautiful courtyard. Please call for more information @ 951-536-8419.

CHINO - For Lease. Excellent opportunity for a specialist with numerous referring dentists nearby- 3 GPs and an Oral Surgeon in the long standing dental professional complex. 1450 sq feet, 3 ops, mint move in condition. Features include consultation room, private office and staff room. Great location and access. Equity buy in option available. Call 909-628-4287 or e-mail cherukuri.vijaya@gmail.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. 4 operatories ready for use. Call for more information (951) 785-1209.

We are looking for a **Dentist to work part-time** in Rialto. Office has operating Microscope, digital x-rays and well-trained staff. Minimum 6 months experience. General Dentist to send resume to jj2thfixer@roadrunner.com or fax to (909) 820-2280 or call Dr. Ebenezer Johnson (909) 820-2274.

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.

What's Happening?

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

Day/Date	Event Details
Tues. Jan. 14	**Board of Directors Meeting** TCDS Office 6:30 p.m.
Mon. Jan. 20	**Martin Luther King Jr. Day** TCDS Office Closed
Thurs. Nov. 14	**Continuing Education Meeting** **TCDS Office** Social Hour: 5:30 p.m. Seminar: 6:30 – 8:30 p.m. "Fabricating a screw-retained implant transitional restoration" Evangelos Rossopoulos, DDS Hands-on Course 2 CEUs – Seating is Limited
Fri. Jan. 24	**Peer Review Calibration** Workshop Riverside Marriott
Tues. Jan. 28	**New Dentist Study Club** TCDS Office 6:30 p.m.
Fri. Feb. 28	**CDA Regional Leadership** Development Conference Ontario
Tues. Mar. 4	**New Dentist Study Club** TCDS Office 6:30 p.m.
Tues. Mar. 11	**Board of Directors Meeting** TCDS Office 6:30 p.m.

Short Abstracts

The significance of lower jaw position in relation to postural stability. Comparison of a premanufactured occlusal splint with the Dental Power Splint, Ohlendorf D, Riegel M, Lin Chung T, Kopp S.; Minerva Stomatology, 2013 Nov-Dec;62(11-12):409-17.

The purpose of this study was to investigate the effects on postural stability of two different lower jaw positions held in place by splints with eyes open and eyes closed. 21 healthy adult volunteers were investigated using two different sets of occlusal conditions with the lower jaw being at rest either with the eyes opened or closed. The level of positioning accuracy deteriorated with the wearing of a splint between 13% with the DPS splint and 30% with the standard splint.

Gender-specific differences of minor importance in relation to the positioning accuracy were recorded, with there being significant differences in the female participants (P≤0.00). Conclusion: An occlusal change in the stomatognathic system impacts on postural stability. Balance deficits seem to correlate with deteriorated body sway, which, according to the results, can be improved by a myocentric bite position using a DPS splint. This is more the case with the eyes closed than with the eyes opened.
PMID: 24270202 [PubMed - in process]

In vitro assessment of artificial saliva formulations on initial enamel erosion remineralization, Ionta FQ, Mendonça FL, de Oliveira GC, de Alencar CR, Honório HM, Magalhães AC, Rios D.; J Dent. 2013 Nov 20. pii: S0300-5712(13)00295-9. doi: 10.1016/j.jdent.2013.11.009.

Various formulations of artificial saliva are present in the literature and little guidance is available on the standardization of type of

saliva for use in in vitro protocols for erosive studies. The aim of this study was to evaluate the remineralizing capacity of different formulations of artificial saliva on initial enamel erosive lesion.

Bovine enamel blocks were subjected to short-term acidic exposure by immersion in citric acid 0.05M (pH 2.5) for 15s, resulting in surface softening without tissue loss. Then 90 selected eroded enamel blocks were randomly and equally divided into 6 groups according to saliva formulation (n=15): Saliva 1 (contain mucin); Saliva 2 (Saliva 1 without mucin); Saliva 3; Saliva 4; Saliva 5 (contain sodium carboxymethyl cellulose) and control (C) (deionized water). After demineralization enamel blocks were subjected to remineralization by immersion in the saliva's formulations for 2h. Enamel remineralization was measured by superficial hardness test (% superficial hardness change). The data were tested using ANOVA and Tukey's test ($p<0.05$).

All the tested formulations of artificial saliva resulted in significantly higher enamel remineralization compared to control ($p<0.001$). Saliva 3 showed higher percentage of enamel remineralization than Saliva 5 ($p<0.05$).

Conclusions: Besides the variety of artificial saliva for erosion in vitro protocols, all the formulations tested were able to partially remineralize initial erosive lesions.

PMID: 24269764

TCDS Membership Status Report

Active/Recent	1,455
Life Active	86
Life Retired	155
Retired	29
Post Grad	33
Faculty	47
Disabled	12
Military/Public Health	9
Provisional	139
Hardship	2
Pending Applications	15
TOTAL	**1,982**

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

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